

Contracted and In-house Services:

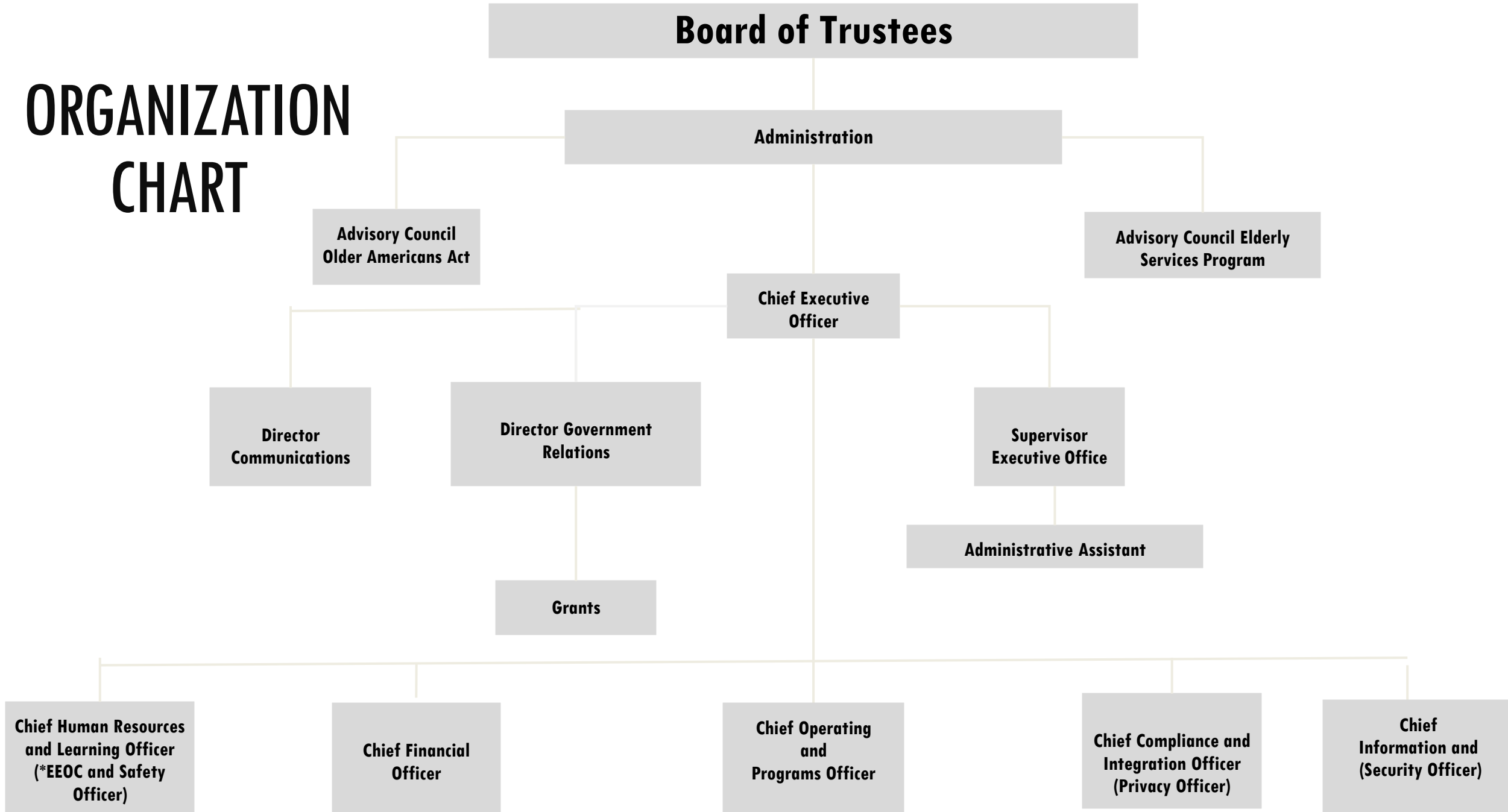
List all services available through the AAA, regardless of funding source.

Service	Listing of services	Counties available	Gaps in services
Aging and Disability Resource Center (ADRC)	Information, referral, options counseling, benefit assistance, caregiver resources, long-term services and support navigation	Butler, Clermont, Clinton, Hamilton, Warren	Not enough resources to staff the growing number of calls from the community.
Caregiver Support Services (OAA Title III-E)	Caregiver assessment, education, respite, assistance, support groups, resource navigation	Butler, Clermont, Clinton, Hamilton, Warren	Some rural gaps in adult day and respite services.
Congregate Nutrition Services	Meals and socialization opportunities at senior centers and community dining sites	Butler, Clermont, Clinton, Hamilton, Warren	Some congregate meal sites run out of funding/units for meals towards the end of the year.
Veteran Directed Care Program	Self direction program offered to eligible veterans through a partnership with the local VA Cincinnati	Butler, Clermont, Hamilton, Warren	Clinton County currently not served in current contracts with the VA but this is something we are working to expand to serve our 5 county region.
Transportation services	Transportation to medical appointments, nutrition sites, essential errands, and community activities	Butler, Clermont, Clinton, Hamilton, Warren	Limited availability in rural areas
Health Promotion and Disease Prevention	Evidence Based Wellness programs, falls prevention, chronic disease self management, health aging education	Butler, Clermont, Clinton, Hamilton, Warren	
Legal Assistance	Access to legal services related to benefits, housing, consumer issues, advanced planning, and elder rights	Butler, Clermont, Clinton, Hamilton, Warren	
Ombudsman Program	Advocacy for residents of long term care facilities and consumers receiving long term services and supports	Butler, Clermont, Clinton, Hamilton, Warren	
Adult Protective Services	APS is available through the local Department of Job and Family Services	Butler, Clermont, Clinton, Hamilton, Warren	Limited resources and staffing in some counties.

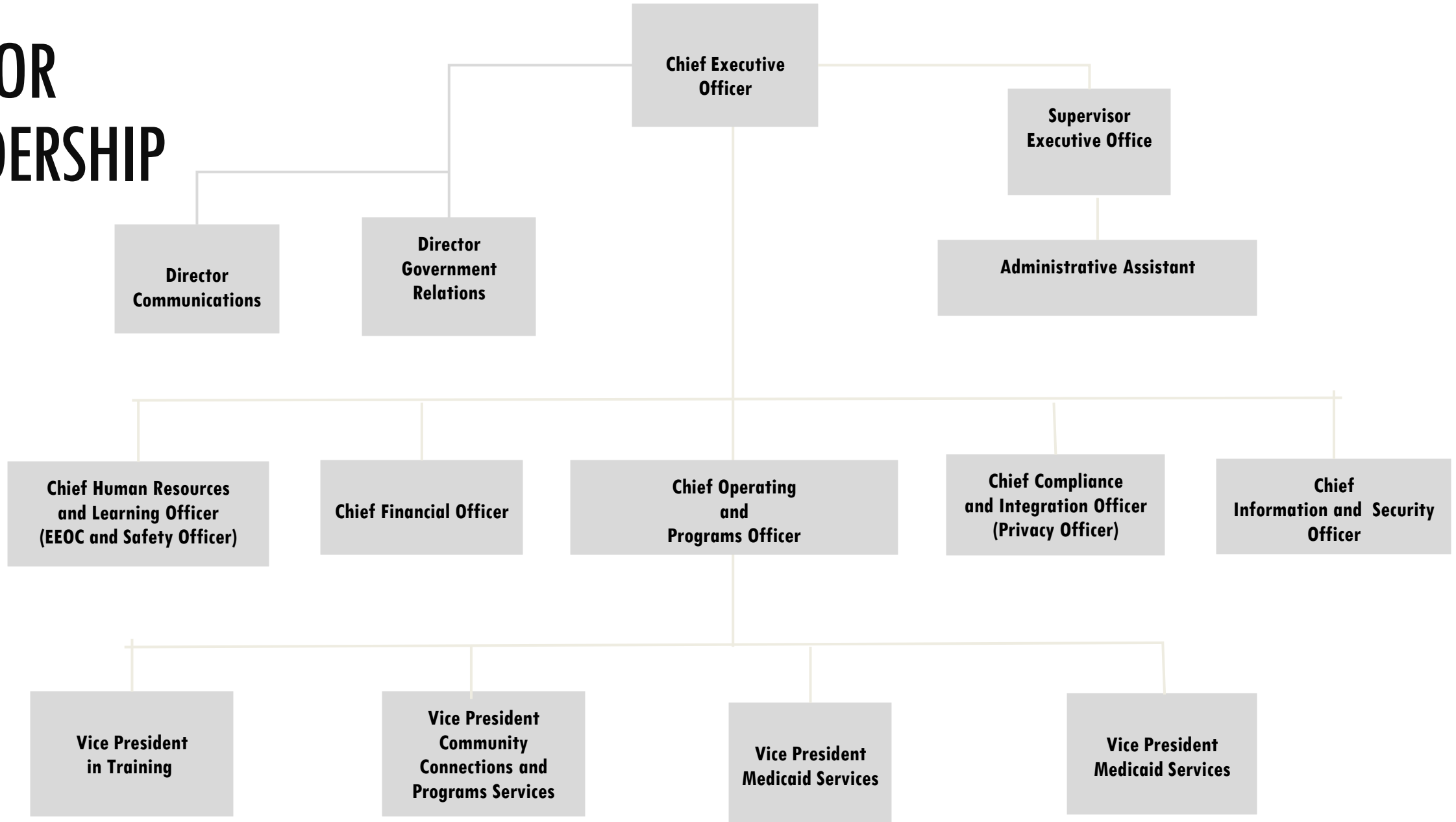
Senior Community Services/Senior Centers	Senior center activities, education, volunteer opportunities, socialization programs	Butler, Clermont, Clinton, Hamilton, Warren	Decreasing number of senior centers- some communities do not have access.
Elderly Services Program	Care management, personal care, home making, adult day services, home delivered meals, transportation, emergency response systems, respite care, medical equipment, home modifications, chore services, caregiver support, and other services that support independent living	Butler, Clinton, Hamilton, Warren	Limited funding and occasional waiting lists in Warren and Hamilton County.
Fast Track Home and Care Transitions	Care management, personal care, home making, home delivered meals, transportation, medical equipment, home modifications, and other services that support independent living	Butler, Clermont (Care Transitions Only), Clinton, Hamilton, Warren	
Behavioral Health	Evidence based behavioral health support	Butler, Hamilton	Awareness
Alzheimer's funded services	Education, support, respite	Butler, Clermont, Clinton, Hamilton, Warren	
Waiver Service Coordination	Provider waiver service coordination for age 60+ and over under Next Generation MyCare Ohio contracted with following plans- Molina, Buckeye, CareSource and Anthem.	Butler, Clermont, Clinton, Hamilton and Warren counties.	N/A
Home Modification, Utility Assistance (Steps to Stability) and HUD Home Modification Programs	Provide home modification/repair to assist older adults 60 and over. Funding sources are through senior services levy for utility assistance, home modification and HUD home modification funding. Through the above program the goal is to provide a one-time utility credit toward Duke Energy bill in Hamilton County. Under the home modification program and HUD programs the goal is to complete a home mod to enable the older adult to be able to age in place in their own home.	Hamilton, Warren, and Clinton County	Not all counties served in our region looking to expand home modification programs. The demand is higher than the funding available.

Hamilton County HVAC HUD program	Hamilton County HVAC repair/replacement programs- this program is available to individuals who are 18+ who own their own home and within HUD income guidelines who are in need of an HVAC unit or one repaired. Currently this program only serves those in Hamilton County and only covers HVAC needs no other home repair or modification.	Hamilton County	
New Life Furniture	Resource available to any COA client who is in need of furniture. COA contracts with New Life Furniture to provide this service and resources	Hamilton, Bulter, Warren, Clermont, and Clinton Counties	Gaps- is there is not enough funding available to meet the need.
Passport and Assisted Living Waiver Programs	Medicaid waiver programs helps older adults with disabilities to receive care and support in their home or an assisted living facility . Passport is for individuals 60+ and Assisted Living Waiver is 21+.	Hamilton, Bulter, Warren, Clermont, and Clinton Counties	N/A
PACE of Cincinnati	PACE of Cincinnati is for older adults who have disabilities, chronic health conditions or other health related long term care needs but want to remain independent in their home and communities. Must be a Hamilton county resident age 55 and older.	Hamilton County	Not available in Butler, Clinton, Clermont or Warren County.
Nursing Home Pre-Admission Review	COA team works with professionals from hospital and nursing facilities to provide screening and review of required PASRR process and levels of care	Hamilton, Bulter, Warren, Clermont, and Clinton Counties	N/A

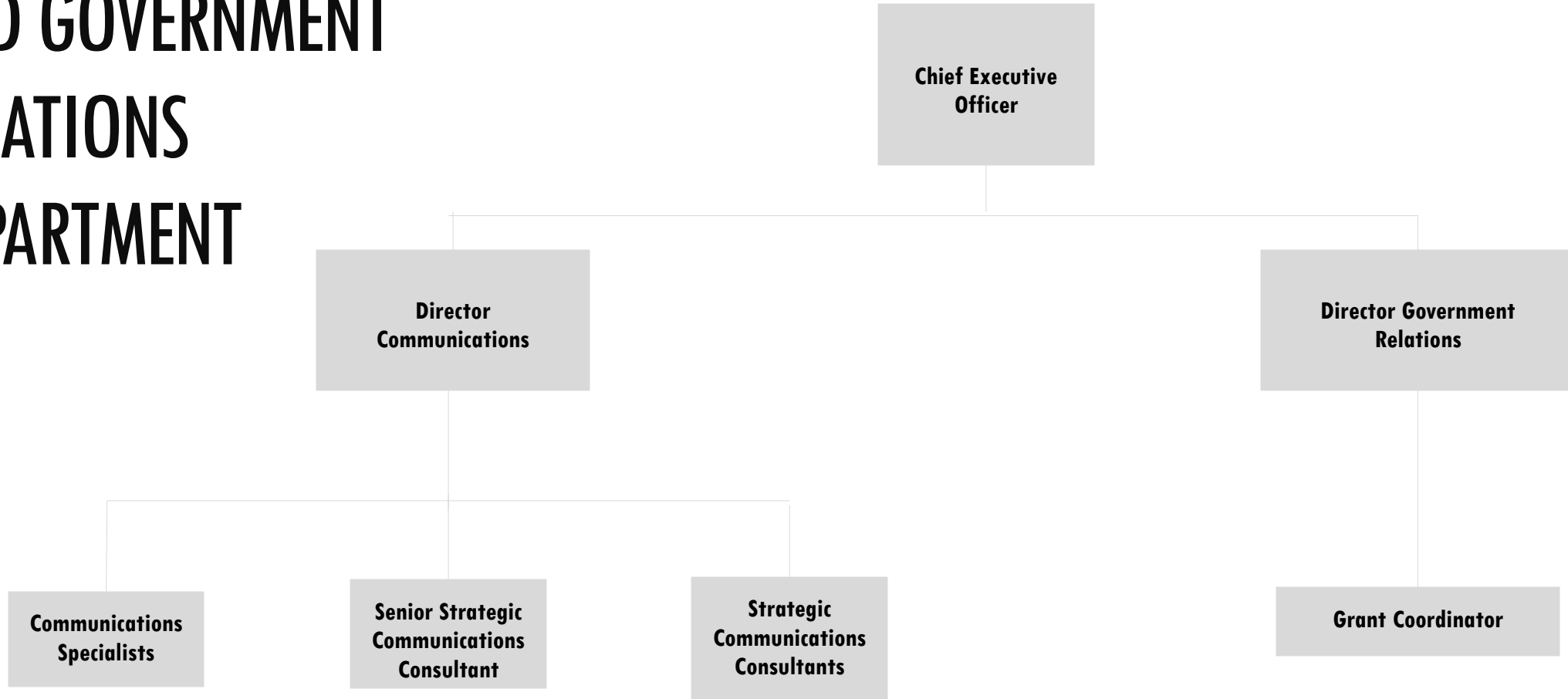
ORGANIZATION CHART



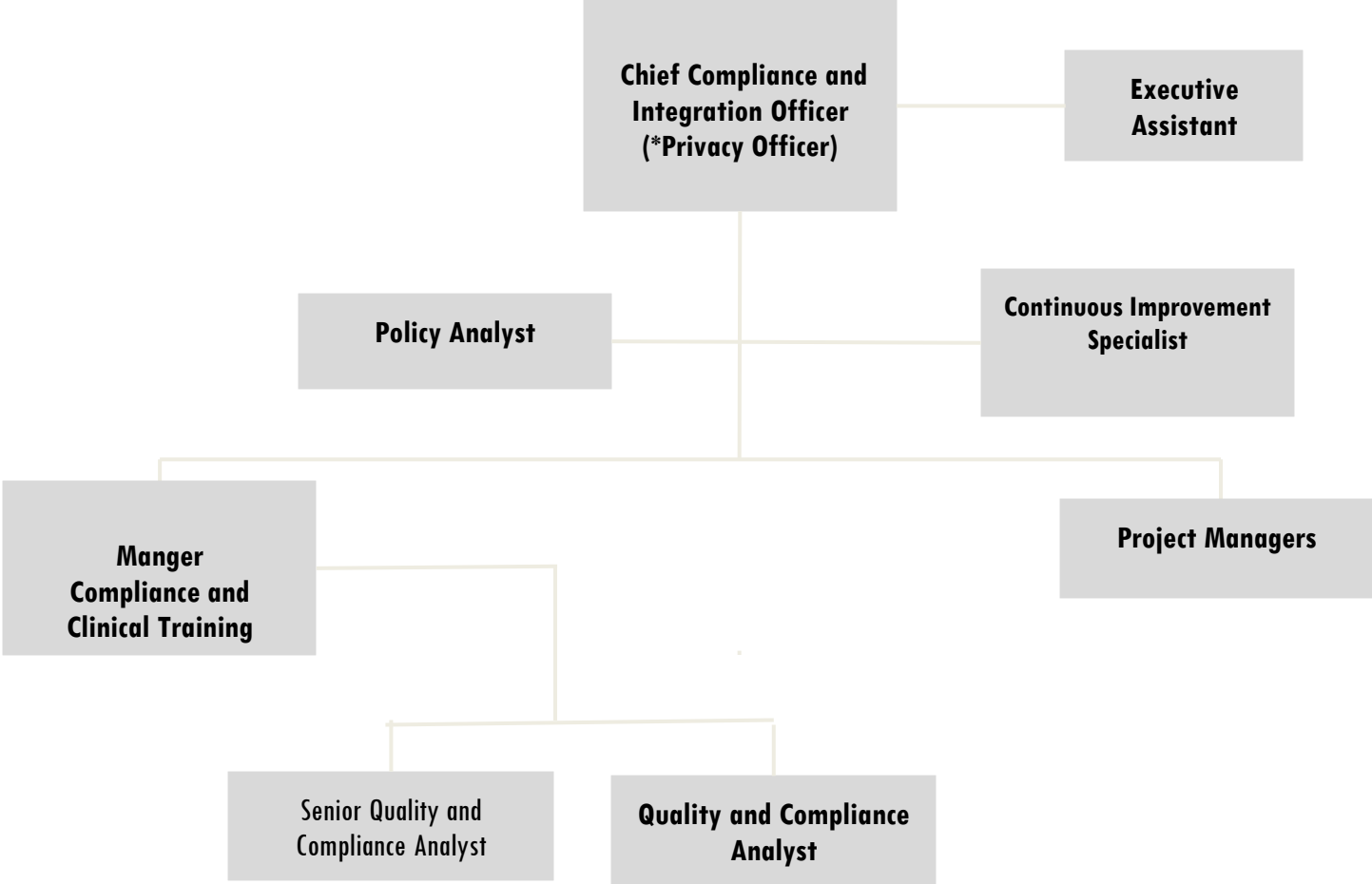
SENIOR LEADERSHIP



COMMUNICATIONS AND GOVERNMENT RELATIONS DEPARTMENT



PROGRAM INTEGRATION AND COMPLIANCE DIVISION



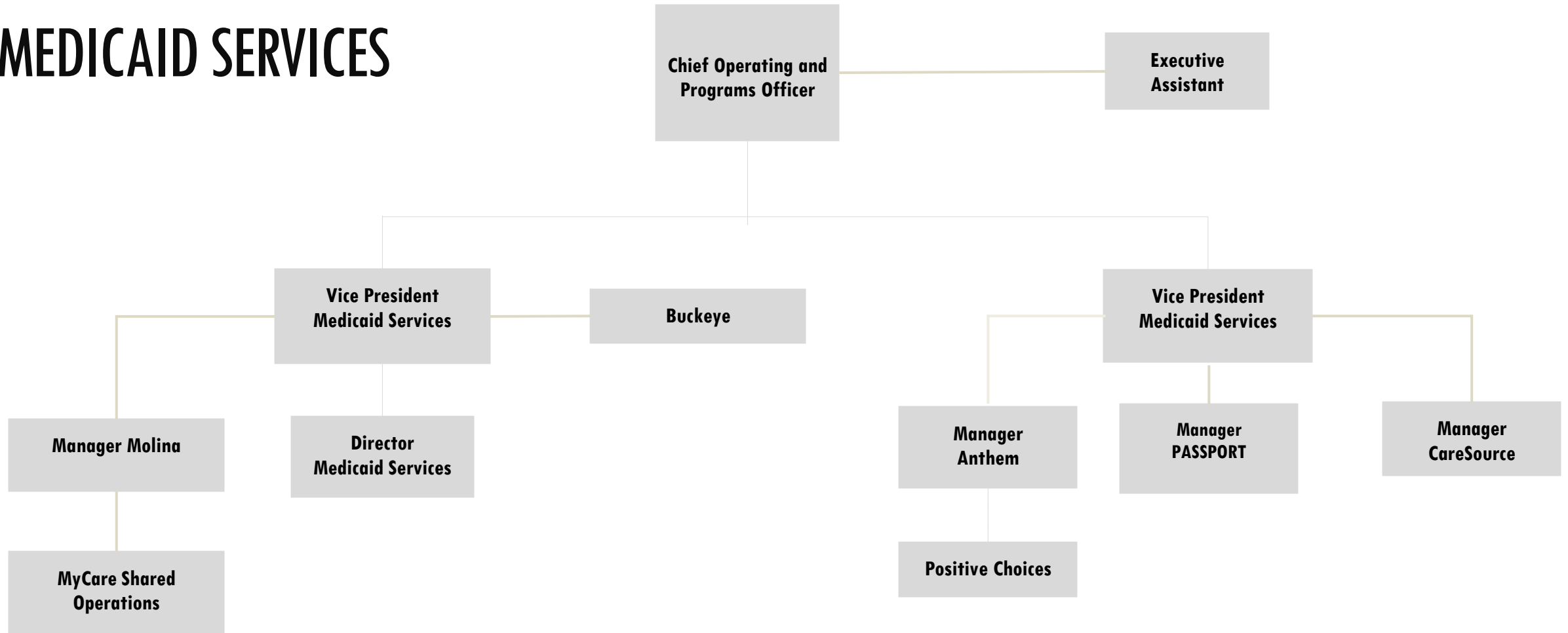
PROGRAM OPERATIONS DIVISION

Chief Operating
and
Programs Officer

Executive Assistant



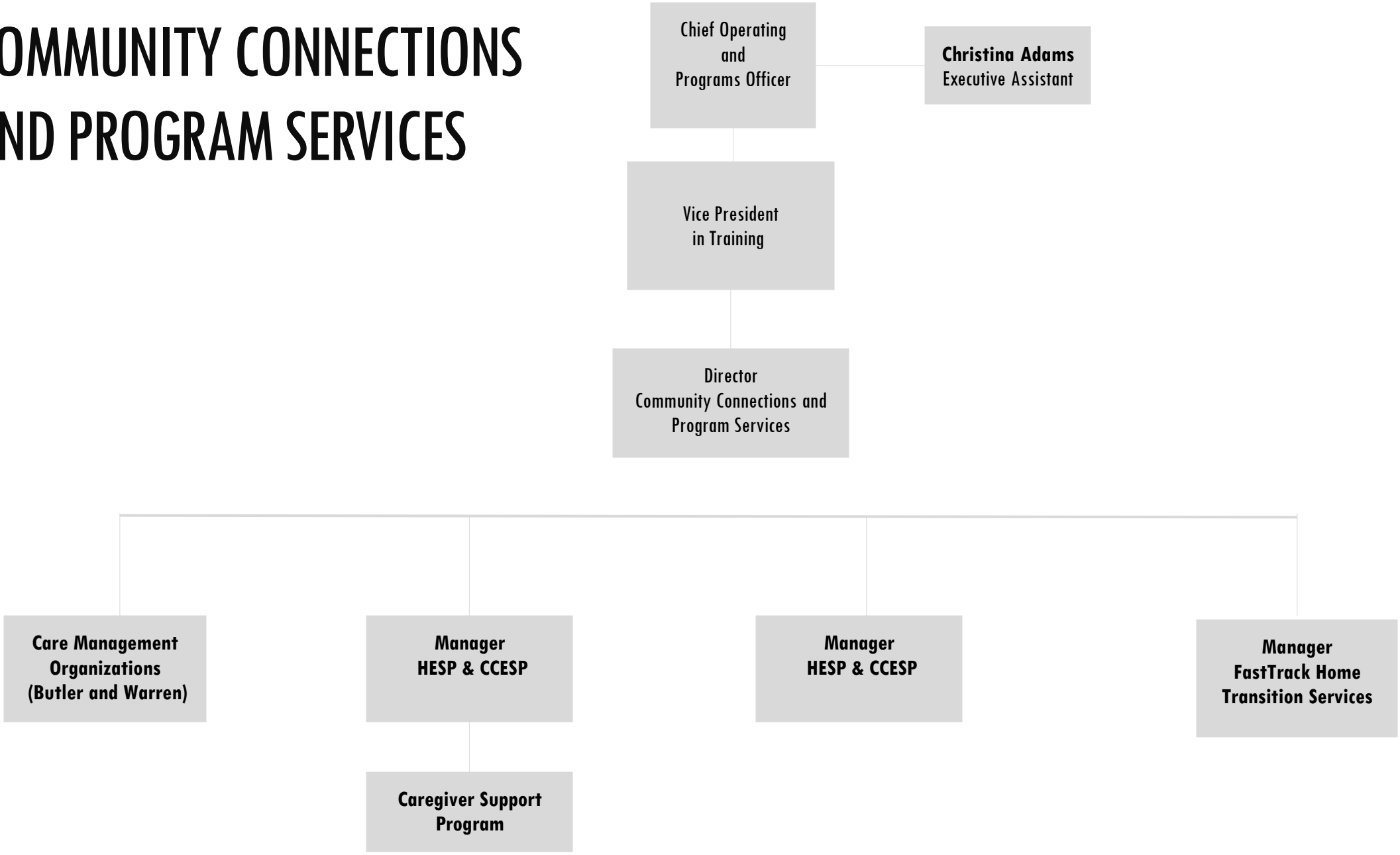
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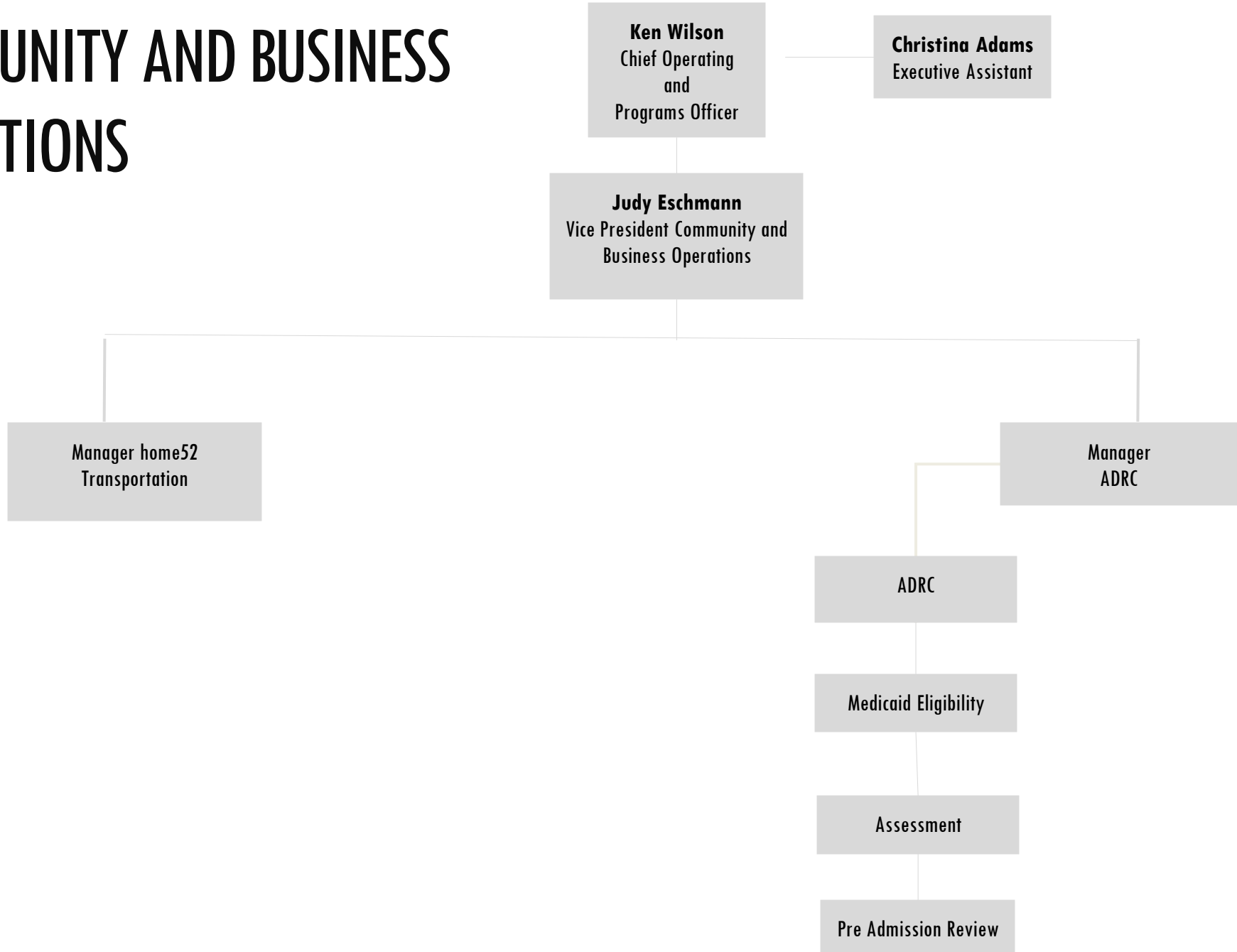
BUSINESS OPERATIONS



COMMUNITY CONNECTIONS AND PROGRAM SERVICES



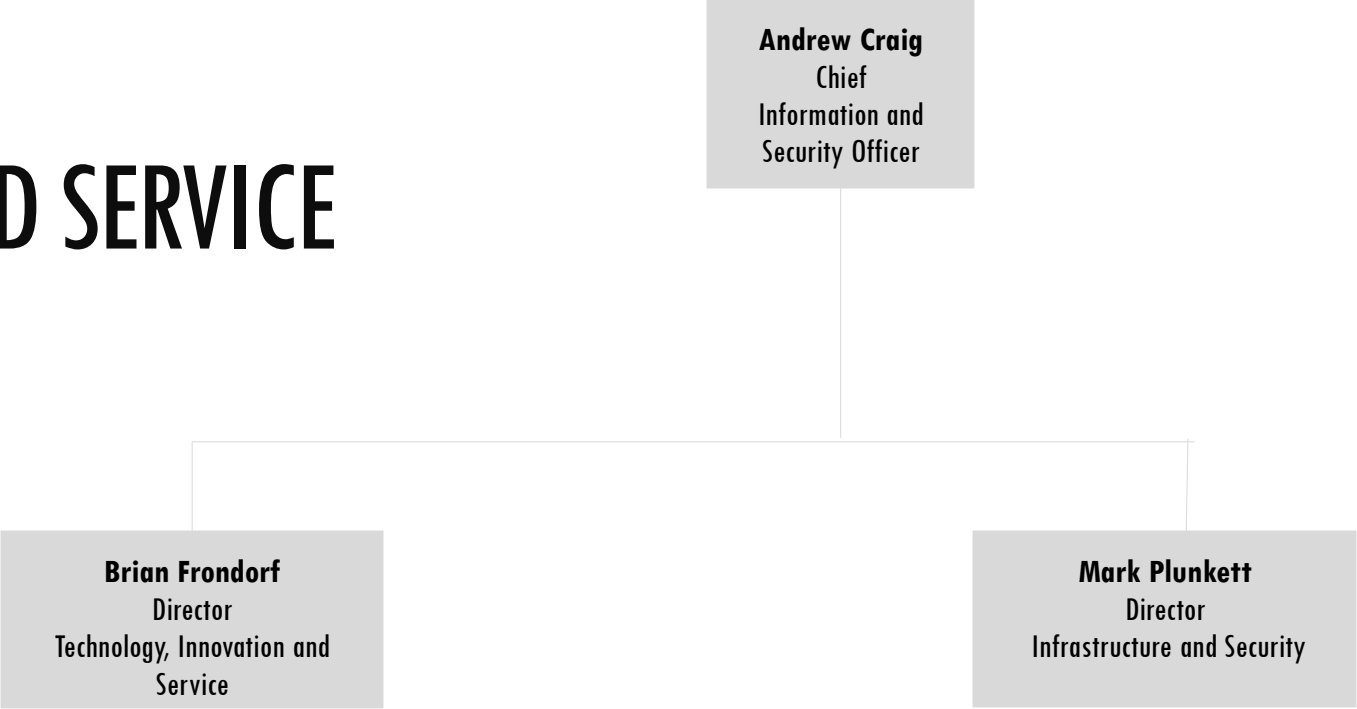
COMMUNITY AND BUSINESS OPERATIONS



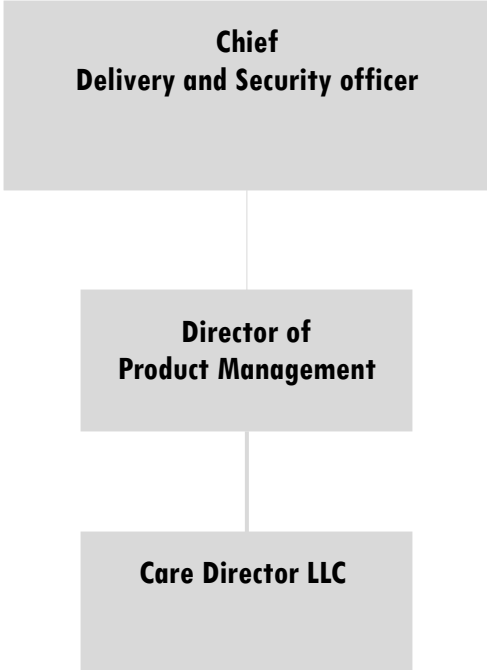
PEOPLE SERVICES DIVISION



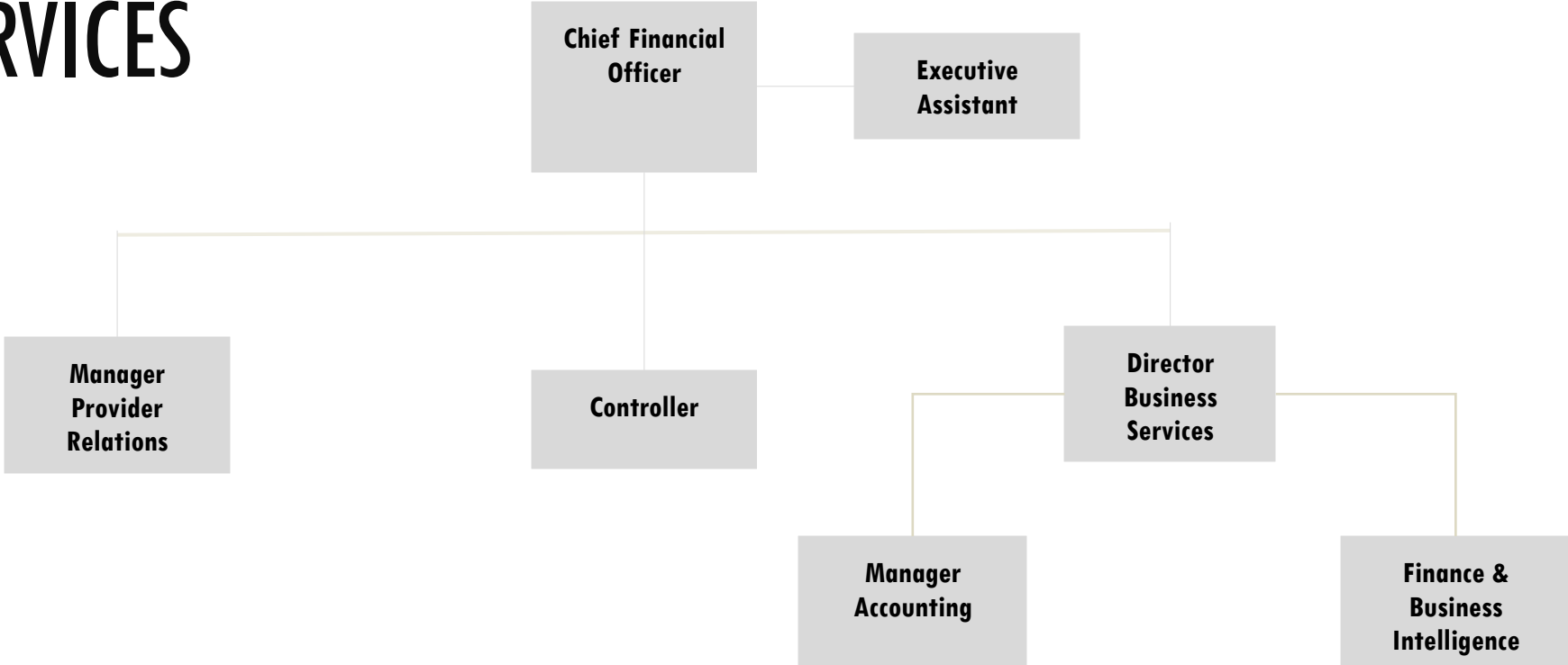
TECHNOLOGY, INNOVATION AND SERVICE DIVISION



HOME 52 IT SOLUTIONS



FISCAL & BUSINESS SERVICES DIVISION





2025 & 2026
Southwestern Ohio
Community Needs
Assessment Survey

May 30, 2025 & April 2, 2026

Introduction and Background

Southwestern Ohio, encompassing the five counties of Butler, Clermont, Clinton, Hamilton, and Warren, is experiencing a significant demographic shift as the population ages. The southwestern region includes urban areas like Cincinnati as well as suburban and rural communities, each with distinct aging-related needs and resources. As a result, tailored strategies are necessary to ensure aging services are responsive to each community's unique characteristics and challenges.

Council on Aging of Southwestern Ohio (COA) is the Area Agency on Aging serving this region. In this role, COA administers programs designed to support the mission of keeping older adults and those with disabilities living independently in the community, as opposed to residing in long-term care facilities. Programs administered include Medicaid Waiver programs such as PASSPORT and the assisted living waiver, MyCare Ohio, and Elderly Services Program, which is funded by county property tax levies in COA's service area. Services include home-delivered meals, personal care, caregiver support, transportation, home modifications, and case management, among others.

Community Needs Assessment Survey

From February 13 through April 30, 2025, COA conducted a 2025 Southwestern Ohio Community Needs Assessment Survey of its region. COA reopened the needs assessment survey between February and March 2026 to Older adults, caregivers, and professionals in the aging services network. The survey had thirty-four questions and included open-ended responses, multiple-choice responses, Likert scales, and a numeric rating scale. The survey was intended to be completed online, but paper versions were available for older adults by request. COA promoted the survey in local news outlets, at community outreach events, on social media, and through its e-newsletter. COA staff conducted outreach at its health and wellness sites and in area senior apartment buildings. In total, the survey was completed by 1,311 respondents.

The survey used for the needs assessment focused primarily on questions about the respondents' desires to age in the community and knowledge about the availability of resources to support older people. Specific questions included a rating of the importance of staying in one's current home, typical ways to transport oneself, and whether the respondent had difficulty having their needs met. Demographic characteristics of respondents were also collected.

Demographics

The Southwestern Ohio Community Needs Assessment gathered input from a total of 1,311 participants (Table 1).

Older Adults	Aging Services Professionals	Caregivers
871	169	271 <i>190 were also older adults</i>

Table 1: Breakdown of Survey Participants, by Stakeholder Group

As expected, based on its population size, Hamilton County contributed the most responses, representing 51.72% of all survey participants. Butler County followed with 14.57%, while Clermont (10.68%), Clinton (9.15%), and Warren (9.61%) counties also had notable participation (Figure 1).

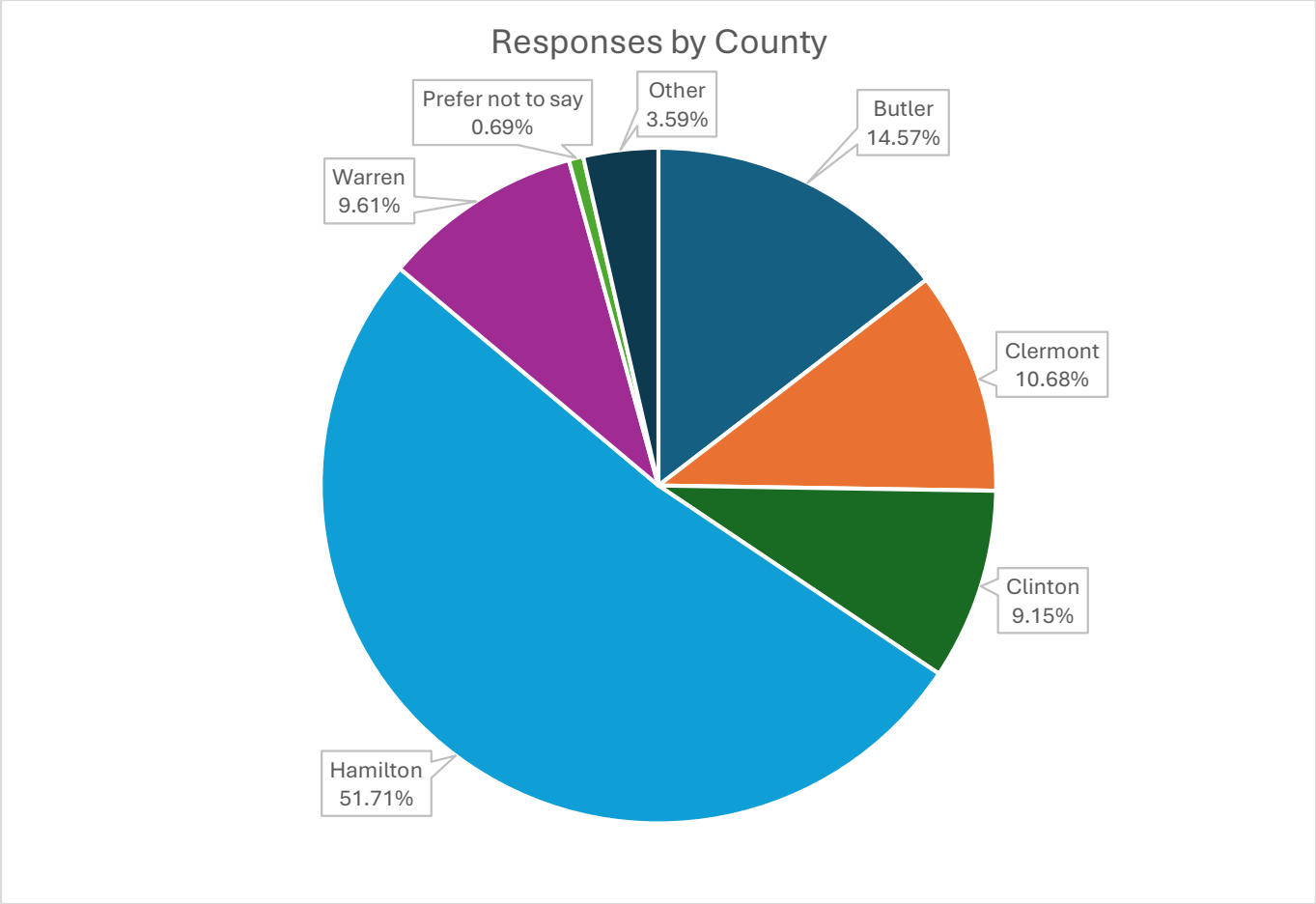


Figure 1: Survey Responses by County

Age Distribution and Gender

The age distribution confirms that the survey primarily engaged older adults. The largest age group was 65–74 years, accounting for 45.10% of respondents. This was followed by individuals aged 75–84 (23.82%) and those aged 60–64 (10.77%). A small percentage (1.75%) of participants were under age 40, and 1.49% did not report their age.

Among the 1,142 respondents who shared their gender, 81.79% identified as female, 15.76% as male, and 2.45% chose not to disclose their gender.

Health Status Ranking

Respondents rated their health on a scale from 1 (poor) to 10 (excellent). Both the average and median ratings were seven, suggesting positive health perceptions. The most common ratings were 8 (27.32%), 7 (21.98%), and 9 (12.78%), indicating most participants viewed their health as above average. Very few rated their health at the lowest levels, with only 0.09% selecting 1, and 0.70% selecting 2.

Living Arrangements

When asked about living situations, responses indicated a potential risk for social isolation. A significant portion of respondents, 40.81%, reported living alone. Another 38.88% lived with a spouse or significant other. Multi-generational households accounted for 6.57% of responses. Smaller

proportions reported living with an adult child (4.20%) or another family member (2.89%). Additionally, 3.68% selected “other,” citing arrangements such as living in a nursing home or with a sibling, or previous options already listed, such as living with a spouse, living with an adult child, or living alone.

Key Findings

The survey revealed clear themes related to caregiving strain, housing instability, barriers to aging in place, and difficulties managing daily tasks. Respondents also highlighted transportation limitations and social isolation as pressing concerns. These findings underscore the urgent need for targeted strategies and resources to support the well-being and independence of the aging population in Southwestern Ohio.

Caregiving Strain

The data illustrate that caregiving has profound and multifaceted impacts on respondents' lives. Among the 271 individuals who answered the caregiving section, a vast majority reported significant personal, professional, emotional, and financial consequences stemming from their caregiving responsibilities (Table 2).

Nearly three-quarters (74.17%) said they have cut back or postponed personal activities they enjoy due to caregiving, highlighting the strain on personal time and self-care, and 42.44% reported taking time off work for caregiving responsibilities. Emotional tolls were also prevalent, as 64.94% of respondents reported feeling fatigued, stressed, or unhappy, and an equal percentage said caregiving had negatively affected their mental or emotional health.

Life Impacts/Changes	Percent Responding Yes
Cut Back on Personal & Enjoyable Activities	74.17%
Impacted Mental/Emotional Health	65.31%
Felt Fatigued, Stressed, and/or Unhappy	64.94%
Impacted Personal Relationships	52.03%
Impacted Physical Health	44.65%
Time Off Work	42.44%
Financial Impact	40.59%
Decreased Work Hours	20.30%

Table 2: Reported Impact of Caregiving

Several respondents offered qualitative responses under “Other,” describing caregiving as “overwhelming,” affecting “all aspects of life,” or leading to other issues such as job loss, lack of help, and inability to manage household tasks. Moreover, 48.71% of the caregiver respondents reported they need time away from caregiving, or respite care, and 65.68% reported they needed a caregiver support program. These responses reflect the complex and often burdensome realities caregivers face, reinforcing the need for comprehensive caregiver support services in the region.

Housing Instability and Financial Burden

Nearly two-thirds (64.18%) of participants described the affordability of their current housing as completely unaffordable (33.65%) or slightly unaffordable (30.54%). When asked whether affordable and appropriate housing options are available in their area, most respondents (60.51%) answered “no.”

Another 31.10% said they were "not sure," indicating uncertainty or lack of visibility around viable housing options. Only 7.45% of respondents believed affordable and appropriate housing is currently available in their community.

Regarding specific housing-related financial concerns, 89.07% reported they were concerned with paying utilities, rent/mortgage, and/or property taxes (Figure 2). More than half of the participants (68.52%) felt that rising economic costs would have an impact on their quality of life.

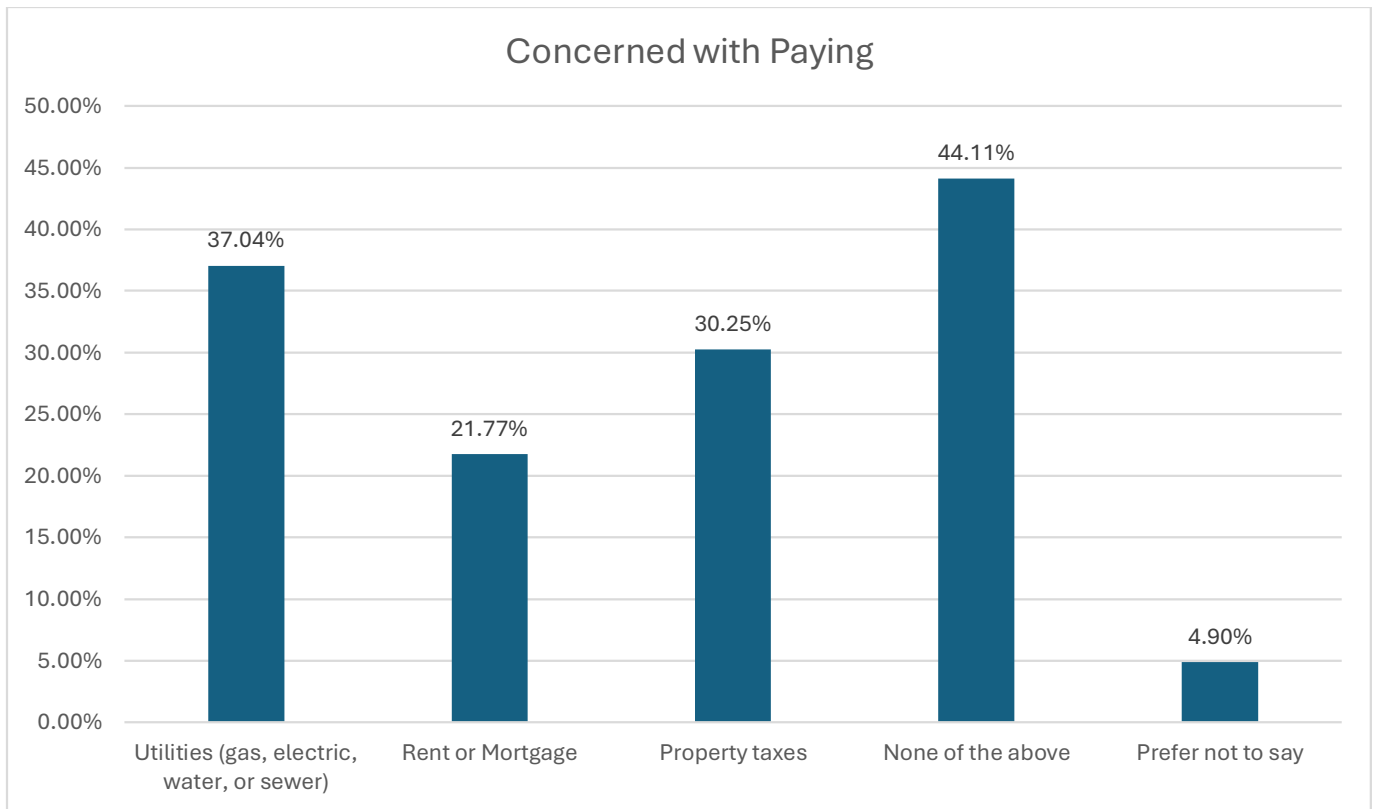


Figure 2: Concerns with Housing-Related Expenses

Despite these challenges and the prior housing affordability responses noted above, 44.11% of respondents reported no concerns about paying for utilities, rent/mortgage, or property taxes, suggesting some variation in financial stability across the population. A small portion (4.90%) chose not to disclose their concerns.

Aging-in-Place Barriers

Survey respondents overwhelmingly expressed a desire to age in place, with 79.36% stating that it is either "very important" (46.94%) or "absolutely essential" (32.42%) to remain in their homes as they grow older. However, many respondents face housing challenges that could undermine their desire. Only 37.32% reported that their current home fully meets their needs as they age. Whereas 58.44% reported that their current housing situation needed minor adjustments, will need adjustments, or cannot meet needs (Figure 3).

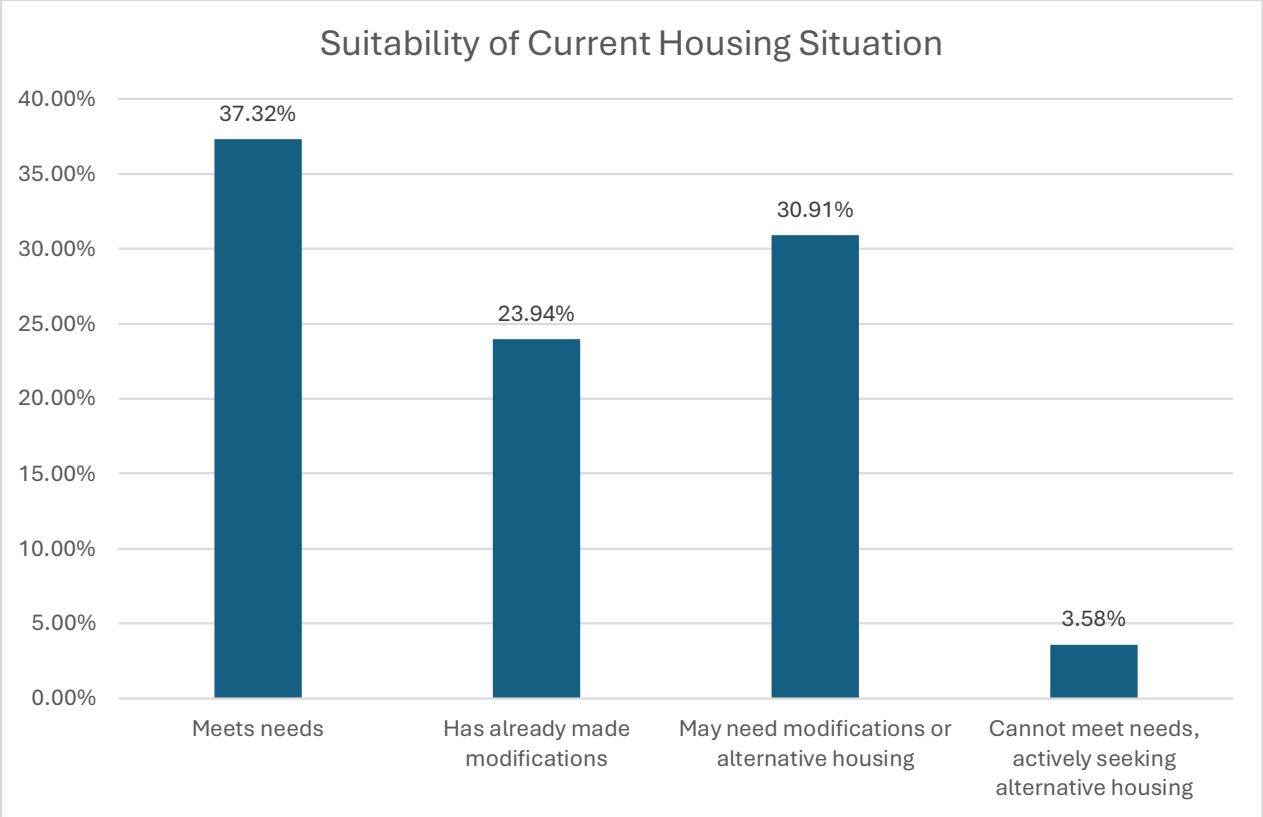


Figure 3: Suitability of Current Housing to Meet Needs During Aging Process

Responses to the open-ended “Other” category further illustrate the complexity of housing-related challenges. Participants cited issues such as the inability to afford their current home, difficulties maintaining the property, unsafe or deteriorating neighborhoods (including those in subsidized housing), and an urgent need for home modifications.

Challenges Managing Daily Activities

Respondents reported difficulty managing daily tasks essential to maintaining independence and home safety, again threatening the ability to age-in-place. The most cited challenges were home repairs (58.91%) and yard work or tree care (52.21%), both of which often require physical labor, tools, or hired assistance, which may be difficult for older adults to access or afford.

General cleaning and household management were also significant barriers, with 40.72% of respondents identifying them as a challenge. Smaller, but still notable, percentages reported difficulty with managing household paperwork (9.33%) and personal care tasks, such as bathing and grooming (6.50%).

While 19.98% of respondents indicated they did not have trouble with any of the listed tasks, the majority expressed some level of need for support in maintaining their homes and personal routines. The findings suggest that older adults could benefit from expanded access to in-home services, home modifications, and routine maintenance assistance to remain safe and comfortable in their homes.

Transportation Challenges

The transportation questions of the survey were created to be “select all which apply,” meaning respondents could select more than one option. Of the respondents, 84% reported they can drive themselves, indicating that many currently maintain independence in meeting their transportation needs. Additionally, 23.09% rely on family or friends, and smaller portions use private ride services like Uber or Lyft (6.03%), public transportation or community shuttles (4.71%), or walk to get where they need to go (1.60%).

While three-quarters (77.38%) indicated transportation is not a barrier in their lives, a closer look reveals transportation is still a critical issue for a segment of the population (Figure 4). These limitations contribute to social isolation, missed medical care, and reduced quality of life.

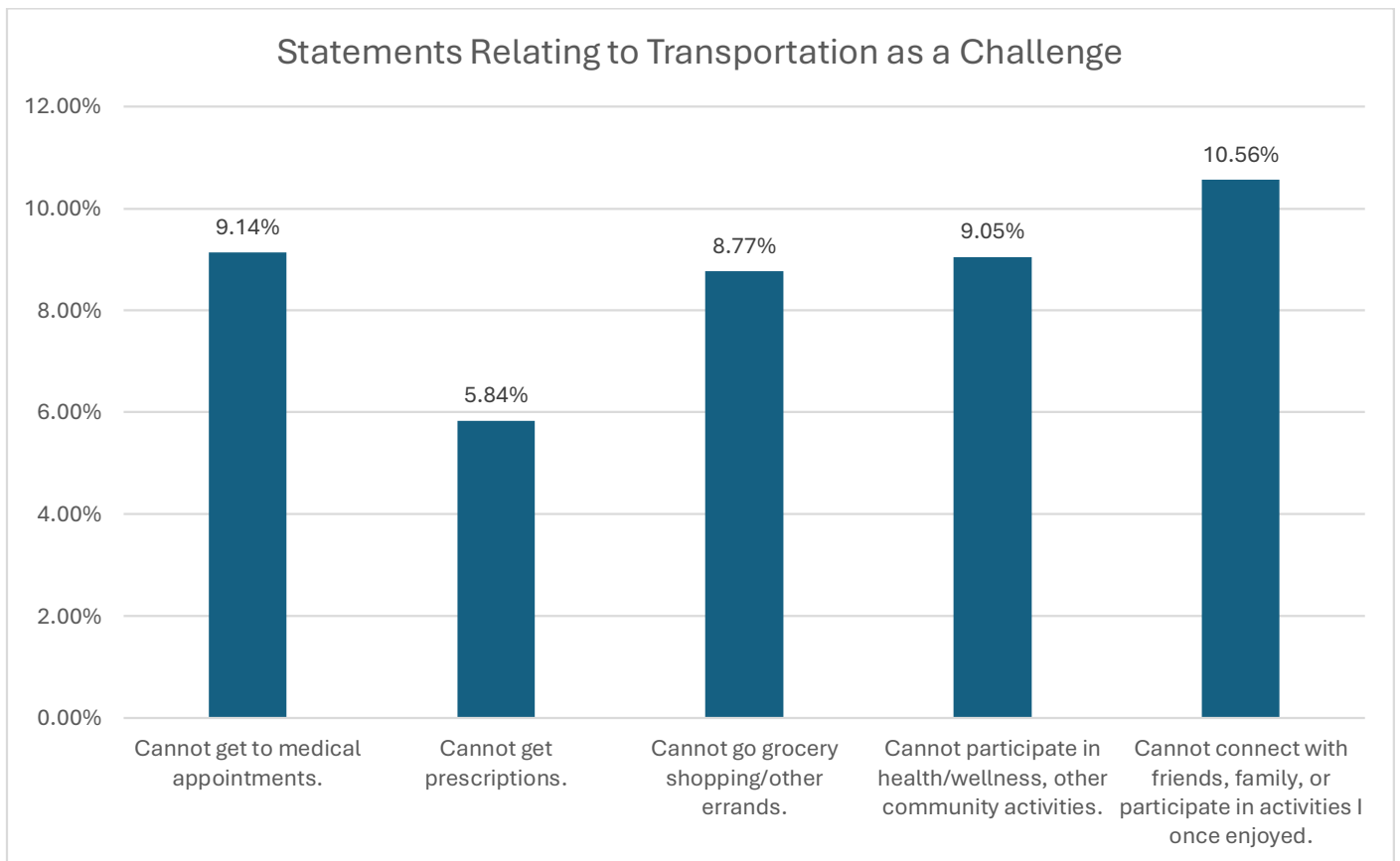


Figure 4: Impact of Transportation Challenges

Respondents also identified specific challenges with public transportation. The most frequently cited issue was a lack of available options nearby (27.14%), followed by accessibility concerns related to physical ability or proximity to services (22.34%). Other concerns included inconsistent schedules or delays (15.55%) and cost (10.27%). Open-ended responses added further context, with comments noting unfamiliarity with routes, long ride times, limited out-of-town services, and issues with safety, cleanliness, or inconvenient hours. Additionally, 63.43% of respondents rated the quality of public transportation as “poor” or “fair” (Figure 5).

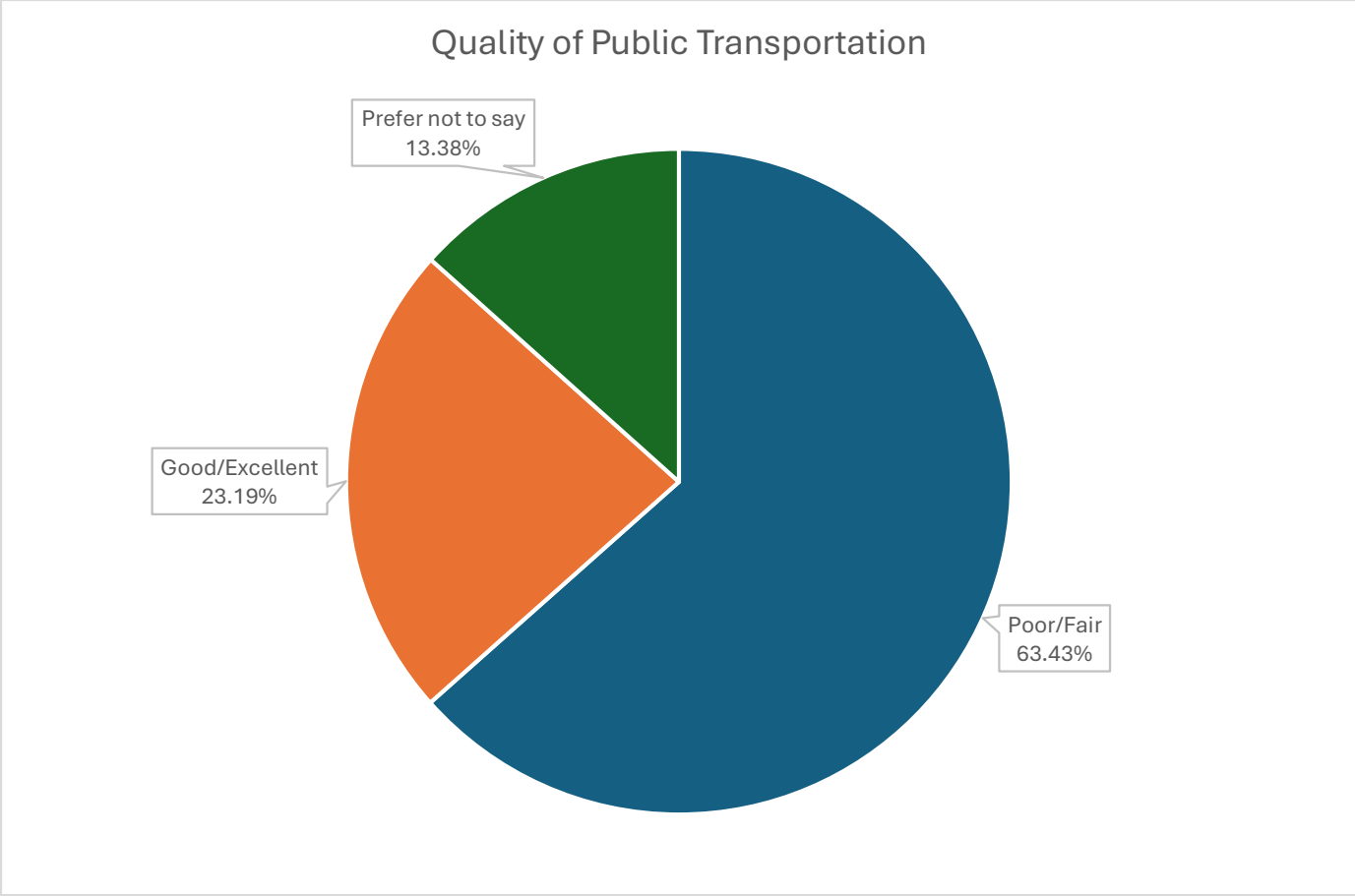


Figure 5: Rating of Available Public Transportation Options

Top Five Unmet Needs

COA utilized an Artificial Intelligence (AI) tool to analyze and identify themes from within the open-ended responses for both Community Needs Assessments. Microsoft Co-Pilot uses AI and natural language processing to analyze open-ended survey responses. It analyzes the text to detect patterns, frequently mentioned topics, and conceptually related ideas. Co-Pilot then groups similar responses and suggests common themes. The five most cited priorities were:

Transportation (480 mentions): Respondents emphasized general transportation challenges, especially for medical appointments. Important subthemes included social/non-medical transportation, accessibility issues, reliability, affordability, and difficulties specific to rural areas.

Housing (313 mentions): Concerns centered around housing affordability, safety, accessibility, and the need for repairs or modifications. Other issues included the desire to age in place, risks of homelessness or eviction, long waiting lists for senior housing, and property tax burdens.

Access to Care (260 mentions): Comments related to care broadly, including access to health care, insurance coverage, affordability of services, availability of respite and supportive care, care coordination, mental health resources, and challenges related to accessibility.

Cost of Living (249 mentions): Respondents frequently mentioned financial strain related to medications, food, utilities, in-home care, assisted living, transportation costs, taxes, and rent, highlighting the challenge of living on fixed incomes.

Independent Living (246 mentions): This theme focused on in-home services like caregiving, homemaking, housekeeping, home modifications, lawn care, snow removal, and safety improvements, all essential for living independently and maintaining daily living support.

Perception Gaps Between Older Adults and Aging Services Professionals

A key component of the Southwestern Ohio Community Needs Assessment was comparing responses from older adults with those from aging services professionals regarding anticipated challenges, shown in Table 3. The findings reveal significant perception gaps, with professionals consistently anticipating a greater need for assistance across nearly all areas than older adults themselves reported.

The largest gaps emerged in areas tied to mobility, independence, and personal care. While 82.84% of professionals believed transportation would be a challenge, only 22.16% of older adults identified it as likely—a gap of 60.68 percentage points. Similarly, 73.96% of professionals foresaw a need for in-home care (e.g., housekeeping or personal care tasks), compared to only 23.65% of older adults, a difference of 50.31 percentage points.

The gaps reflect differing perspectives shaped by experience and role. On one hand, professionals work with older adults in crisis or periods of decline, and they may anticipate future needs that older adults do not yet recognize. Additionally, older adults may be hesitant to report their needs due to a variety of reasons such as stigma, pride, or embarrassment some older adults may struggle to recognize the need for help or may underestimate the impact of their health conditions on their daily life (Table 3).

Activities Needing Help	Professionals	Older Adults	Difference
Transportation	82.84%	22.16%	60.68%
In-home care (help with housekeeping or personal care tasks)	73.96%	23.65%	50.31%
Alzheimer's disease or other dementia	51.48%	5.28%	46.20%
Finding a new place to live	58.58%	14.24%	44.34%
Cooking meals or obtaining groceries	60.36%	19.17%	41.18%
Mental Health	53.25%	13.32%	39.94%
Caregiving	43.79%	9.64%	34.14%
Paying mortgage or rent	47.34%	16.19%	31.15%
Leaving the hospital or nursing home	40.24%	9.18%	31.05%
Making modifications to current residence	62.72%	34.33%	28.39%
Technology	48.52%	20.32%	28.20%
Paying household bills (gas, electric, water, sewer)	47.93%	21.70%	26.23%
Making repairs to current residence	69.82%	44.20%	25.62%
Pet care	31.95%	10.10%	21.85%
Finding and participating in social activities	42.60%	21.35%	21.25%
Legal Matters	39.64%	26.18%	13.47%
Yard/Lawn Care	54.44%	41.33%	13.11%
Paying property taxes	28.99%	17.57%	11.43%
Snow Removal	52.23%	41.24%	10.99%
Staying physically fit	31.36%	34.79%	-3.43%

Table 3: Comparative Rates for Anticipated Needs, Older Adults vs. Professionals

Differences Across the Southwestern Counties

Council on Aging’s Southwestern Ohio Community Needs Assessment survey was developed for individuals in Hamilton, Butler, Clermont, Clinton, and Warren counties. A general “Other” category includes those taking the survey but not residing in Southwestern Ohio. These “Other” respondents were included in the final analyses, when appropriate.

Age Distribution

The age group distribution of survey respondents across the five counties reveals strong participation from older adults, particularly those aged 65 to 74. This age group made up the largest proportion of respondents in every county. Adults aged 75 to 84 represented the second largest group in most counties (Table 4).

County	65-74 Age Group
Butler	36.65%
Clermont	38.57%
Clinton	45.00%
Hamilton	40.41%
Warren	36.51%

Table 4: Specific Age Group Response Rate, by County

Participation among adults under fifty was minimal across all counties. Responses from individuals aged thirty-nine or younger never exceeded 2.06% in any county. A small number of respondents chose not to disclose their age or left the age question blank.

Gender

In every county, women made up between approximately two-thirds and three-quarters of those who responded, with the highest percentage in Warren County (75.40%) and Clinton County (73.33%). Male respondents were notably fewer, ranging from 11.43% in Clermont to 19.17% in Clinton. A small percentage of respondents in each county preferred not to disclose their gender, with the highest percentage in Clermont County (2.86%).

Health Status Ranking

Older adults across the counties rated their health positively, with an average self-reported health rating of 7 out of 10 in every county. The full range of ratings, from a low of 1 in Hamilton County to a high of 10, indicates a broad spectrum of perceived health. Most individuals rated their health in the mid-to-high range (Figure 6).

Lower health ratings were less frequently reported. Only one respondent in the entire sample rated their health as 1, and just a few across all counties selected 2 or 3. Meanwhile, higher-end ratings (9 or 10) were less common than 7 or 8 but still present: 15.87% of Warren respondents rated their health as a 9, and 7.50% in Clinton gave themselves a 10.

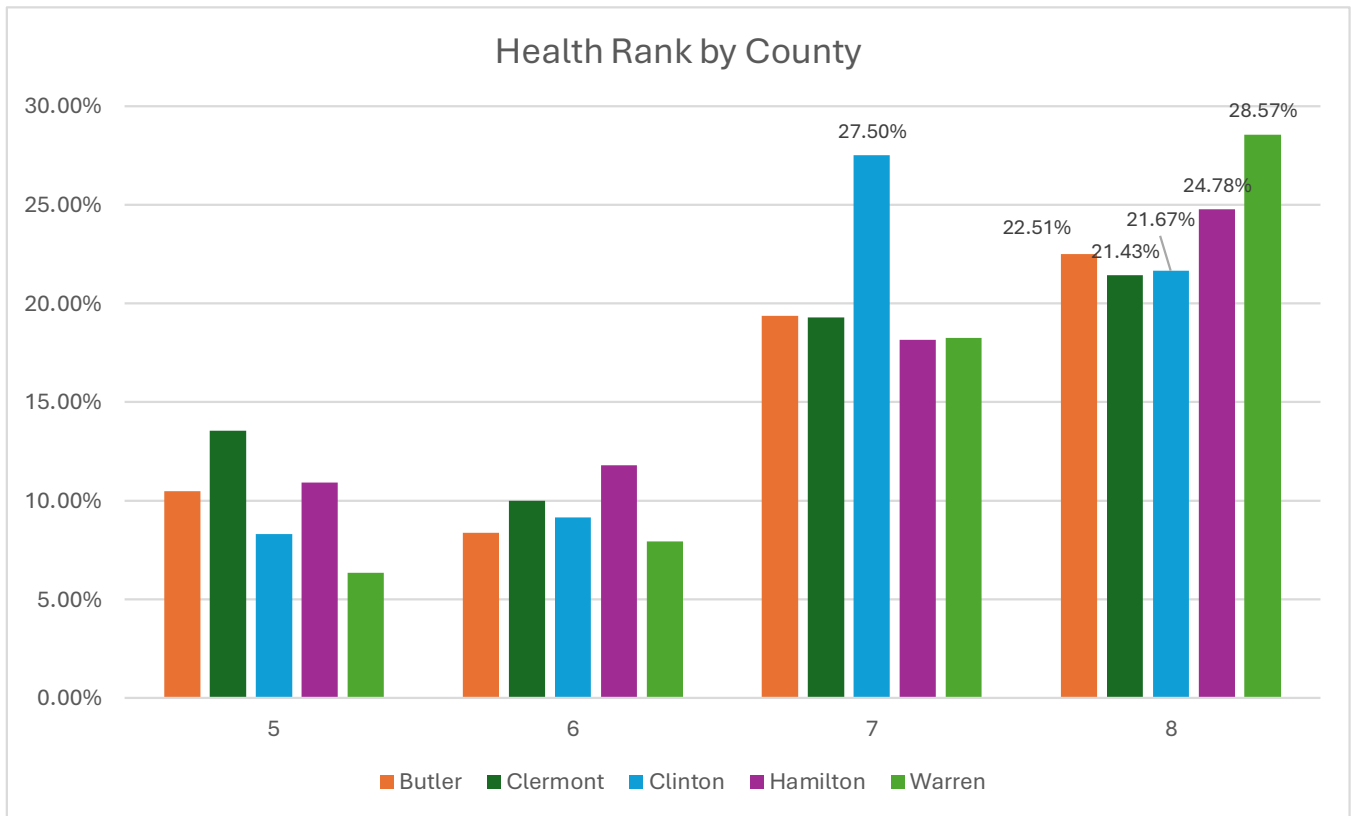


Figure 6: Reported Health Status, by County

Caregiving Strain

The data on caregiving responsibilities across the counties highlights the varied, yet impactful, toll caregiving takes on individuals' lives, particularly among older adults. One of the most frequently reported impacts was emotional distress: respondents across all counties indicated that caregiving responsibilities left them feeling fatigued, stressed, or unhappy. It was especially prominent in Butler (16.75%) and Warren (15.87%) counties. A substantial portion also reported mental or emotional health impacts due to caregiving, with Butler and Clermont leading (16.23% and 15.71%, respectively).

Respondents also acknowledged that caregiving interfered with their personal lives. Many said they had to cut back or postpone activities they enjoyed (more than 14% in all counties), and caregiving affected their relationships, with up to 13.09% in Butler County noting such an impact. Participants in Hamilton and Warren counties also reported the highest amount of financial impact and strain from caregiving.

Housing Instability and Financial Burden

As seen in Figure 7, “completely unaffordable” was among the most frequently selected responses, particularly in Clinton (34.17%) and Warren (28.57%) counties. Hamilton (27.88%) and Butler (26.70%) had similar responses, with Clermont reporting at 17.86%. Few respondents reported housing as “slightly affordable” or “very affordable,” with the categories comprising less than 21% of responses per county.

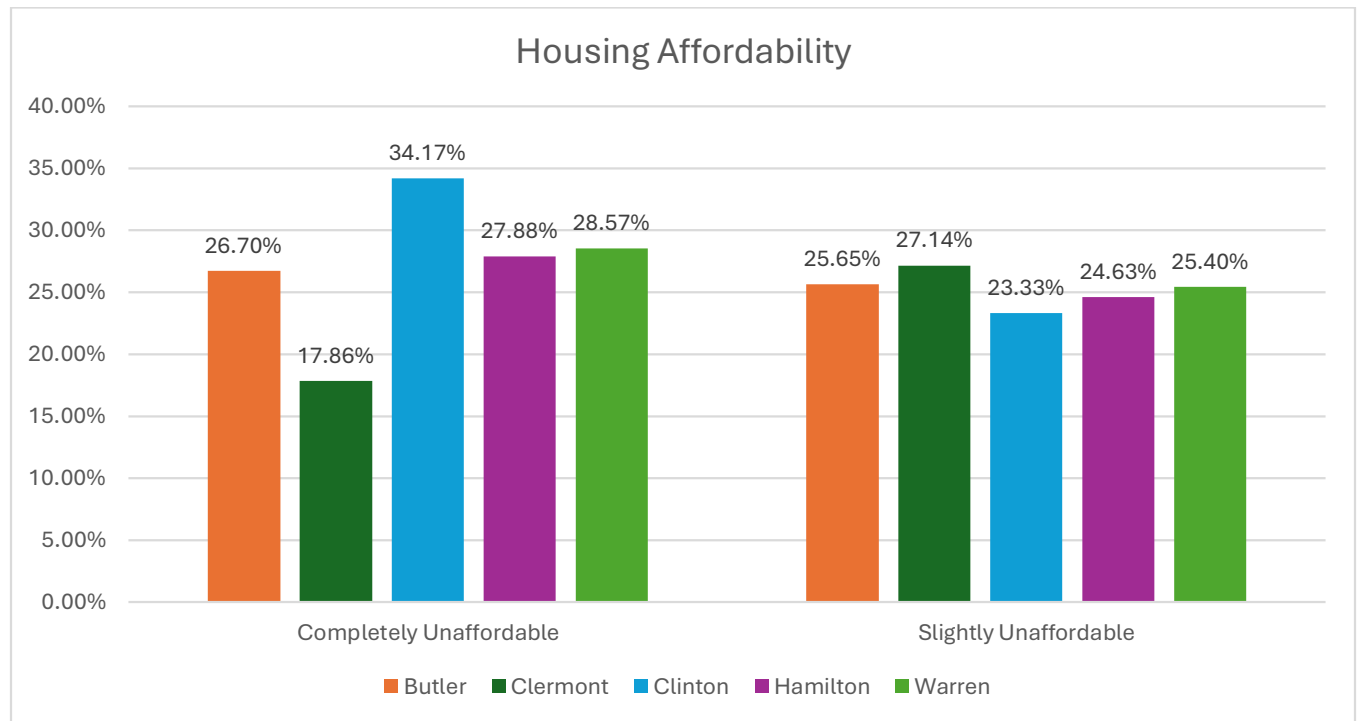


Figure 7: Housing Affordability, by County

When asked directly whether there are affordable and appropriate housing options in their area, a considerable number of respondents said “no,” ranging from 45.00% in Clermont County to a substantial 64.17% in Clinton County. Only a small percentage in each county responded “yes,” with no county surpassing 9% on the measure. Additionally, a notable share of participants indicated they were

“not sure,” especially in Clermont (27.86%) and Hamilton (27.58%) counties, which suggests a lack of visibility or clarity about available housing resources.

Necessities were a prominent theme, as shown in Figure 8. In each region, utilities, such as gas, electricity, water, and sewer bills, were the most reported source of financial concern.

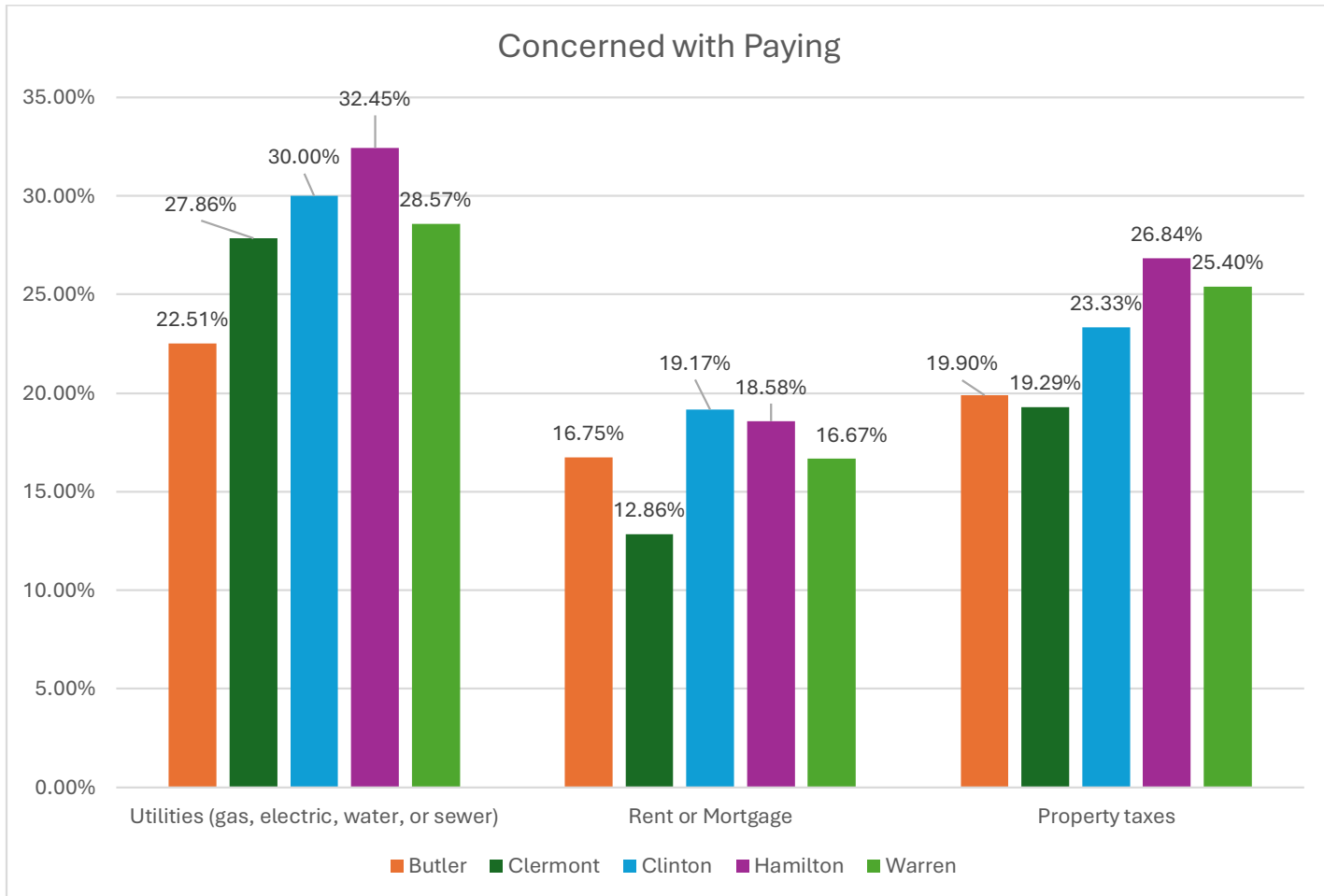


Figure 8: Concerns with Paying Household Expenses, by County

Property taxes emerged as a significant concern across the board, with about one-fifth to one-quarter of respondents in most counties identifying this as a financial stressor. In Hamilton County, 26.84% of respondents expressed worry over property taxes, the highest among the six groups. Meanwhile, rent or mortgage concerns were less common but still notable, with 19.17% reporting concerns in Clinton. Interestingly, a considerable portion of respondents in every county selected "none of the above," suggesting a segment of the population is not currently struggling with these specific financial issues. The group ranged from 32.45% in Hamilton to over 40% in the other four counties.

When asked about the impact of rising costs on their overall quality of life, most respondents reported either “a moderate or significant impact,” indicated in Figure 9. In Clinton County, 35.83% reported a moderate impact, and 29.17% a significant one. Warren County followed closely with 30.95% reporting moderate impact and 19.84% significant. Across all counties, only a small number (5–10%) reported no impact.

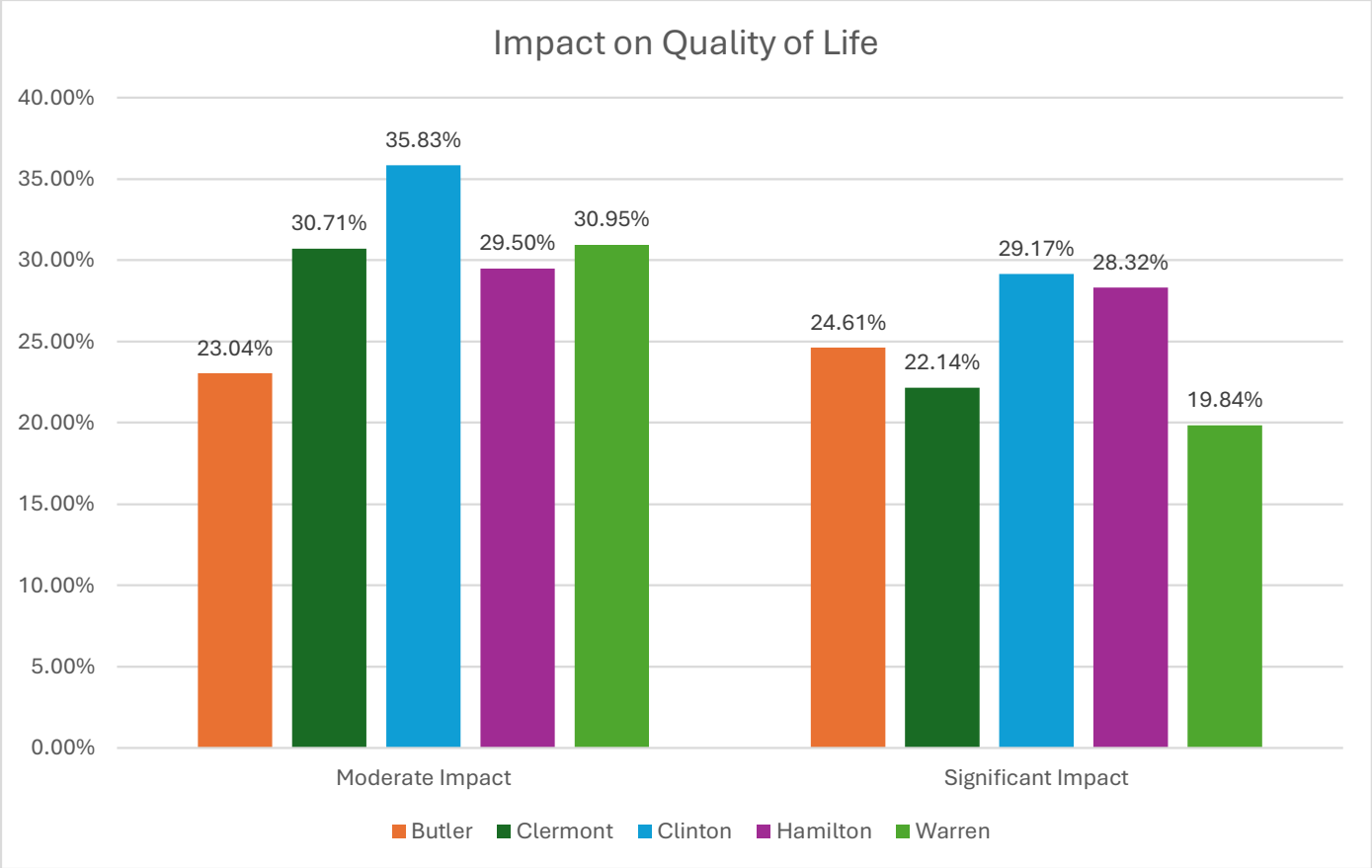


Figure 9: Impact of Inflation on Quality of Life, by County

Challenges Managing Daily Activities

The survey data highlights that older adults across the region face significant challenges with physically demanding home maintenance tasks, with home repairs and yard work emerging as the most cited difficulties (Table 5). In every county, home repairs topped the list, with rates ranging from 46.43% in Clermont County to 54.76% in Warren County. Yard work and tree care followed closely behind, particularly in Warren (48.41%), Clinton (46.67%), and Hamilton County (42.63%). These results suggest that older adults struggle with physically demanding home maintenance tasks.

General cleaning and daily household management were also reported as challenging by approximately 25% to 36% of respondents across counties, with the highest rate in Hamilton County (35.84%). It indicates a broad need for support with routine upkeep. In contrast, tasks like personal care (bathing and grooming) and managing household paperwork (such as paying bills or making phone calls) were cited far less frequently. Personal care was mentioned by no more than 6.35% of respondents in any county, while paperwork challenges peaked at 8.85% in Hamilton. These lower rates may suggest respondents remain independent in core activities of daily living and cognitive tasks, even as they need more help with physical chores.

A smaller segment of respondents indicated no challenges managing these tasks, with “none of the above” responses ranging from 12.70% in Warren to 22.86% in Clermont County. However, it still indicates most older adults surveyed experience at least one area of difficulty in daily functioning. The

findings underscore a strong regional need for services which assist with home maintenance, cleaning, and yard care to help older adults continue living safely and comfortably in their homes.

Tasks	Butler	Clermont	Clinton	Hamilton	Warren
Cleaning/Household Management	32.98%	27.86%	25.83%	35.84%	34.92%
Personal Care	4.19%	2.86%	1.67%	6.34%	6.35%
Managing Household Paperwork	6.81%	7.86%	3.33%	8.85%	5.56%
Yard Work/Tree Care	40.31%	39.29%	46.67%	42.63%	48.41%
Home Repairs	47.12%	46.43%	47.50%	47.94%	54.76%

Table 5: Challenges Managing Daily Activities, by County

Transportation Barriers

Transportation access among older adults in the region varies, but most respondents across counties reported they are still able to drive themselves. It was especially true in Clinton (76.67%) and Warren (73.02%), though still the majority in every region. Family and friends also play a key role in meeting transportation needs, particularly in Hamilton, where 21.83% rely on informal networks. Use of public transit or private transportation options like Uber or Lyft remains low, though slightly more common in more urban Hamilton County (8.11%) than elsewhere. Walking as a primary method of getting around was rare across all areas, and a small percentage of respondents in each county indicated difficulty finding transportation that meets their needs, with rates of 6.05% in Hamilton and 4.76% in Warren.

When asked about specific challenges, transportation issues were shown to have a tangible impact on older adults' ability to manage essential errands and maintain social and community involvement. Some respondents, up to 8.73% in Warren, said they cannot get to medical appointments, and up to 7.96% (Hamilton) said they cannot go grocery shopping or complete errands. Between 5%-10% in all four counties said they are unable to connect with family and friends or participate in activities they once enjoyed.

Older adults rated the quality of public transportation as "poor" or "fair" more than "good" or "excellent" in all counties (Figure 10). However, all counties had respondents who chose not to answer or selected "prefer not to say," potentially signaling limited personal experience with public transportation.

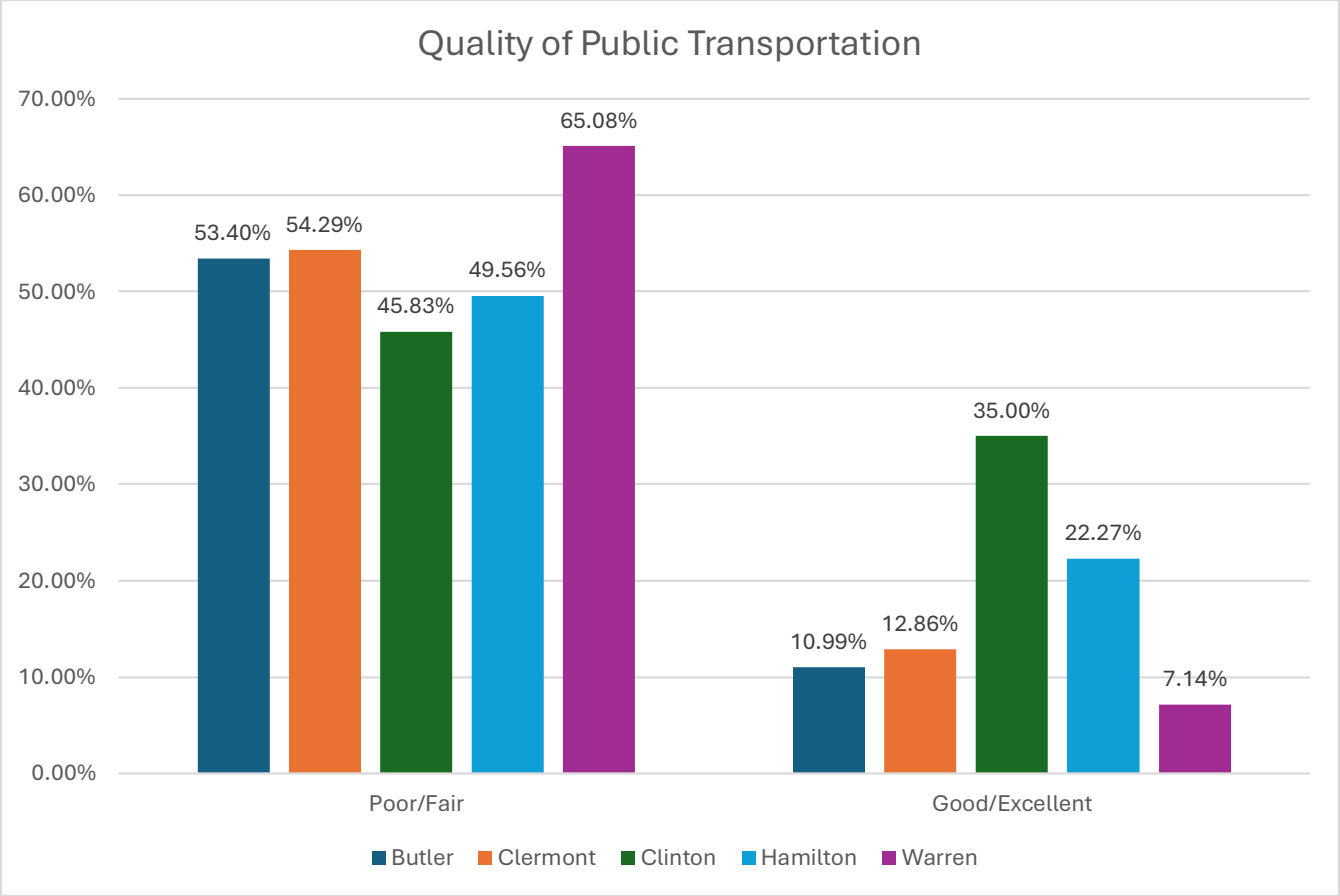


Figure 10: Quality Rating of Public Transportation, by County

Reported barriers to using public transportation reinforce these ratings. The most common challenge was the absence of service: 41.27% of Warren County respondents and over 18% in Clinton and 27% in Butler and Clermont said there were no public transportation options near them. However, the most common challenge in Hamilton was transportation accessibility at 21.98% where the physical design or availability of service could not meet respondents’ needs. Concerns around inconsistent schedules and delays were mentioned to a lesser extent, ranging from 9.42% in Butler to 15.04% in Hamilton. Fewer respondents identified cost as a significant concern, with about 5% to 10% citing it across counties.

Six Activities the Counties May Need Help with Next Year

Across the counties, older adults reported a range of challenges related to aging in place, with the most prominent shown in Table 6. The most frequently reported need was making repairs to the current residence and yard/lawn care, selected by 44.58% of respondents overall. These issues were across all counties, with making repairs as the top need in Clermont and Hamilton, 33.57% and 38.50% respectively and yard/lawn care in Butler, Clinton, and Warren, 35.08%, 40.00%, and 35.71% respectively. Related to this was snow removal (41.75%). These outdoor maintenance tasks had over 26% reporting difficulty across the five counties.

Another major concern was staying physically fit, 36.38% of respondents reported. This need was consistent across the region, indicating a broad interest in maintaining mobility and independence. In addition, modifications to the current residence (34.50%), such as installing grab bars or ramps, were cited frequently, suggesting that older adults are attempting to adapt their homes to meet changing physical needs rather than relocating.

Activity	Butler	Clermont	Clinton	Hamilton	Warren
Making repairs to current residence	34.03%	33.57%	37.50%	38.50%	32.54%
Making modifications to current residence	23.56%	25.00%	25.00%	31.27%	24.60%
Legal matters	22.51%	17.86%	10.00%	26.11%	19.84%
Staying physically fit	28.27%	25.00%	28.33%	32.74%	20.63%
Yard/Lawn Care	35.08%	26.43%	40.00%	34.51%	35.71%
Snow Removal	34.55%	29.29%	40.00%	38.05%	35.71%

Table 6: Six Common Unmet Needs, by County

Other common challenges reflect a need for support with day-to-day living. Paying household bills was reported by 20.64% of respondents, followed closely by transportation (20.55%) and technology use (20.64%). These issues point to the financial strain and access barriers many older adults face, which may be particularly difficult for those with limited income or rural access to services. Additionally, in-home care, such as help with housekeeping or personal care, was reported by 25.07%, and legal matters were a concern for 27.14%.

While reported less frequently overall, mental health challenges (15.83%) and caregiving responsibilities (13.57%) still affect a significant number of respondents. Notably, Butler County (14.14%) and Hamilton County (14.60%) showed slightly higher concern in these caregiving and mental health, respectively. Conversely, pet care (10.46%), leaving the hospital or nursing home (8.67%), and Alzheimer’s disease or other dementia (7.07%) were among the least commonly selected issues.

Highest Priority Services Identified as part of the 2025 & 2026 Needs Assessment

1. Transportation

- Reliable Medical and Non-Medical
- Affordability
- Accessibility
- Rural Barriers

2. Cost of living / financial assistance

- Affording medications
- Food, utilities, rent/taxes

- In-home care
 - Transportation costs
3. **In-home supportive services for independent living**
 - homemaking/housekeeping
 - Help with daily tasks
 4. **Coordinated health care / access to care**
 - Insurance/affordability
 - Care coordination
 - Access to services
 5. **Home modifications & safety supports**
 - Ramps/grab bars
 - Safety improvements to remain at home)
 6. **Home repair/maintenance supports**
 - Repairs
 - Routine maintenance help
 - Snow removal
 7. **Healthy food access/Nutrition**
 - Home-delivered meals
 - Congregate meals
 - Help obtaining groceries/cooking meals
 8. **Caregiver supports**
 - Caregiver support programs
 - Navigation
 - Respite/time away
 9. **Supportive service- connection to community**
 - Reducing social isolation
 - Help finding/participating in social activities
 10. **Technology supports accessing resources and care**
 - Help using technology to connect to services/health care and community resources
 11. **Legal/Ombudsman Services**

Next Steps and Conclusion

The Southwestern Ohio Community Needs Assessment revealed that older adults across the region face a broad and varied set of challenges related to aging in place, health, housing, daily living, and access to services. Many needs, such as home repairs, modifications, and mobility, are widely shared, and the data revealed perception gaps between older adults and aging services professionals, with professionals anticipating greater future need in key areas such as transportation, in-home care, and care coordination. Many older adults also report only moderate health, with few ranking themselves in excellent condition. It reflects the broader reality of aging, where it often comes with compounding physical, mental, and financial stressors.

The consistency of these themes across different types of respondents and locations underscores the importance of broad, accessible, and responsive systems of support. Aging in place is not simply a matter of remaining at home. It requires a network of practical resources, personal support, and community infrastructure that adapts as needs evolve. The data presented should serve as both a mirror and a guide: a mirror reflecting the lived experiences of older adults, and a guide for shaping policies and programs that truly meet them where they are.

To deepen understanding and ensure programs are responsive to real needs, COA held a series of focus groups with stakeholders across the region. These sessions provided space for participants to share perspectives and explore topics which may not have emerged in the survey alone.

2027-2030 Strategic Area Plan – Establishment and Maintenance of Information and Referral (I&R) Providers

Ask...

Provide a compilation of results of the required I&R survey conducted by your AAA.

COA's Response

An Information & Referral (I&R) survey was conducted in March 2026. The survey was emailed to all businesses listed in COA's resource directory. A total of 43 responses were collected. Of the total respondents, just over half (53.5%) indicated that their organization provided information and referral (I&R), or similar services, within Butler, Clermont, Clinton, Hamilton or Warren counties of COA's service area. The information provided below is based on the responses of the 53.5% (n=23) organizations providing I&R in the service area.

- 43.5% served all 5 counties in COA's service area with organizations providing services in an average of 3.5 counties (median: 4).
- Respondents were asked to identify the scope of I&R services they offer (could select more than one response):
 - 39.1% - Elderly specific
 - 30.4% - Generic
 - 8.7% - 24-hour crisis line
 - 56.5% - checked indicated an 'other' type of scope which included offering services for Alzheimer's and other dementia specific needs, automobility, children, counseling, disability needs, food and personal care needs, private duty, and utility related)
- Respondents were asked to list the types of I&R services their organization offers. On average, organizations offered 4.7 services (median: 3). The most common types of services provided include:

45.5% (10) - Personal care	8.7% (2) - Care transitions
39.1% (9) - Homemaker services	8.7% (2) - Case management
39.1% (9) - Medicaid	8.7% (2) - Comm aid/assistance
26.1% (6) - Respite care	8.7% (2) - Home modifications
26.1% (6) - Transportation	8.7% (2) - Legal services
17.4% (4) - Education	8.7% (2) - Mental health services
17.4% (4) - Family caregiver support	8.7% (2) - SSDI benefits apps/claims
17.4% (4) - Food assistance	8.7% (2) - Utility assistance
17.4% (4) - Medicare	8.7% (2) - Vehicle adaptations/mods
17.4% (4) - Veterans assistance	8.7% (2) - Youth transition prog/svcs
13.0% (3) - Assistive technology	4.3% (1) - Adult day services
13.0% (3) - Housing assistance	4.3% (1) - Congregate meals
13.0% (3) - Independent living skills	4.3% (1) - Employment
13.0% (3) - Peer support/counseling	4.3% (1) - Financial assistance
8.7% (2) - Adult protective services	4.3% (1) - Health insurance counseling
8.7% (2) - Benefits analysis/assistance	4.3% (1) - Home delivered meals
	4.3% (1) - Recreation

- 47.8% indicated that the I&R services provided by their organization are conveniently accessible by toll-free or collect call to older individuals.

Attach documentation that satisfies the requirements (this document)

Ask...

Describe your AAA’s plan of action to resolve unmet I&R needs. Include, at a minimum, the following:

- Identify the unmet I&R needs of the PSA;
- Specify if the unmet needs will be resolved by either:
 - A) coordinating with local providers to establish and maintain an I&R service or similar provider; or,
 - B) providing Title III funding for the establishment and maintenance of an I&R provider;
- Provide the planned completion date; and
- Specify the amount of Title III funds involved.

COA’s Response

Although the response rate was not high, the results indicate some areas where support and resources may be lacking. The benefits of analysis/assistance seem to be areas

without readily available support. Our area plan goals show that financial assistance is crucial in helping individuals stay in their home of choice. However, people are often unaware of what assistance exists or how to access it. With our Benefits Enrollment Center NCOA grant, COA can help bridge this gap across our five-county region. This will offer an extra resource for the community, helping individuals apply for financial assistance. Referrals can be made both by the community and internally at COA. This grant goes through July of 2028, and no additional Title III funds will be needed to support this work.

Attach documentation that satisfies the requirements (this document)

2027-2030 Strategic Area Plan – Targeted Outreach Plan

Explain your AAA's planned outreach activities to address the identified service needs of targeted populations. At a minimum, include how your agency will:

- Identify individuals eligible for assistance, with special emphasis on:
 - Older individuals residing in rural areas;
 - Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - Older individuals with severe disabilities;
 - Older individuals with limited English proficiency;
 - Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - Older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
- Inform those individuals and their caregivers of the availability of assistance.

COA's response

COA will administer a robust outreach plan using a combination of digital, print and grassroots tactics – both paid and earned – that will inform eligible individuals and their caregivers about the availability of assistance.

In efforts to provide education to the community about available resources for older adults, those with disabilities and their caregivers, COA's Communications Team works with program staff to identify outreach needs and determine the most appropriate and effective strategies for each identified service need. The team places particular emphasis on reaching hard-to-serve populations in COA's service area (for example, rural areas.) A large part of COA's service area is considered rural and COA has been effective at deploying grassroots outreach in these communities to raise awareness and build confidence in available programs and services.

In the most rural part of COA's service area, Clinton County, communications staff work closely with the care management team to identify outreach opportunities. Additionally, COA operates a satellite office in the county to provide easy access to programs and

services for community members. Appointments with COA's Aging Disability Resource Center are available at the Clinton County office.

COA's Communications Team includes an outreach coordinator who works to identify channels through which COA can better reach priority populations. Through continuous community outreach, including virtual and in-person speaking engagements and information tables, COA is already connecting with audiences including veterans, professionals in aging, low-income older adults, caregivers, caregivers of individuals with Alzheimer's and other brain disorders, and members of the Jewish community. We continually evaluate the effectiveness of these efforts and seek to identify new channels through which targeted populations may be reached.

An area of particular interest with regard to outreach is the development of relationships with organizations that directly serve the target populations. By developing these relationships and creating clear pathways of communication and referral, we can improve awareness of and access to available programs and services.

COA's community outreach coordinator works with Front Door staff to identify opportunities to bring the Front Door to the people vs having people come to the Front Door. For example, COA communications staff frequently collaborates with Front Door staff to present COA information to possible referral sources such as first responders and social service agencies. Council on Aging Front Door representatives are regularly available in the community as part of the 513Relief Bus program activities (reaching underserved populations in Hamilton County).

Finally, COA is aware of the increasing demands being placed on family caregivers. Many of these caregivers juggle multiple responsibilities, including working and raising young families. In recent years, COA has received requests from area businesses to provide education and information to employees who are also serving as family caregivers. COA's outreach efforts will support family caregivers by spreading awareness and creating connections with area businesses where they are employed.

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #1	Expand overnight respite options to include facility and/or an in-home respite option.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Caregiver Supports and Services was an identified high need as part of the needs assessment findings.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Supports the caregiver with respite options	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Expand facility options - 51 respite stay completed in 2025	1. Increase respite stays to average of 56/year
2 - Provides needed self care for the caregiver	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Pilot in-home respite options in year 2 with home care agencies.	1. Engage interest with home care providers providing in home respite options 2. Implement in October 2028
3 - Reduce caregiver stress and burnout	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Provide overnight respite options that support caregiver relief and time away from caregiving responsibilities.	Track overnight respite utilization and caregiver access to time away for rest and self-care.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	N/A for #1 inpatient respite. In home respite- capacity issue may be a barrier. Explore short term respite 3-4 days respite options.				
Expected outcome(s) of this goal:	Provide resources and support to the caregiver to decrease burnout and CG stress.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #2	Increase use, increase sustainability, identify barriers and provide education on Adult Day.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Adult Day Services may be underutilized due to limited awareness and barriers to access. Education and collaboration across counties can support increased use and service sustainability.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Increase Care Coordinator knowledge of Adult Day services	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Title 3/OAAA/ESP	ESP Supervisor	Create and provide education to Care Coordinators on Adult Day Services and referral considerations.	Adult Day education will be distributed or presented across all 4 counties.
2 - Increase appropriate Adult Day Referrals	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Title 3/OAAA/ESP	ESP Supervisor	Coordinate Adult Day Provider Tours for staff.	Staff will be provided the opportunity to participate in tours/site visits with at least 2 Adult Day Providers.

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Limited awareness of Adult Day Services. Client/caregiver hesitation or misconceptions about Adult Day. Transportation barriers and provider availability and program capacity.
Expected outcome(s) of this goal:	Increased staff understanding of Adult Day services and improve appropriate utilization.

Priority Area (Please choose from drop down)	Caregiver supports
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Goal #3	Increase awareness of the Caregiver Support Program to help reduce stress and CG burnout
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Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Caregivers reported strong need for support as they navigate caring for their loved one. Increased awareness and education for caregivers will help decrease their stress.
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Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Increase awareness of CG Support program in our area through community events	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Title 3/OAAA/ESP	Care Managers	Attend community events and promoting CG Support program.	Track outreach efforts and caregiver enrollments connected to program promotion.
2 - Reduce stress and burnout through access to supports and resources.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Title 3/OAAA/ESP	Care Managers	Provide caregivers with education, resources, and referrals through the CG Support Program.	Track how and when education, resources, and referrals through the CG Support Program.
3 - Strengthen unpaid caregiver's ability to provide care.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Title 3/OAAA/ESP	Care Managers	Provide education and support to unpaid caregivers to build caregiving skills and confidence.	Track how and when education and support is provided to unpaid caregivers through the program.

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Workload management for care managers.
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Expected outcome(s) of this goal:	Increased CG enrollments and awareness of community supports and services for caregivers in our area
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Priority Area (Please choose from drop down)	Financial well-being
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Goal #1	Provide utility assistance and resources to older adults
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Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Costs of utilities has continued to rise and has caused increased financial strain
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Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Assist eligible Hamilton County Older Adults with a one-time credit towards their utility bill	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Hamilton County Levy Funding	Director - Community and Business Services Operations	Work with local county commissioners and outreach to maximize reach and ensure all areas of county are represented	600 individuals served per calendar year
2 - Reduce some financial burden of utility expenses for older adults through outreach.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Hamilton County Levy Funding	Director - Community and Business Services Operations	Work with local county commissioners and outreach to maximize reach and ensure all areas of county are represented	600 individuals served per calendar year
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Funding each year is not necessarily guaranteed. Funding is available at the beginning of each calendar year and not available throughout the year due to high demand. Funding is also limited to Hamilton County.				
Expected outcome(s) of this goal:	Older adults will have awareness of utility credits and understand how to apply. Older adults that are eligible and receive the one time credit will have reduced financial burden.				

Priority Area (Please choose from drop down)	Financial well-being				
Goal #2	Assist individuals with understanding benefit programs and assist with the application process				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Older adults often times are not aware of the financial benefits that they are eligible for. The benefits enrollment center can help individuals determine if they appear eligible for savings programs and assist with the application process.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Conduct outreach events for awareness of the support this program can provide	Year 1 (of a Year 1-2 Goal) 10/1/2026 - 9/30/2027	NCOA grant	ADRC Manager Benefits Enrollment Specialist	Engage with community partners to provide education to send referrals	Conduct 1 event per month
2 - Assist eligible individuals with applying for financial benefits to help reduce some financial burden	Year 1 (of a Year 1-2 Goal) 10/1/2026 - 9/30/2027	NCOA grant	ADRC Manager Benefits Enrollment Specialist	Work with local programs that serve older adults and provide education and opportunities to send referrals	900 applications submitted by 7/31/2028
3 - Educate individuals on benefits and continuation of those benefits	Year 1 (of a Year 1-2 Goal) 10/1/2026 - 9/30/2027	NCOA grant	ADRC Manager Benefits Enrollment Specialist	When providing assistance to individuals on applications, education will be provided of what to expect and how to ensure benefits continue	Talking points to be developed that will be incorporated into steps when assisting individuals.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	In order to meet the 900 applications, a large number of individuals will have to be screened as not all referrals will be financially eligible for benefit programs.				
Expected outcome(s) of this goal:	Individuals age 65 and over will understand benefits programs, the application process and maintaining eligibility.				

Priority Area (Please choose from drop down)	Financial well-being				
Goal #3	Connect individuals with available resources through their Medicare Advantage plan				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Transportation is a great need for older adults. Many individuals with medicaid advantage plans are unaware of how to access the transportation benefit along with other available benefits that can help them maintain support and independence.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Provide assistance to individuals with medicare advantage plans and connect them with benefits	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide internal resource to assist individuals with understanding and connecting with their Medicare benefits.	Assist 1500 individuals through 9/30/30
2 - Educate individuals on the benefits that their advantage plan may provide	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide education, awareness and referral process	Assist 1500 individuals through 9/30/30
3 - Connect individuals to transportation benefit that will provide individual ability to routinely attend necessary appointments	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide connection to health plan to get needed services set up. Call health plan with client if assistance is needed.	Assist 1500 individuals through 9/30/30
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Navigation of medicare advantage plans can be difficult. Individuals often don't know which exact advantage plan they are enrolled with. Coordination on some may take longer.				
Expected outcome(s) of this goal:	Individuals with medicare advantage plan will be connected to available resources				

Priority Area (Please choose from drop down)	Healthy food access				
Goal #1	Increase in redemption rate in the 5 counties in our region for the Senior Farmers Market Nutrition Program (SFMNP)				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Insert needs assessment language- Redemption rates for the 2025 SFMNP did not meet expectations, indicating that program participants were not fully utilizing their allotted benefits.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Use Ohio Farmers Market Network (OFMN) map of approved markets to identify gaps in communities of greatest need. Partner with OFMN to identify markets and promote application and approval of new markets	Year 1 (of a Year 1-4 Goal) 4/1/2026 - 9/30/2027	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Use Policy Mapplatform/website to map out farmers markets and roadside stands. Use Policy Map platform/website to map out residents age 60+ in low economic areas.	Increase in number of farmers markets/roadside stands that are in close proximity to those in greatest need. # of new markets in communities of greatest need

2 - Survey 2025 participants who did not use the benefits on barriers	Year 1 (of a Year 1-4 Goal) 4/1/2026 - 9/30/2027	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Distribute a survey through email, text messaging, social media platforms and during community outreach to identify barriers to program participation.	Conduct data analysis to identify barriers and develop strategies to address them.
3 - Investigate alternative methods of redemption- such as produce delivery, transportation to market	Year 1 (of a Year 1-4 Goal) 4/1/2026 - 9/30/2027	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Distribute a survey through email, text messaging, and social media platforms to gather input from the following stakeholders: •Farmers and markets to assess interest and capacity to deliver produce •Community senior housing managers to evaluate the ability to accept and distribute produce •Contracted providers to support produce distribution efforts	Conduct data analysis to identify interest and capacity to provide/promote alternative methods of benefit redemption
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Lack of approved markets in areas of great need Lack of available resources to transport participants to market Limited alternative methods such as produce delivery Delay in distribution of physical cards				
Expected outcome(s) of this goal:	Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region				

Priority Area (Please choose from drop down)	Safe and accessible housing				
Goal #1	Provide individuals with a resource to search available housing options in their 5 county region.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Housing is a need that has been continuously identified as limited. While housing options are limited, individuals need information to search all housing options that are in the community				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Individuals will be able to search COA housing database to assist with the exploration of housing	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	ADRC/PSP	Director - Community and Business Services Operations	Add new housing options as we are made aware.	10,000 individuals accessing the database
2 - ADRC specialist will have the resource to navigate and provide information to callers	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	ADRC/PSP	Director - Community and Business Services Operations	Ensure database is always accessible	Database is active
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Affordable and quality housing availability is limited. Buildings have waitlists and tracking of that can be difficult				
Expected outcome(s) of this goal:	Individuals will be able to access database with list of housing resources and have needed information to contact buildings to ascertain what is available.				

Priority Area (Please choose from drop down)	Safe and accessible housing				
Goal #2	Provide older adults and caregivers with resources and information to assist them in making decisions when needing assisted living or nursing home care.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Older adults and caregivers often times struggle finding the right place when having to transition to assisted living or nursing facility. They need tools to help them navigate through the process. There are tools available but may not be a widely known resources				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Provide Education to applicable COA staff on the AGE Long-Term Care Quality Navigator	Year 1 (of a Year 1 only goal) 10/1/2026 - 9/30/2027	ADRC/PSP	Director - Community and Business Services Operations	Develop a training session for staff to understand the navigator tool and sharing information with individuals that are looking for placement options	Training developed and provided to staff by end of year 1
2 - Ensure staff understand the navigator tool and are explaining tool to individuals that are looking for placement options	Year 1 (of a Year 1 only goal) 10/1/2026 - 9/30/2027	ADRC/PSP	Director - Community and Business Services Operations	Education to staff	Staff educated by end of year one
3 - Ensure older adults and caregivers have the needed resources to help make informed decisions when searching for other housing options.	Year 1 (of a Year 1 only goal/obj) 10/1/2026 - 9/30/2027	ADRC/PSP	Director - Community and Business Services Operations	Provide talking points to staff	Talking points created and given to staff
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Difficult to ensure all staff are providing the education when needed.				
Expected outcome(s) of this goal:	Individuals and caregivers will understand the Long-Term Care Quality Navigator is a resource to help them make decisions when needing to access Assisted Living and Nursing Home Care.				

Priority Area (Please choose from drop down)	Safe and accessible housing				
Goal #3	Provide options and explore all grant opportunities that support home modifications and repairs and provide those opportunities to enable older adults to remain safe, independent and at home in				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Based on the community needs assessments, older adults expressed a desire to age in place and to remain in their homes but face housing challenges. Home modifications are allowing older adults to remain in their home.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Focus on home modifications that address barriers to aging in place.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Follow COA's outreach plan and initiatives	We will serve 150 older adults.
2 - Maximize independence for older adults in day-to-day activities	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Follow COA's outreach plan and initiatives	We will serve 150 older adults.
3 - Explore other funding opportunities to expand accessibility to home modifications and repairs for older adults to age in place.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Explore all potential grant and funding opportunities to support home modifications	We will explore funding opportunities for a minimum of 3-5 different areas

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	1.) Funding availability and priority shifts 2.) Needs of community exceeds available funding resources
Expected outcome(s) of this goal:	Our expected outcome is we are able to meet our targets and measures so that older adults can remain in their homes and age successfully in place.

Priority Area (Please choose from drop down)	Reliable transportation				
Goal #1	Expansion of home52 Transportation Coordination Services to other counties in our service area				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Transportation is identified and recognized as a social determinant of health in our service area. home52 Transportation Coordination Center's model has been successful in Hamilton County based on rider feedback. We want to maintain this service in Hamilton County and expand the model in our service area.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Explore funding opportunities, with grants and traditional program funding, to provide free transportation services to older and disabled adults residing in Hamilton and Clermont County. This goal also extends to any other county expansion during this period.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Hamilton County Levy, Medicaid NEMT, Grants	Grant Writer, Transportation Manager, VP	Research grant opportunities using existing grant writing tools, create relationships with agencies serving like populations in Clermont County and explore partnering with them to serve their members.	Apply for a minimum of two grants annually to support this initiative. Complete five outreach activities to create &/or maintain relationships with Hamilton and Clermont County organizations.
2 - Rider survey satisfaction related to timely, reliable and easy scheduling is 92% or higher.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Hamilton County Levy, Medicaid NEMT, Grants	Specialist	Random riders will be selected to complete a phone survey within 3 days of ride completion.	Rider survey satisfaction related to timely, reliable and easy scheduling is 95% or higher.
3 - Explore opportunities to enhance transportation services by including transportation coordination services for individuals with mobility limitations	Year 1 (of a Year 1 only goal/obj) 10/1/2026 - 9/30/2027	County Levy Funding, Title III-B, Medicaid NEMT, Grants	home52 Transportation Manager, VP	Review Community Needs Assessments to determine where transportation is identified as a gap	Community Needs Assessments for counties in COA's service area are reviewed and gaps identified.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Expanding home52 Transportation Coordination Services to other counties requires relationship building and collaborations with local organizations and public transit that currently provide transportation. Planning and collaboration highlights what is working well and how transportation coordination can fill the gaps and enhance current service levels for vulnerable populations.				
Expected outcome(s) of this goal:	Collaboration with local transit and organizations providing transportation to improve and enhance existing transportation services and options for aging and disabled individuals.				

Priority Area (Please choose from drop down)	Reliable transportation				
Goal #2	Care Management staff are educated on all available transportation options so that clients are fully informed of and able to access appropriate transportation resources within their communities.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Access to reliable transportation is essential for older adults to maintain independence in the community. Ensuring clients are knowledgeable about transportation options helps reduce barriers, improve access to services, and supports overall client well-being.				

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Create Resource Accessibility Tool	Year 1 (of a Year 1 only goal/obj) 10/1/2026 - 9/30/2027	Levy - all counties	Supervisors	Create resource for staff to reference when sharing transportation options with clients Include resource, eligibility guidelines, and referral process	Completed resource tool stored in shared location
2 - Transportation resource education will be provided	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Levy - all counties	Supervisors, Training	Create training covering all community transportation options and review for updates annually. Share training at department meetings and through email communications	Track how and when education and training is provided. Staff receive training on transportation options at least yearly
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Transportation resources change frequently and vary by location.				
Expected outcome(s) of this goal:	Clients will be informed about resources available to meet their transportation needs				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #1	Expand Fast Track Home in all counties with a particular focus on Butler County.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Care Transitions is an evidence-based program approach to reduce hospital re-admissions for older adults.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 -Program Awareness	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Provide care transitions education to hospitals, SNF /rehabilitation facilities in our service area recognized for specializing in older adult care	Fast Track Home Team	Track outreach activities for each hospital	25 educational outreach activities her year
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	High staff turnover rates with discharge planners and social work staff employed with hospitals, SNF, rehabilitation facilities. Educational outreach activities often times have to be repeated 2 - 3 times annually.				
Expected outcome(s) of this goal:	Regular referrals from hospitals, SNF /rehabilitation facilities in our service area.				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #2	Ensure PACE is provided as an option for clients. Staff will have educational materials to support options available				

Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	PACE is a new option for individuals in Hamilton County and the community and individuals need to be aware of the type of in home options that are available.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Create tools that provide staff with the necessary resources to inform of options available. Train staff on these tools	Year 1 (of a Year 1 only goal/obj) 10/1/2026 - 9/30/2027	Front Door/ADRC	Director - Community and Business Services Operations	Develop training materials and educate staff. Create mechanism for new hires coming in to ensure training is received.	COA will have option tools in place and training will be conducted in Year 1
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	New program and learning the nuances between community based programs can be difficult. Ensuring that options provided are consistent with staff can be difficult				
Expected outcome(s) of this goal:	Community and individuals inquiring about services and supports will have access to understanding all options and the newer program PACE.				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #3	Provide Care Transitions services through MedMutual				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Medical Mutual of Ohio Care Transitions is an evidence-based program approach to reduce hospital re-admissions for older adults.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Timely client engagement to explain program advantages	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Engage referrals received by Medical Mutual of Ohio to provide care transitions services	Engagement Specialist	Timely engage referrals	Engagement will be successful for 70% of the MMO referrals received.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Ensuring automated referrals/alerts are received timely and patient contact information has been updated and accurate.				
Expected outcome(s) of this goal:	More MMO members are offered and accept care transitions services which is intended to reduce readmissions.				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #4	Continue collaboration with the Veterans Administration and grow the Veterans Directed Care Program				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The Veteran Directed Care Program is a collaborative self directed program with Veteran Administration focused on keeping veterans who are at a high risk of being placed in institutional care due to a variety of co-occurring health conditions. Move to community supports and services section only				

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Support the individual at home with self directed personal care services	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Continue to collaborate with the VA and referrals for the VDC program	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
2 - Supports the caregiver - either to be paid to provide the service or additional assistance to the caregiver for respite and to assist with daily caregiving related to personal care needs	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Meet with the VA on an as needed basis.	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
3 - Remain at home in the community and aging in place	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Enrolled veterans on the program will be able to remain at home in the community	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	This program is small currently and serves all ages so need to ensure only capturing 60+ population				
Expected outcome(s) of this goal:	Continue to keep veterans in their own home in the community as well as provide additional support to the caregiver				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare
Goal #5	Monitor data to improve access of services through collaborative networking and training.
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The community we serve is increasingly diverse, with varying cultural, linguistic, socioeconomic, and accessibility needs. Ensuring equal access requires a data-informed approach that identifies disparities and guides targeted interventions. By leveraging comprehensive data analysis and cross-functional collaboration, the Community Access Workgroup can proactively address barriers, improve service delivery, and strengthen trust and participation within all segments of the community as well as appropriately training staff on importance of identifying diversity

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Data Monitoring & Analysis Continuously collect, monitor, and analyze quantitative data to identify trends, disparities which allows us to brainstorm barriers impacting community access in Hamilton County	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Levy - Hamilton County	Transitional Care Supervisor Care Manager Staff	Monthly meetings to discuss and review data, trends findings and next steps for community outreach and collaborate on training.	COA will continue to gather collect and analyze data that is gathered quarterly. The group will utilize the data to drive changes that reduces disparities and barriers.
2 - Cross-Sector Collaboration Partner with internal teams, external agencies, and community stakeholders to ensure solutions are culturally relevant and aligned with community needs- partner with external agencies at events and spread the word of COA at culturally appropriate events.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Levy - All counties	Transitional Care Supervisor Care Manager Staff	Group will collaborate and strategize with applicable departments internally for community outreach events	continue to locate applicable events to we can attend and collaborate with.
3 - Capacity Building Promote organizational awareness and competency around appropriately asking about race and ethnicity. We will create a training on the importance of it but also how to appropriately ask and share with departments. We will have all applicable staff trained by the end of 2027 and thereafter annually at applicable department meetings. New staff will also be onboarded with the created training.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Levy - All counties	Transitional Care Supervisor Care Manager Staff	attend department meetings, create a training that can be given to new hires.	We will have all applicable staff trained by the end of 2027 and thereafter annually as well as train new hires.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Outside community factors with reaching additional populations. We may also see challenges with the populations we try and reach through events as we are not able to control turn out etc.				
Expected outcome(s) of this goal:	Continue to attempt to access all populations that is represented in Hamilton County through community events, outreach training and collaboration				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #1	Increase individuals awareness of services and supports that are available in the community				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Individuals in the community aren't always aware to call their local AAA. Bringing the front door services out the community will increase awareness and connect more individuals to needed services to remain independent.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures

1 - Partner with the Hamilton County 513 Relief Bus to go out in the community and provide front door services	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Screening-PSP	Kim Clark Director - Community and Business Services Operations	Collaborate with 513 Reilef Bus for COA to provide screening services at events	Attend 513 relief bus events in each calendar year as long as bus is in operation Bus usually operates March through Sept/Oct. Attend 12 events in each calendar year.
2 - Distribute informational materials at events	Year 1 (of a Year 1-2 Goal) 10/1/2026 - 9/30/2027	Screening-PSP	Kim Clark	In collaboration with the Benefits Enrollment Center for financial assistance individuals will also be provided with additional resources and information	Schedule 22 events in community through the 5 county region
3 - Connect older adults to services and supports that will allow them to remain as independent as possible	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Screening-PSP	Kim Clark	Collaborate with 513 Reilef Bus for COA to provide screening services at events	Attend 513 relief bus events in each calendar year as long as bus is in operation Bus usually operates March through Sept/Oct. Attend 12 events in each calendar year.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	County controls calendar for bus events. Events may be mixes of ages and not just older adults. Only Hamilton Count has bus.				
Expected outcome(s) of this goal:	Older adults will have increased awareness of resources available.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #2	Expand the UPLIFT program in Butler County				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Mental Health Services for older adults has been identified as a need. Expansion of mental health services and supports will help meet this need.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Increased awareness of service and supports provided by UPLIFT	Year 1 (of a Year 1 only goal/obj) 10/1/2026 - 9/30/2027	COA, Mental Health Board, Best Point	Shelby Stout Director - Business Operations	Increase awareness through outreach and distribution of informational materials to referral sources and clients	Collaborate with stakeholders to determine outreach opportunities and strategies
2 - Service offerings will be expanded to meet client needs	Year 1 (of a Year 1 only goal/obj) 10/1/2026 - 9/30/2027	COA, Mental Health Board, Best Point	Shelby Stout	Determine gaps in service and implement new programs and services to address unmet needs	Implementation of new programs to close gaps
3 - Staff will be informed about mental health services and programming offered through UPLIFT and referral process	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	COA, Best Point	Shelby Stout	Provide education and training to staff on UPLIFT, services available and referral process	Education will be provided at least annually during department meetings.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Clients are hesitant to participate in mental health services due to stigma and perception of need				

Expected outcome(s) of this goal: Clients, staff and other stakeholders will be informed of available mental health services and identified gaps in UPLIFT services will be addressed

Priority Area (Please choose from drop down)		Community supports and services			
Goal #3		Expand and strengthen the partnership with Senior Connections through collaborative efforts			
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).		Mental health services that include transportation was identified as a gap within our community. Partnerships with local community organization were created to attempt and bridge the gap of the accesability of services.			
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Refer applicable clients to the Senior connections program.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	COA, Mental Health Board	Judy And Alyssia VP - Community & New Business Operations Transitional Care Supervisor	Collaborate with senior connection liason, and identify 2 events annually for them to attend to provide information on the program and refeal process.	Monitor the referral number's
2 - Create Visibility and Awareness for Senior connections liason to attend and collaborate at 2 events annually.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	COA, Mental Health Board	Judy And Alyssia	Collaborate with senior connection liason, and identify 2 events annually for them to attend to provide information on the program and refeal process.	Track the events attended
3- Work with the senior connections liason to pinpoint specific areas where we can collabriativley and collectivley work to coordinate a referral stream.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	COA, Mental Health Board	Judy And Alyssia	attend quarterly board meetings with senior connections and mental health board to continue to maintain referral stream	Monitor the referral number's
4 - Educate staff at applicable department meetings regarding the partnership with senior connections	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	COA, Mental Health Board	Judy And Alyssia	have senior connections contact come to applicable department meetings	Track meetings attended
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Clients in general are hesitent to access and seek access to mental health services, even if the referral is made we have no control of follow through or participation				
Expected outcome(s) of this goal:		Continue a sustaining relationship with senior connections which generates referrals to them			

Priority Area (Please choose from drop down)		Community supports and services			
Goal #4		Address a gap in available Guardianship services in Hamilton County by collaborating with local partners.			
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).		Individuals in need of a professional guardian, and a lack of resources and available guadians.			
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures

1 - Establish a written agreement and establish process for the work with collaborating organizations, select a provider thru a competitive process and execute an agreement.	Year 1 (of a Year 1 only goal/obj) 10/1/2026 - 9/30/2027	Hamilton County Levy	Guardianship Collaborative	Coordinate with local entities such as Developmental Disability Services, Adult Protective Services, Probate Court, Mental Health Board, and Hamilton County Administration.	Fully executed agreement with collaborative, and provider.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Available funding from levies that are stretched thin with inflation and property tax pushback. This project relies on cooperation from 6 different entities which is very challenging.				
Expected outcome(s) of this goal:	Decrease the gap of individuals who present to probate court with a need for a professional guardian, and no local resource being available.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #5	Expand and diversify evidenc-based programming in our service area				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Older adults are more likely to participate in evidence-based health education programs when they are available in their neighborhoods where they frequent often. Diversifying program options attracts more older adult and caregiver participants.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
Expand relationships with community organizations to host evidence-based health education programs.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Title III D	Health and Wellness Team	Leverage COA's relationships with non-profits, faith based organizations and senior housing facilities in our service area	Provide workshops for five (5) new host site sponsors annually
3 - Explore opportunities to diversify programs that fit into COA's hybrid community model for evidence-based programs.	Year 1 (of a Year 1 only goal/obj) 10/1/2026 - 9/30/2027	Title III D	Health and Wellness Team	Review evidence-based programs approved on the NCOA website to identify which programs fit COA's hybrid community model.	NCOA website review completed and programs identified that fit COA's hybrid community model.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	The challenges are typical for any new Host Site Sponsors who have not offered programming to older adults in their communities. They include recruiting, engaging, and supporting new participants to meet the fidelity requirements of evidence-based programs. COA's network of Community Leaders and Master Trainers support new Host Site Sponsors through this process. Another anticipated challenge may be found in the number of NCOA approved evidence-based programs that fit our hybrid community model. We will engage AGE and NCOA in addressing any concerns that may arise.				
Expected outcome(s) of this goal:	We expect to increase our geographic foot print for evidence-based programs by adding a minimum of five new neighborhood host site sponsor locations which will engage more older adults in program participation. We also expect to diversify our current programs by adding at least one more approved program in our service area before year 4 of this Area plan.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #6	Address unmet needs identified in our Needs Assessment under independent living and community supports.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Explore and apply for grant funding opportunities for community supports and services such as lawn care, snow removal, and furniture need to remain independent in community and at home				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures

1- Explore and apply for any grant opportunity	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Grant Funding and potential Title III	Stephanie VP Managed Care & Aging Programs	Will work with grant team to explore, identify and apply for any grant and or funding opportunity available.	Report on the number of grant applications that are applied for.
2 - Explore other avenues to pay for service need- donations, foundation opportunities.	Year 1 (of a Year 1-4 Goal) 10/1/2026 - 9/30/2027	Grant Funding and potential Title III	Stephanie	Will work with grant team to explore, identify and apply for any grant and or funding opportunity available.	Report on the number of grant applications that are applied for.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Barriers- no grant dollars available to meet the identified need				
Expected outcome(s) of this goal:	We expect to apply for some grant opportunities and explore other options such as foundations and private donations.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #1	Expand overnight respite options to include facility and/or an in-home respite option.				
how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and	Caregiver Supports and Services was an identified high need as part of the needs assessment findings.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Supports the caregiver with respite options	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Expand facility options - 51 respite stay completed in 2025	1. Increase respite stays to average of 56/year
2 - Provides needed self care for the caregiver	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Pilot in-home respite options in year 2 with home care agencies.	1. Engage interest with home care providers providing in home respite options 2. Implement in October 2028
3 - Reduce caregiver stress and burnout	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Provide overnight respite options that support caregiver relief and time away from caregiving responsibilities.	Track overnight respite utilization and caregiver access to time away for rest and self-care.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	N/A for #1 inpatient respite. In home respite- capacity issue may be a barrier. Explore short term respite 3-4 days respite options.				
Expected outcome(s) of this goal:	Provide resources and support to the caregiver to decrease burnout and CG stress.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #2	Increase use, increase sustainability, identify barriers and provide education on Adult Day.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Adult Day Services may be underutilized due to limited awareness and barriers to access. Education and collaboration across counties can support increased use and service sustainability.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Increase Care Coordinator Knowledge of Adult Day services	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Title 3/OAAA/ESP	ESP Supervisor	Create and provide education to Care Coordinators on Adult Day Services and referral considerations.	Adult Day education will be distributed or presented across all 4 counties.
2 - Increase appropriate Adult Day Referrals	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Title 3/OAAA/ESP	ESP Supervisor	Coordinate Adult Day Provider Tours for staff.	Staff will be provided the opportunity to participate in tours/site visits with at least 2 Adult Day Providers.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Limited awareness of Adult Day Services. Client/caregiver hesitation or misconceptions about Adult Day. Transportation barriers and provider availability and program capacity.				
Expected outcome(s) of this goal:	Increased staff understanding of Adult Day services and improve appropriate utilization.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #3	Increase awareness of the Caregiver Support Program to help reduce stress and CG burnout				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Caregivers reported strong need for support as they navigate caring for their loved one. Increased awareness and education for caregivers will help decrease their stress.				

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Increase awareness of CG Support program in our area through community events	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Title 3/OAAA/ESP	Care Managers	Attend community events and promoting CG Support program.	Track outreach efforts and caregiver enrollments connected to program promotion.
2 - Reduce stress and burnout through access to supports and resources.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Title 3/OAAA/ESP	Care Managers	Provide caregivers with education, resources, and referrals through the CG Support Program.	Track how and when education, resources, and referrals through the CG Support Program.
3 - Strengthen unpaid caregiver's ability to provide care.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Title 3/OAAA/ESP	Care Managers	Provide education and support to unpaid caregivers to build caregiving skills and confidence.	Track how and when education and support is provided to unpaid caregivers through the program.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Workload management for care managers.				
Expected outcome(s) of this goal:	Increased CG enrollments and awareness of community supports and services for caregivers in our area				

Priority Area (Please choose from drop down)	Financial well-being				
Goal #1	Provide utility assistance and resources to older adults				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Costs of utilities has continued to rise and has caused increased financial strain				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Assist eligible Hamilton County Older Adults with a one-time credit towards their utility bill	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Hamilton County Levy Funding	Director - Community and Business Services Operations	Work with local county commissioners and outreach to maximize reach and ensure all areas of county are represented	600 individuals served per calendar year
2 - Reduce some financial burden of utility expenses for older adults through outreach.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Hamilton County Levy Funding	Director - Community and Business Services Operations	Work with local county commissioners and outreach to maximize reach and ensure all areas of county are represented	600 individuals served per calendar year
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Funding each year is not necessarily guaranteed. Funding is available at the beginning of each calendar year and not available throughout the year due to high demand. Funding is also limited to Hamilton County.				
Expected outcome(s) of this goal:	Older adults will have awareness of utility credits and understand how to apply. Older adults that are eligible and receive the one time credit will have reduced financial burden.				

Priority Area (Please choose from drop down)	Financial well-being				
Goal #2	Assist individuals with understanding benefit programs and assist with the application process				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Older adults often times are not aware of the financial benefits that they are eligible for. The benefits enrollment center can help individuals determine if they appear eligible for savings programs and assist with the application process.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Conduct outreach events for awareness of the support this program can provide	Year 2 (of a Year 1-2 Goal) 10/1/2027 - 7/31/2028	NCOA grant	ADRC Manager Benefits Enrollment Specialist	Engage with community partners to provide education to send referrals	Conduct 1 event per month
2 - Assist eligible individuals with applying for financial benefits to help reduce some financial burden	Year 2 (of a Year 1-2 Goal) 10/1/2027 - 7/31/2028	NCOA grant	ADRC Manager Benefits Enrollment Specialist	Work with local programs that serve older adults and provide education and opportunities to send referrals	900 applications submitted by 7/31/2028

3 - Educate individuals on benefits and continuation of those benefits	Year 2 (of a Year 1-2 Goal) 10/1/2027 - 7/31/2028	NCOA grant	ADRC Manager Benefits Enrollment Specialist	When providing assistance to individuals on applications, education will be provided of what to expect and how to ensure benefits continue	Talking points to be developed that will be incorporated into steps when assisting individuals.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	In order to meet the 900 applications, a large number of individuals will have to be screened as not all referrals will be financially eligible for benefit programs.				
Expected outcome(s) of this goal:	Individuals age 65 and over will understand benefits programs, the application process and maintaining eligibility.				

Priority Area (Please choose from drop down)	Financial well-being				
Goal #3	Connect individuals with available resources through their Medicare Advantage plan				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Transportation is a great need for older adults. Many individuals with medicaid advantage plans are unaware of how to access the transportation benefit along with other available benefits that can help them maintain support and independence.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Provide assistance to individuals with medicare advantage plans and connect them with benefits	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide internal resource to assist individuals with understanding and connecting with their Medicare benefits.	Assist 1500 individuals through 9/30/30
2 - Educate individuals on the benefits that their advantage plan may provide	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide education, awareness and referral process	Assist 1500 individuals through 9/30/30
3 - Connect individuals to transportation benefit that will provide individual ability to routinely attend necessary appointments	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide connection to health plan to get needed services set up. Call health plan with client if assistance is needed.	Assist 1500 individuals through 9/30/30
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Navigation of medicare advantage plans can be difficult. Individuals often don't know which exact advantage plan they are enrolled with. Coordination on some may take longer.				
Expected outcome(s) of this goal:	Individuals with medicare advantage plan will be connected to available resources				

Priority Area (Please choose from drop down)	Healthy food access				
Goal #1	Enhance congregate meal options in restaurant setting (Swipe N' Dine program) by establishing additional restaurant-based partnerships in Hamilton County and expand into Butler, Clermont, Clinton and Warren Counties				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The Swipe N' Dine program promotes health, enhances nutritional intake, and supports social engagement in community-based settings beyond traditional senior centers. Program can be beneficial to a larger audience with focus on greatest social and economic needs.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Competitive Bid Process with the release of a Title III RFP in 2027	Year 2 (of a Year 2-4 Goal) 10/1/2027 - 9/30/2028	OAA funds	Nutrition Business Relations Partner Procurement and Provider Services Manager	Incorporate clear program details and requirements into the Title III Request for Proposals (RFP) to support and achieve the intended goals of program expansion.	Procure Provider(s) with capacity to operate and manage program in all 5 counties in our region. List of procured providers and counties served

2 - Community Promotion of program to areas with greatest social and economic needs	Year 2 (of a Year 2-4 Goal) 10/1/2027 - 9/30/2028	OAA funds	Nutrition Business Relations Partner Procurement and Provider Services Manager	Prioritize targeted communication and outreach efforts to promote program awareness among individuals in communities with the greatest social and economic need.	approval of participants in areas of identified communities of greatest social and economic needs. # of new participants in areas of greatest need.
3 - Education to Restaurants- program details, responsibilities and partnership benefits in community with greatest social and economic needs.	Year 2 (of a Year 2-4 Goal) 10/1/2027 - 9/30/2028	OAA funds	Nutrition Business Relations Partner Procurement and Provider Services Manager	Develop program education materials, provide clear and user-friendly demonstrations for participating restaurants, and facilitate peer-to-peer support by connecting prospective restaurant partners with currently participating restaurants within or outside the region.	Restaurant participation- addition of 2 restaurants in Hamilton County. 1 participating restaurant in Butler, Clermont, Clinton and Warren Counties. # of new partnerships/collaborations
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Lack of qualifying restaurants in communities with greatest need. Lack of interest from Restaurants Flat funding which hinders growth				
Expected outcome(s) of this goal:	Expansion of Swipe N' Dine program to all 5 counties in our region.				

Priority Area (Please choose from drop down)	Healthy food access				
Goal #2	Increase in redemption rate in the 5 counties in our region for the Senior Farmers Market Nutrition Program (SFMNP)				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Insert needs assessment language- Redemption rates for the 2025 SFMNP did not meet expectations, indicating that program participants were not fully utilizing their allotted benefits.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Use Ohio Farmers Market Network (OFMN) map of approved markets to identify gaps in communities of greatest need. Partner with OFMN to identify markets and promote application and approval of new markets	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Use Policy Map platform/website to map out farmers markets and roadside stands. Use Policy Map platform/website to map out residents age 60+ in low economic areas.	Increase in number of farmers markets/roadside stands that are in close proximity to those in greatest need. # of new markets in communities of greatest need
2 - Survey 2025 participants who did not use the benefits on barriers	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Distribute a survey through email, text messaging, social media platforms and during community outreach to identify barriers to program participation.	Conduct data analysis to identify barriers and develop strategies to address them.
3 - Investigate alternative methods of redemption- such as produce delivery, transportation to market	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Distribute a survey through email, text messaging, and social media platforms to gather input from the following stakeholders: •Farmers and markets to assess interest and capacity to deliver produce •Community senior housing managers to evaluate the ability to accept and distribute produce •Contracted providers to support produce distribution efforts	Conduct data analysis to identify interest and capacity to provide/promote alternative methods of benefit redemption
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Lack of approved markets in areas of great need Lack of available resources to transport participants to market Limited alternative methods such as produce delivery Delay in distribution of physical cards				
Expected outcome(s) of this goal:	Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region				

Priority Area (Please choose from drop down)	Safe and accessible housing
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Goal #1	Provide individuals with a resource to search available housing options in their 5 county region.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Housing is a need that has been continuously identified as limited. While housing options are limited, individuals need information to search all housing options that are in the community				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Individuals will be able to search COA housing database to assist with the exploration of housing	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	ADRC/PSP	Director - Community and Business Services Operations	Add new housing options as we are made aware.	10,000 individuals accessing the database
2 - ADRC specialist will have the resource to navigate and provide information to callers	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	ADRC/PSP	Director - Community and Business Services Operations	Ensure database is always accessible	Database is active
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Affordable and quality housing availability is limited. Buildings have waitlists and tracking of that can be difficult				
Expected outcome(s) of this goal:	Individuals will be able to access database with list of housing resources and have needed information to contact buildings to ascertain what is available.				

Priority Area (Please choose from drop down)	Safe and accessible housing				
Goal #2	Provide options and explore all grant opportunities that support home modifications and repairs and provide those opportunities to enable older adults to remain safe, independent and at				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Based on the community needs assessments, older adults expressed a desire to age in place and to remain in their homes but face housing challenges. Home modifications are allowing older adults to remain in their home.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Focus on home modifications that address barriers to aging in place.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Follow COA's outreach plan and initiatives	We will serve 150 older adults.
2 - Maximize independence for older adults in day-to-day activities	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Follow COA's outreach plan and initiatives	We will serve 150 older adults.
3 - Explore other funding opportunities to expand accessibility to home modifications and repairs for older adults to age in place.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Explore all potential grant and funding opportunities to support home modifications	We will explore funding opportunities for a minimum of 3-5 different areas
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	1.) Funding availability and priority shifts 2.) Needs of community exceeds available funding resources				
Expected outcome(s) of this goal:	Our expected outcome is we are able to meet our targets and measures so that older adults can remain in their homes and age successfully in place.				

Priority Area (Please choose from drop down)	Reliable transportation				
Goal #1	Expansion of home52 Transportation Coordination Services to other counties in our service area				
how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and	Transportation is identified and recognized as a social determinant of health in our service area. home52 Transportation Coordination Center's model has been successful in Hamilton County based on rider feedback. We want to maintain this service in Hamilton County and expand the model in our service area.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures

1 - Explore funding opportunities, with grants and traditional program funding, to provide free transportation services to older and disabled adults residing in Hamilton and Clermont County. This goal also extends to any other county expansion during this period.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Hamilton County Levy, Medicaid NEMT, Grants	Grant Writer, Transportation Manager, VP	Research grant opportunities using existing grant writing tools, create relationships with agencies serving like populations in Clermont County and explore partnering with them to serve their members.	Apply for a minimum of two grants annually to support this initiative. Complete five outreach activities to create &/or maintain relationships with Hamilton and Clermont County organizations.
2 - Rider survey satisfaction related to timely, reliable and easy scheduling is 92% or higher.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Hamilton County Levy, Medicaid NEMT, Grants	Specialist	Random riders will be selected to complete a phone survey within 3 days of ride completion.	Rider survey satisfaction related to timely, reliable and easy scheduling is 95% or higher.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Expanding home52 Transportation Coordination Services to other counties requires relationship building and collaborations with local organizations and public transit that currently provide transportation. Planning and collaboration highlights what is working well and how transportation coordination can fill the gaps and enhance current service levels for vulnerable populations				
Expected outcome(s) of this goal:	Collaboration with local transit and organizations providing transportation to improve and enhance existing transportation services and options for aging and disabled individuals.				

Priority Area (Please choose from drop down)	Reliable transportation				
Goal #2	Care Management staff are educated on all available transportation options so that clients are fully informed of and able to access appropriate transportation resources within their				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Access to reliable transportation is essential for older adults to maintain independence in the community. Ensuring clients are knowledgeable about transportation options helps reduce barriers, improve access to services, and supports overall client well-being.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
2 - Transportation resource education will be provided	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Levy - all counties	Supervisors, Training	Create training covering all community transportation options and review for updates annually. Share training at department meetings and through email communications	Track how and when education and training is provided. Staff receive training on transportation options at least yearly
3 - Staff will document that they provided education on transportation resources to clients with transportation needs	Year 2 (of a Year 2-4 Goal) 10/1/2027 - 9/30/2028	Levy - all counties	Staff, Supervisors	Audit a sample of clients annually	90% of clients who reported transportation needs were educated on transportation resources based on documentation in the client record
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Transportation resources change frequently and vary by location.				
Expected outcome(s) of this goal:	Clients will be informed about resources available to meet their transportation needs				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #1	Expand Fast Track Home in all counties with a particular focus on Butler County.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Care Transitions is an evidence-based program approach to reduce hospital re-admissions for older adults.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Program Awareness	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Provide care transitions education to hospitals, SNF /rehabilitation facilities in our service area recognized for specializing in older adult care	Fast Track Home Team	Track outreach activities for each hospital	25 educational outreach activities per year

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	High staff turnover rates with discharge planners and social work staff employed with hospitals, SNF, rehabilitation facilities. Educational outreach activities often times have to be repeated 2 - 3 times annually.
Expected outcome(s) of this goal:	Regular referrals from hospitals, SNF /rehabilitation facilities in our service area.

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #2	Provide Care Transitions services through MedMutual				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Medical Mutual of Ohio Care Transitions is an evidence-based program approach to reduce hospital re-admissions for older adults.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Timely client engagement to explain program advantages	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Engage referrals received by Medical Mutual of Ohio to provide care transitions services	Engagement Specialist	Timely engage referrals	Engagement will be successful for 70% of the MMO referrals received.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Ensuring automated referrals/alerts are received timely and patient contact information has been updated and accurate.				
Expected outcome(s) of this goal:	More MMO members are offered and accept care transitions services which is intended to reduce readmissions.				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #3	Continue collaboration with the Veterans Administration and grow the Veterans Directed Care Program				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The Veteran Directed Care Program is a collaborative self directed program with Veteran Administration focused on keeping veterans who are at a high risk of being placed in institutional care due to a variety of co-occurring health conditions. Move to community supports and services section only				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Support the individual at home with self directed personal care services	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Continue to collaborate with the VA and referrals for the VDC program	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
2 - Supports the caregiver - either to be paid to provide the service or additional assistance to the caregiver for respite and to assist with daily caregiving related to personal care needs	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Meet with the VA on an as needed basis.	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.

3 - Remain at home in the community and aging in place	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Enrolled veterans on the program will be able to remain at home in the community	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	This program is small currently and serves all ages so need to ensure only capturing 60+ population				
this goal:	Continue to keep veterans in their own home in the community as well as provide additional support to the caregiver				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #4	Monitor data to improve access of services through collaborative networking and training.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The community we serve is increasingly diverse, with varying cultural, linguistic, socioeconomic, and accessibility needs. Ensuring equal access requires a data-informed approach that identifies disparities and guides targeted interventions. By leveraging comprehensive data analysis and cross-functional collaboration, the Community Access Workgroup can proactively address barriers, improve service delivery, and strengthen trust and participation within all segments of the community as well as appropriately training staff on importance of identifying diversity				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Data Monitoring & Analysis Continuously collect, monitor, and analyze quantitative data to identify trends, disparities which allows us to brainstorm barriers impacting community access in Hamilton County	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Levy - Hamilton County	Transitional Care Supervisor Care Manager Staff	Monthly meetings to discuss and review data, trends findings and next steps for community outreach and collaborate on training.	COA will continue to gather collect and analyze data that is gathered quarterly. The group will utilize the date to drive changes that reduces disparities and barriers.
2 - Cross-Sector Collaboration Partner with internal teams, external agencies, and community stakeholders to ensure solutions are culturally relevant and aligned with community needs- partner with external agencies at events and spread the word of COA at culturally appropriate events.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Levy - All counties	Transitional Care Supervisor Care Manager Staff	Group will collaborate and strategize with applicable departments internally for community outreach events	continue to locate applicable events to we can attend and collaborate with.
3 - Capacity Building Promote organizational awareness and competency around appropriately asking about race and ethnicity. We will create a training on the importance of it but also how to appropriately ask and share with departments. We will have all applicable staff trained by the end of 2027 and thereafter annually at applicable department meetings. New staff will also be onboarded with the created training.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Levy - All counties	Transitional Care Supervisor Care Manager Staff	attend department meetings, create a training that can be given to new hires.	We will have all applicable staff trained by the end of 2027 and thereafter annually as well as train new hires.

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Outside community factors with reaching additional populations. We may also see challenges with the populations we try and reach through events as we are not able to control turn out etc.
Expected outcome(s) of this goal:	Continue to attempt to access all populations that is represented in Hamilton County through community events, outreach training and collaboration

Priority Area (Please choose from drop down)	Community supports and services				
Goal #1	Increase individuals awareness of services and supports that are available in the community				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Individuals in the community aren't always aware to call their local AAA. Bringing the front door services out the community will increase awareness and connect more individuals to needed services to remain independent.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Partner with the Hamilton County 513 Relief Bus to go out in the community and provide front door services	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Screening-PSP	Kim Clark Director - Community and Business Services Operations	Collaborate with 513 Reilef Bus for COA to provide screening services at events	Attend 513 relief bus events in each calendar year as long as bus is in operation Bus usually operates March through Sept/Oct. Attend 12 events in each calendar year.
2 - Distribute informational materials at events	Year 2 (of a Year 1-2 Goal) 10/1/2027 - 7/31/2028	Screening-PSP	Kim Clark	In collaboration with the Benefits Enrollment Center for financial assistance individuals will also be provided with additional resources and information	Schedule 22 events in community through the 5 county region
3 - Connect older adults to services and supports that will allow them to remain as independent as possible	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Screening-PSP	Kim Clark	Collaborate with 513 Reilef Bus for COA to provide screening services at events	Attend 513 relief bus events in each calendar year as long as bus is in operation Bus usually operates March through Sept/Oct. Attend 12 events in each calendar year.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	County controls calendar for bus events. Events may be mixes of ages and not just older adults. Only Hamilton Count has bus.				
Expected outcome(s) of this goal:	Older adults will have increased awareness of resources available.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #2	Expand the UPLIFT program in Butler County				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Mental Health Services for older adults has been identified as a need. Expansion of mental health services and supports will help meet this need.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
3 - Staff will be informed about mental health services and programming offered through UPLIFT and referral process	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	COA, Best Point	Shelby Stout	Provide education and training to staff on UPLIFT, services available and referral process	Education will be provided at least annually during department meetings.

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Clients are hesitant to participate in mental health services due to stigma and perception of need
Expected outcome(s) of this goal:	Clients, staff and other stakeholders will be informed of available mental health services and identified gaps in UPLIFT services will be addressed

Priority Area (Please choose from drop down)	Community supports and services
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Goal #3	Expand and strengthen the partnership with Senior Connections through collaborative efforts
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Mental health services that include transportation was identified as a gap within our community. Partnerships with local community organization were created to attempt and bridge the gap of the accessibility of services.

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Refer applicable clients to the Senior connections program.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	COA, Mental Health Board	Judy And Alyssia VP - Community & New Business Operations Transitional Care Supervisor	Collaborate with senior connection liason, and identify 2 events annually for them to attend to provide information on the program and referral process.	Monitor the referral number's
2 - Create Visability and Awarness for Senior connections liason to attend and collaborate at 2 events annually.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	COA, Mental Health Board	Judy And Alyssia	Collaborate with senior connection liason, and identify 2 events annually for them to attend to provide information on the program and referral process.	Track the events attended
3- Work with the senior connections liason to pinpoint specific areas where we can collabrativley and collectivley work to coordinate a referral stream.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	COA, Mental Health Board	Judy And Alyssia	attend quarterly board meetings with senior connections and mental health board to continue to maintain referral stream	Monitor the referral number's
4 - Educate staff at applicable department meetings regarding the partnership with senior connections	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	COA, Mental Health Board	Judy And Alyssia	have senior connections contact come to applicable department meetings	Track meetings attended

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Clients in general are hesitant to access and seek access to mental health services, even if the referral is made we have no control of follow through or participation
Expected outcome(s) of this goal:	Continue a sustaining relationship with senior connections which generates referrals to them

Priority Area (Please choose from drop down)	Community supports and services
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Goal #4	Address a gap in available Guardianship services in Hamilton County by collaborating with local partners.
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Individuals in need of a professional guardian, and a lack of resources and available guadians.

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
2 - Develop and execute referral and payment procedures for individuals in need of a professional guardian.	Year 2 (of a Year 2-4 Goal) 10/1/2027 - 9/30/2028	Hamilton County Levy	Guardianship Collaborative	Develop a written procedure, test and refine it with feedback on its effectiveness with the 6 partering entities.	# of older adults served with guardianship services

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Available funding from levies that are stretched thin with inflation and property tax pushback. This project relies on cooperation from 6 different entities which is very challenging.
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Expected outcome(s) of this goal:	Decrease the gap of individuals who present to probate court with a need for a professional guardian, and no local resource being available.
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Priority Area (Please choose from drop down)	Community supports and services				
Goal #5	Expand and diversify evidenc-based programming in our service area				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Older adults are more likely to participate in evidence-based health education programs when they are available in their neighborhoods where they frequent often. Diversifying program options attracts more older adult and caregiver participants.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
Expand relationships with community organizations to host evidence-based health education programs.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Title III D	Health and Wellness Team	Leverage COA's relationships with non-profits, faith based organizations and senior housing facilities in our service area	Provide workshops for five (5) new host site sponsors annually
barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these	The challenges are typical for any new Host Site Sponsors who have not offered programming to older adults in their communities. They include recruiting, enaging,and supporting new participants to meet the fidelity requirements of evidence-based programs. COA's network of Community Leaders and Master Trainers support new Host Site Sponsors through this process. Another anticipated challenge may be found in the number of NCOA approved evidence-based programs that fit our hybrid community model. We will engage AGE and NCOA in addressing any concerns that may arise.				
Expected outcome(s) of this goal:	We expect to increase our geographic foot print for evidence-based programs by adding a minimum of five new neighborhood host site sponsor locations which will engage more older adults in program participation. We also expect to diversify our current programs by adding at least one more aapproved program in our service area before year 4 of this Area plan.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #6	Address unmet needs identified in our Needs Assessment under independent living and community supports.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Explore and apply for grant funding opportunities for community supports and services such as lawn care, snow removal, and furniture need to remain independent in community and at home				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1- Explore and apply for any grant oppoturnity	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Grant Funding and potential Title III	Stephanie VP Managed Care & Aging Programs	Will work with grant team to explore, idenity and apply for any grant and or funding opportunity available.	Report on the number of grant applications that are applied for.
2 - Explore other avenues to pay for service need- donations, foundation opportunities.	Year 2 (of a Year 1-4 Goal) 10/1/2027 - 9/30/2028	Grant Funding and potential Title III	Stephanie	Will work with grant team to explore, idenity and apply for any grant and or funding opportunity available.	Report on the number of grant applications that are applied for.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Barriers- no grant dollars available to meet the identified need				
Expected outcome(s) of this goal:	We expect to apply for some grant opportunities and explore other options such as foundations and private donations.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #1	Expand overnight respite options to include facility and/or an in-home respite option.				
how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and	Caregiver Supports and Services was an identified high need as part of the needs assessment findings.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Supports the caregiver with respite options	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Expand facility options - 51 respite stay completed in 2025	1. Increase respite stays to average of 56/year
2 - Provides needed self care for the caregiver	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Pilot in-home respite options in year 2 with home care agencies.	1. Engage interest with home care providers providing in home respite options 2. Implement in October 2028
3 - Reduce caregiver stress and burnout	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Provide overnight respite options that support caregiver relief and time away from caregiving responsibilities.	Track overnight respite utilization and caregiver access to time away for rest and self-care.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	N/A for #1 inpatient respite. In home respite- capacity issue may be a barrier. Explore short term respite 3-4 days respite options.				
Expected outcome(s) of this goal:	Provide resources and support to the caregiver to decrease burnout and CG stress.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #2	Increase use, increase sustainability, identify barriers and provide education on Adult Day.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Adult Day Services may be underutilized due to limited awareness and barriers to access. Education and collaboration across counties can support increased use and service sustainability.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Increase Care Coordinator knowledge of Adult Day services	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Title 3/OAAA/ESP	ESP Supervisor	Create and provide education to Care Coordinators on Adult Day Services and referral considerations.	Adult Day education will be distributed or presented across all 4 counties.
2 - Increase appropriate Adult Day Referrals	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Title 3/OAAA/ESP	ESP Supervisor	Coordinate Adult Day Provider Tours for staff.	Staff will be provided the opportunity to participate in tours/site visits with at least 2 Adult Day Providers.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Limited awareness of Adult Day Services. Client/caregiver hesitation or misconceptions about Adult Day. Transportation barriers and provider availability and program capacity.				
Expected outcome(s) of this goal:	Increased staff understanding of Adult Day services and improve appropriate utilization.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #3	Increase awareness of the Caregiver Support Program to help reduce stress and CG burnout				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Caregivers reported strong need for support as they navigate caring for their loved one. Increased awareness and education for caregivers will help decrease their stress.				

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Increase awareness of CG Support program in our area through community events	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Title 3/OAAA/ESP	Care Managers	Attend community events and promoting CG Support program.	Track outreach efforts and caregiver enrollments connected to program promotion.
2 - Reduce stress and burnout through access to supports and resources.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Title 3/OAAA/ESP	Care Managers	Provide caregivers with education, resources, and referrals through the CG Support Program.	Track how and when education, resources, and referrals through the CG Support Program.
3 - Strengthen unpaid caregiver's ability to provide care.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Title 3/OAAA/ESP	Care Managers	Provide education and support to unpaid caregivers to build caregiving skills and confidence.	Track how and when education and support is provided to unpaid caregivers through the program.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Workload management for care managers.				
Expected outcome(s) of this goal:	Increased CG enrollments and awareness of community supports and services for caregivers in our area				

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
Priority Area (Please choose from drop down) Financial well-being					
Goal #1	Provide utility assistance and resources to older adults				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Costs of utilities has continued to rise and has caused increased financial strain				
1 - Assist eligible Hamilton County Older Adults with a one-time credit towards their utility bill	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Hamilton County Levy Funding	Director - Community and Business Services Operations	Work with local county commissioners and outreach to maximize reach and ensure all areas of county are represented	600 individuals served per calendar year
2 - Reduce some financial burden of utility expenses for older adults through outreach.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Hamilton County Levy Funding	Director - Community and Business Services Operations	Work with local county commissioners and outreach to maximize reach and ensure all areas of county are represented	600 individuals served per calendar year
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Funding each year is not necessarily guaranteed. Funding is available at the beginning of each calendar year and not available throughout the year due to high demand. Funding is also limited to Hamilton County.				
Expected outcome(s) of this goal:	Older adults will have awareness of utility credits and understand how to apply. Older adults that are eligible and receive the one time credit will have reduced financial burden.				

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
Priority Area (Please choose from drop down) Financial well-being					
Goal #2	Connect individuals with available resources through their Medicare Advantage plan				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Transportation is a great need for older adults. Many individuals with medicaid advantage plans are unaware of how to access the transportation benefit along with other available benefits that can help them maintain support and independence.				
1 - Provide assistance to individuals with medicare advantage plans and connect them with benefits	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide internal resource to assist individuals with understanding and connecting with their Medicare benefits.	Assist 1500 individuals through 9/30/30

2 - Educate individuals on the benefits that their advantage plan may provide	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide education, awareness and referral process	Assist 1500 individuals through 9/30/30
3 - Connect individuals to transportation benefit that will provide individual ability to routinely attend necessary appointments	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide connection to health plan to get needed services set up. Call health plan with client if assistance is needed.	Assist 1500 individuals through 9/30/30
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Navigation of medicare advantage plans can be difficult. Individuals often don't know which exact advantage plan they are enrolled with. Coordination on some may take longer.				
Expected outcome(s) of this goal:	Individuals with medicare advantage plan will be connected to available resources				

Priority Area (Please choose from drop down)	Healthy food access				
Goal #1	Enhance congregate meal options in restaurant setting (Swipe N' Dine program) by establishing additional restaurant-based partnerships in Hamilton County and expand into Butler, Clermont, Clinton and Warren Counties				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The Swipe N' Dine program promotes health, enhances nutritional intake, and supports social engagement in community-based settings beyond traditional senior centers. Program can be beneficial to a larger audience with focus on greatest social and economic needs.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Competitive Bid Process with the release of a Title III RFP in 2027	Year 3 (of a Year 2-4 Goal) 10/1/2028 - 9/30/2029	OAA funds	Nutrition Business Relations Partner Procurement and Provider Services Manager	Incorporate clear program details and requirements into the Title III Request for Proposals (RFP) to support and achieve the intended goals of program expansion.	Procure Provider(s) with capacity to operate and manage program in all 5 counties in our region. List of procured providers and counties served
2 - Community Promotion of program to areas with greatest social and economic needs	Year 3 (of a Year 2-4 Goal) 10/1/2028 - 9/30/2029	OAA funds	Nutrition Business Relations Partner Procurement and Provider Services Manager	Prioritize targeted communication and outreach efforts to promote program awareness among individuals in communities with the greatest social and economic need.	approval of participants in areas of identified communities of greatest social and economic needs. # of new participants in areas of greatest need.
3 - Education to Restaurants- program details, responsibilities and partnership benefits in community with greatest social and economic needs.	Year 3 (of a Year 2-4 Goal) 10/1/2028 - 9/30/2029	OAA funds	Nutrition Business Relations Partner Procurement and Provider Services Manager	Develop program education materials, provide clear and user-friendly demonstrations for participating restaurants, and facilitate peer-to-peer support by connecting prospective restaurant partners with currently participating restaurants within or outside the region.	Restaurant participation- addition of 2 restaurants in Hamilton County. 1 participating restaurant in Butler, Clermont, Clinton and Warren Counties. # of new partnerships/collaborations
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Lack of qualifying restaurants in communities with greatest need. Lack of interest from Restaurants Flat funding which hinders growth				
Expected outcome(s) of this goal:	Expansion of Swipe N' Dine program to all 5 counties in our region.				

Priority Area (Please choose from drop down)	Healthy food access				
Goal #2	Increase in redemption rate in the 5 counties in our region for the Senior Farmers Market Nutrition Program (SFMNP)				

Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Insert needs assessment language- Redemption rates for the 2025 SFMNP did not meet expectations, indicating that program participants were not fully utilizing their allotted benefits.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Use Ohio Farmers Market Network (OFMN) map of approved markets to identify gaps in communities of greatest need. Partner with OFMN to identify markets and promote application and approval of new markets	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Use Policy Map platform/website to map out farmers markets and roadside stands. Use Policy Map platform/website to map out residents age 60+ in low economic areas.	Increase in number of farmers markets/roadside stands that are in close proximity to those in greatest need. # of new markets in communities of greatest need
2 - Survey 2025 participants who did not use the benefits on barriers	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Distribute a survey through email, text messaging, social media platforms and during community outreach to identify barriers to program participation.	Conduct data analysis to identify barriers and develop strategies to address them.
3 - Investigate alternative methods of redemption such as produce delivery, transportation to market	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Distribute a survey through email, text messaging, and social media platforms to gather input from the following stakeholders: •Farmers and markets to assess interest and capacity to deliver produce •Community senior housing managers to evaluate the ability to accept and distribute produce •Contracted providers to support produce distribution efforts	Conduct data analysis to identify interest and capacity to provide/promote alternative methods of benefit redemption
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Lack of approved markets in areas of great need Lack of available resources to transport participants to market Limited alternative methods such as produce delivery Delay in distribution of physical cards				
Expected outcome(s) of this goal:	Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region				

Priority Area (Please choose from drop down)	Safe and accessible housing				
Goal #1	Provide individuals with a resource to search available housing options in their 5 county region.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Housing is a need that has been continuously identified as limited. While housing options are limited, individuals need information to search all housing options that are in the community				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Individuals will be able to search COA housing database to assist with the exploration of housing	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	ADRC/PSP	Director - Community and Business Services Operations	Add new housing options as we are made aware.	10,000 individuals accessing the database
2 - ADRC specialist will have the resource to navigate and provide information to callers	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	ADRC/PSP	Director - Community and Business Services Operations	Ensure database is always accessible	Database is active
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Affordable and quality housing availability is limited. Buildings have waitlists and tracking of that can be difficult				
Expected outcome(s) of this goal:	Individuals will be able to access database with list of housing resources and have needed information to contact buildings to ascertain what is available.				

Priority Area (Please choose from drop down)	Safe and accessible housing				
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Goal #2	Provide options and explore all grant opportunities that support home modifications and repairs and provide those opportunities to enable older adults to remain safe, independent and at				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Based on the community needs assessments, older adults expressed a desire to age in place and to remain in their homes but face housing challenges. Home modifications are allowing older adults to remain in their home.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Focus on home modifications that address barriers to aging in place.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Follow COA's outreach plan and initiatives	We will serve 150 older adults.
2 - Maximize independence for older adults in day-to-day activities	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Follow COA's outreach plan and initiatives	We will serve 150 older adults.
3 - Explore other funding opportunities to expand accessibility to home modifications and repairs for older adults to age in place.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Explore all potential grant and funding opportunities to support home modifications	We will explore funding opportunities for a minimum of 3-5 different areas
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	1.) Funding availability and priority shifts 2.) Needs of community exceeds available funding resources				
Expected outcome(s) of this goal:	Our expected outcome is we are able to meet our targets and measures so that older adults can remain in their homes and age successfully in place.				

Priority Area (Please choose from drop down)	Reliable transportation				
Goal #1	Expansion of home52 Transportation Coordination Services to other counties in our service area				
how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and	Transportation is identified and recognized as a social determinant of health in our service area. home52 Transportation Coordination Center's model has been successful in Hamilton County based on rider feedback. We want to maintain this service in Hamilton County and expand the model in our service area.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Explore funding opportunities, with grants and traditional program funding, to provide free transportation services to older and disabled adults residing in Hamilton and Clermont County. This goal also extends to any other county expansion during this period.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Hamilton County Levy, Medicaid NEMT, Grants	Grant Writer, Transportation Manager, VP	Research grant opportunities using existing grant writing tools, create relationships with agencies serving like populations in Clermont County and explore partnering with them to serve their members.	Apply for a minimum of two grants annually to support this initiative. Complete five outreach activities to create &/or maintain relationships with Hamilton and Clermont County organizations.
2 - Rider survey satisfaction related to timely, reliable and easy scheduling is 92% or higher.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Hamilton County Levy, Medicaid NEMT, Grants	Specialist	Random riders will be selected to complete a phone survey within 3 days of ride completion.	Rider survey satisfaction related to timely, reliable and easy scheduling is 95% or higher.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Expanding home52 Transportation Coordination Services to other counties requires relationship building and collaborations with local organizations and public transit that currently provide transportation. Planning and collaboration highlights what is working well and how transportation coordination can fill the gaps and enhance current service levels for vulnerable populations				
Expected outcome(s) of this goal:	Collaboration with local transit and organizations providing transportation to improve and enhance existing transportation services and options for aging and disabled individuals.				

Priority Area (Please choose from drop down)	Reliable transportation				
Goal #2	Care Management staff are educated on all available transportation options so that clients are fully informed of and able to access appropriate transportation resources within their				

Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Access to reliable transportation is essential for older adults to maintain independence in the community. Ensuring clients are knowledgeable about transportation options helps reduce barriers, improve access to services, and supports overall client well-being.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
2 - Transportation resource education will be provided	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Levy - all counties	Supervisors, Training	Create training covering all community transportation options and review for updates annually. Share training at department meetings and through email communications	Track how and when education and training is provided. Staff receive training on transportation options at least yearly
3 - Staff will document that they provided education on transportation resources to clients with transportation needs	Year 3 (of a Year 2-4 Goal) 10/1/2028 - 9/30/2029	Levy - all counties	Staff, Supervisors	Audit a sample of clients annually	90% of clients who reported transportation needs were educated on transportation resources based on documentation in the client record
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Transportation resources change frequently and vary by location.				
Expected outcome(s) of this goal:	Clients will be informed about resources available to meet their transportation needs				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #1	Expand Fast Track Home in all counties with a particular focus on Butler County.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Care Transitions is an evidence-based program approach to reduce hospital re-admissions for older adults.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Program Awareness	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Provide care transitions education to hospitals, SNF /rehabilitation facilities in our service area recognized for specializing in older adult care	Fast Track Home Team	Track outreach activities for each hospital	25 educational outreach activities per year
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	High staff turnover rates with discharge planners and social work staff employed with hospitals, SNF, rehabilitation facilities. Educational outreach activities often times have to be repeated 2 - 3 times annually.				
Expected outcome(s) of this goal:	Regular referrals from hospitals, SNF /rehabilitation facilities in our service area.				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #2	Provide Care Transitions services through MedMutual				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Medical Mutual of Ohio Care Transitions is an evidence-based program approach to reduce hospital re-admissions for older adults.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Timely client engagement to explain program advantages	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Engage referrals received by Medical Mutual of Ohio to provide care transitions services	Engagement Specialist	Timely engage referrals	Engagement will be successful for 70% of the MMO referrals received.

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Ensuring automated referrals/alerts are received timely and patient contact information has been updated and accurate.
Expected outcome(s) of this goal:	More MMO members are offered and accept care transitions services which is intended to reduce readmissions.

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #3	Continue collaboration with the Veterans Administration and grow the Veterans Directed Care Program				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The Veteran Directed Care Program is a collaborative self directed program with Veteran Administration focused on keeping veterans who are at a high risk of being placed in institutional care due to a variety of co-occurring health conditions. Move to community supports and services section only				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Support the individual at home with self directed personal care services	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Continue to collaborate with the VA and referrals for the VDC program	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
2 - Supports the caregiver - either to be paid to provide the service or additional assistance to the caregiver for respite and to assist with daily caregiving related to personal care needs	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Meet with the VA on an as needed basis.	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
3 - Remain at home in the community and aging in place	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Enrolled veterans on the program will be able to remain at home in the community	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	This program is small currently and serves all ages so need to ensure only capturing 60+ population				
this goal:	Continue to keep veterans in their own home in the community as well as provide additional support to the caregiver				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #4	Monitor data to improve access of services through collaborative networking and training.				

Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).

The community we serve is increasingly diverse, with varying cultural, linguistic, socioeconomic, and accessibility needs. Ensuring equal access requires a data-informed approach that identifies disparities and guides targeted interventions. By leveraging comprehensive data analysis and cross-functional collaboration, the Community Access Workgroup can proactively address barriers, improve service delivery, and strengthen trust and participation within all segments of the community as well as appropriately training staff on importance of identifying diversity

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Data Monitoring & Analysis Continuously collect, monitor, and analyze quantitative data to identify trends, disparities which allows us to brainstorm barriers impacting community access in Hamilton County	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Levy - Hamilton County	Transitional Care Supervisor Care Manager Staff	Monthly meetings to discuss and review data, trends findings and next steps for community outreach and collaborate on training.	COA will continue to gather collect and analyze data that is gathered quarterly. The group will utilize the date to drive changes that reduces disparities and barriers.
2 - Cross-Sector Collaboration Partner with internal teams, external agencies, and community stakeholders to ensure solutions are culturally relevant and aligned with community needs- partner with external agencies at events and spread the word of COA at culturally appropriate events.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Levy - All counties	Transitional Care Supervisor Care Manager Staff	Group will collaborate and strategize with applicable departments internally for community outreach events	continue to locate applicable events to we can attend and collaborate with.
3 - Capacity Building Promote organizational awareness and competency around appropriate asking about race and ethnicity. We will create a training on the importance of it but also how to appropriately ask and share with departments. We will have all applicable staff trained by the end of 2027 and thereafter annually at applicable department meetings. New staff will also be onboarded with the created training.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Levy - All counties	Transitional Care Supervisor Care Manager Staff	attend department meetings, create a training that can be given to new hires.	We will have all applicable staff trained by the end of 2027 and thereafter annually as well as train new hires.

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?

Outside community factors with reaching additional populations. We may also see challenges with the populations we try and reach through events as we are not able to control turn out etc.

Expected outcome(s) of this goal:

Continue to attempt to access all populations that is represented in Hamilton County through community events, outreach training and collaboration

Priority Area (Please choose from drop down)

Community supports and services

Goal #1

Increase individuals awareness of services and supports that are available in the community

Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).

Individuals in the community aren't always aware to call their local AAA. Bringing the front door services out the community will increase awareness and connect more individuals to needed services to remain independent.

Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
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1 - Partner with the Hamilton County 513 Relief Bus to go out in the community and provide front door services	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Screening-PSP	Kim Clark Director - Community and Business Services Operations	Collaborate with 513 Reilef Bus for COA to provide screening services at events	Attend 513 relief bus events in each calendar year as long as bus is in operation Bus usually operates March through Sept/Oct. Attend 12 events in each calendar year.
3 - Connect olders adults to services and supports that will allow them to remain as independent as possible	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Screening-PSP	Kim Clark	Collaborate with 513 Reilef Bus for COA to provide screening services at events	Attend 513 relief bus events in each calendar year as long as bus is in operation Bus usually operates March through Sept/Oct. Attend 12 events in each calendar year.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	County controls calendar for bus events. Events may be mixes of ages and not just older adults. Only Hamilton Count has bus.				
Expected outcome(s) of this goal:	Older adults will have increased awareness of resources available.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #2	Expand the UPLIFT program in Butler County				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Mental Health Services for older adults has been identified as a need. Expansion of mental health services and supports will help meet this need.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
3 - Staff will be informed about mental health services and programming offered through UPLIFT and referral process	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	COA, Best Point	Shelby Stout	Provide education and training to staff on UPLIFT, services available and referral process	Education will be provided at least annually during department meetings.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Clients are hesitant to participate in mental health services due to stigma and perception of need				
Expected outcome(s) of this goal:	Clients, staff and other stakeholders will be informed of available mental health services and identified gaps in UPLIFT services will be addressed				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #3	Expand and strengthen the partnership with Senior Connections through collaborative efforts				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Mental health services that include transportation was identified as a gap within our community. Partnerships with local community organization were created to attempt and bridge the gap of the accesability of services.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Refer applicable clients to the Senior connections program.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	COA, Mental Health Board	Judy And Alyssia VP - Community & New Business Operations Transitional Care Supervisor	Collaborate with senior connection liason, and identify 2 events annually for them to attend to provide information on the program and refeal process.	Monitor the referal number's
2 - Create Visability and Awarness for Senior connections liason to attend and collaborate at 2 events annually.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	COA, Mental Health Board	Judy And Alyssia	Collaborate with senior connection liason, and identify 2 events annually for them to attend to provide information on the program and refeal process.	Track the events attended

3- Work with the senior connections liason to pinpoint specific areas where we can collaboratively and collectively work to coordinate a referral stream.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	COA, Mental Health Board	Judy And Alyssia	attend quarterly board meetings with senior connections and mental health board to continue to maintain referral stream	Monitor the referral number's
4 - Educate staff at applicable department meetings regarding the partnership with senior connections	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	COA, Mental Health Board	Judy And Alyssia	have senior connections contact come to applicable department meetings	Track meetings attended
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Clients in general are hesitant to access and seek access to mental health services, even if the referral is made we have no control of follow through or participation				
Expected outcome(s) of this goal:	Continue a sustaining relationship with senior connections which generates referrals to them				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #4	Address a gap in available Guardianship services in Hamilton County by collaborating with local partners.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Individuals in need of a professional guardian, and a lack of resources and available guardians.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
2 - Develop and execute referral and payment procedures for individuals in need of a professional guardian.	Year 3 (of a Year 2-4 Goal) 10/1/2028 - 9/30/2029	Hamilton County Levy	Guardianship Collaborative	Develop a written procedure, test and refine it with feedback on its effectiveness with the 6 partnering entities.	# of older adults served with guardianship services
3 - Evaluate the effectiveness of the new program.	Year 3 (of a Year 3-4 Goal) 10/1/2028 - 9/30/2029	Hamilton County Levy	Guardianship Collaborative	Leverage the expertise and resources of the collaborative.	Cost effectiveness, impact on the addressing the needs, and satisfaction.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Available funding from levies that are stretched thin with inflation and property tax pushback. This project relies on cooperation from 6 different entities which is very challenging.				
Expected outcome(s) of this goal:	Decrease the gap of individuals who present to probate court with a need for a professional guardian, and no local resource being available.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #5	Expand and diversify evidence-based programming in our service area				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Older adults are more likely to participate in evidence-based health education programs when they are available in their neighborhoods where they frequent often. Diversifying program options attracts more older adult and caregiver participants.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
Expand relationships with community organizations to host evidence-based health education programs.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Title III D	Health and Wellness Team	Leverage COA's relationships with non-profits, faith based organizations and senior housing facilities in our service area	Provide workshops for five (5) new host site sponsors annually
2 - Evaluate if additional funding is needed to support program growth and expansion and explore grant funding to supplement when needed.	Year 3 (of a Year 3-4 Goal) 10/1/2028 - 9/30/2029	Title III D and possible grant funding	Health and Wellness Team	Leverage grant writer's expertise of foundation's priorities and mission	Apply for one grant to support evidence-based programs in each of year 3 and 4.

barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these	The challenges are typical for any new Host Site Sponsors who have not offered programming to older adults in their communities. They include recruiting, engaging, and supporting new participants to meet the fidelity requirements of evidence-based programs. COA's network of Community Leaders and Master Trainers support new Host Site Sponsors through this process. Another anticipated challenge may be found in the number of NCOA approved evidence-based programs that fit our hybrid community model. We will engage AGE and NCOA in addressing any concerns that may arise.
Expected outcome(s) of this goal:	We expect to increase our geographic footprint for evidence-based programs by adding a minimum of five new neighborhood host site sponsor locations which will engage more older adults in program participation. We also expect to diversify our current programs by adding at least one more approved program in our service area before year 4 of this Area plan.

Priority Area (Please choose from drop down)	Community supports and services				
Goal #6	Address unmet needs identified in our Needs Assessment under independent living and community supports.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Explore and apply for grant funding opportunities for community supports and services such as lawn care, snow removal, and furniture need to remain independent in community and at home				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1- Explore and apply for any grant opportunity	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Grant Funding and potential Title III	Stephanie VP Managed Care & Aging Programs	Will work with grant team to explore, identify and apply for any grant and or funding opportunity available.	Report on the number of grant applications that are applied for.
2 - Explore other avenues to pay for service need- donations, foundation opportunities.	Year 3 (of a Year 1-4 Goal) 10/1/2028 - 9/30/2029	Grant Funding and potential Title III	Stephanie	Will work with grant team to explore, identify and apply for any grant and or funding opportunity available.	Report on the number of grant applications that are applied for.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Barriers- no grant dollars available to meet the identified need				
this goal:	We expect to apply for some grant opportunities and explore other options such as foundations and private donations.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #1	Expand overnight respite options to include facility and/or an in-home respite option.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Caregiver Supports and Services was an identified high need as part of the needs assessment findings.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Supports the caregiver with respite options	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Expand facility options - 51 respite stay completed in 2025	1. Increase respite stays to average of 56/year
2 - Provides needed self care for the caregiver	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Pilot in-home respite options in year 2 with home care agencies.	1. Engage interest with home care providers providing in home respite options 2. Implement in October 2028
3 - Reduce caregiver stress and burnout	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	OAA, ESP levy, Alzheimers Respite Funds	Caregiver Support Team Lead & ESP Supervisor	Provide overnight respite options that support caregiver relief and time away from caregiving responsibilities.	Track overnight respite utilization and caregiver access to time away for rest and self-care.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	N/A for #1 inpatient respite. In home respite- capacity issue may be a barrier. Explore short term respite 3-4 days respite options.				
Expected outcome(s) of this goal:	Provide resources and support to the caregiver to decrease burnout and CG stress.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #2	Increase use, increase sustainability, identify barriers and provide education on Adult Day.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Adult Day Services may be underutilized due to limited awareness and barriers to access. Education and collaboration across counties can support increased use and service sustainability.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Increase Care Coordinator knowledge of Adult Day services	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Title 3/OAAA/ESP	ESP Supervisor	Create and provide education to Care Coordinators on Adult Day Services and referral considerations.	Adult Day education will be distributed or presented across all 4 counties.
2 - Increase appropriate Adult Day Referrals	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Title 3/OAAA/ESP	ESP Supervisor	Coordinate Adult Day Provider Tours for staff.	Staff will be provided the opportunity to participate in tours/site visits with at least 2 Adult Day Providers.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Limited awareness of Adult Day Services. Client/caregiver hesitation or misconceptions about Adult Day. Transportation barriers and provider availability and program capacity.				
Expected outcome(s) of this goal:	Increased staff understanding of Adult Day services and improve appropriate utilization.				

Priority Area (Please choose from drop down)	Caregiver supports				
Goal #3	Increase awareness of the Caregiver Support Program to help reduce stress and CG burnout				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Caregivers reported strong need for support as they navigate caring for their loved one. Increased awareness and education for caregivers will help decrease their stress.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Increase awareness of CG Support program in our area through community events	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Title 3/OAAA/ESP	Care Managers	Attend community events and promoting CG Support program.	Track outreach efforts and caregiver enrollments connected to program promotion.
2 - Reduce stress and burnout through access to supports and resources.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Title 3/OAAA/ESP	Care Managers	Provide caregivers with education, resources, and referrals through the CG Support Program.	Track how and when education, resources, and referrals through the CG Support Program.
3 - Strengthen unpaid caregiver's ability to provide care.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Title 3/OAAA/ESP	Care Managers	Provide education and support to unpaid caregivers to build caregiving skills and confidence.	Track how and when education and support is provided to unpaid caregivers through the program.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Workload management for care managers.				

Expected outcome(s) of this goal:	Increased CG enrollments and awareness of community supports and services for caregivers in our area
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Priority Area (Please choose from drop down)	Financial well-being				
Goal #1	Provide utility assistance and resources to older adults				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Costs of utilities has continued to rise and has caused increased financial strain				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Assist eligible Hamilton County Older Adults with a one-time credit towards their utility bill	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Hamilton County Levy Funding	Director - Community and Business Services Operations	Work with local county commissioners and outreach to maximize reach and ensure all areas of county are represented	600 individuals served per calendar year
2 - Reduce some financial burden of utility expenses for older adults through outreach.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Hamilton County Levy Funding	Director - Community and Business Services Operations	Work with local county commissioners and outreach to maximize reach and ensure all areas of county are represented	600 individuals served per calendar year
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Funding each year is not necessarily guaranteed. Funding is available at the beginning of each calendar year and not available throughout the year due to high demand. Funding is also limited to Hamilton County.				
Expected outcome(s) of this goal:	Older adults will have awareness of utility credits and understand how to apply. Older adults that are eligible and receive the one time credit will have reduced financial burden.				

Priority Area (Please choose from drop down)	Financial well-being				
Goal #2	Connect individuals with available resources through their Medicare Advantage plan				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Transportation is a great need for older adults. Many individuals with medicaid advantage plans are unaware of how to access the transportation benefit along with other available benefits that can help them maintain support and independence.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Provide assistance to individuals with medicare advantage plans and connect them with benefits	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide internal resource to assist individuals with understanding and connecting with their Medicare benefits.	Assist 1500 individuals through 9/30/30
2 - Educate individuals on the benefits that their advantage plan may provide	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide education, awareness and referral process	Assist 1500 individuals through 9/30/30
3 - Connect individuals to transportation benefit that will provide individual ability to routinely attend necessary appointments	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Levy funding and PSP	Benefits Specialists Director - Community and Business Services Operations	Provide connection to health plan to get needed services set up. Call health plan with client if assistance is needed.	Assist 1500 individuals through 9/30/30
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Navigation of medicare advantage plans can be difficult. Individuals often don't know which exact advantage plan they are enrolled with. Coordination on some may take longer.				
Expected outcome(s) of this goal:	Individuals with medicare advantage plan will be connected to available resources				

Priority Area (Please choose from drop down)	Healthy food access				
Goal #1	Enhance congregate meal options in restaurant setting (Swipe N' Dine program) by establishing additional restaurant-based partnerships in Hamilton County and expand into Butler, Clermont, Clinton and Warren Counties				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The Swipe N' Dine program promotes health, enhances nutritional intake, and supports social engagement in community-based settings beyond traditional senior centers. Program can be beneficial to a larger audience with focus on greatest social and economic needs.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Competitive Bid Process with the release of a Title III RFP in 2027	Year 4 (of a Year 2-4 Goal) 10/1/2029 - 9/30/2030	OAA funds	Nutrition Business Relations Partner Procurement and Provider Services Manager	Incorporate clear program details and requirements into the Title III Request for Proposals (RFP) to support and achieve the intended goals of program expansion.	Procure Provider(s) with capacity to operate and manage program in all 5 counties in our region. List of procured providers and counties served

2 - Community Promotion of program to areas with greatest social and economic needs	Year 4 (of a Year 2-4 Goal) 10/1/2029 - 9/30/2030	OAA funds	Nutrition Business Relations Partner Procurement and Provider Services Manager	Prioritize targeted communication and outreach efforts to promote program awareness among individuals in communities with the greatest social and economic need.	approval of participants in areas of identified communities of greatest social and economic needs. # of new participants in areas of greatest need.
3 - Education to Restaurants- program details, responsibilities and partnership benefits in community with greatest social and economic needs.	Year 4 (of a Year 2-4 Goal) 10/1/2029 - 9/30/2030	OAA funds	Nutrition Business Relations Partner Procurement and Provider Services Manager	Develop program education materials, provide clear and user-friendly demonstrations for participating restaurants, and facilitate peer-to-peer support by connecting prospective restaurant partners with currently participating restaurants within or outside the region.	Restaurant participation- addition of 2 restaurants in Hamilton County. 1 participating restaurant in Butler, Clermont, Clinton and Warren Counties. # of new partnerships/collaborations
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Lack of qualifying restaurants in communities with greatest need. Lack of interest from Restaurants Flat funding which hinders growth				
Expected outcome(s) of this goal:	Expansion of Swipe N' Dine program to all 5 counties in our region.				

Priority Area (Please choose from drop down)	Healthy food access				
Goal #2	Increase in redemption rate in the 5 counties in our region for the Senior Farmers Market Nutrition Program (SFMNP)				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Insert needs assessment language- Redemption rates for the 2025 SFMNP did not meet expectations, indicating that program participants were not fully utilizing their allotted benefits.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Use Ohio Farmers Market Network (OFMN) map of approved markets to identify gaps in communities of greatest need. Partner with OFMN to identify markets and promote application and approval of new markets	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Use Policy Map platform/website to map out farmers markets and roadside stands. Use Policy Map platform/website to map out residents age 60+ in low economic areas.	Increase in number of farmers markets/roadside stands that are in close proximity to those in greatest need. # of new markets in communities of greatest need
2 - Survey 2025 participants who did not use the benefits on barriers	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Distribute a survey through email, text messaging, social media platforms and during community outreach to identify barriers to program participation.	Conduct data analysis to identify barriers and develop strategies to address them.
3 - Investigate alternative methods of redemption- such as produce delivery, transportation to market	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	USDA/Ohio GRF	Nutrition Business Relations Partner Procurement and Provider Services Manager	Distribute a survey through email, text messaging, and social media platforms to gather input from the following stakeholders: •Farmers and markets to assess interest and capacity to deliver produce •Community senior housing managers to evaluate the ability to accept and distribute produce •Contracted providers to support produce distribution efforts	Conduct data analysis to identify interest and capacity to provide/promote alternative methods of benefit redemption
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Lack of approved markets in areas of great need Lack of available resources to transport participants to market Limited alternative methods such as produce delivery Delay in distribution of physical cards				
Expected outcome(s) of this goal:	Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region Increased redemption rate in the 5 counties in our region				

Priority Area (Please choose from drop down)	Safe and accessible housing				
Goal #1	Provide individuals with a resource to search available housing options in their 5 county region.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Housing is a need that has been continuously identified as limited. While housing options are limited, individuals need information to search all housing options that are in the community				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Individuals will be able to search COA housing database to assist with the exploration of housing	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	ADRC/PSP	Director - Community and Business Services Operations	Add new housing options as we are made aware.	10,000 individuals accessing the database
2 - ADRC specialist will have the resource to navigate and provide information to callers	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	ADRC/PSP	Director - Community and Business Services Operations	Ensure database is always accessible	Database is active

What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Affordable and quality housing availability is limited. Buildings have waitlists and tracking of that can be difficult
Expected outcome(s) of this goal:	Individuals will be able to access database with list of housing resources and have needed information to contact buildings to ascertain what is available.

Priority Area (Please choose from drop down)	Safe and accessible housing				
Goal #2	Provide options and explore all grant opportunities that support home modifications and repairs and provide those opportunities to enable older adults to remain safe, independent and at				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Based on the community needs assessments, older adults expressed a desire to age in place and to remain in their homes but face housing challenges. Home modifications are allowing older adults to remain in their home.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Focus on home modifications that address barriers to aging in place.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Follow COA's outreach plan and initiatives	We will serve 150 older adults.
2 - Maximize independence for older adults in day-to-day activities	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Follow COA's outreach plan and initiatives	We will serve 150 older adults.
3 - Explore other funding opportunities to expand accessibility to home modifications and repairs for older adults to age in place.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Grant/levy funds	ESP Supervisors ESP Program Coordinator	Explore all potential grant and funding opportunities to support home modifications	We will explore funding opportunities for a minimum of 3-5 different areas
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	1.) Funding availability and priority shifts 2.) Needs of community exceeds available funding resources				
Expected outcome(s) of this goal:	Our expected outcome is we are able to meet our targets and measures so that older adults can remain in their homes and age successfully in place.				

Priority Area (Please choose from drop down)	Reliable transportation				
Goal #1	Expansion of home52 Transportation Coordination Services to other counties in our service area				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Transportation is identified and recognized as a social determinant of health in our service area. home52 Transportation Coordination Center's model has been successful in Hamilton County based on rider feedback. We want to maintain this service in Hamilton County and expand the model in our service area.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Explore funding opportunities, with grants and traditional program funding, to provide free transportation services to older and disabled adults residing in Hamilton and Clermont County. This goal also extends to any other county expansion during this period.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Hamilton County Levy, Medicaid NEMT, Grants	Grant Writer, Transportation Manager, VP	Research grant opportunities using existing grant writing tools, create relationships with agencies serving like populations in Clermont County and explore partnering with them to serve their members.	Apply for a minimum of two grants annually to support this initiative. Complete five outreach activities to create &/or maintain relationships with Hamilton and Clermont County organizations.
2 - Rider survey satisfaction related to timely, reliable and easy scheduling is 92% or higher.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Hamilton County Levy, Medicaid NEMT, Grants	Specialist	Random riders will be selected to complete a phone survey within 3 days of ride completion.	Rider survey satisfaction related to timely, reliable and easy scheduling is 95% or higher.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Expanding home52 Transportation Coordination Services to other counties requires relationship building and collaborations with local organizations and public transit that currently provide transportation. Planning and collaboration highlights what is working well and how transportation coordination can fill the gaps and enhance current service levels for vulnerable populations				
Expected outcome(s) of this goal:	Collaboration with local transit and organizations providing transportation to improve and enhance existing transportation services and options for aging and disabled individuals.				

Priority Area (Please choose from drop down)	Reliable transportation				
Goal #2	Care Management staff are educated on all available transportation options so that clients are fully informed of and able to access appropriate transportation resources within their				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Access to reliable transportation is essential for older adults to maintain independence in the community. Ensuring clients are knowledgeable about transportation options helps reduce barriers, improve access to services, and supports overall client well-being.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
2 - Transportation resource education will be provided	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Levy - all counties	Supervisors, Training	Create training covering all community transportation options and review for updates annually. Share training at department meetings and through email communications	Track how and when education and training is provided. Staff receive training on transportation options at least yearly

3 - Staff will document that they provided education on transportation resources to clients with transportation needs	Year 4 (of a Year 2-4 Goal) 10/1/2029 - 9/30/2030	Levy - all counties	Staff, Supervisors	Audit a sample of clients annually	90% of clients who reported transportation needs were educated on transportation resources based on documentation in the client record
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What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Transportation resources change frequently and vary by location.				
Expected outcome(s) of this goal:	Clients will be informed about resources available to meet their transportation needs				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
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Goal #1	Expand Fast Track Home in all counties with a particular focus on Butler County.				
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Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Care Transitions is an evidence-based program approach to reduce hospital re-admissions for older adults.				
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Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
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1 - Program Awareness	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Provide care transitions education to hospitals, SNF /rehabilitation facilities in our service area recognized for specializing in older adult care	Fast Track Home Team	Track outreach activities for each hospital	25 educational outreach activities her year
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What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	High staff turnover rates with discharge planners and social work staff employed with hospitals, SNF, rehabilitation facilities. Educational outreach activities often times have to be repeated - 3 times annually.				
Expected outcome(s) of this goal:	Regular referrals from hospitals, SNF /rehabilitation facilities in our service area.				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
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Goal #2	Provide Care Transitions services through MedMutual				
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Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Medical Mutual of Ohio Care Transitions is an evidence-based program approach to reduce hospital re-admissions for older adults.				
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Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
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1 - Timely client engagement to explain program advantages	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Engage referrals received by Medical Mutual of Ohio to provide care transitions services	Engagement Specialist	Timely engage referrals	Engagement will be successful for 70% of the MMO referrals received.
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What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Ensuring automated referrals/alerts are received timely and patient contact information has been updated and accurate.				
Expected outcome(s) of this goal:	More MMO members are offered and accept care transitions services which is intended to reduce readmissions.				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
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Goal #3	Continue collaboration with the Veterans Administration and grow the Veterans Directed Care Program				
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Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The Veteran Directed Care Program is a collaborative self directed program with Veteran Administration focused on keeping veterans who are at a high risk of being placed in institutional care due to a variety of co-occurring health conditions. Move to community supports and services section only				
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Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
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1 - Support the individual at home with self directed personal care services	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Continue to collaborate with the VA and referrals for the VDC program	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
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2 - Supports the caregiver - either to be paid to provide the service or additional assistance to the caregiver for respite and to assist with daily caregiving related to personal care needs	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Meet with the VA on an as needed basis.	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
3 - Remain at home in the community and aging in place	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Self Directed Care Model and VA funds the program	VP Managed Care & Aging Programs Transitional Care Supervisor	Enrolled veterans on the program will be able to remain at home in the community	1. COA collaborates with the Veteran Administration to offer another option for home and community based programs for eligible veterans 2. Measurement to show the number of veterans aged 60 and over that were able to remain at home in the community instead of going into long term placement.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	This program is small currently and serves all ages so need to ensure only capturing 60+ population				
Expected outcome(s) of this goal:	Continue to keep veterans in their own home in the community as well as provide additional support to the caregiver				

Priority Area (Please choose from drop down)	Quality and coordinated healthcare				
Goal #4	Monitor data to improve access of services through collaborative networking and training.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	The community we serve is increasingly diverse, with varying cultural, linguistic, socioeconomic, and accessibility needs. Ensuring equal access requires a data-informed approach that identifies disparities and guides targeted interventions. By leveraging comprehensive data analysis and cross-functional collaboration, the Community Access Workgroup can proactively address barriers, improve service delivery, and strengthen trust and participation within all segments of the community as well as appropriately training staff on importance of identifying diversity				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Data Monitoring & Analysis Continuously collect, monitor, and analyze quantitative data to identify trends, disparities which allows us to brainstorm barriers impacting community access in Hamilton County	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Levy - Hamilton County	Transitional Care Supervisor Care Manager Staff	Monthly meetings to discuss and review data, trends findings and next steps for community outreach and collaborate on training.	COA will continue to gather collect and analyze data that is gathered quarterly. The group will utilize the data to drive changes that reduces disparities and barriers.
2 - Cross-Sector Collaboration Partner with internal teams, external agencies, and community stakeholders to ensure solutions are culturally relevant and aligned with community needs- partner with external agencies at events and spread the word of COA at culturally appropriate events.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Levy - All counties	Transitional Care Supervisor Care Manager Staff	Group will collaborate and strategize with applicable departments internally for community outreach events	continue to locate applicable events to we can attend and collaborate with.
3 - Capacity Building Promote organizational awareness and competency around appropriately asking about race and ethnicity. We will create a training on the importance of it but also how to appropriately ask and share with departments. We will have all applicable staff trained by the end of 2027 and thereafter annually at applicable department meetings. New staff will also be onboarded with the created training.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Levy - All counties	Transitional Care Supervisor Care Manager Staff	attend department meetings. create a training that can be given to new hires	We will have all applicable staff trained by the end of 2027 and thereafter annually as well as train new hires.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Outside community factors with reaching additional populations. We may also see challenges with the populations we try and reach through events as we are not able to control turn out etc.				
Expected outcome(s) of this goal:	Continue to attempt to access all populations that is represented in Hamilton County through community events, outreach training and collaboration				

Priority Area (Please choose from drop down)	Community supports and services
Goal #1	Increase individuals awareness of services and supports that are available in the community

Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Individuals in the community aren't always aware to call their local AAA. Bringing the front door services out the community will increase awareness and connect more individuals to needed services to remain independent.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Partner with the Hamilton County 513 Relief Bus to go out in the community and provide front door services	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Screening-PSP	Kim Clark Director - Community and Business Services Operations	Collaborate with 513 Relief Bus for COA to provide screening services at events	Attend 513 relief bus events in each calendar year as long as bus is in operation Bus usually operates March through Sept/Oct. Attend 12 events in each calendar year.
3 - Connect older adults to services and supports that will allow them to remain as independent as possible	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Screening-PSP	Kim Clark	Collaborate with 513 Relief Bus for COA to provide screening services at events	Attend 513 relief bus events in each calendar year as long as bus is in operation Bus usually operates March through Sept/Oct. Attend 12 events in each calendar year.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	County controls calendar for bus events. Events may be mixes of ages and not just older adults. Only Hamilton Count has bus.				
Expected outcome(s) of this goal:	Older adults will have increased awareness of resources available.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #2	Expand the UPLIFT program in Butler County				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Mental Health Services for older adults has been identified as a need. Expansion of mental health services and supports will help meet this need.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
3 - Staff will be informed about mental health services and programming offered through UPLIFT and referral process	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	COA, Best Point	Shelby Stout	Provide education and training to staff on UPLIFT, services available and referral process	Education will be provided at least annually during department meetings.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Clients are hesitant to participate in mental health services due to stigma and perception of need				
Expected outcome(s) of this goal:	Clients, staff and other stakeholders will be informed of available mental health services and identified gaps in UPLIFT services will be addressed				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #3	Expand and strengthen the partnership with Senior Connections through collaborative efforts				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Mental health services that include transportation was identified as a gap within our community. Partnerships with local community organization were created to attempt and bridge the gap of the accessibility of services.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1 - Refer applicable clients to the Senior connections program.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	COA, Mental Health Board	Judy And Alyssia VP - Community & New Business Operations Transitional Care Supervisor	Collaborate with senior connection liason, and identify 2 events annually for them to attend to provide information on the program and referral process.	Monitor the referral number's
2 - Create Visability and Awareness for Senior connections liason to attend and collaborate at 2 events annually.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	COA, Mental Health Board	Judy And Alyssia	Collaborate with senior connection liason, and identify 2 events annually for them to attend to provide information on the program and referral process.	Track the events attended
3 - Work with the senior connections liason to pinpoint specific areas where we can collaboratively and collectively work to coordinate a referral stream.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	COA, Mental Health Board	Judy And Alyssia	attend quarterly board meetings with senior connections and mental health board to continue to maintain referral stream	Monitor the referral number's
4 - Educate staff at applicable department meetings regarding the partnership with senior connections	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	COA, Mental Health Board	Judy And Alyssia	have senior connections contact come to applicable department meetings	Track meetings attended
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Clients in general are hesitant to access and seek access to mental health services, even if the referral is made we have no control of follow through or participation				
Expected outcome(s) of this goal:	Continue a sustaining relationship with senior connections which generates referrals to them				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #4	Address a gap in available Guardianship services in Hamilton County by collaborating with local partners.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Individuals in need of a professional guardian, and a lack of resources and available guardians.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
2 - Develop and execute referral and payment procedures for individuals in need of a professional guardian.	Year 4 (of a Year 2-4 Goal) 10/1/2029 - 9/30/2030	Hamilton County Levy	Guardianship Collaborative	Develop a written procedure, test and refine it with feedback on its effectiveness with the 6 partnering entities.	# of older adults served with guardianship services
3 - Evaluate the effectiveness of the new program.	Year 4 (of a Year 3-4 Goal) 10/1/2029 - 9/30/2030	Hamilton County Levy	Guardianship Collaborative	Leverage the expertise and resources of the collaborative.	Cost effectiveness, impact on the addressing the needs, and satisfaction.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Available funding from levies that are stretched thin with inflation and property tax pushback. This project relies on cooperation from 6 different entities which is very challenging.				
Expected outcome(s) of this goal:	Decrease the gap of individuals who present to probate court with a need for a professional guardian, and no local resource being available.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #5	Expand and diversify evidenc-based programming in our service area				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Older adults are more likely to participate in evidence-based health education programs when they are available in their neighborhoods where they frequent often. Diversifying program options attracts more older adult and caregiver participants.				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
Expand relationships with community organizations to host evidence-based health education programs.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Title III D	Health and Wellness Team	Leverage COA's relationships with non-profits, faith based organizations and senior housing facilities in our service area	Provide workshops for five (5) new host site sponsors annually
2 - Evaluate if additional funding is needed to support program growth and expansion and explore grant funding to supplement when needed.	Year 4 (of a Year 3-4 Goal) 10/1/2029 - 9/30/2030	Title III D and possible grant funding	Health and Wellness Team	Leverage grant writer's expertise of foundation's priorities and mission	Apply for one grant to support evidence-based programs in each of year 3 and 4.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	The challenges are typical for any new Host Site Sponsors who have not offered programming to older adults in their communities. They include recruiting, engaging, and supporting new participants to meet the fidelity requirements of evidence-based programs. COA's network of Community Leaders and Master Trainers support new Host Site Sponsors through this process. Another anticipated challenge may be found in the number of NCOA approved evidence-based programs that fit our hybrid community model. We will engage AGE and NCOA in addressing any concerns that may arise.				
Expected outcome(s) of this goal:	We expect to increase our geographic foot print for evidence-based programs by adding a minimum of five new neighborhood host site sponsor locations which will engage more older adults in program participation. We also expect to diversify our current programs by adding at least one more approved program in our service area before year 4 of this Area plan.				

Priority Area (Please choose from drop down)	Community supports and services				
Goal #6	Address unmet needs identified in our Needs Assessment under independent living and community supports.				
Rationale (Describe how your goal is linked to your needs assessment findings and how it addresses reaching services and supports to those with greatest social and economic need).	Explore and apply for grant funding opportunities for community supports and services such as lawn care, snow removal, and furniture need to remain independent in community and at home				
Objectives	Projected Start and End Dates	Type of Activity/Funding Source(s)	Staff Position(s) Assigned to Action Steps	Strategies	Measures
1- Explore and apply for any grant opportunity	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Grant Funding and potential Title III	Stephanie VP Managed Care & Aging Programs	Will work with grant team to explore, identify and apply for any grant and or funding opportunity available.	Report on the number of grant applications that are applied for.
2 - Explore other avenues to pay for service need- donations, foundation opportunities.	Year 4 (of a Year 1-4 Goal) 10/1/2029 - 9/30/2030	Grant Funding and potential Title III	Stephanie	Will work with grant team to explore, identify and apply for any grant and or funding opportunity available.	Report on the number of grant applications that are applied for.
What challenges or barriers might prevent your AAA from achieving this goal? How will your agency proactively mitigate these challenges to stay on track?	Barriers- no grant dollars available to meet the identified need				
Expected outcome(s) of this goal:	We expect to apply for some grant opportunities and explore other options such as foundations and private donations.				

Title III-A

FY27 Base Funding (use most-recent Notice of Grant Award amount)	\$ 484,344.00
Transfer to B, C1, C2, D or E, if applicable (please explain below and enter negative amount)	\$ -
Anticipated FY26 Carryover Amount, if applicable (please explain below)	\$ -
Revised FY27 Base Funding	\$ 484,344.00

Detailed Rationale for Additional Transfer Amount

Please explain the rationale for any additional transfers between funds:

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY26:

Breakdown of Administration Dollars		% of Total	
Title III-A	\$ 484,344.00	63.10%	
Title III-E	\$ 81,696.00	10.64%	
Total	\$ 566,040.00	73.75%	
Local Match for Title III-A Funds			
Cash Match	\$ 100,000.00	13.03%	
Inkind Match	\$ -	0.00%	
SCS Administration	\$ 89,610.00	11.67%	
Alzheimer's Administration (from Alzheimer's tab)	\$ 11,888.00	1.55%	
Total Match for AAA Administration Funds	\$ 201,498.00	26.25%	
Total Administration and Match Funds	\$ 767,538.00	100.00%	

% Check

True This percentage may not be greater than 75%

True This percentage may not be less than 25%

Title III-B

FY27 Base Funding (use most-recent Notice of Grant Award amount)	\$ 1,585,821.00	
Transfer from/(to) Title III-C1, if applicable (please explain below)	\$ 523,601.00	30% maximum transfer between B/C
Transfer from/(to) Title III-C2, if applicable (please explain below)	\$ 319,912.00	30% maximum transfer between B/C
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -	
Anticipated FY26 Carryover Amount, if applicable (please explain below)	\$ 177,492.68	
Revised FY27 Base Funding	\$ 2,606,826.68	

Detailed Rationale for Transfer(s)

Please explain the rationale for transferring funds:

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY26:

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY27 Base Funding amount above.

Service Category Allocations	Title III-B		Senior Community Services		Total Funds	% of Funds	III-B % of Base Funding	
	Contract	AAA	Contract	AAA				
Service Categories								
Access- Information & Assistance	\$ 12,574.00	\$ 188,013.00	\$ -	\$ -	\$ 200,587.00	6%	85%	Minimum of 5% Title III-B base funding (for all Access categories combined)
Access- Case management (Care Trans/Transportation Serv Coordination)	\$ -	\$ 283,000.00	\$ -	\$ 67,300.00	\$ 350,300.00	11%		
Access- Outreach	\$ -	\$ 8,104.00	\$ -	\$ -	\$ 8,104.00	0%		
Access- Other Transportation	\$ 856,930.00	\$ -	\$ 454,911.00	\$ -	\$ 1,311,841.00	42%		
In-Home- homemaker, home health aide, visiting, telephone reassurance, adult day, home maintenance, and supportive services	\$ 406,891.00	\$ -	\$ -	\$ -	\$ 406,891.00	13%	26%	Minimum of 5% Title III-B base funding
Legal	\$ 220,100.00	\$ -	\$ -	\$ -	\$ 220,100.00	7%		
Other Community (Soc Isol, Healthy U)	\$ 356,214.68	\$ -	\$ 7,965.00	\$ -	\$ 364,179.68	12%		
Ombudsman	\$ 225,000.00	\$ -	\$ -	\$ -	\$ 225,000.00	7%		
Congregate Meals	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Home Delivered Meals	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Housing Administration	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Training/Education	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Equipment for AAA Providers, including computers and software	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Volunteer Placement	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Other: (Please Explain)	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Unobligated	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 50,000.00	2%		
Total	\$ 2,127,709.68	\$ 479,117.00	\$ 462,876.00	\$ 67,300.00	\$ 3,137,002.68	100%		
Total Allocation Agrees with Revised FY27 Base Funding		True						

\$ 2,606,826.68 0
 \$ -
 \$ (1,000.00)

51000 \$ (61,000.00)
 10000

Title III-C2

FY27 Base Funding (use most-recent Notice of Grant Award amount)	\$ 1,552,214.00
Transfer from/(to) Title III-B, if applicable (please explain below)	\$ (319,912.00) 30% maximum transfer between B/C
Transfer from/(to) Title III-C1, if applicable (please explain below)	\$ - 40% maximum transfer between C1/C2
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -
Anticipated FY26 Carryover Amount, if applicable (please explain below)	\$ -
Revised FY27 Base Funding	\$ 1,232,302.00

Detailed Rationale for Transfer(s)

Please explain the rationale for transferring funds:

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY26:

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY27 Base Funding amount above.

Service Category Allocations	Title III-C2		Senior Community Services		Total Funds	% of Funds
	Contract	AAA	Contract	AAA		
Service Categories						
Home Delivered Meals	\$ 1,176,636.00	\$ -	\$ 206,554.00	\$ -	\$ 1,383,190.00	96%
Nutrition Screening	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Nutrition Education	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Nutrition Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Menu Review/Development	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Unobligated	\$ 55,666.00	\$ -	\$ -	\$ -	\$ 55,666.00	4%
Total	\$ 1,232,302.00	\$ -	\$ 206,554.00	\$ -	\$ 1,438,856.00	100%
Total Allocation Agrees with Revised FY27 Base Funding		True				

Title III-C1

FY27 Base Funding (use most-recent Notice of Grant Award amount)	\$ 1,773,590.00	
Transfer from/(to) Title III-B, if applicable (please explain below)	\$ (523,601.00)	30% maximum transfer between B/C
Transfer from/(to) Title III-C2, if applicable (please explain below)	\$ -	40% maximum transfer between C1/C2
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -	
Anticipated FY26 Carryover Amount, if applicable (please explain below)	\$ -	
Revised FY27 Base Funding	\$ 1,249,989.00	

Detailed Rationale for Transfer(s)

Please explain the rationale for transferring funds:

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY26:

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY27 Base Funding amount above.

Service Category Allocations	Title III-C1		Senior Community Services		Total Funds	% of Funds
	Contract	AAA	Contract	AAA		
Service Categories						
Congregate Meals	\$ 1,195,359.00	\$ -	\$ -	\$ -	\$ 1,195,359.00	96%
Nutrition Screening	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Nutrition Education	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Nutrition Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Menu Review/Development	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Unobligated	\$ 54,630.00	\$ -	\$ -	\$ -	\$ 54,630.00	4%
Total	\$ 1,249,989.00	\$ -	\$ -	\$ -	\$ 1,249,989.00	100%
Total Allocation Agrees with Revised FY27 Base Funding		True				

Title III-D

FY27 Base Funding (use most-recent Notice of Grant Award amount)	\$ 91,845.00
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -
Anticipated FY26 Carryover Amount, if applicable (please explain below)	\$ -
Revised FY27 Base Funding	\$ 91,845.00

Detailed Rationale for Transfer(s)

Please explain the rationale for transferring funds:

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY26:

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY27 Base Funding amount above.

Service Category Allocations	Title III-D		Senior Community Services		Total Funds	% of Funds
	Contract	AAA	Contract	AAA		
Service Categories						
Evidence-Based Classes	\$ 75,313.00	\$ 16,532.00	\$ -	\$ -	\$ 91,845.00	100%
Total	\$ 75,313.00	\$ 16,532.00	\$ -	\$ -	\$ 91,845.00	100%
Total Allocation Agrees with Revised FY27 Base Funding		True				

Title III-E

	Administration	Services
FY27 Base Funding (use most-recent Notice of Grant Award amount)	\$ 81,696.00	\$ 735,260.00
Transfer from Title III-A (admin), if applicable (please explain below)	\$ -	\$ -
Anticipated FY26 Carryover Amount, if applicable (please explain below)	\$ -	\$ 22,299.00
Revised FY27 Base Funding	\$ 81,696.00	\$ 757,559.00

Detailed Rationale for Transfer(s)

Please explain the rationale for transferring funds:

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY26:

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY27 Base Funding amount above.

Service Category Allocations	Title III-E - Services		Senior Community Services		Total Funds	% of Funds
	Contract	AAA	Contract	AAA		
Service Categories						
Information	\$ 16,788.00	\$ 77,969.00	\$ -	\$ -	\$ 94,757.00	10.23%
Assistance	\$ 20,000.00	\$ 101,743.00	\$ -	\$ 35,800.00	\$ 157,543.00	17.01%
Counseling/Support Groups/Training	\$ 173,578.00	\$ -	\$ -	\$ -	\$ 173,578.00	18.74%
Respite Services	\$ 367,481.00	\$ -	\$ 132,947.00	\$ -	\$ 500,428.00	54.02%
Supplemental Services	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Other: (Please Explain)	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Unobligated	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Total	\$ 577,847.00	\$ 179,712.00	\$ 132,947.00	\$ 35,800.00	\$ 926,306.00	100.00%
Total Allocation Agrees with Revised FY27 Base Funding		True				

20% maximum

NSIP

FY27 Base Funding (use most-recent Notice of Grant Award amount)	\$ 709,512.00
Anticipated FY26 Carryover Amount, if applicable (please explain below)	\$ -
Revised FY27 Base Funding	\$ 709,512.00

Detailed Rationale for Carryover Amount

Please explain the rationale for the total carryover amount from FY26:

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the Revised FY25 Base Funding amount above.

Service Category Allocations	Total Funds	% of Funds
Service Categories		
Congregate Meals	\$ 129,096.00	18%
Home Delivered Meals	\$ 580,416.00	82%
Unobligated	\$ -	0%
Total	\$ 709,512.00	100%
Total Allocation Agrees with Revised FY27 Base Funding	True	

Senior Community Services (SCS)

FY27 Base Funding (use most-recent Notice of Grant Award amount)	\$ 905,477.00
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Note: The SCS funding should be allocated between the Title III-B, Title III-C1, Title III-C2, Title III-D, and Title III-E tabs.

Alzheimer's

FY27 Base Funding (use most-recent Notice of Grant Award amount) \$ 268,729.00

Note: In the table below, please enter the dollar amount for each category that is anticipated to be spent over the course of the Program Year. Please ensure that the total dollar amount of funds allocated agrees to the FY25 Base Funding amount above.

Service Category Allocations	AAA	Contract	Total Funds	% of Funds
Service Categories				
Alzheimer's Association Core Services	\$ -	\$ 119,858.00	\$ 119,858.00	44.60%
Personal Care	\$ -	\$ -	\$ -	0.00%
Homemaker	\$ -	\$ -	\$ -	0.00%
Visiting	\$ -	\$ -	\$ -	0.00%
Institutional Care	\$ -	\$ -	\$ -	0.00%
Other (please describe)	\$ -	\$ 136,983.00	\$ 136,983.00	50.97%
Admininstration	\$ 11,888.00	\$ -	\$ 11,888.00	4.42%
Unobligated	\$ -	\$ -	\$ -	0.00%
Total	\$ 11,888.00	\$ 256,841.00	\$ 268,729.00	100.00%
Total Allocation Agrees with Revised FY27 Base Funding			True	

FY27 Initial Request to Transfer

	Title III-A	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E Admin.	Title III-E Services	Total
FY25 Base Funding (use most-recent Notice of Grant Award amount)	\$ 484,344.00	\$ 1,585,821.00	\$ 1,773,590.00	\$ 1,552,214.00	\$ 91,845.00	\$ 81,696.00	\$ 735,260.00	\$ 8,188,488.00
Initial Transfer Request (due with Area Plan)	\$ -	\$ 843,513.00	\$ (523,601.00)	\$ (319,912.00)	\$ -	\$ -	\$ -	\$ -
Revised FY27 Base Funding with Transfers	\$ 484,344.00	\$ 2,429,334.00	\$ 1,249,989.00	\$ 1,232,302.00	\$ 91,845.00	\$ 81,696.00	\$ 735,260.00	\$ 8,188,488.00

FY27 Additional Requests to Transfer

Area Agency on Aging: _____
Name of individual completing this form: _____

Email: _____

	Title III-A	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E Admin.	Title III-E Services	Total
FY27 Base Funding (Enter Amounts from NGA)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Initial Transfer Request (due with Area Plan)	\$ -	\$ 843,513.00	\$ (523,601.00)	\$ (319,912.00)	\$ -	\$ -	\$ -	\$ -
First Revised Transfer Request (due no later than April 15)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Second Revised Transfer Request (due no later than June 15)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Final Transfer Request (due no later than July 15)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfer Requests to Date	\$ -	\$ 843,513.00	\$ (523,601.00)	\$ (319,912.00)	\$ -	\$ -	\$ -	\$ -
Revised FY27 Base Funding with Transfers	\$ -	\$ 843,513.00	\$ (523,601.00)	\$ (319,912.00)	\$ -	\$ -	\$ -	\$ -

Detailed Rationale - Current Submission Only

Please explain all rationale for all transfers for the current submission in the box below:

Note: Use this form when submitting any additional requests for transfers and please fill in any box highlighted in 'yellow'. Enter the Area Agency on Aging name, name and email address of person competing this form, update the FY27 Base Funding amounts using the Notice of Grant Award (NGA), detail any requested transfer amounts, and add an explanation for any transfers. Send requests to the Elder Connections Division email at 'elderconnections@age.ohio.gov' on or before the due dates specified above. Please submit a transfer request for each period, regardless of whether a transfer is being requested.

Summary

	Title III-A	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E Admin.	Title III-E Services	NSIP	SCS	Alzheimer's	Total
FY27 Base Funding	\$ 484,344.00	\$ 1,585,821.00	\$ 1,773,590.00	\$ 1,552,214.00	\$ 91,845.00	\$ 81,696.00	\$ 735,260.00	\$ 709,512.00	\$ 905,477.00	\$ 268,729.00	\$ 8,188,488.00
Total Initial Transfers	\$ -	\$ 843,513.00	\$ (523,601.00)	\$ (319,912.00)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FY26 Carryover	\$ -	\$ 177,492.68	\$ -	\$ -	\$ -	\$ -	\$ 22,299.00	\$ -	\$ -	\$ -	\$ 199,791.68
Revised FY27 Base Funding	\$ 484,344.00	\$ 2,606,826.68	\$ 1,249,989.00	\$ 1,232,302.00	\$ 91,845.00	\$ 81,696.00	\$ 757,559.00	\$ 709,512.00	\$ 905,477.00	\$ 268,729.00	\$ 8,388,279.68
Service Category Allocations											
Service Categories											
Access- Information & Assistance		\$ 200,587.00							\$ -		\$ 200,587.00
Access- Case management		\$ 283,000.00							\$ 67,300.00		\$ 350,300.00
Access- Outreach		\$ 8,104.00							\$ -		\$ 8,104.00
Access- Other		\$ 856,930.00							\$ 454,911.00		\$ 1,311,841.00
In-Home		\$ 406,891.00							\$ -		\$ 406,891.00
Legal		\$ 220,100.00							\$ -		\$ 220,100.00
Other Community		\$ 356,214.68							\$ 7,965.00		\$ 364,179.68
Ombudsman		\$ 225,000.00							\$ -		\$ 225,000.00
Congregate Meals		\$ -	\$ 1,195,359.00					\$ 129,096.00	\$ -		\$ 1,324,455.00
Home Delivered Meals		\$ -		\$ 1,176,636.00				\$ 580,416.00	\$ 206,554.00		\$ 1,963,606.00
Housing Administration		\$ -							\$ -		\$ -
Training/Education		\$ -							\$ -		\$ -
Equipment for AAA Providers, including computers and software		\$ -							\$ -		\$ -
Volunteer Placement		\$ -							\$ -		\$ -
III-B Other: (Please Explain)		\$ -							\$ -		\$ -
Nutrition Screening			\$ -	\$ -					\$ -		\$ -
Nutrition Education			\$ -	\$ -					\$ -		\$ -
Nutrition Counseling			\$ -	\$ -					\$ -		\$ -
Menu Review/Development			\$ -	\$ -					\$ -		\$ -
Evidence-Based Classes					\$ 91,845.00						
Information							\$ 94,757.00		\$ -		\$ 94,757.00
Assistance							\$ 121,743.00		\$ 35,800.00		\$ 157,543.00
Counseling/Support Groups/Training							\$ 173,578.00		\$ -		\$ 173,578.00
Respite Services							\$ 367,481.00		\$ 132,947.00		\$ 500,428.00
Supplemental Services							\$ -		\$ -		\$ -
III-E Other: (Please Explain)							\$ -		\$ -		\$ -
Alzheimer's Association Core Services										\$ 119,858.00	\$ 119,858.00
Personal Care										\$ -	\$ -
Homemaker										\$ -	\$ -
Visiting										\$ -	\$ -
Institutional Care										\$ -	\$ -
Alzheimer's Other: (Please Explain)										\$ 136,983.00	\$ 136,983.00
Administration										\$ 11,888.00	\$ 11,888.00
Unobligated		\$ 50,000.00	\$ 54,630.00	\$ 55,666.00			\$ -	\$ -	\$ -	\$ -	\$ 160,296.00
Total		\$ 2,606,826.68	\$ 1,249,989.00	\$ 1,232,302.00			\$ 757,559.00	\$ 709,512.00	\$ 905,477.00	\$ 268,729.00	\$ 7,730,394.68
Total Allocation Agrees with Revised FY26 Base Funding		True	True	True			True	True	True	True	

Provider Name	Original Execution Date	End Date	Contractor/ Sub recipient	Counties Served	Services Awarded	Projected Number of Consumers Served	Capacity of Provider	Funds Administered	Notes
Alzheimer's Association	10/1/2025	9/30/2026	N/A	Butler, Clermont, Clinton, Hamilton, Warren	Alzheimer's Care Consultation 1 Additional	16	29.00	\$ 119,858.00	
			N/A		Alzheimer's Outreach Additional	99	62.00		
			N/A		Alzheimer's Public Education Additional	161	44.00		
			N/A		Alzheimer's Support Group Additional	216	125.00		
			N/A		Alzheimer's Telephone Hotline Additional	48	195.00		
Animal Companion Counseling	10/1/2025	9/30/2026	N/A	Hamilton	Social Isolation Group	18	52.00	\$ 10,400.00	
Butler County	10/1/2025	9/30/2026	N/A	Butler	Intake and assessment	7270	7,270.00	\$ 642,744.47	
			N/A		Home Delivered Meals	3221	45,534.66		
			N/A		Adult Day / Respite	75	837.00		
			N/A		Family Caregiver Support Group	801	3,429.00		
			N/A		Counseling	166	1,070.00		
			N/A		Evidenced Based Education	19	51.00		
			N/A		Congregate Meals	5759	50,000.00		
M O W of NKY and SW Ohio	10/1/2025	9/30/2026	N/A	Hamilton, Butler	Congregate Meals - Butler	590	3,000.00	\$ 1,536,724.67	
			N/A		Social Isolation Group	264	1,040.00		
			N/A		Social Isolation group telephone	786	4,853.00		
			N/A		Supportive Services	181	4,217.00		
			N/A		Transportation	2375	34,624.00		
			N/A		Congregate Meals	1054	4,030.00		
			N/A		Alzheimer's ADS	12	376.00		
Deupree	10/1/2025	9/30/2026	N/A	Hamilton	Congregate Meals	58	750.00	\$ 52,830.86	
Clermont Senior Services	10/1/2025	9/30/2026	N/A	Clermont	Family Caregiver Support/Education:ADS	379	4,467.00	\$ 633,232.00	
			N/A		HDM	1616	57,205.00		
			N/A		Transportation	2672	20,287.00		
			N/A		HDM	402	2,900.00		
Clinton County	10/1/2025	9/30/2026	N/A	Clinton	Adult Day / Respite	11	94.00	\$ 55,178.00	
CCCAP - Clinton County Community Action Program	10/1/2025	9/30/2026	N/A	Clinton	Congregate Meals	581	5,814.00	\$ 242,747.34	
			N/A		Social Isolation Group	1292	970.00		
			N/A		Supportive Services	663	898.00		
			N/A		Transportation	117	1,918.00		
			N/A		Congregate Meals	142	900.00		
Colerain Township Senior Center	10/1/2025	9/30/2026	N/A	Hamilton	Transportation	112	2,300.00	\$ 32,265.40	
Harrison Senior Center	10/1/2025	9/30/2026	N/A	Hamilton	Congregate Meals	352	2,400.00	\$ 14,640.00	
Hamilton County	10/1/2025	9/30/2026	N/A	Hamilton	Adult Day / Respite	252	8,040.00	\$ 993,592.00	
			N/A		HDM	4557	66,438.00		
			N/A		Family Caregiver Support/Education Counseling	22	100.00		
Jewish Family Services of the Cincinnati Area	10/1/2025	9/30/2026	N/A	Multi	Supportive Services	301	1,270.00	\$ 96,667.74	
			N/A		Behavioral Health Service	2	150.00		
			N/A		Social Isolation Group	1133	91.00		
			N/A		Transportation	170	2,900.00		
MARILDERS Senior Center	10/1/2025	9/30/2026	N/A	Hamilton	Congregate Meals	318	18,614.00	\$ 12,005.60	
Mayerson Jewish Community Center	10/1/2025	9/30/2026	N/A	Hamilton	Social Isolation Group	5682	783.00	\$ 234,054.37	
			N/A		Transportation	241	2,020.00		
			N/A		Family Caregiver Support/Education	506	80.00		
			N/A		Congregate Meals	125	4,475.00		
North Fairmount Community Center	10/1/2025	9/30/2026	N/A	Hamilton	Congregate Meals	481	3,200.00	\$ 64,753.25	
Oxford Senior Center	10/1/2025	9/30/2026	N/A	Butler	Social Isolation Group	77	192.00	\$ 222,367.39	
			N/A		Supportive Services	895	1,296.00		
			N/A		Family Caregiver Support/Education/Counseling	6	60.00		
			N/A		Family Caregiving Counseling	33	15.00		
			N/A		Transportation Butler Co.	4248	5,398.00		
Partners in Prime	10/1/2025	9/30/2026	N/A	Butler	Legal Assistance	1070	2,000.00	\$ 207,131.76	
Pro Seniors	10/1/2025	9/30/2026	N/A	Butler, Clermont, Clinton, Hamilton, Warren	Adult Day / Respite	58	418.00	\$ 220,100.00	
Warren County	10/1/2025	9/30/2026	N/A	Warren	HDM	2122	28,635.00	\$ 419,661.00	
			N/A		Intake and assessment	9018	9,018.00		
Warren County Community Services	10/1/2025	9/30/2026	N/A	Warren	Congregate Meals	3153	36,949.00	\$ 476,647.06	
			N/A		Social Isolation Group	918	507.00		
			N/A		Social Isolation group telephone	37	413.00		
			N/A		Social Isolation 1:1	32	330.00		
			N/A		Supportive Services	680	1,000.00		
			N/A		Transportation	316	2,090.00		
			N/A		COA Admin	77151	77,151.00		
Council on Aging	10/1/2025	9/30/2026	N/A	Butler, Clermont, Clinton, Hamilton, Warren	COA Care Transition	2472	2,472.00	\$ 559,550.00	
	10/1/2025	9/30/2026	N/A	Butler, Clermont, Clinton, Hamilton, Warren	COA Caregiver Case Management	430	648.00	\$ 275,300.00	
	10/1/2025	9/30/2026	N/A	Butler, Clermont, Clinton, Hamilton, Warren	COA I & A ADRC Training	6690	6,690.00	\$ 38,000.00	
	10/1/2025	9/30/2026	N/A	Butler, Clermont, Clinton, Hamilton, Warren	HDM	22	1,768.00	\$ 265,982.00	
Grand Kids Meal	10/1/2025	9/30/2026	N/A	Butler, Clermont, Clinton, Hamilton, Warren	HDM	22	1,768.00	\$ 20,000.00	
Council on Aging	10/2/2025	9/30/2030	Community Host Site Sponsors	Butler, Clermont, Clinton, Hamilton, Warren	Opportunity to host evidenced based programs	collectively >300 annually	Capacity is only limited by Title III-D funding	\$ 76,146.00	All Title III-D funds minus \$25K waiver approved for administrative support
	10/3/2025	9/30/2030	Community Leaders / Facilitators	Butler, Clermont, Clinton, Hamilton, Warren	Opportunity to facilitate evidenced based programs	collectively >300 annually	Capacity is only limited by Title III-D funding		
	10/4/2025	9/30/2030	Evidence Based Health Education and Disease Prevention Program Licenses	Butler, Clermont, Clinton, Hamilton, Warren	COA purchases licenses to provide evidence-based programs approved by NCOA that fit well into our hybrid community model.	collectively >300 annually	Capacity is only limited by Title III-D funding		



Area Plan 2027-2030

Public Hearing

May 18, 2026



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- 05** Area Plan Priority Areas & Goals
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ABOUT COA & AGING NETWORK BASICS

OUR MISSION

Enhance lives by assisting people to remain independent through a range of quality services.



OUR VALUES



Compassion



Innovation



Integrity



Service



Teamwork



Accountability

SENIOR LEADERSHIP TEAM



Suzanne Burke
Chief Executive Officer



Jacqueline Hutsell
Chief Human Resource
and Learning Officer



Ken Wilson
Chief Operating and
Programs Officer



Ronnell Spears
Chief Financial Officer



Andy Craig
Chief Information and
Security Officer



Sharon Fusco
Chief Compliance &
Privacy Officer



Judy Eschmann
Vice President – Community
Connections and Programs
Services



Brooke Gully
Vice President – Medicaid
Services

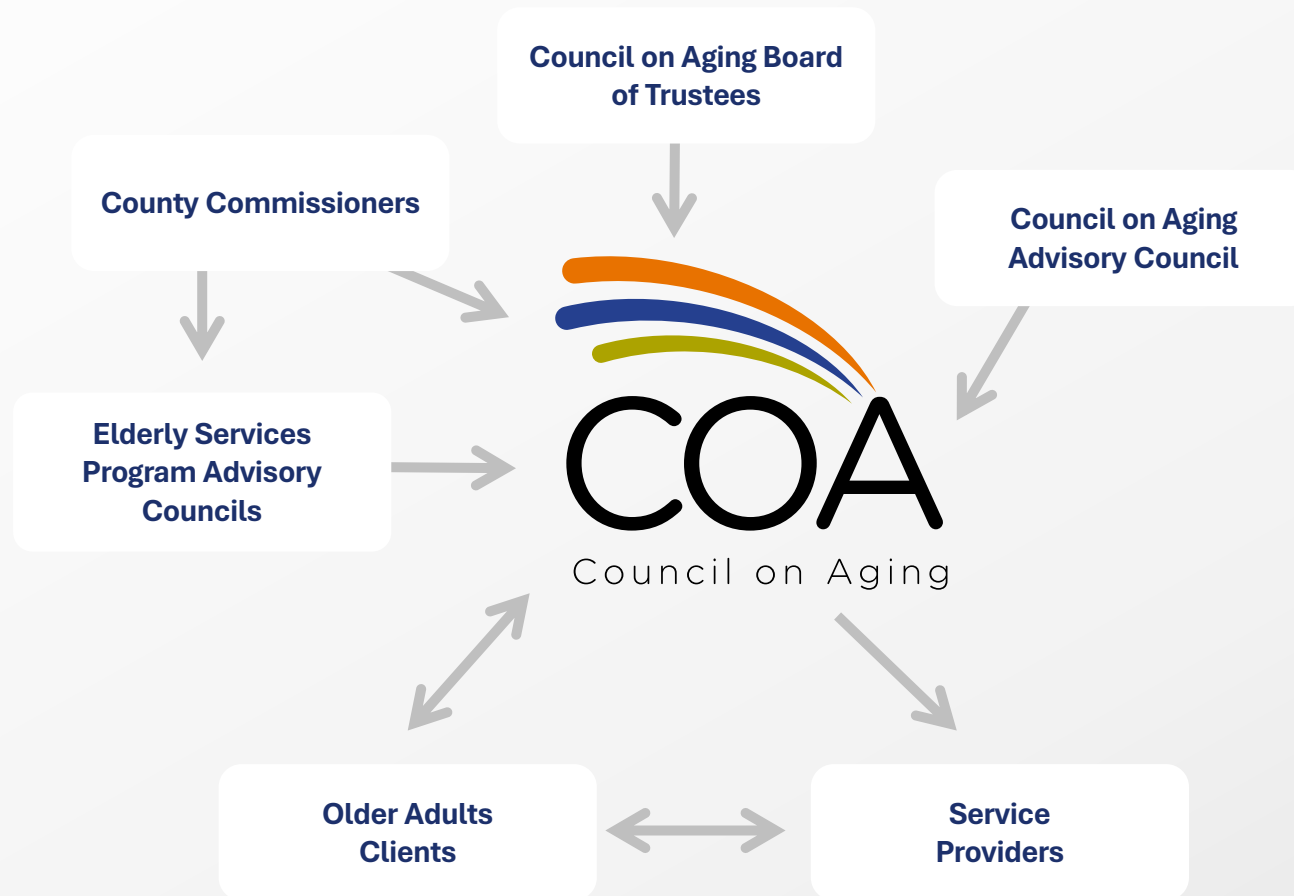


Stephanie Seyfried
Vice President – Medicaid
Services



Kim Clark
Vice President in Training –
Community Connections

ORGANIZATIONAL STRUCTURE & GOVERNANCE



- 501(C)3 “not-for-profit” organization
- Incorporated in 1971
- Governed by a Board of Trustees
- State designated Area Agency on Aging (AAA) for Southwest Ohio
- As an AAA, COA is required to have an Advisory Council, composed of representatives from all counties in the AAA service area and 50% of members must be age 60 and over

OUR IMPACT



27,708

Individuals remained independent in their homes with our help



1.9 million

Meals served through home-delivered and congregate meal programs



78,165

Requests for information and referral fulfilled

Hours of in-home care via contracted providers and consumer direction



1.8 million

Trips for medical and senior center activities



202,867

Participants in the USDA Senior Farmers' Market Nutrition Program



2,752



280,000

Community members engaged through presentations and events



181,000

Visitors to help4seniors website

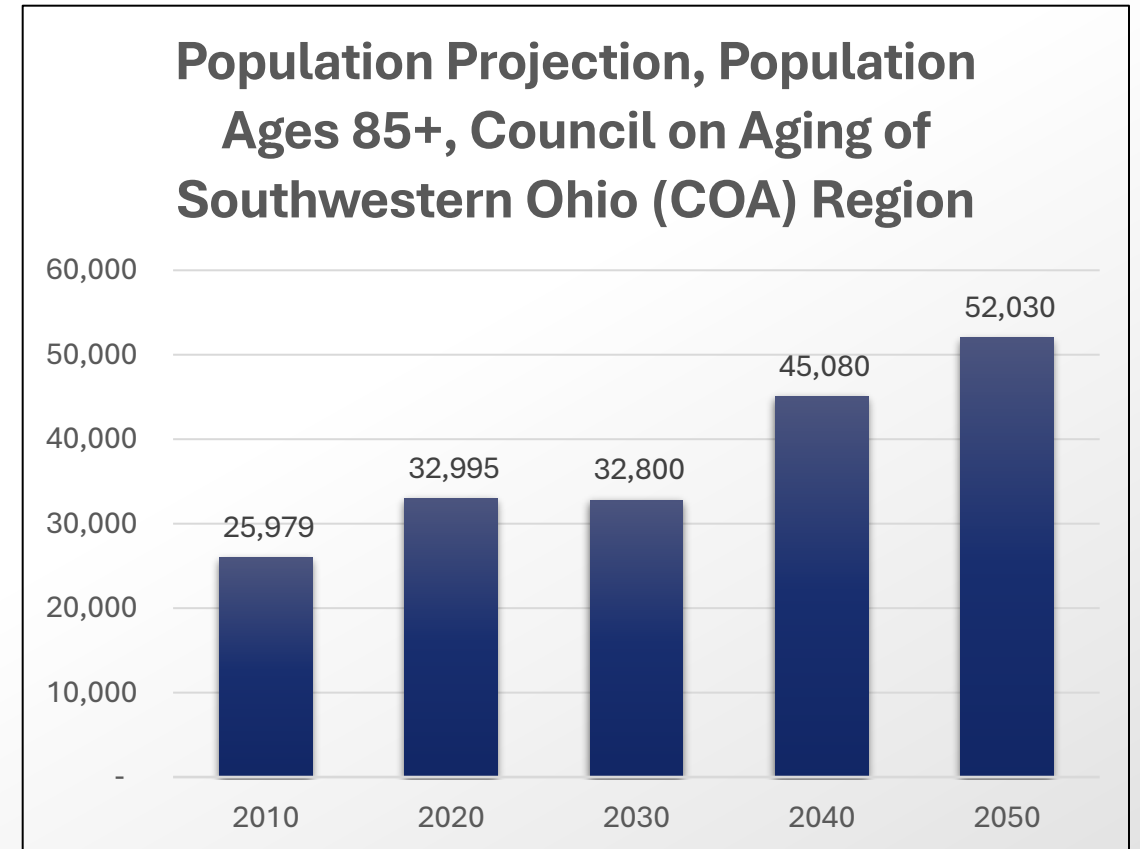


3,495

Clients supported from hospital or nursing facility to home via transitional care programs

AGING IN SOUTHWESTERN OHIO

- 365,000 age 60+ in COA's 5-county service area
 - 22% of the region's total population
- 33,000 people age 85+
 - Will double in size by 2050



WHY THIS MATTERS

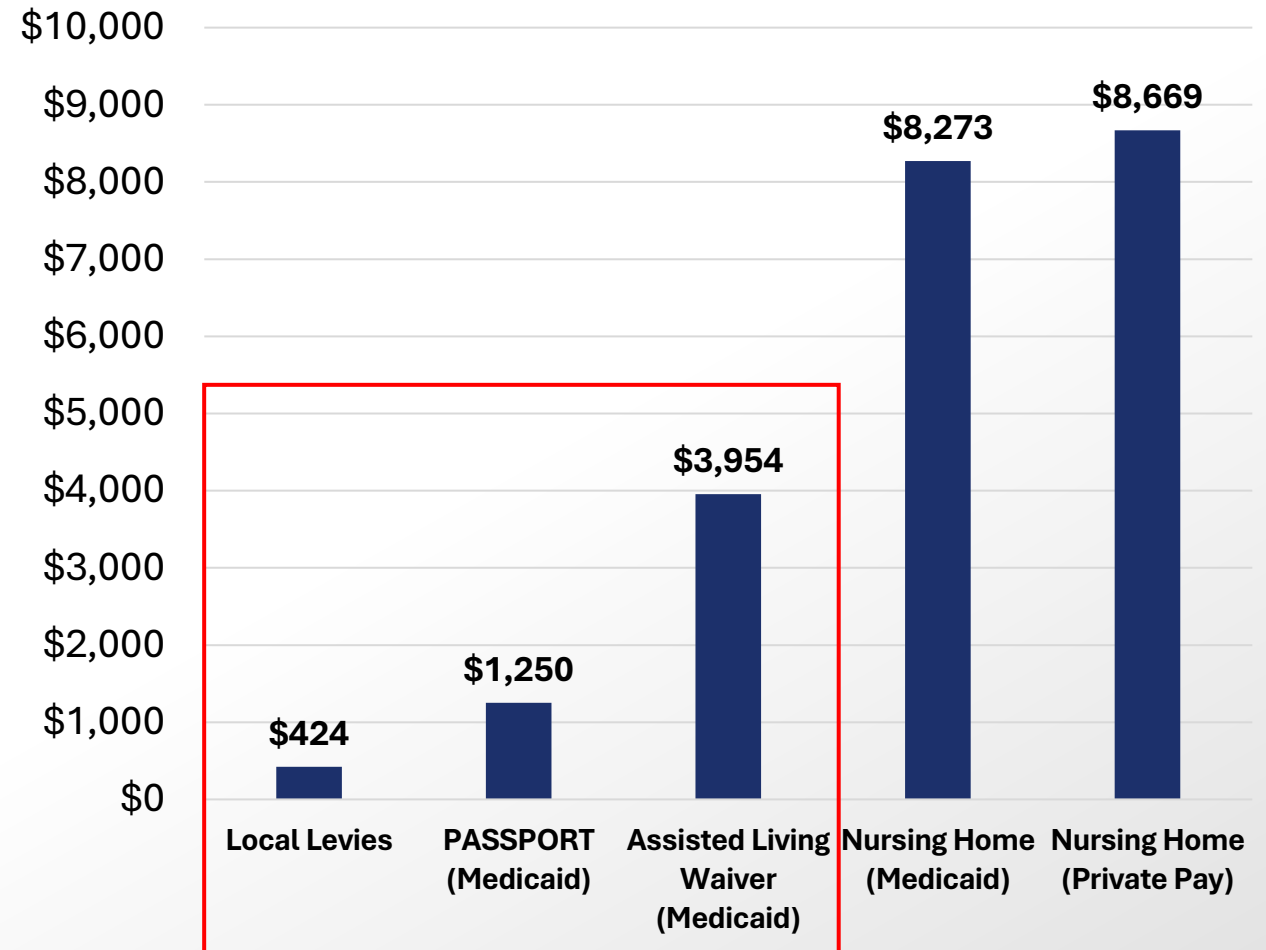
90% of individuals want to stay in their homes as they age.

70% will need some type of long-term care assistance during their lifetimes.

Council on Aging bridges the gap, helping people who need assistance with everyday activities get the support they need to remain independent in their homes and communities.

Of all taxpayer funded programs, home- and community-based care is far less expensive than nursing home care.

Monthly Cost of Care by Funding Source

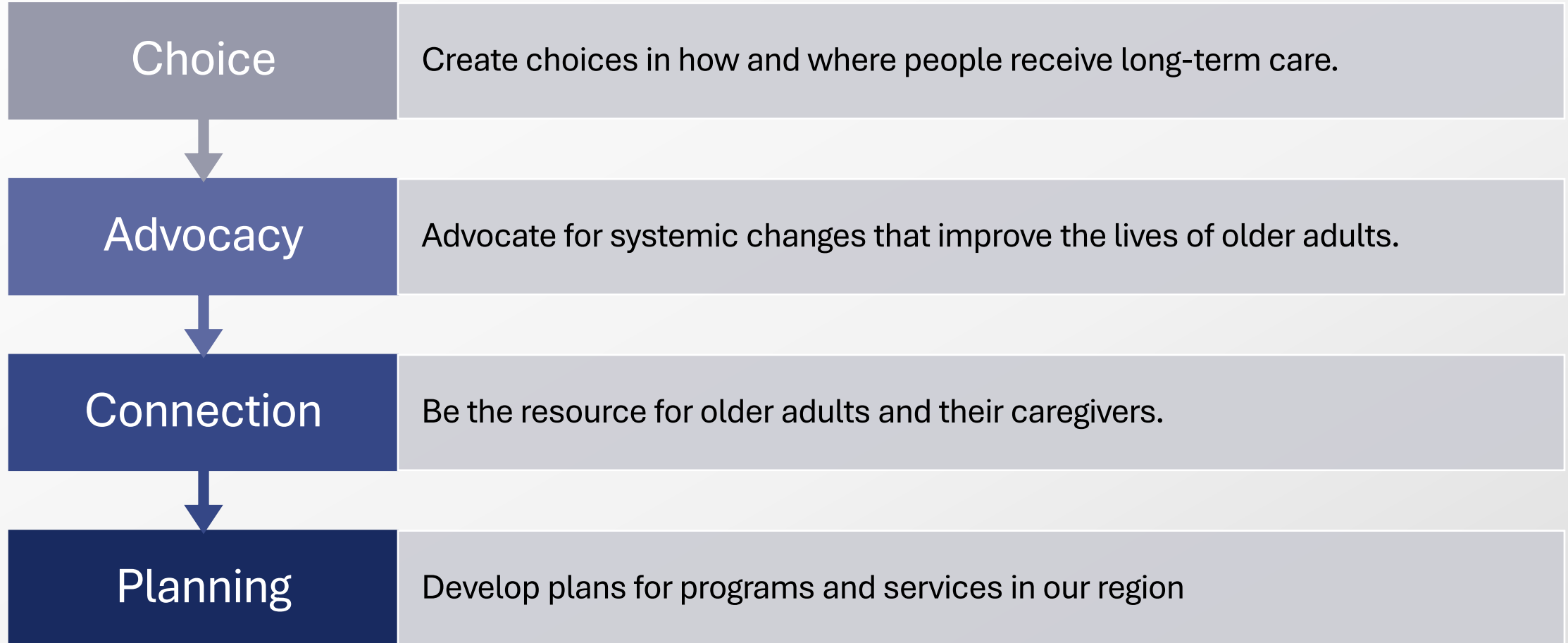


AREA AGENCIES ON AGING (AAAS)

- Older Americans Act - July 14, 1965 - Established a national framework for providing services to help older Americans stay in their homes and communities
- Area Agencies on Aging (AAA) are established and added to this framework in 1973
 - 12 in Ohio and more than 600 nationwide
- COA was designated as the AAA for southwestern Ohio, in 1974
- Serve as the front door to unbiased information and services for older adults, people with disabilities and caregivers
- Find an AAA: www.eldercare.acl.gov



THE ROLE OF AREA AGENCIES ON AGING



FEDERAL AND STATE FUNDING OVERVIEW

OLDER AMERICANS ACT FUNDING (TITLE III)

Administered by COA for our 5-county region.

- Funding is flat.

Funding to senior centers and service organizations to provide:

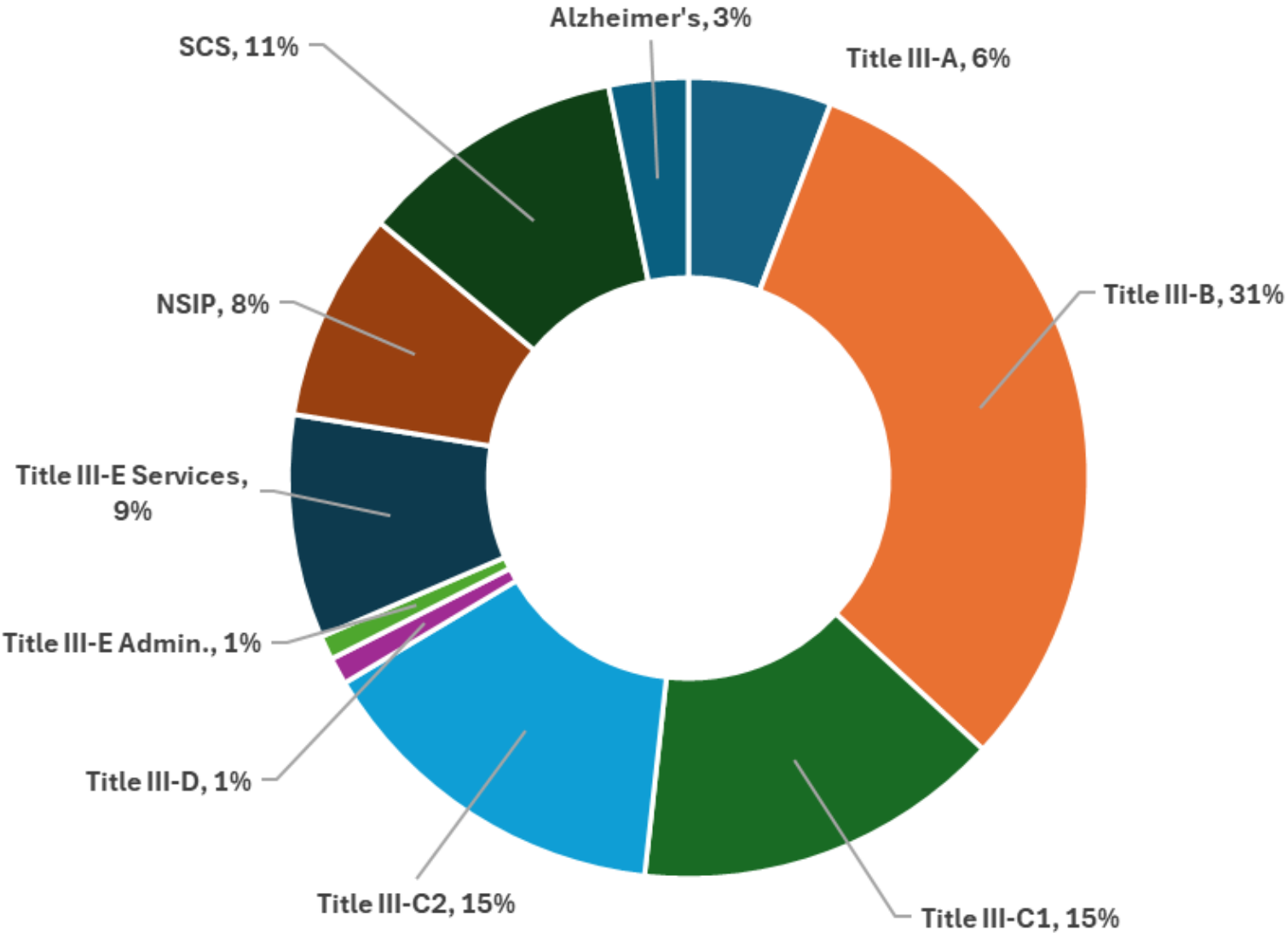
- transportation, congregate meals, legal services, wellness programs, etc.

A funding formula is used to determine how much is given to each county.

Title III funds are also allocated to the levy programs to stretch the local dollars.



FEDERAL AND STATE FUNDING BY SOURCE



FUNDING FORMULA

- \$110,000 base (\$90,000 Title III plus \$20,000 Title III E)
- 43% 60+
- 28% 75+
- 11% Poverty
- 8% Minority
- 8% Living alone
- 2% Rural

*Updated every 10 years with new census

**AGE is currently reviewing options to change the Intrastate Funding Formula. COA will likely adopt those changes to be implemented with the 2030 census.

TITLE III ALLOCATION PROCESS

- Priorities are established by gathering input from stakeholders and community needs assessment
 - Top priorities will be reviewed today.
- Priorities are approved by the COA Board and Advisory Council
- Competitive Bidding Process is required by AGE and ACL.
- RFPs are issued every 3-4 years and priorities are announced in the RFP process
 - Current Title III contracts will be extended through 9/30/2027
 - A new Title III RFP will be released in 2027 with awards effective 10/1/2027

2027-2030 STRATEGIC AREA PLAN

AAA ROLE

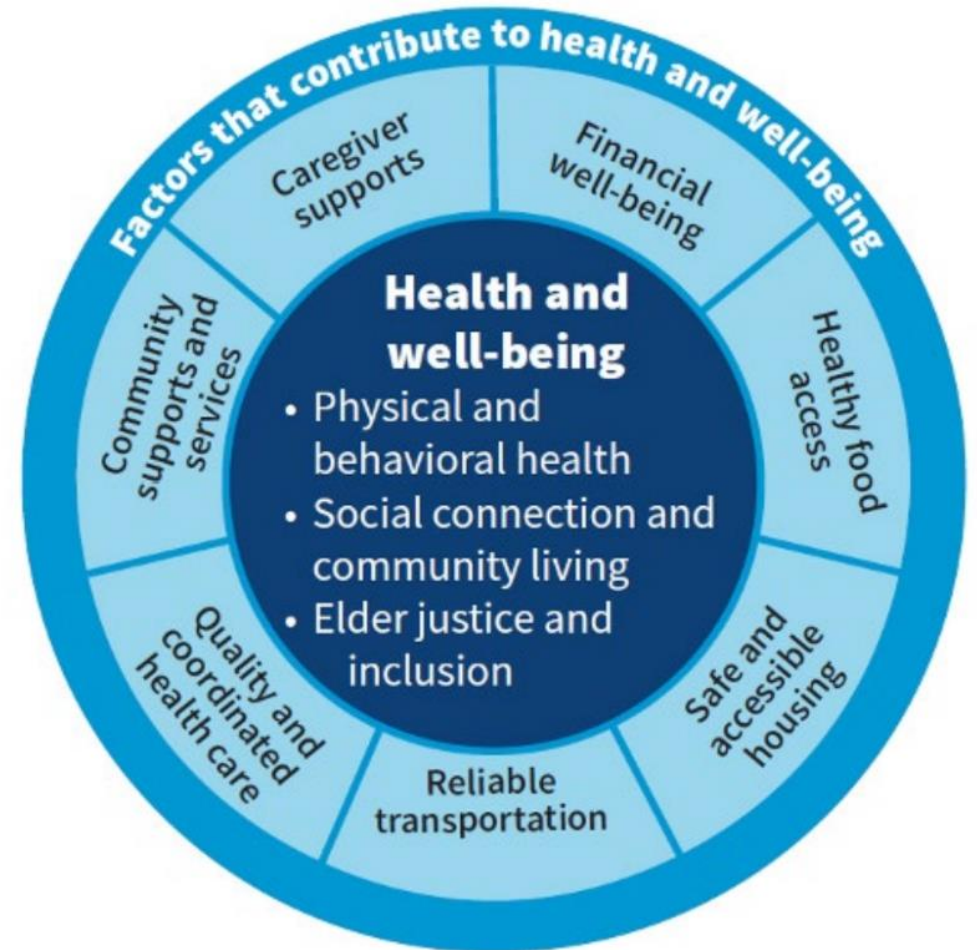
Planning, Prioritizing and Administering Funds

- COA is responsible for developing a regional Area Plan (4 years) and an annual update to determine priorities for federal/state Title III, senior community services, and Alzheimer respite funding.
- The area plan includes the state plan as well as findings from a local needs assessment



OHIO'S 7 PRIORITY AREAS

1. Caregiver supports
2. Financial well-being
3. Health food access
4. Safe and accessible housing
5. Reliable transportation
6. Quality and coordinated health care
7. Community supports and services

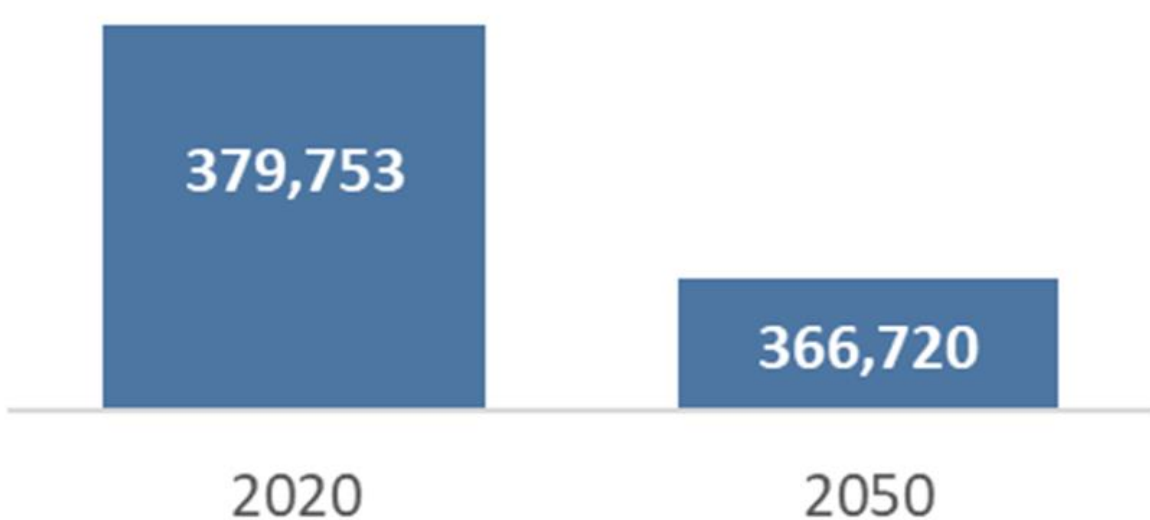


COA Data Profile

POPULATION GROWTH

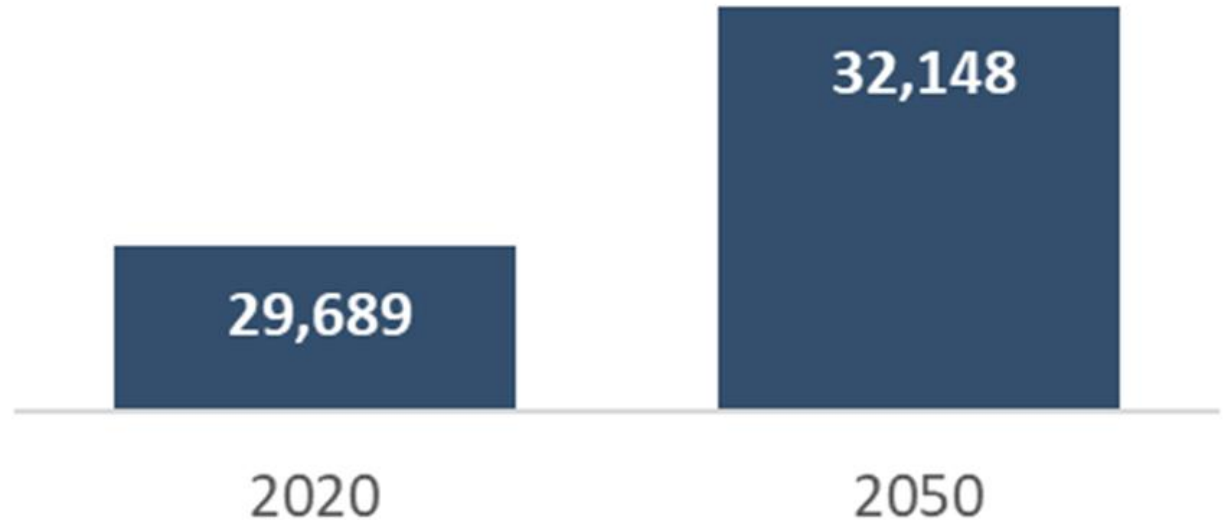
Population Projections 60+

Council on Aging of
Southwestern Ohio



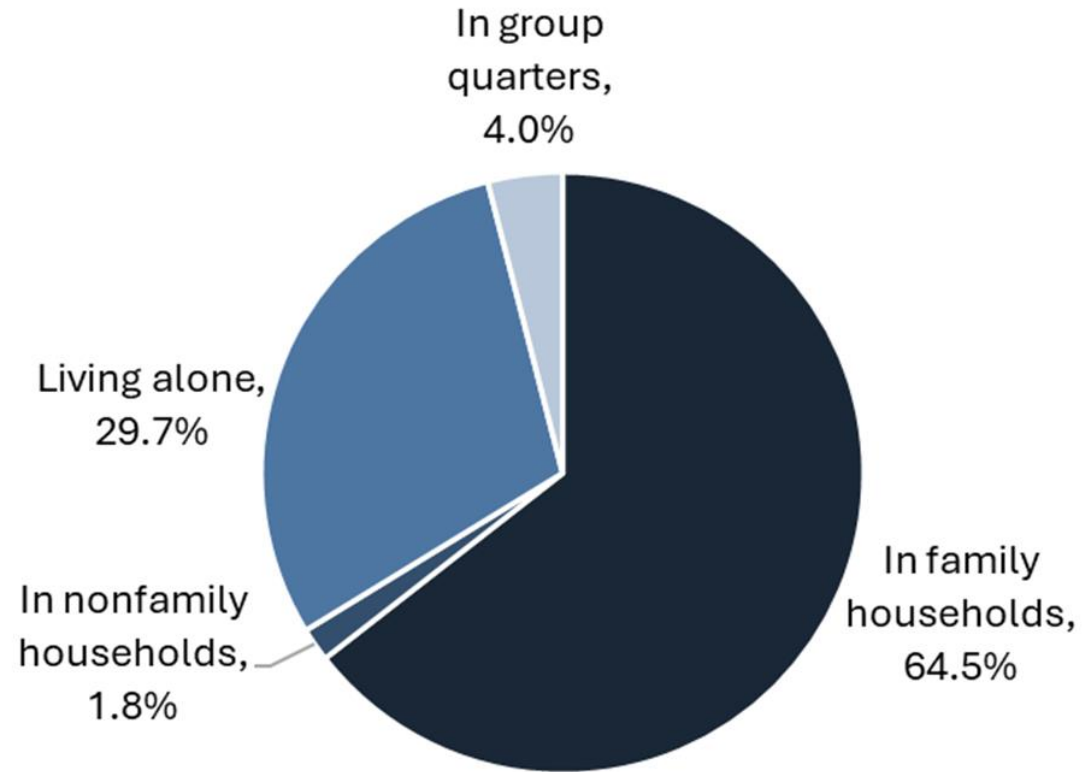
Population Projections 85+

Council on Aging of
Southwestern Ohio



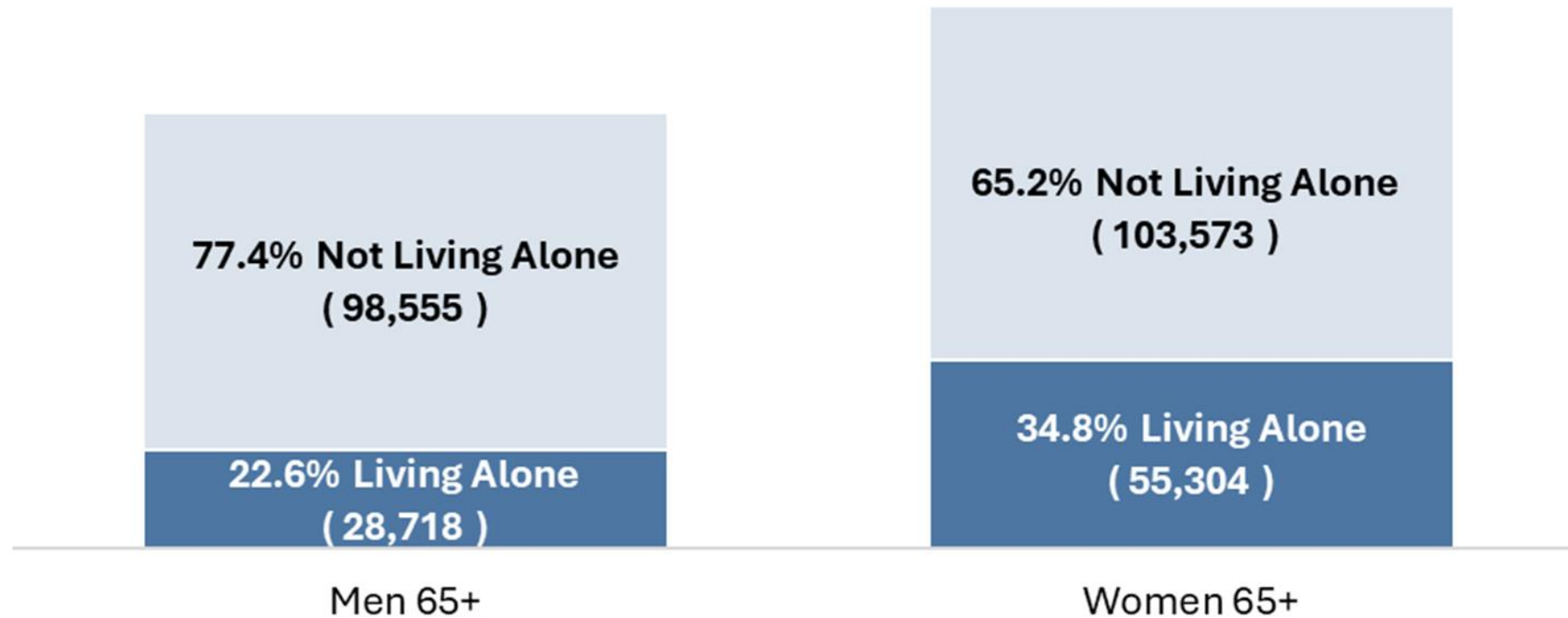
SOCIAL ISOLATION

Household Types for Adults 65+
Council on Aging of Southwestern Ohio



SOCIAL ISOLATION

Adults 65 and Older Living Alone by Sex
Council on Aging of Southwestern Ohio



DIGITAL ACCESS & GAPS

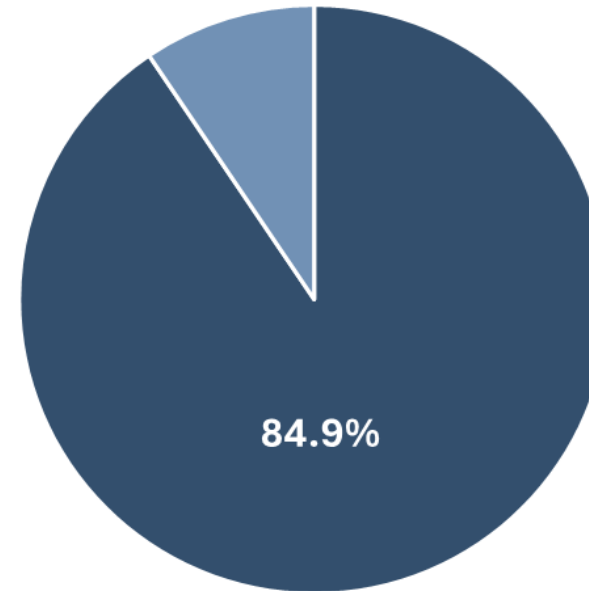
Access to the Internet

In recent years, the number of older adults who have access to the internet has increased.

Around 84.9 percent of people over the age of 65 report that they have a broadband subscription compared to 77.8% in 2021. On the other hand, 24,379 adults over the age of 65 have no computer at all.

Population with Broadband Internet Access, 65+

Council on Aging of Southwestern Ohio



FOOD INSECURITY

Many older adults experience food insecurity, the condition that leads to hunger. Across Ohio, 8.3 percent of older adults (60+) are food insecure according to the latest data from Feeding America. Applying the state average to the population of the region, The Center for Community Solutions estimates that nearly 33,000 older adults are food insecure, defined as having “a household-level economic and social condition of limited or uncertain access to adequate food.” Many older adults rely on benefits from the Supplemental Nutrition Assistance Program (SNAP) to meet their basic needs. **Over 26,000 households with at least one older adult in the region reported receiving SNAP.**

“Food Insecurity among the Senior Population in Ohio”, Feeding America,
<https://map.feedingamerica.org/county/2023/senior-60-plus/ohio>

“Definitions of Food Security”, U.S. Department of Agriculture, Economic Research Service,
<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security>

COMMUNITY NEEDS ASSESSMENT

WHAT IS THE COMMUNITY NEEDS ASSESSMENT?

- Focused primarily on questions about the respondents' desires to age in the community, and knowledge about the availability of resources to support older people, along with day-to-day life for older adults
- The survey had 34 questions, including open-response, multiple choice, Likert scales, and numeric value options.
- Online and paper survey options ran from February to April 2025, and February-March 2026
- Launched on COA Website and social media via COA
- E-mail distribution and newsletters
- Local news outlets within COA's service areas
- Paper survey: given at wellness events, senior housing buildings, during home visits

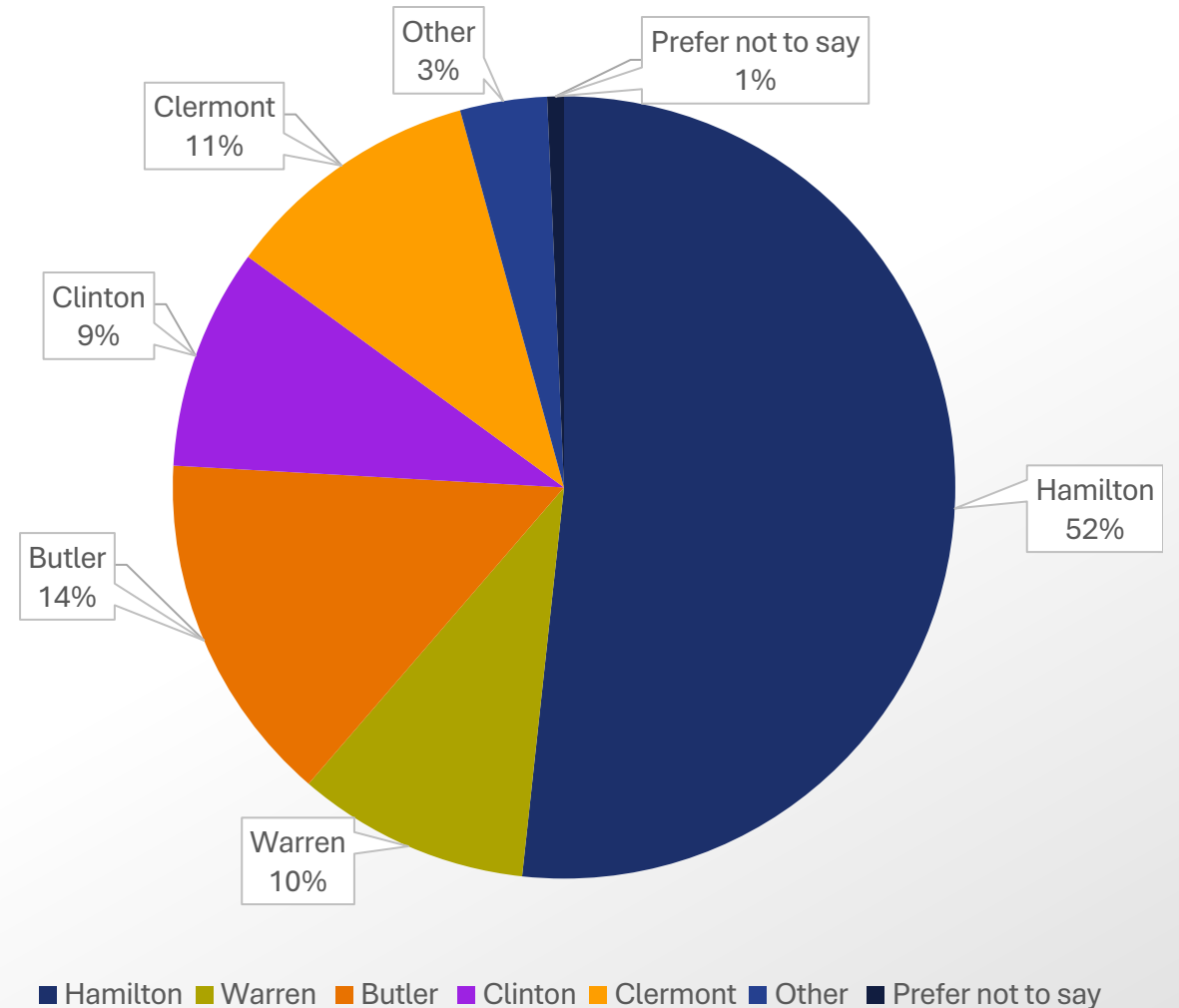
WHAT GOALS DID THE SURVEY IDENTIFY?

- Service needs and gaps
 - Align our work more closely with the COA mission to provide comprehensive, compassionate, and effective support
- Priorities
 - Gathering feedback allows us to prioritize programs, initiatives, and improvements in a way to reflect the commitment to person-centered care
- Where financial investment is needed
 - Understanding where resources are most needed ensures we maximize the impact of every dollar spent toward our clients, allowing us to improve client outcomes
- Which services are working and not working
 - Ensures we remain accountable to our mission, and allows us to improve or reimagine programs to evolve with client needs

WHO RESPONDED?

Aggregated Data Across All Counties and Key Populations Served

- 1,311 Survey Respondents
 - 871 Older Adults
 - 169 Aging Services Professionals
 - 271 Caregivers (190 were 60 or older)
- 45.10% were 65-74 years of age
- 81.79% were female



WHAT WERE THE KEY FINDINGS?



- **Transportation**
 - 43% noted issues with attending medical appointments, running errands, connecting to a social group. 63% noted quality of public transportation as poor or fair.

- **Cost of living/financial assistance**
 - 64.18% of participants described the affordability of their current housing as completely unaffordable or slightly unaffordable

- **Caregiver Strain**
 - 74% noted they have cut back or postponed personal activities they enjoy due to caregiving. 64% reported emotional tolls present – fatigued, stressed, and unhappy.

- **Challenges with Daily Activities**
 - Most cited challenges were home repairs (58.91%) and yard work or tree care (52.21%), followed by general cleaning and household management, with 40.72% of respondents identifying them as a challenge

- **Barriers to Aging-in-Place**
 - 79.36% stating that it is either “very important” or “absolutely essential” to remain in their homes as they grow older, but only 37.32% reported that their current home fully meets their needs as they age.

HIGHEST PRIORITY SERVICES

- Coordinated health care/access to care
- Home Modifications
- Home Repair/ maintenance supports
- In home supportive services for independent living
- Healthy food access/nutrition
- Caregiver supports
- Social Isolation/Mental Health & Supportive services- connection to community
- Legal/Ombudsman Services
- Technology Supports- accessing resource and care



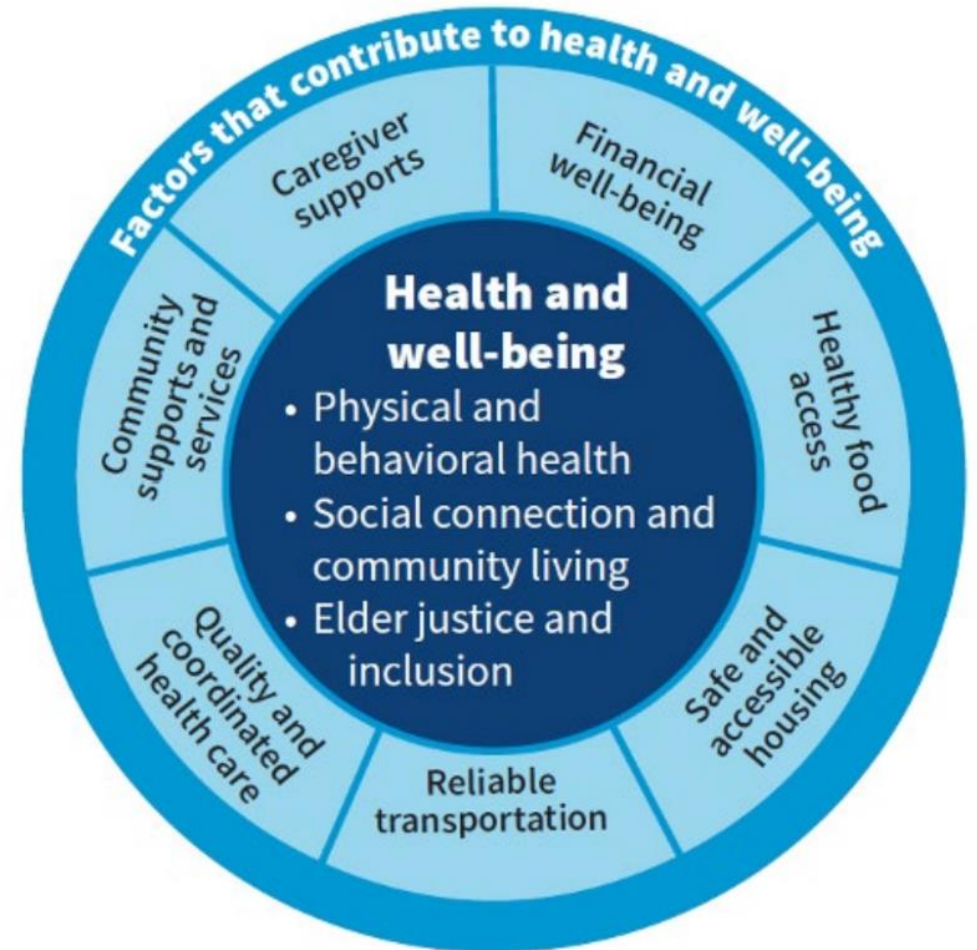
WHAT ARE THE TOP FIVE UNMET NEEDS?

- Transportation
 - Transportation challenges to medical appointments, non-medical/social, accessibility issues, affordability, and rural areas
- Housing
 - Housing affordability, safety, accessibility, repairs/modifications, aging in place, long waitlist for senior housing, and property tax burdens
- Access to Care-
 - Respite and supportive care, care coordination, social isolation/mental health resources
- Cost of Living
 - Financial strain, medications, food, utilities, in-home care, challenges living on a fixed income
- Independent Living
 - caregiving, homemaking, home modifications, lawn care, snow removal and safety improvements

AREA PLAN PRIORITY AREAS & GOALS

OHIO'S 7 PRIORITY AREAS

1. Caregiver supports
2. Financial well-being
3. Healthy food access
4. Safe and accessible housing
5. Reliable transportation
6. Quality and coordinated health care
7. Community supports and services



CAREGIVER SUPPORTS

Expand overnight respite options

- Expand facility options
- Pilot in-home respite options
- Provide overnight respite options

Better utilize Adult Day

- Create & provide education on Adult Day service
- Coordinate Adult Day provider tour for staff

Increase awareness of the Caregiver Support Program

- Attend community events and promote program
- Provide education, resources and referrals pathways through program to caregivers.
- Provide education and support to unpaid caregivers

FINANCIAL WELL-BEING

Provide utility assistance and resources to older adults

- **Work with local county commissioners to ensure all areas are represented**

Assist individuals with understanding benefit programs and application process

- **Engage with community partners, provide education and referrals**
- **Work with local programs to educate and provide referrals**
- **Ensure individuals have knowledge of what to expect and how to continue benefits**

Connect individuals with available resources through Medicare Advantage plans

- **Provide resources to individuals to better understand benefits**
- **Provide education, awareness and knowledge of referral process**
- **Provide connection to plans**

HEALTHY FOOD ACCESS

Enhance congregate meal options in restaurant settings (Swipe N' Dine program)

- Incorporate clear program details and requirements into the Title III Request for Proposals
- Prioritize targeted communication and outreach efforts to communities with the greatest social and economic need.
- Develop program education materials and communication with participating restaurants

Increase redemption rates for the Senior Farmers Market Nutrition Program

- Use Policy Map platform/website to map out farmers markets, roadside stands and residents age 60+ in low economic areas.
- Distribute a survey to identify barriers to program participation
- Distribute a survey to gather input from stakeholders (farmers, markets, senior housing managers and contracted providers)

SAFE AND ACCESSIBLE HOUSING

Provide individuals with a resource to search available housing options

- **Add new housing options as available**
- **Ensure database is always accessible**

Provide resources and information when needing assisted living or nursing home care

- **Educate staff**
- **Provide talking points to staff**

Provide options and explore grant opportunities that support home modifications

- **Follow COA's outreach plan and initiatives**
- **Explore all potential grant and funding opportunities to support home modifications**

RELIABLE TRANSPORTATION

**Expand home52
Transportation
Coordination Services
to other counties in
service area**

- **Research grant opportunities, create relationships and explore partnerships**
- **Surveys of riders**
- **Review needs assessment to determine transportation gaps**

**Educate Care
Management staff on
all available
transportation options**

- **Create information sharing resources on transportation**
- **Create training**
- **Audit a sample of clients annually**

QUALITY AND COORDINATED HEALTH CARE

Expand FastTrack Home in all counties

- Track outreach activities for each hospital

Ensure PACE is provided as an option

- Develop training materials and educate staff

Provide Care Transition services through MedMutual

- Timely engagement of referrals

Continued collaboration with VA and growth in program

- Collaborate on referrals
- Meet with VA
- Work to keep veterans in homes

Monitor data to improve access of services

- Hold monthly meetings to discuss and review data
- Collaborate and strategize
- Create trainings

COMMUNITY SUPPORTS AND SERVICES

Increase awareness of available services and supports

- Collaborate with 513 Relief Bus to provide screening services
- Provide additional resources and information (in collaboration with Benefits Enrollment Center)

Expand the UPLIFT program in Butler County

- Increase awareness through outreach and distribution of informational materials
- Determine gaps in service and implement new programs and services
- Provide education and training to staff

Expand and strengthen the partnership with Senior Connections

- Identify 2 events annually for Senior Connections to attend and provide information
- Attend quarterly board meetings with Senior Connections and mental health board
- Invite Senior Connections to department meetings

COMMUNITY SUPPORTS AND SERVICES – CONT.

Address a gap in available Guardianship services in Hamilton County

- **Coordinate with local entities**
- **Develop written procedures**
- **Leverage expertise and resources of the collaborative**

Expand and diversify evidence-based programming in service area

- **Leverage community relationships**
- **Leverage grant writers expertise**
- **Review approved evidence base programs to identify with fit COA's hybrid community model**

Address unmet needs identified in Community Needs Assessment

- **Work with grant team to explore funding opportunities**

DIRECT SERVICE WAIVER

DIRECT SERVICE WAIVER

- COA does not intend to issue an RFP for Title III-D funded evidence-based health promotion and disease prevention programs. COA provides these programs through a hybrid community model:
 - COA pays for community members to be certified as Leaders and/or Master Trainers to facilitate evidence-based programs and oversee program fidelity requirements.
 - COA provides stipend payments to Leaders and Master Trainers to facilitate workshops.
 - COA engages host site sponsors (neighborhood community organizations) to host programs and recruit participants.
 - COA provides stipend payments to host site sponsors based on number of program completers.
- COA intends to request a direct service waiver for \$25,000 to provide administrative support for the hybrid community model.

QUESTIONS



Thank You!



4601 Malsbary Road
Blue Ash, OH 45242
(513) 721-1025
(800) 252-0155
www.help4seniors.org

Press Release

Media Contact:

Paula Smith, Sr. Strategic Communications Consultant
(513) 509-9211; psmith@help4seniors.org

Council on Aging seeks public input on Strategic Area Plan

BLUE ASH, OHIO, April 21, 2026 – Council on Aging will present its draft 2027-2030 Strategic Area Plan at a public hearing, 1-2:30pm, May 18, 2026.

As the Area Agency on Aging (AAA) serving Butler, Clermont, Clinton, Hamilton and Warren counties, Council on Aging (COA) is charged with helping communities and individuals to plan and prepare for their long-term care needs. The Older Americans Act (OAA) of 1965, which established the framework for the nation's network of AAAs, requires each AAA to prepare a Strategic Area Plan to foster the development of a comprehensive and coordinated service system to meet the needs of older persons in its region.

Over the past year, Council on Aging worked with various partners to complete a comprehensive community needs assessment. The needs assessment included stakeholder interviews, focus groups and an anonymous survey. The purpose of the needs assessment was to gather information and opinions from people in COA's service area to help inform the organization's strategic priorities for the next four years. COA is required to submit findings from the needs assessment as part of its Strategic Area Plan to the Ohio Department of Aging by May 22, 2026 but must first hold a public hearing to collect public input on its draft plan.

Meeting Details: How to attend

Interested parties may attend the meeting in person at Council on Aging's headquarters in Blue Ash:

Council on Aging
Training Rooms A&B
4601 Malsbary Road
Blue Ash, OH 45242

1-2:30pm, May 18, 2026

The draft 2027-2030 Strategic Area Plan may be viewed in advance of the meeting on Council on Aging's [website](#).

Individuals who are unable to attend the public hearing but wish to provide comment on the plan may submit comments in writing or electronically. The deadline to submit comments is May 18, 2026.

Comments may be emailed to Shelby Stout at sstout@help4seniors.org or <mailto:hjunker@help4seniors.org> or mailed to Council on Aging, ATTN: Shelby Stout, at the address listed above. Comments sent by mail must be postmarked no later than May 18, 2026.

(MORE)

Background

The Older Americans Act (OAA) of 1965 requires each Area Agency on Aging (AAA) to prepare a Strategic Area Plan to foster the development of a comprehensive and coordinated service system to meet the needs of older persons in the Planning and Service Area (PSA). In Ohio, AAAs submit Strategic Area Plans to the Ohio Department of Aging.

The development process and implementation of the Strategic Area Plan helps to establish the AAA as the focal point on aging in each PSA. The goal of the process is to produce a plan that is strategic in nature and considers the aging environment and issues within the PSA. The plan serves as a long-range view of how systems and supports will be developed and aging services strengthened. The plan includes the assurances that are required of all organizations that receive OAA funding.

Annually, each AAA is required to submit an Area Plan Update to the Ohio Department of Aging with its respective components to report on status and plans for the coming year.

About Council on Aging

Council on Aging of Southwestern Ohio (COA) is a nonprofit organization dedicated to enhancing quality of life for older adults, people with disabilities, their families and caregivers. COA promotes choice, independence, dignity and well-being through a range of services that help people remain independent for as long as possible.

COA is a state-designated Area Agency on Aging serving Butler, Clermont, Clinton, Hamilton and Warren counties. One call to COA links people to the wide variety of agencies, information and programs that serve older adults and people with disabilities.

Regional Headquarters:

4601 Malsbary Road, Blue Ash, OH 45242 | 513-721-1025 | 800-252-0155 | www.help4seniors.org

Clinton County Office:

2333 Rombach Avenue, Wilmington, OH 45177 | 937-584-7200 | 800-252-0155 | www.help4seniors.org

###

News

Resources Service Providers

News & Events About Us

Council on Aging seeks public input in Strategic Area Plan

April 9, 2026

UPDATE: The public may continue to submit comments and feedback through June 4, 2026. [Click here](#) to view the presentation from the public meeting. Comments must be submitted to sstout@help4seniors.org. (Date Updated: 5/19/2026)

Original Post: Council on Aging will present its draft 2027-2030 Strategic Area Plan at a public hearing, 1-2:30 p.m., May 18, 2026.

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Home Programs & Services

to submit findings from the needs assessment as part of its Strategic Area

Plan to the Ohio Department of Aging by May 22, 2026, but must first hold a public hearing to collect public input on its draft plan.

News & Events About Us
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Training Rooms A&B
4601 Malsbary Road
Blue Ash, OH 45242

1-2:30 p.m., May 18, 2026

The draft 2027-2030 Strategic Area Plan may be viewed in advance of the meeting.

- Council on Aging's Draft 2027-2030 Strategic Area Plan. The following is included:
 - 2027 Budget Worksheet (Draft)
 - 2027-2030 Goals Worksheet (Draft)
 - 2025 & 2026 Southwestern Ohio Needs Assessment Survey
 - 2027-2030 Strategic Area Plan – Establishment and Maintenance of Information and Referral (I&R) Providers (Draft)
 - 2027-2030 Strategic Area Plan – Targeted Outreach Plan (Draft)
 - ODA3002_2026-01-01 – Direct Service Waiver (Draft)

Individuals who are unable to attend the public hearing but wish to provide comment on the plan may submit comments in writing or electronically.

[Aging, AARP, Shelby Stout, at the address listed above. Comments sent by email must be postmarked no later than May 18, 2026.](#)

[Resources](#) [Service Providers](#)

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[Home](#) [Programs & Services](#)

wide variety of agencies, information and programs that serve older adults
and people with disabilities.
[Resources](#) [Service Providers](#)

[Regional Headquarters:](#)

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[Contact](#) [Careers](#)

[Columbus County Office:](#)

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Read More Articles

COA celebrates 55 years at annual meeting and awards breakfast

May 18, 2026

Aide from Clermont Seniors wins COA award

May 18, 2026

Contact Us

(513) 721-1025

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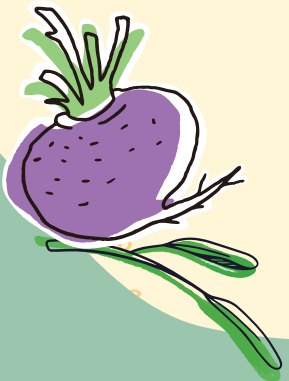
Follow us on Social





eating well

Farmers' Market Recipes



Department of Aging

SENIOR FARMERS' MARKET NUTRITION PROGRAM

SENIOR FARMERS' MARKET NUTRITION PROGRAM

You are eligible for the Ohio Senior Farmers' Market Nutrition Program (SFMNP) if you are 60 or older, live within a participating county, and meet income guidelines. As a participant, you can visit participating farmers' markets and roadside stands to enjoy fresh fruits, vegetables, honey, and fresh, cut herbs, which add variety to meals and are key to a healthy diet! Participants receive \$50.00 worth of coupons for the growing season. Make sure to use all your coupons by the expiration date listed. **Happy shopping!**

Connect with your **Area Agency on Aging**

Regionally located, your Area Agency on Aging can help to connect you with local services and supports, including Ohio's SFMNP.

To be connected to your local agency and learn more about SFMNP, call **1-866-243-5678**.

Thank you to Lauren Amirhamzeh for sharing handcrafted recipes and Rachel Bauman for her significant contributions to this resource.



aging.ohio.gov



Farmers' Market Recipes

Summer

June through September



summer

Summer Squash Medley

YIELD: 6 SERVINGS
SERVING SIZE: 1 CUP

INGREDIENTS

- 1 small onion, diced
- 1 small yellow summer squash, sliced
- 2 small green zucchinis, sliced
- ¼ teaspoon garlic powder
- 2 tomatoes, diced
- 2 tablespoons shredded parmesan cheese
- 1 tablespoon vegetable oil (also can use canola or olive oil)
- Salt and pepper to taste

DIRECTIONS

1. In a large skillet, heat oil over medium heat
2. Add squash and onion
3. Cook on medium heat and stir until soft
4. Add tomatoes and cook 5 more minutes
5. Season with garlic powder, salt, and pepper
6. Serve warm, topped with parmesan cheese



Smart Tip

Store onions away from potatoes, apples, celery, and pears as they can release moisture and cause these foods to spoil faster.

Nutrition Facts

Amount Per Serving

Calories 65

% Daily Value*

Total Fat 4 g	5 %
Saturated Fat 1 g	4 %
Trans Fat 0 g	
Cholesterol 2 mg	1 %
Sodium 245 mg	10 %
Total Carbohydrate 7 g	2 %
Dietary Fiber 2 g	7 %
Total Sugars 4 g	
Includes - Added Sugars	
Protein 3 g	6 %
Vitamin D 0 µg	0 %
Calcium 61 mg	6 %
Iron 1 mg	3 %
Potassium 388 mg	8 %

*Percent Daily Values are based on a 2,000 calorie diet.



summer

Strawberry Spinach Salad

YIELD: 3 SERVINGS

SERVING SIZE: ABOUT 2 CUPS

INGREDIENTS

- 6 cups spinach
- ½ cup walnuts
- ½ cup feta or cheese of choice
- 1 cup strawberries, sliced
- Dressing of your choice

DIRECTIONS

1. Rinse spinach and pat dry with paper towel
2. Add spinach to bowl
3. Add sliced strawberries to your bowl
4. Add walnuts to bowl (optional)
5. Top with cheese (feta, goat, etc.)
6. Drizzle with your favorite dressing. Balsamic vinaigrette or poppyseed dressing pair well



Healthy Tip

Spinach is a great source of iron, magnesium, and potassium: all important for bone health!

Nutrition Facts

Amount Per Serving

Calories

95

% Daily Value*

Total Fat 7 g	11 %
Saturated Fat 2 g	9 %
Trans Fat -	
Cholesterol 4 mg	1 %
Sodium 91 mg	4 %
Total Carbohydrate 7 g	2 %
Dietary Fiber 2 g	10 %
Total Sugars 3 g	
Includes - Added Sugars	
Protein 3 g	6 %
Vitamin D 0 µg	0 %
Calcium 91 mg	9 %
Iron 2 mg	10 %
Potassium 419 mg	9 %

*Percent Daily Values are based on a 2,000 calorie diet.



summer

Rainbow Fruit Salad



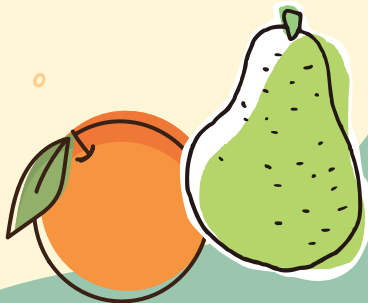
YIELD: 6 SERVINGS
SERVING SIZE: 1 CUP

INGREDIENTS

- 1 cup strawberries
- 1 orange
- 2 yellow peaches
- 2 green pears
- 1 cup blueberries
- 1 cup purple grapes

DIRECTIONS

1. Rinse fruit well
2. Chop all fruit into similar bite-sized pieces
3. Place in bowl and mix



Healthy Tip

Including fruits and vegetables from all colors of the rainbow can provide essential vitamins, minerals, fiber, and antioxidants.

Nutrition Facts	
Amount Per Serving	
Calories 105	
% Daily Value*	
Total Fat 0 g	1 %
Saturated Fat 0 g	0 %
Trans Fat -	
Cholesterol 0 mg	0 %
Sodium 2 mg	0 %
Total Carbohydrate 27 g	9 %
Dietary Fiber 5 g	18 %
Total Sugars 20 g	
Includes - Added Sugars	
Protein 1 g	3 %
Vitamin D 0 µg	0 %
Calcium 25 mg	3 %
Iron 1 mg	3 %
Potassium 314 mg	7 %

*Percent Daily Values are based on a 2,000 calorie diet.



summer

Sweet Peach Salsa

YIELD: 4-6 SERVINGS
SERVING SIZE: 1 CUP

INGREDIENTS

- 1 bell pepper
- 1 medium sweet onion
- ½ bunch cilantro
- 3 medium peaches
- 1 pound tomatoes of choice
- Salt & pepper

DIRECTIONS

1. Chop all ingredients into small (¼ inch) cubes
2. Mix bell pepper, sweet onion, cilantro, peaches, and tomatoes in bowl
3. Season with salt and pepper to taste



Healthy Tip

Avoid peeling fruits like peaches. Many important nutrients, including antioxidants and fiber, are in the skin!

Nutrition Facts

Amount Per Serving

Calories 101

% Daily Value*

Total Fat 1 g	1 %
Saturated Fat 0 g	0 %
Trans Fat 0 g	
Cholesterol 0 mg	0 %
Sodium 159 mg	7 %
Total Carbohydrate 24 g	8 %
Dietary Fiber 4 g	18 %
Total Sugars 18 g	
Includes - Added Sugars	
Protein 3 g	6 %
Vitamin D 0 µg	0 %
Calcium 38 mg	4 %
Iron 1 mg	5 %
Potassium 651 mg	14 %

*Percent Daily Values are based on a 2,000 calorie diet.



summer

Summer Berry Oatmeal Bake

YIELD: 9 SERVINGS

SERVING SIZE: 1 SQUARE

INGREDIENTS

- 3 cups old fashioned oats
- 1 cup low-fat/non-fat milk
- 2 eggs
- 2 cups berries (fresh/frozen)
- ½ cup walnuts, pecans, or nut of choice
- 1 cup applesauce
- ⅓ cup maple syrup
- 2 teaspoons vanilla extract
- 1 teaspoon baking powder
- ¼ teaspoon salt
- Cinnamon
- Nutmeg (optional)

DIRECTIONS

1. In large bowl, mix dry ingredients: oats, baking powder, salt, cinnamon, and nutmeg
2. In medium bowl, mix wet ingredients: milk, eggs, applesauce, maple syrup, and vanilla extract
3. Add wet ingredients into dry ingredients
4. Fold in berries and nuts
5. Spray 9x13 baking dish with non-stick cooking spray
6. Add in mixture to dish and spread evenly
7. Bake at 350° F for 30-40 minutes



Nutrition Facts

Amount Per Serving

Calories

186

% Daily Value*

Total Fat 3 g	5 %
Saturated Fat 1 g	4 %
Trans Fat 0 g	
Cholesterol 37 mg	12 %
Sodium 69 mg	3 %
Total Carbohydrate 34 g	11 %
Dietary Fiber 4 g	17 %
Total Sugars 13 g	
Includes 7 g Added Sugars	
Protein 6 g	12 %
Vitamin D 1 µg	3 %
Calcium 112 mg	11 %
Iron 2 mg	10 %
Potassium 241 mg	5 %

*Percent Daily Values are based on a 2,000 calorie diet.



Smart Tip

Store the leftovers properly in the refrigerator and reheat for a ready-to-go breakfast throughout the week!

summer

Avocado Melon Breakfast Smoothie

YIELD: 1 SERVING

INGREDIENTS

- 1 avocado
- 1 cup honeydew
- 1 cup low-fat/non-fat milk
- 1 cup low-fat plain yogurt (or flavor of choice)

OPTIONAL INGREDIENTS

- 1 tablespoon honey
- 1 tablespoon lime juice

DIRECTIONS

1. Cut avocado in half and remove the pit
2. Scoop out avocado and place in blender
3. Add all remaining ingredients to the blender
4. Blend well and enjoy!

Nutrition Facts

Amount Per Serving

Calories 710

	% Daily Value*
Total Fat 36 g	55 %
Saturated Fat 8 g	42 %
Trans Fat -	
Cholesterol 27 mg	9 %
Sodium 326 mg	14 %
Total Carbohydrate 81 g	27 %
Dietary Fiber 15 g	60 %
Total Sugars 63 g	
Includes 17 g Added Sugars	
Protein 26 g	52 %
Vitamin D 3 µg	20 %
Calcium 792 mg	79 %
Iron 2 mg	10 %
Potassium 2,347 mg	50 %

*Percent Daily Values are based on a 2,000 calorie diet.



Healthy Tip

Avocados are a good source of healthy fats (unsaturated fats), which can help reduce cholesterol and risk for heart disease.



This nutrition facts label includes the optional ingredients.

summer

Berry Smoothie

YIELD: 1 SERVING

INGREDIENTS

- ¾ cup low-fat milk
- ½ banana
- ¾ cups mixed berries
- ⅓ cup vanilla low-fat yogurt

OPTIONAL INGREDIENTS

- ¼ cup spinach
- 2 tablespoons peanut butter

DIRECTIONS

1. Add all ingredients to blender
2. Blend to desired consistency



Nutrition Facts

Amount Per Serving

Calories 454

% Daily Value*

Total Fat 20 g	30 %
Saturated Fat 5 g	26 %
Trans Fat 0 g	
Cholesterol 13 mg	4 %
Sodium 147 mg	6 %
Total Carbohydrate 57 g	19 %
Dietary Fiber 6 g	24 %
Total Sugars 42 g	
Includes - Added Sugars	
Protein 19 g	38 %
Vitamin D 2 µg	15 %
Calcium 401 mg	40 %
Iron 1 mg	7 %
Potassium 966 mg	21 %

*Percent Daily Values are based on a 2,000 calorie diet.

This nutrition facts label includes the optional ingredients.



Healthy Tip

If made correctly, smoothies can be a great way to eat important nutrients. Make sure to include foods high in protein such as milk, yogurt, and/or peanut butter in your smoothie!

Farmers' Market Recipes

fall

September – November



fall

Sweet Potato Fries

YIELD: 3 SERVINGS

SERVING SIZE: 8-10 FRIES

INGREDIENTS

- 2 medium sweet potatoes
- ½ teaspoon salt
- ½ teaspoon black pepper
- ½ teaspoon paprika
- ⅛ teaspoon cayenne pepper (small pinch)
- 1 tablespoon vegetable oil
- Non-stick cooking spray

DIRECTIONS

1. Preheat oven to 450° F
2. Scrub and rinse potatoes, pat dry
3. Leaving skin on, cut sweet potatoes into fry size strips, about ½ inch wide
4. In a large bowl, mix paprika, pepper, cayenne pepper, oil and blend with a fork
5. Add in sweet potato strips and toss until they are completely coated on all sides
6. Spray baking sheet with non-stick spray and place sweet potatoes in a single layer
7. Bake for 15 minutes then turn fries and bake for 10-15 more minutes
8. When fries are cooked to your desired crispiness, take them out of the oven and add your desired amount of salt. Adding salt before they cook draws out the water of the sweet potato, preventing them from getting crispy during cooking.



Nutrition Facts

Amount Per Serving

Calories

117

% Daily Value*

Total Fat 5 g	7 %
Saturated Fat 0 g	2 %
Trans Fat 0 g	
Cholesterol 0 mg	0 %
Sodium 214 mg	9 %
Total Carbohydrate 18 g	6 %
Dietary Fiber 3 g	11 %
Total Sugars 4 g	
Includes - Added Sugars	
Protein 1 g	3 %
Vitamin D 0 µg	0 %
Calcium 27 mg	3 %
Iron 1 mg	3 %
Potassium 303 mg	6 %

*Percent Daily Values are based on a 2,000 calorie diet.



When you shop for sweet potatoes, choose firm potatoes with smooth skin. If you store them in a cool, dark place, sweet potatoes can last for 3-5 weeks.

fall

Apple Salad

YIELD: 3 SERVINGS
SERVING SIZE: 1 CUP

INGREDIENTS

- 1 cup diced apple
- 1 teaspoon lemon juice
- ½ cup diced celery
- ½ cup grated carrot
- ½ cup raisins
- ½ cup yogurt, low-fat vanilla

DIRECTIONS

1. Wash apple, celery, and carrots
2. Dice apple and toss with lemon juice
3. Add celery, carrot, and raisins
4. Fold yogurt into apple mixture
5. Cover and chill for at least 1 hour before serving



Nutrition Facts

Amount Per Serving

Calories

137

% Daily Value*

Total Fat 1 g	1 %
Saturated Fat 0 g	2 %
Trans Fat 0 g	
Cholesterol 2 mg	1 %
Sodium 57 mg	2 %
Total Carbohydrate 32 g	11 %
Dietary Fiber 3 g	10 %
Total Sugars 25 g	
Includes - Added Sugars	
Protein 3 g	6 %
Vitamin D 0 µg	0 %
Calcium 98 mg	10 %
Iron 1 mg	3 %
Potassium 420 mg	9 %

*Percent Daily Values are based on a 2,000 calorie diet.



**Healthy
Tip**

Try not to let your leftovers sit out. Make sure to refrigerate them as soon as possible. This will ensure your food does not lose flavor and will delay the growth of bacteria

fall

Sweet Roasted Carrots

YIELD: 8 SERVINGS
SERVING SIZE: 1 CUP

INGREDIENTS

2 pounds whole carrots
2 tablespoons butter, cubed
½ cup brown sugar
Cinnamon

DIRECTIONS

1. Preheat oven to 350° F
2. Rinse and peel 2 pounds of whole carrots
3. Place carrots on baking sheet lined with foil
4. Sprinkle butter, brown sugar, and cinnamon evenly over top the carrots
5. Roast carrots for 50-60 minutes



Healthy Tip

Carrots are packed with Vitamin C, which may help to boost your immune system to fight off viruses and infections.

Nutrition Facts

Amount Per Serving

Calories

107

% Daily Value*

Total Fat 3 g	5 %
Saturated Fat 2 g	9 %
Trans Fat 0 g	
Cholesterol 8 mg	3 %
Sodium 81 mg	3 %
Total Carbohydrate 20 g	7 %
Dietary Fiber 3 g	13 %
Total Sugars 14 g	
Includes 9 g Added Sugars	
Protein 1 g	2 %
Vitamin D 0 µg	0 %
Calcium 47 mg	5 %
Iron 0 mg	2 %
Potassium 376 mg	8 %

*Percent Daily Values are based on a 2,000 calorie diet.



fall

Toasted Pumpkin Seeds

YIELD (VARIES): 8 SERVINGS

SERVING SIZE: ¼ CUP

INGREDIENTS

- Pumpkin seeds (from 1 medium pumpkin)
- 2 tablespoons olive oil
- 1 teaspoon chili powder
- Salt & pepper (to taste)

DIRECTIONS

To Dry Pumpkin Seeds (Day 1):

1. Remove as much of the stringy pulp as you can from the pumpkin seeds
2. Set the pumpkin seeds out on a plate or baking sheet at room temperature until dry (about 1 to 2 days)
3. Be sure not to set seeds on a paper towel as they will stick and may be difficult to remove

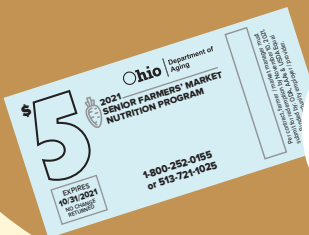
To Toast Pumpkin Seeds (Day 2):

1. Once the pumpkin seeds are dry, preheat oven at 300° F
2. Toss seeds in a bowl with olive oil, chili powder, salt, and pepper
4. Place on baking sheet and spread seeds out (try to make sure seeds do not touch)
5. Bake for 40 minutes or until golden brown



Smart Tip

Senior Farmers' Market Nutrition Program coupons can be used to purchase **edible** pumpkins from participating farmers.



Nutrition Facts

Amount Per Serving

Calories

222

% Daily Value*

Total Fat 20 g	31 %
Saturated Fat 3 g	17 %
Trans Fat 0 g	
Cholesterol 0 mg	0 %
Sodium 87 mg	4 %
Total Carbohydrate 4 g	1 %
Dietary Fiber 2 g	8 %
Total Sugars 0 g	
Includes - Added Sugars	
Protein 10 g	20 %
Vitamin D 0 µg	0 %
Calcium 17 mg	2 %
Iron 3 mg	16 %
Potassium 271 mg	6 %

*Percent Daily Values are based on a 2,000 calorie diet.

fall

Thin-Crust Harvest Pizza

YIELD: 1 PIZZA

SERVING SIZE: 1 PIZZA

INGREDIENTS

- 1 ear corn, cooked and corn removed
- 1 medium, zucchini, sliced
- 6 whole mushrooms, sliced
- 2 tablespoons vegetable oil
- Salt & pepper to taste
- 1 (8-inch) flour tortilla
- ½ cup shredded cheese of your choice

OPTIONAL SEASONINGS

basil, parsley, oregano

DIRECTIONS

1. Add drizzle of oil to a skillet and warm over medium heat
2. Add zucchini and mushrooms and cook until tender. Remove from heat and season with salt and pepper
3. Add a drizzle of oil to skillet and warm over medium heat
4. Place one tortilla in skillet and warm
5. Add cheese on top of tortilla and top with zucchini, corn, and mushrooms



Healthy Tip

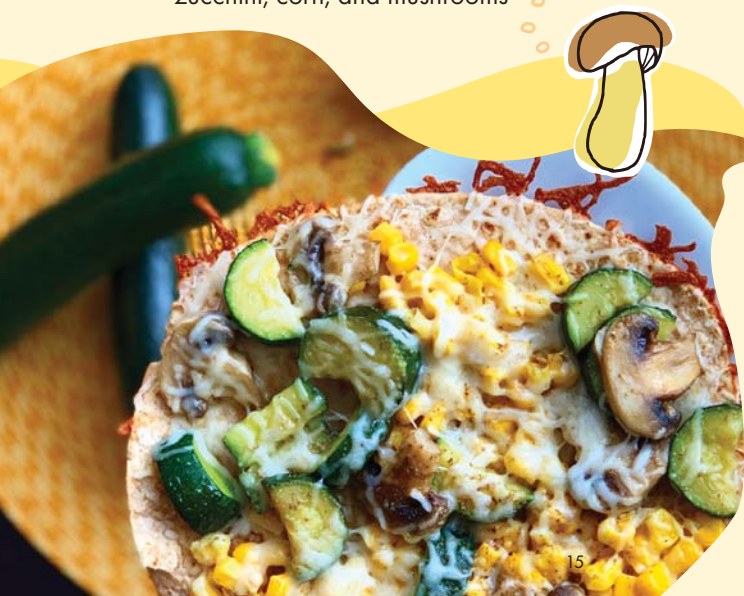


Choose a whole-grain tortilla (instead of enriched or refined) to increase your dietary fiber intake. Fiber helps to lower your cholesterol and promotes bowel regularity.

Nutrition Facts

Amount Per Serving	
Calories	
	708
% Daily Value*	
Total Fat 47 g	72 %
Saturated Fat 11 g	53 %
Trans Fat 0 g	
Cholesterol 44 mg	15 %
Sodium 1,255 mg	52 %
Total Carbohydrate 55 g	18 %
Dietary Fiber 6 g	26 %
Total Sugars 15 g	
Includes - Added Sugars	
Protein 25 g	51 %
Vitamin D 0 µg	3 %
Calcium 403 mg	40 %
Iron 4 mg	21 %
Potassium 1,248 mg	27 %

*Percent Daily Values are based on a 2,000 calorie diet.



fall

Roasted Rosemary Root Vegetables

YIELD: 9 SERVINGS
SERVING SIZE: 1 CUP

INGREDIENTS

About 3 pounds of assorted root vegetables

Choose from: carrots, potatoes, parsnips, turnips, onions, beets, radishes, rutabagas, ginger, yams

2 tablespoons vegetable oil

Salt & pepper to taste

OPTIONAL SEASONINGS

Rosemary, thyme

DIRECTIONS

1. Preheat oven to 425° F
2. Wash vegetables and cut into thick pieces (about 2 inches in size)
3. Mix the cut vegetables together with oil, salt, and pepper
4. Place mixture in a baking dish
5. Bake for 60 minutes, **stirring every 20 minutes**
6. Garnish with rosemary, thyme



Healthy Tip



Root vegetables contain many minerals found in soil, such as nitrates, which have been shown to decrease blood pressure.

Nutrition Facts

Amount Per Serving

Calories

121

% Daily Value*

Total Fat 3 g	5 %
Saturated Fat 0 g	2 %
Trans Fat 0 g	
Cholesterol 0 mg	0 %
Sodium 310 mg	13 %
Total Carbohydrate 22 g	7 %
Dietary Fiber 5 g	18 %
Total Sugars 6 g	
Includes - Added Sugars	
Protein 2 g	4 %
Vitamin D 0 µg	0 %
Calcium 44 mg	4 %
Iron 1 mg	5 %
Potassium 601 mg	13 %

*Percent Daily Values are based on a 2,000 calorie diet.



* This nutrition information reflects using 1/3 a pound of each of the ten root vegetables listed in the recipe. Using different root vegetables, or a different amount can change the calorie and nutrient content.

fall

Baked Fall Apple

YIELD: 1 SERVING

INGREDIENTS

- 1 medium red apple (such as Gala or Braeburn)
- 2 tablespoons finely chopped pecans (or substitute walnuts)
- 1 tablespoon uncooked quick oats
- 1 tablespoon brown sugar
- 2 teaspoon dried cranberries
- ½ tablespoon butter
- ¼ teaspoon cinnamon
- ¼ teaspoon salt

DIRECTIONS

1. Preheat oven to 350° F
2. Cut apple in half (horizontally) and remove core
3. In a small bowl mix nuts, oats, brown sugar, cranberries, butter, cinnamon, and salt
4. Fill each apple half with about 2 tablespoons of oat mixture
5. Place apples in an 8-inch baking dish and cover with aluminum foil
6. Bake for 30 minutes and carefully remove foil
7. Bake an additional 10 minutes



Smart Tip



Baking time will vary depending on the variety, size, and ripeness of the apple.

Nutrition Facts

Amount Per Serving

Calories 301

% Daily Value*

Total Fat 15 g	24 %
Saturated Fat 5 g	23 %
Trans Fat 0 g	
Cholesterol 15 mg	5 %
Sodium 514 mg	21 %
Total Carbohydrate 44 g	15 %
Dietary Fiber 7 g	27 %
Total Sugars 32 g	
Includes 9 g Added Sugars	
Protein 2 g	5 %
Vitamin D 0 µg	1 %
Calcium 38 mg	4 %
Iron 1 mg	5 %
Potassium 282 mg	6 %

*Percent Daily Values are based on a 2,000 calorie diet.



fall

Sweet Potato Breakfast Bowl

YIELD: 1 SERVING
SERVING SIZE: 1 BOWL

INGREDIENTS

- 1 sweet potato
- ½ cup blueberries
- 1 teaspoon cinnamon
- 2 tablespoons nut butter
- ½ banana

DIRECTIONS

1. Use a fork to poke holes in sweet potato
2. Microwave sweet potato for approximately 10 minutes or until tender
3. Top with your choice of blueberries, bananas, cinnamon, nutmeg, or peanut butter



Nutrition Facts

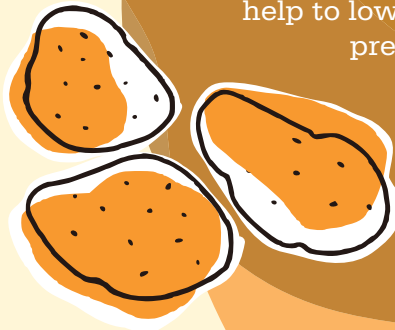
Amount Per Serving	
Calories	408
% Daily Value*	
Total Fat 18 g	28 %
Saturated Fat 1 g	7 %
Trans Fat 0 g	
Cholesterol 0 mg	0 %
Sodium 75 mg	3 %
Total Carbohydrate 58 g	19 %
Dietary Fiber 12 g	47 %
Total Sugars 21 g	
Includes - Added Sugars	
Protein 10 g	20 %
Vitamin D 0 µg	0 %
Calcium 183 mg	18 %
Iron 2 mg	14 %
Potassium 953 mg	20 %

*Percent Daily Values are based on a 2,000 calorie diet.

Healthy Tip



Sweet potatoes, as part of a low-salt diet, can help to lower your blood pressure.



fall

Vegetable Gratin

YIELD: 9 SERVINGS
SERVING SIZE: 1 CUP

INGREDIENTS

- 2 medium zucchinis, sliced
- 3 russet potatoes, sliced
- 3 large tomatoes, sliced
- 1 eggplant, sliced
- 4 tablespoons flour
- 1 teaspoon cooking oil
- 2 cups low-fat milk
- ½ cup parmesan cheese
- Salt and pepper to taste



DIRECTIONS

1. Preheat oven to 350° F
2. Spray a large casserole dish with oil or cooking oil spray
3. Place sliced ingredients in rows alternating between sliced zucchini, potatoes, tomatoes, and eggplant
4. Sprinkle with flour, salt, and pepper and set aside
5. In a small pan, heat milk over low heat
6. Pour warmed milk over dish and then top with parmesan cheese
7. Bake at 350° F for one hour

Nutrition Facts

Amount Per Serving

Calories 176

% Daily Value*

Total Fat 5 g 7 %

Saturated Fat 2 g 10 %

Trans Fat 0 g

Cholesterol 8 mg 3 %

Sodium 213 mg 9 %

Total Carbohydrate 27 g 9 %

Dietary Fiber 4 g 16 %

Total Sugars 8 g

Includes - Added Sugars

Protein 8 g 17 %

Vitamin D 1 µg 5 %

Calcium 194 mg 19 %

Iron 1 mg 7 %

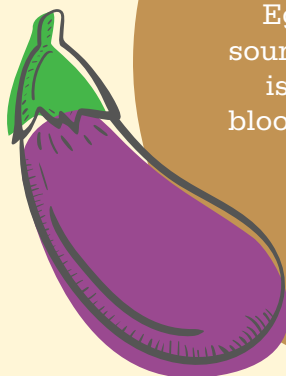
Potassium 785 mg 17 %

*Percent Daily Values are based on a 2,000 calorie diet.

Healthy Tip



Eggplant is a great source of copper, which is important in red blood cell development.



fall

Turnip and Onion Breakfast Cakes

YIELD: 4 SERVINGS

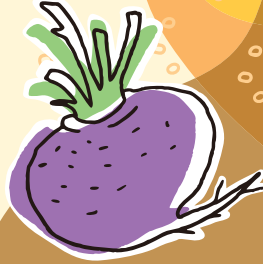
SERVING SIZE: 2 CAKES

INGREDIENTS

- 1 onion, grated
- 1 ½ pound turnips, grated
- 3 eggs, beaten
- ¼ cup flour
- Salt and pepper to taste
- Vegetable oil

DIRECTIONS

1. In a medium bowl, mix onion, turnip, eggs, flour, salt, and pepper
2. Add oil to a skillet and warm over medium heat
3. Spoon two tablespoons of mixture into skillet
4. With a spatula, lightly press into a flat, round shape
5. Cook cake until golden brown on each side



Smart
Tip



The smaller the turnip, the sweeter it may taste.



Nutrition Facts

Amount Per Serving	
Calories	
194	
% Daily Value*	
Total Fat 10 g	16 %
Saturated Fat 2 g	10 %
Trans Fat 0 g	
Cholesterol 120 mg	40 %
Sodium 307 mg	13 %
Total Carbohydrate 20 g	7 %
Dietary Fiber 4 g	15 %
Total Sugars 8 g	
Includes - Added Sugars	
Protein 7 g	14 %
Vitamin D 1 µg	4 %
Calcium 78 mg	8 %
Iron 1 mg	7 %
Potassium 426 mg	9 %

*Percent Daily Values are based on a 2,000 calorie diet.

Ohio Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) (formerly called food stamps) can provide funds to help you purchase groceries. SNAP funds are loaded onto an Electronic Benefits Transfer (EBT) card, which works a lot like a debit card.

SNAP can help you stretch your food purchasing and household budgets further, giving you more money to buy fruits, vegetables, dairy, protein, dry goods, and other grocery staples at your local food retailers.

Participation in SNAP is based on income eligibility and is not limited to a certain number of people or households. You will not take away food benefits from anyone else by participating. You will put healthy food on the table, support local jobs and tax revenue, and free-up other funds to pay for household bills.

Visit benefits.ohio.gov to apply for SNAP today or visit your county job and family services office.

YOU
SNAP.
WE
MATCH.



It's the
healthy
way to
stretch
your
SNAP.



Buy a Little



Get a Lot

Shop with SNAP/EBT or P-EBT, get up to **\$25 in FREE** fruits & vegetables!

Brought to you by:



ProducePERKS

- 1 Go to produceperks.org to find a location near you.
- 2 After arriving at the farmers' market, find the customer service booth and swipe your **Ohio Direction Card** or **P-EBT card**.
- 3 You will receive **\$1 in Produce Perks** for every **\$1** you spend using an **Ohio Direction Card**.
- 4 Use your **Produce Perks** to buy fresh, local produce from vendors at the farmers' market!

Go to produceperks.org to learn more!



Ohio | Department of
Aging

SENIOR FARMERS' MARKET NUTRITION PROGRAM

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

THIS PROJECT HAS BEEN FUNDED AT LEAST IN PART WITH
FEDERAL FUNDS FROM THE U.S. DEPARTMENT OF AGRICULTURE
AND THE SUPPORT OF THE OHIO DEPARTMENT OF AGING.



The Facts On Fiber



Fiber that you eat is called “dietary fiber”. Dietary fiber includes parts of plant-based foods that your body is unable to break down or absorb, but can still use.

Two Types of Fiber

Soluble Fiber

- ✔ Helps to absorb water from your food and slows down your digestion, which can help you feel fuller longer.
- ✔ Controls blood sugar.
- ✔ Removes bad fats (cholesterol).
- ✔ Maintains weight
- ✔ May reduce risk for diabetes and heart disease.



Insoluble Fiber

- ✔ Good for colon health. Helps to form the bulk of your stool. It is easy for your body to move stool that is bulky.
- ✔ Helps prevent constipation or strain when you have a bowel movement.



Tips to Increase Your Fiber:



Take a slow approach when you increase the amount of fiber you eat. This can help to prevent digestion upset, such as gas and bloating.



Drink plenty of water during the day. It is important to increase your fluid intake when you increase the amount of fiber you eat.



Look at the nutrition label. The nutrition label lists the fiber content of your food. “Dietary Fiber” will be listed in grams (“g”), under the “Carbohydrate” section.

Find out if your food has fiber in it.

Look on the label here!

Nutrition Facts	
5 servings per container	
Serving size	1/3 cup (27g)
Amount per serving	
Calories	340
% Daily Value	
Total Fat 47g	67%
Saturated Fat 19g	45%
Trans Fat 8g	34%
Cholesterol 2g	7%
Sodium 7g	18%
Total Carbohydrate 3g	8%
Dietary Fiber 3g	8%
Total Sugars 0g	0%
Added Sugars 0g	0%
Protein 22g	47%
Vitamin D 5mcg	34%
Calcium 16mg	41%
Iron 9mg	19%
Potassium 3mg	23%

Check out some great fibers to add to your next meal >>>



Slowly try
to reach your
fiber goal

WOMEN (age 51+)
at least
22 grams daily

MEN (age 51+)
at least
28 grams daily



Fiber Friendly Foods:

There are many fiber-rich foods you may enjoy. Try to increase your intake of whole grain food products (bread, cereal, and pasta), fruits, and vegetables. Fiber friendly foods include:

VEGETABLES

ARTICHOKE
BEANS
BROCCOLI
BRUSSEL
SPROUTS
CARROTS
LENTILS
LEAFY GREENS

FRUITS

AVOCADO
APPLES
BERRIES
PEACHES
PEARS
PLUMS

WHOLE GRAINS

BREADS
CEREALS
OATS
PASTAS

NUTS & SEEDS

PUMPKIN SEEDS
CHIA SEEDS
ALMONDS
PISTACHIOS

Mix it Up! Add a variety of fibers at each meal!

Council on Aging

Operating Procedure: Older Americans Act: Consumer and Caregiver Grievance

Policy Number:

Departments: *Provider Services, Elderly Services Program, and Caregiver Program*

Effective Date: 12/01/2026

Revised Date:

Next Review Date:12/01/2027

SCOPE:

The grievance process described in this policy will affect any recipient of Title III subcontracted services through Council on Aging of Southwestern Ohio (COA).

POLICY:

The purpose of this policy is to ensure that COA has developed a grievance process to identify and resolve complaints regarding Title III services/programs offered through COA or its contracted providers. The process will address intake, assignment, timeliness and resolution of complaints. Any client of COA services or assistance has the right to file a grievance or grievance over any unresolved conflict or issue that arises during receiving services, including service received directly from COA or service received by a contracted agency. Grievance procedure will be given upon request, upon enrollment and annually into a OAA funded program.

DEFINITIONS:

Grievance: A grievance may regard any aspect of Title III services, including COA staff action or inaction and may be received from any source verbally or in writing. Sources of complaints may include, but not be limited to, clients, caregivers, authorized representatives, families, neighbors, agencies, providers and legislators.

PROCEDURE:

- A. All clients will be made aware of the COA grievance process and will be informed that any grievance should be discussed initially with the client's first point of contact at COA as applicable. Every effort to resolve grievance at lowest level must be made.
 - B. If grievance involves a provider action COA may require consumer to seek resolution from provider prior to submitting grievance to COA.
 - C. Provider Grievances, whether verbal or written will be sent to Provider Service Business Relations Partner (BRP) for applicable follow up
 - D. All grievances received will be submitted for review to COA's Business Relations Partner (BRP) within one (1) day of receiving the complaint. All complaints must include the following information:
 1. The reason for the complaint
 2. Expected resolution or outcome
 3. Any attempts (including a timeline of events) made to resolve the issue previously
 - E. If the grievance received is related to service delivered by a COA contracted provider, the BRP will follow up with the provider and the assigned provider relations partner directly.
 - F. COA to acknowledge receipt of grievance in writing within 5 Business days of receipt, unless resolved prior to 5 days. Client may request face to face meeting prior to COA determination. If the
-

grievance indicates the potential for physical harm to a client, it will be addressed within one (1) day of receipt of the complaint.

- G. The BRP will confer with all parties directly involved in the grievance to determine all pertinent facts, clarify all applicable statutes and regulations; develop an appropriate recommended resolution and provide feedback to all parties involved.
- H. A decision in writing mailed to consumer within 15 business days of receipt.
- I. COA will allow no less than 15 business days for consumer to review and respond to COA decision before it becomes final.
- J. COA shall keep on file written documentation of all steps taken to resolve a complaint, the recommended resolution and the response to the recommended resolution made by the parties to the complaint.
- K. Information will be documented, maintained and used to identify any quality improvement opportunities, staff education and/or updates to policies and procedures as appropriate.
- L. COA will assure that the confidentiality of the client is maintained at all times during the grievance process.
- M. Retaliation is prohibited by COA or its providers against a consumer or caregiver for submitting a grievance.
- N. If reduction of services and or disenrollment from OAA funded services will follow program specific appeal process.
- O. Consumer or caregiver may choose to have another person represent the consumer or caregiver at any point in a grievance process and receive a copy of any notice due to the consumer or caregiver under this rule.
- P. A consumer or caregiver may seek assistance from the long-term ombudsman program to file a grievance with COA

Reference: 173-3-08 Older Americans Act: Consumer and Caregiver Grievances
[173-3-08 PH FF N RU 20251103 0854.pdf](#)



Continuity of Operations Plan (COOP)

Revised: March 2026

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QUICK GUIDE – STANDARD EMERGENCY RESPONSE PROTOCOL

The COOP is activated at the discretion of the CEO and/or the Senior Leadership Team (SLT) and may be activated if any of the following circumstances apply:

- Operational capacity has been or is likely to be impacted for more than 72 hours.
- If client services have been or are likely to be disrupted for more than 24 hours.
- If clients are or are likely to be at risk.
- If the magnitude of the event requires significant mobilization of resources.
- If a natural, pandemic, or cyber disaster prevents several leaders at COA from operating at capacity.
- Weather alert or warning is issued by the National Weather Service which indicates likelihood of widespread damage.

Emergency Definition:

An emergency is defined as an event or series of events that place the operational capacity of COA at risk and/or significantly disrupts client services or places clients at risk. When such events occur, COA will activate the COOP. COA will also activate the COOP when weather alerts and warnings are issued by the National Weather Service that indicate there is a potential for widespread damage that can severely impact operational capacity.

Keep in mind that emergencies do not always present themselves immediately and may develop over time. Therefore, members of the Senior Leadership Team and COA staff must be able to recognize potential emergencies that place our operations or clients at risk. Clients may be at risk even if operations are not impacted, for example, a power outage during a heat wave.

Employees are, therefore, encouraged to report information to their supervisors or members of the Senior Leadership Team immediately if they believe a situation is developing that may severely impact operational capacity or place clients at risk.

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Pre-Event (If warning is given):

- Step 1. Issue a COOP Alert. Essential personnel (See COA Essential Personnel and Back-up list) should be on stand-by (i.e., monitoring email and voicemail) for instructions and report any issues to the Senior Leadership Team.

- Step 2. Determine potential impact - how the emergency is likely to affect operational capacity, the delivery of client services, fulfillment of contractual obligations. Refer to the table of Critical Operational Functions to determine operational capacity. Refer to Appendix A for a worksheet of client critical needs). Review Senior Leadership Team roles and responsibilities (Under Emergency Response Team Roles and Responsibilities).

- Step 3. Develop a preliminary, scenario-based plan or plans (e.g., if 'scenario XYZ' happens, we will implement 'plan 123').

- Step 4. Establish lines of communication between local Emergency Management Agency's (EMA)major funders, employees, providers, and care management organizations.

- Step 5. Update client and employee contact lists (if necessary, and if time permits).

- Step 6. Monitor the situation and report issues.

Post-Event

- Step 1. If COOP was not activated prior, activate the COOP.

- Step 2. Review list of critical needs (Appendix A).
 - a. Determine what critical needs have been impacted by the current situation.
 - b. Use the worksheet to develop a plan for ensuring the critical needs are met. Plan should include:
 - i. List of required resources and how they will be procured.
 - ii. Staff duties.
 - c. Assess operational capacity (see Critical Operational Functions). What is the status of the following?
 - i. Employees (see Appendix G for Personnel Status Report)
 - ii. Infrastructure (see Appendix C for damage assessment form).
 - iii. Building

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- iv. IT/Communications
- v. Providers and contracted care management organizations
- vi. Major funders

- d. Review roles and responsibilities (Under Emergency Response Team Roles and Responsibilities).

Step 3. Develop plan to address critical needs and/or restore operations. Refer to procedures for establishing operations at an alternate site (Section XIII) and restoring computer systems (See LOOP, Documents Library, COOP Files for a copy of the IT Disaster recovery plan)

Step 4. Communicate the plan to internal and external stakeholders.

- a. Inform staff and providers that the COOP has been activated and the organization is operating in emergency management mode.
- b. Clearly articulate roles and responsibilities.

If specifics are not available, inform staff when and where staff instructions will be made available.

Step 5. Establish lines of communication with:

- a. Providers and care management organizations
- b. Emergency Management Agencies
- c. Major funders
- d. Other community leaders, board members, and external stakeholders.

Step 6. Deactivate the COOP once operations are fully restored, client services are fully restored, and/or clients are no longer at risk.

Debrief and update plan with any best practices.

MISSION STATEMENT

Mission Statement: A management-supported, cost-effective and documented plan that provides agency-wide capability for organized preparation and timely recovery from a major unforeseen disruption.

INTRODUCTION

This document contains the process and activities required to be performed in the event a disaster should take place at Council on Aging of Southwestern Ohio (COA). The information is intended to create awareness of the major subjects and items requiring attention in case of a disaster and to prevent an operational outage in any area of the agency from having a significant impact on the critical operations of the agency.

An emergency is defined as an event, or series of events, that place the operational capacity of COA at risk and/or significantly disrupts client services or places clients at risk.

The COOP is activated at the discretion of the CEO and/or the Senior Leadership Team and may be activated if any of the following circumstances apply:

- i. Operational capacity has been or is likely to be impacted for more than 72 hours.
- ii. If client services have been or are likely to be disrupted for more than 24 hours.
- iii. If clients are or are likely to be at risk.
- iv. If a natural, pandemic, or cyber disaster prevents several leaders at COA from operating at capacity.
- v. If the magnitude of the event requires significant mobilization of resources.
- vi. If the National Weather Service issues a weather alert or warning that poses significant risk to employees or clients, for example severe storms with high winds that may cause widespread power outages.

Keep in mind that emergencies do not always present themselves immediately and may develop over time and/or may involve only a specific geographic region. Therefore, members of the Senior Leadership Team and COA staff must be able to recognize potential emergencies that place our operations or clients at risk.

Clients may be at risk even if operations are not impacted, for example, a power outage during a heat wave. Employees are therefore encouraged to report information to their supervisors or members of the Senior Leadership Team immediately if they believe a situation is developing that may severely impact operational capacity or place clients at risk.

The Chief Executive Officer (or designee), in coordination with the Senior Leadership Team, will provide all instructions to insure maximum coordination. Depending on the severity of the event and the services available, directives (including declaration of the disaster, policies for

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preparing and recovering from the disaster issued before and after the disaster, will be communicated to the Department Managers via email, telephone or through a general coordination meeting. In turn, each Department Manager will convey directives and decisions to their respective staff.

This plan is not intended to address every contingency. Rather, it is intended to provide the approach to continuing operations through an emergency, and/or re-establishing operations after an emergency. The principal purpose is to provide the framework for actions and to raise the questions that the resulting strategy must address.

Likewise, this document builds on existing policies and procedures and is not intended to replace them, but rather to provide a framework within which those policies and procedures related to emergency response may operate. A list of related policies, procedures, and documents is in [Appendix H](#).

This is a living document and is intended to be reviewed and modified, at least annually. If the plan is activated, the plan should be reviewed and modified post-emergency once staff members have had the opportunity to debrief. In addition, the document outlines preparedness duties that should take place annually (or quarterly where noted).

The document is organized by position and indicates action steps before and after a disaster or an emergency. The pre-emergency steps assume in some cases, like severe weather, the organization may have some preparation time.

POLICY STATEMENT

In an emergency, it is COA's responsibility to do what is necessary to sustain critical services to our clients. We are proactive problem solvers. We may work extra hours, temporarily perform different tasks and suspend certain operations to meet this expectation.

To our clients and providers: COA is never closed. COA staff members are proactive problem solvers who do what is needed to sustain critical services to clients. COA provides education and information to help clients and providers prepare.

To the community at large: COA is a proactive problem-solving agency that has a key role in regional emergency preparedness strategies. COA is a resource for information. In an emergency, COA is at the right hand of decision makers, providing resources and information in emergencies. COA participates in emergency preparedness at the community leadership level.

Therefore, it shall be the policy of COA (COA) to provide a Continuity of Operations (COOP) Plan to protect the assets, records, information, well-being, and safety of employees and to provide for the continuation of essential services to the organization and its clients. The major objectives of the Plan are to provide a program to achieve the following ends in the event of a disaster in our building or our service region:

- Ensure that COA is prepared to respond to emergencies, recover from them, and mitigate the associated risks.
- Ensure that a viable capability exists to continue essential COA functions across a wide range of potential emergencies, specifically when the primary facility is either threatened or inaccessible.
- To protect the employees of COA from any further damage to their health and safety.
- To continue operations in order to maintain essential client services, to recover and continue support services in a timely and orderly manner, and to maintain the confidence of clients, employees, funding providers and vendors.

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- To restore and re-establish critical operations within 24 to 48 hours of a declared disaster at the agency or within the service region.
- To identify and designate principals and support staff to be relocated.
- To facilitate decision-making for execution of the Plan and the subsequent conduct of operations.

A viable continuity of operations plan must:

- Require and maintain a high level of readiness.
- Be capable of implementation, both with or without warning.
- Be operational no later than 12 hours after activation.
- Maintain sustained operations for up to 30 days.
- Maximize existing local, state, and/or federal government infrastructures.

Approved by:

Chief Executive Officer

Date

ESSENTIAL PERSONNEL

All managers will receive updated employee contact lists at least **monthly** from Human Resources. These lists serve as department and team phone trees to use in the event of an emergency.

COA Essential Personnel and Back Up List

These are designated members of staff that may be required to report in the event of an emergency. They serve on the Emergency Response Team (ERT) or perform a function critical to the restoration of agency operations. Additional staff may be required to report depending on the nature of the emergency and/or COA response.

In addition, this list includes designated members of staff that may be required to **BACK-UP** the Essential Personnel in the event of an emergency in the event the primary staff member is unable to fulfill their duties. This list is updated at least **monthly** by Human Resources.

Essential Personnel Name/Position	ERT Role	Essential Personnel Phone Nos.	Back-Up Personnel	Back-Up Personnel Phone Nos.
Command Staff				
Suzanne Burke CEO	Incident Commander	(513) 345-8606 D (513) 885-4379 M	Ken Wilson, Chief Operations and Program Officer	(513) 623-3895 D (513) 703-5632 M
Paula Smith Senior Strategic Communications Partners	Public Information Officer	(513) 345-3315 D (513) 509-9211 M	Nan Cahall, Director of Government Relations	(513) 502-7785 D (513) 703-9037 M
Nan Cahall Director, Gov. Relations	Liaison Officer	(513) 538-0071 D (513) 703-9037 M	Judy Eschmann Vice President of Community Connections	(513) 519-8890 (513) 205-9369

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Essential Personnel Name/Position	ERT Role	Essential Personnel Phone Nos.	Back-Up Personnel	Back-Up Personnel Phone Nos.
Jacqueline Hutsell Chief Human Resources and Learning Officer CHRLO	Safety Officer	(513) 623-3891 D (513) 885-3351 M	Yolanda Master, Supervisor, Safety and Building Operations John Jones Director, People Services	(513) 623-2242 C (513) 371-9069 M (513) 345-3392 D (513) 607-8310 M
General Staff				
Ken Wilson Chief Operating and Program Officer COPO	Operations Chief	(513) 623-3895 D (513) 703-5632 M	Judy Eschmann, Vice President of Community Connections and Programs Backup Stephanie Seyfried, VP of Medicaid Brooke Gulley, VP of Medicaid	(513) 519-8890 D (513) 205-9369 M (513) 814-2162 D (513) 404-4332 M (513) 623-3853 D (513) 309-1419 M
Andy Craig Chief Information and Security Officer CISO	Information and Security Chief	(513) 253-3240	Mark Plunkett, Director Infrastructure and Security Backup Brian Frondorf Director, Information Technology	(513) 623-3847 C (513) 919-0050

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Essential Personnel Name/Position	ERT Role	Essential Personnel Phone Nos.	Back-Up Personnel	Back-Up Personnel Phone Nos.
Ronnie Spears CFO	Administrative Chief Financial Officer	(513) 623-3611 D (513) 659-1852 M	Dana Zidarescu Director, Finance and Business Intelligence Backup Carl McCullough	(513) 614-5584 D (513) 502-7896 M (513) 289-1057
Sharon Fusco	Planning and Logistics Chief	(513) 345-5885 D (513) 604-1041 M	Jennifer Williams Project Manager	513-345-3341 (D) 513-604-5856 (M)

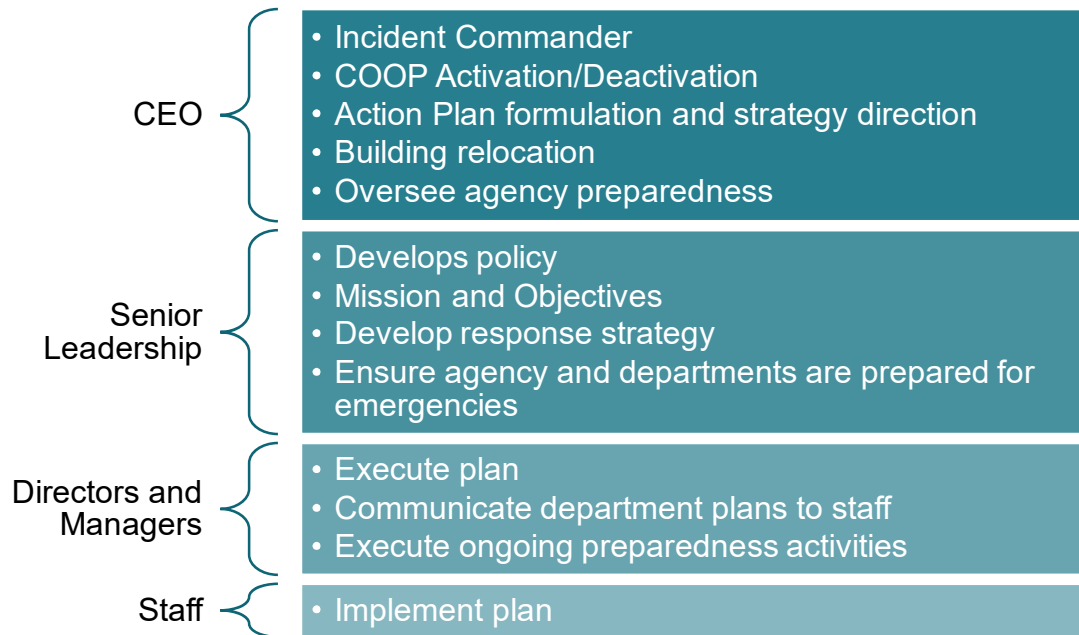
The Senior Leadership Team (SLT) handles ensuring the preparation, coordination, and recovery of the various units/departments within COA prior to and following an emergency.

All Managers are considered essential personnel and are responsible for executing the plans and strategies developed by the Senior Leadership Team.

Diagram 1 - Emergency Planning Roles and Responsibilities

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EMERGENCY RESPONSE TEAM ROLES AND RESPONSIBILITIES

Incident Management Team Roles

Command Staff

- Provides information, liaison, and safety services for the entire organization.
- Report directly to the Incident Commander

Roles	Key Responsibilities
Incident Commander	Monitors Policy Execute and Administers Authority Oversees compliance with the mission COOP Activation/Deactivation Incident Action Plan formulation and strategy development Building relocation Oversee agency preparedness
Public Information Officer	Represents and advises the Incident Command internally, in the media and public inquires
Liaison Officer	Advises Incident Commander in managing communication with EMT and public officials Collaborate with EMT and public officials on new strategies and information
Safety Officer	Monitors incident operations and advises the Incident Commander on all matters relating to operational safety, including health and safety of personnel.

General Staff

Roles	Responsibilities
Operations Section Chiefs	<ul style="list-style-type: none">• Develops the tactical organization and directs all resources to carry out the incident action plan.
Administration Chief	<ul style="list-style-type: none">• Monitors costs related to the incident. Overall fiscal guidance.
Planning and Logistics Chief	<ul style="list-style-type: none">• Develops the incident action plan to accomplish the objectives.• Provides resources and all other services needed to support the incident.

Emergency Response Team Responsibilities

ERT Role	Responsibilities When the COOP is Activated
Incident Commander	<ul style="list-style-type: none"> • Responsible for directing the Senior Leadership Team and coordinating COA's response. • The CEO is responsible for activating and terminating the COOP. In the absence of the CEO, any member of Senior Leadership Team may activate the COOP.
Public Information Officer	<ul style="list-style-type: none"> • Manage and coordinate media and social media activities. • Establish, maintain and activate information center for developing and disseminating communications to all stakeholders. • Develops accurate and complete information on the incident's cause, size, and current situation; resources committed; and other matters of general interest for both internal and external consumption. • Perform a key public information-monitoring role. • Maintain close communications with the Incident Commander.
Liaison Officer	<ul style="list-style-type: none"> • Responsible for keeping emergency management agencies (EMAs), Ohio Department of Aging, Ohio Department of Medicaid, County Commissioners, and other government agencies informed of COA status. • Work with EMAs to ensure senior needs are considered in community-wide emergency response. • Assistants and personnel from other agencies or organizations (public and private) involved in incident management activities may be assigned to the Liaison Officer to facilitate coordination. • Maintain close communications with the Incident Commander.

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ERT Role	Responsibilities When the COOP is Activated
Safety Officer	<ul style="list-style-type: none"> • Responsible for ensuring the organization is prepared for emergencies. • Update the COOP plan as required. • Work with the Senior Leadership Team to identify emergency preparedness needs. • Responsible for ensuring the safety of employees, volunteers, and clients. • Tracks and monitors status of employees. • Addresses building safety issues • Ensure new hires receive emergency preparedness training. Ensures annual employee training and drills are conducted. • Conduct post-activation debriefings to identify best practices and lessons learned. • Responsible for the set of systems and procedures necessary to ensure ongoing assessment of coordination of multiagency safety efforts and implementation of measures to promote emergency safety, as well as the general safety of incident operations. • Safety officer has emergency authority to stop and/or prevent unsafe acts during incident operations. • Maintain close communications with the Incident Commander.
Operations Section Chiefs	<ul style="list-style-type: none"> • Manage tactical operations • Develop the operations portion of the Incident Action Plan. • Supervises the execution of the operations portion of the Incident Action Plan. • Maintain close contact with subordinate positions. • Make or approve expedient changes to the operations portion of the Incident Action Plan. • Maintain close communication with the Incident Commander. • Manages what operations are needed next, coordinates staff and resource needs for next steps. • Works with the provider network to coordinate emergency response to leverage resources • Coordinates response with subcontracted care management agencies for ESP and satellite offices in Clinton Counties.
Operations Section Chief Medicaid	<ul style="list-style-type: none"> • Manages what operations are needed next, coordinates staff and resource needs for next steps. Keeps major funders informed. Coordinates response with the Managed Care Organizations. • Manage tactical operations • Develop the operations portion of the Incident Action Plan. • Supervises the execution of the operations portion of the Incident Action Plan. • Maintain close contact with subordinate positions. • Make or approve expedient changes to the operations portion of the Incident Action Plan. • Maintain close communications with the Incident Commander.

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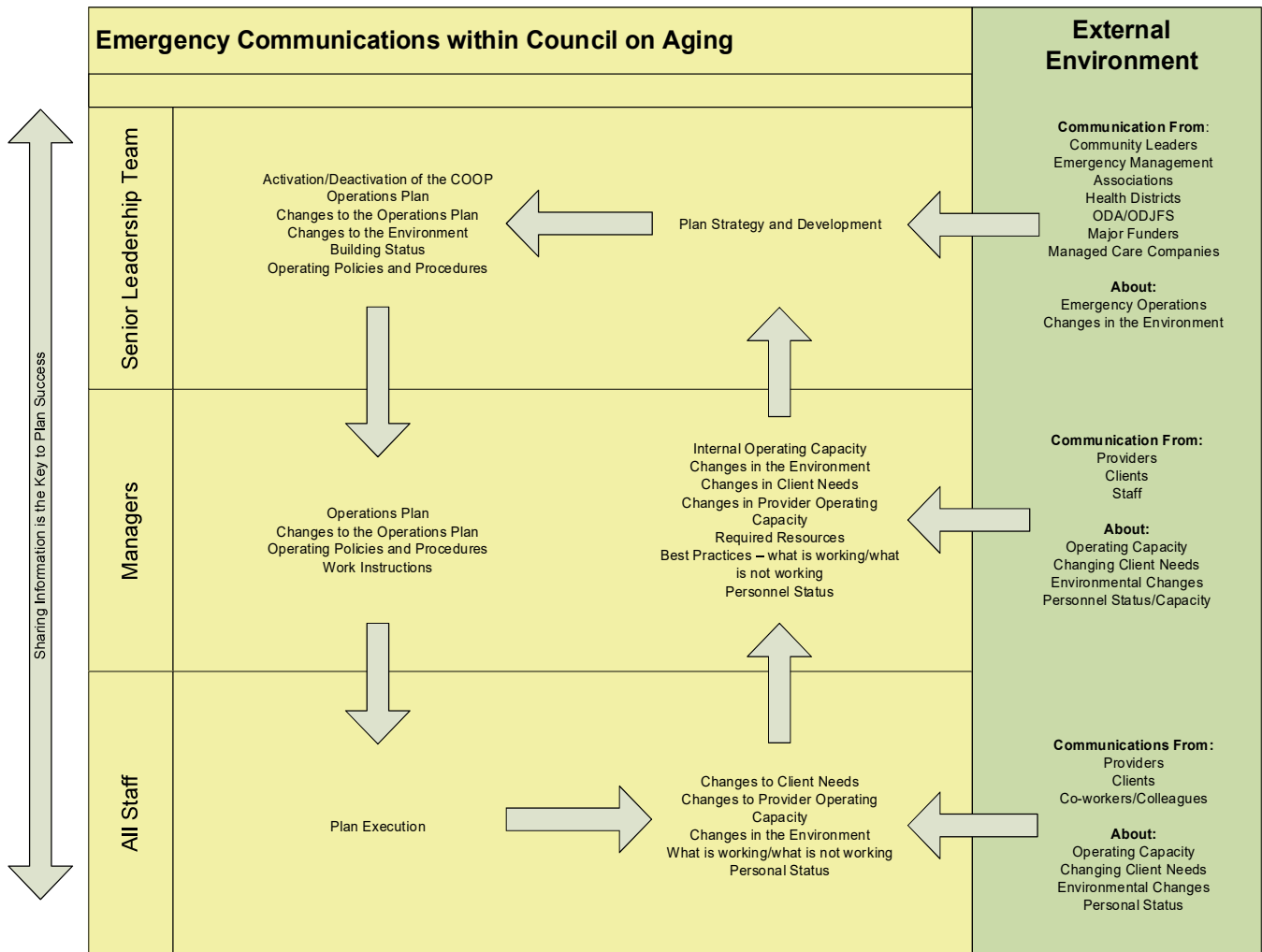
Continuity of Operations Plan

ERT Role	Responsibilities When the COOP is Activated
Administration Chief	<ul style="list-style-type: none"> • Monitors costs related to the incident. • Overall fiscal guidance. • Collect and manage all incident-relevant operational data • Conduct and facilitate planning meetings • Determine the need for specialized resources to support the incident. • Compile and display incident status information • Maintain close communications with the Incident Commander.
Planning and Logistics Chief	<ul style="list-style-type: none"> • Manage all incident logistics • Provides guidance and direction regarding contracts. • Develops the action plan to accomplish the objectives. • Coordinates and arranges activities of the Emergency Response Team during an emergency. • Manages “stuff required,” locates, arranges for the purchase and delivery of supplies, resources, etc. • Provide logistical input to the Incident Commander in preparing the Incident Action Plan. • Identify anticipated and known incident service and support requirements. • Request additional resources, as needed. • Maintain close communications with the Incident Commander.
Information and Security Chief	<ul style="list-style-type: none"> • Refer to the ‘IT Disaster Recovery Plan’ located on LOOP, Documents Library, COOP file for back-up and file recovery procedures. This procedure outlines the steps required for backing up the data daily. • In addition, the steps are outlined for restoring data from back-up and how to address situations where current hardware becomes unavailable (e.g., if COA’s building becomes uninhabitable). • This plan is reviewed and updated annually.
Vice Presidents, Directors and Managers	<ul style="list-style-type: none"> • All department managers are responsible for executing emergency operations plans as developed by the Senior Leadership Team.

Communications and Information Flow

Sharing information across the organization is the key to effective emergency response. The following diagram displays the lines of communication and to whom staff should report various types of information. **Basic Rule: When in doubt - share it!**

Diagram 2 - Emergency Communications



Notification Procedures

The COOP is activated by the Chief Executive Officer, or a member of the Senior Leadership Team, when the threat of an emergency is imminent, or a disaster has occurred. The Chief Executive Officer will notify the Senior Leadership Team via email or phone and convene a

meeting to discuss next steps. Phone numbers for all essential personnel are listed in Section 4.

If possible, the Senior Leadership Team should try to assemble staff and to communicate the action plan and expectations. This is the most effective form of communication. Depending on the duration of the emergency or restoration plan, more than one all-staff meeting may be required. In addition, if the situation warrants, the Senior Leadership Team should establish a communications plan for informing providers and clients.

Task Assignments of the Senior Leadership Team

The Senior Leadership Team is responsible for monitoring events to determine if the COOP should be activated. The Senior Leadership Team will activate the COOP when:

- Operational capacity has been or is likely to be impacted.
- If client services have been or are likely to be disrupted; and/or
- If clients are or are likely to be at risk.
- If a natural, pandemic, or cyber disaster prevents several leaders at COA from operating at capacity.

Because disasters do not always present themselves immediately and may develop over time, members of the Senior Leadership Team and COA staff must be able to recognize potential emergencies that place our operations or clients at risk. Clients may be at risk even if operations are not impacted, for example, a power outage during a heat wave. Employees are therefore encouraged to report information to their supervisors or members of the Senior Leadership Team immediately if they believe a situation is developing that may severely impact operational capacity or place clients at risk.

In the event of an emergency, the Senior Leadership Team or backups will meet to formulate an action plan based upon:

1. The type of emergency and the most likely scenarios that will result.
2. The critical client needs are most likely to be affected by the situation. A list of critical needs is provided on the next page.

The plan will focus on two areas:

1. Steps required restoring operations. Review the list of critical operational functions as a starting point for the plan development.
2. Steps required restoring or continuing client services, addressing the most critical needs first. Appendix A provides a worksheet format so the Senior Leadership Team can easily determine which needs are most likely to be affected by the situation and determine the appropriate response.

The Senior Leadership Team will revisit the plan continually as client needs and COA's operational status may change as the disaster or emergency unfolds.

Weather-related activation: COA will activate the COOP if the National Weather Service issues weather alerts or warning that poses significant risk to employees or clients; for example, severe storms with high winds that may cause widespread power outages. When the COOP is activated due to weather alert/warning, essential staff are advised to check in with their manager and routinely check voicemail and email for updates. In addition, they are expected to report potential issues to the Senior Leadership Team. If the COOP is activated

due to weather, but the aftermath does not require an emergency response, the COOP will automatically be deactivated. COA will also follow county-issued travel restrictions.

COA Critical Operational Functions and Client Needs

The following is a list of needs for the agency to restore operations. The Senior Leadership Team should use this list to determine internal operational capacity and prioritize restoration plans.

Table 3: COA Critical Operational Functions

Requirement	Time	Questions/Options	Consult with
Command site operational	Immediate	<ol style="list-style-type: none"> 1) Is the building inhabitable (safe)? Alternate building BrickerGraydon downtown Scripps Building or PACE Cincinnati (Norwood Ohio) 2) Does the building have power? (Generator lasts two days.) 	Building management Power company Alternative Site Manager ODA
Universal means of communicating with staff, funders, and providers	Immediate	Will depend on the availability of IT Systems. Options include: <ul style="list-style-type: none"> • All staff emails • All staff voicemails • Initiate phone tree • TEAMS/ZOOM • Posting information on COA website • Posting info on LOOP (COA intranet – Cloud based) • Sending global text regarding COOP tasks • Posting signs on the building entrances 	Projects and IT Manager Power company Phone company
Client Information	Immediate	<ol style="list-style-type: none"> 1) Do we have access to COA systems? 2) Do we use back-up data or client lists and the Go-File with critical business contacts and contracts? 3) How do we disseminate data? 	
Staff assembly site (co-located with command site)	w/in 24 hrs.	<ol style="list-style-type: none"> 1) Is the building inhabitable? Alternate site is individual homes. 2) If our building does not have power the generator can be active for two days. 3) Our employee site for information will be The Loop. 	
Data/IT	w/in 24 hrs.	Refer to the IT procedures for restoring communications	Projects and IT Manager
Phones	w/in 24 hrs.	Refer to the IT procedures for restoring communications	Projects and IT Manager

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Provider Capacity	w/in 24 hrs.	1) What is the capacity of our providers? 2) Have the providers initiated their emergency plans?	Provider Services Manager Providers
Major Funders	w/in 24 hrs.	1) What is the status of the funder? 2) Have our funders initiated their emergency plans? 3) What do our funders need from us?	Senior Leadership Team

Client Critical Needs

The following table lists the critical client needs in the event of an emergency. These are mission essential functions and are prioritized based on the impact if the need is not met. Note: Responsibility indicates who has primary responsibility for ensuring the need is met. This list assumes all three parties are working cooperatively in the process. Note the magnitude of the situation may change. As such, this list should be periodically reviewed during the crisis as new information becomes available.

Table 4: Critical Needs A complete list of items is listed in [Appendix A](#).

Critical Need	Priority	Responsibility
All Emergency Situations		
• Food/ Home Delivered Meals/Non-Perishable	1	COA/EMA
• Water	1	COA/EMA
• Shelter (if home destroyed)	1	EMA
• Personal care for clients with incontinence	2	COA
• Adult Day Services for clients with dementia and lack the supervision at home.	2	COA
• Access to Controlled and Non-Controlled Medications	2	EMA
• Ice and Coolers for medications during a heat emergency or power outage	2	EMA
• Manual Hoyer Lifts	2	EMA
• Manual Wheelchairs	2	EMA
• Assistance with insurance paperwork (ILA and/or Red Cross, Legal Services)	3	COA
Power Outages:		
• Assistance to people who rely on power for medical equipment (wheelchair/scooters, hospital bed, Oxygen)	1	COA

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• Assistance to safely get clients out of building (no electricity-no elevator)	n/a	EMA
• Batteries: variety. "D" most in need	3	Client
• Battery Operated Touch Lamps	3	Client
• Flashlights/Lanterns	3	Client
• Communications (telephones may not work)	3	Client
Cold Emergencies/Power Outage:		
• Heat in Severe Cold Emergency/Heating Oil/Furnace Repair	1	EMA
• Warm clothing, sleeping bags or blankets	1 or 2	EMA
Heat Emergencies:		
• Air Conditioning	1	EMA
• Fans, battery operated fans	1	Client
Other or Client Preparation:		
• Radio - battery operated	3	Client
• Transportation for volunteers	3	EMA
• Gasoline	3	Client
• Shelter for consumer's pet	3	EMA
• Cash on hand- no or limited access to ATM/banks	3	Client
Priority: 1 = life dependent 2 = safety 3 = amenity		

Critical Information Documents

The 'Go-File' is a critical element of this plan. The Go-File contains back-up documentation necessary for restoring and/or continuing operations. A complete list of items in the Go-File is listed in [Appendix B](#).

Annual Review and Updates

The Senior Leadership Team is responsible for ensuring the agency is prepared to continue operations through emergencies. Specific duties related to these efforts are outlined in Ongoing Emergency Preparedness, Maintenance and Training.

Tasks and Duties of Incident Commander

Primary Role: Incident Commander

Primary Function: Responsible for directing the Senior Leadership Team and coordinating COA's response. The CEO or designee is responsible for activating and terminating the COOP. In the absence of the CEO, the COPO or any member of the Senior Leadership Team may activate the COOP.

Back-up: Chief Operating and Programs Officer (COPO)

Pre-Disaster (when warning is given) or Immediately After:

If a disaster is imminent and time permits, follow these steps.

Step 1. Activate the COOP.

Step 2. Convene the Senior Leadership Team.

Step 3. Notify staff and providers that the COOP is activated.

Step 4. If the office building closes, advise staff members of the agency's decision to close the office and implement the agency's disaster payroll policy (see: Employee Handbook, Health and Safety, Building Closure, Early Dismissal, or Delayed Opening), if appropriate.

Ensure that the agency is safely secured.

Post – Disaster:

- Contact members of the Senior Leadership Team and designate which members will conduct the initial agency assessment.
- Meet with the Senior Leadership Team and determine the level of operations for the agency.
- Contact Unit/Department Supervisors and schedule a meeting to discuss the level of agency operations.
- Authorize opening of the agency, where conditions are safe, or direct Senior Leadership Team to relocate to the alternate facility.
- Instruct Unit/Department Supervisors to conduct a preliminary damage assessment and report any damage to the Chief Human Resources and Learning Officer (CHRLO)
- Discuss any emergency procedures instituted by the County, or other Authority, with the Unit/Department Managers and ensure that they are followed, if appropriate.

Tasks and Duties of the Public Information Officer

Primary Role: Public Information Officer

Primary Duty: Support the information needs of the Emergency Response Team (ERT). Manage and coordinate media and social media activities. Establish, maintain and deactivate information center for developing and disseminating communications to all stakeholders.

Back-up: Director of Government Relations

Pre-Disaster and Post-Disaster

- Execute the Crisis Communications Plan.
- Work with ERT to gather and coordinate information about the emergency or crisis and consult on public communications policies (legal counsel may also be involved)
- Serve as the primary contact for media and external stakeholders seeking general information. Communicate initial response plan, such as building closures, to media outlets.
- Develop communication and outreach products (e.g., talking points, briefings, fact sheets, news releases, web content, social media content, mass email)
- Act as spokesperson, along with CEO and other designated members or ERT; prepare other speakers before interviews.
- Assists CHRLO with employee communications, if needed.
- Ensure coordination of information with other spokespersons, such as provider organization executives
- Determine frequency of any news briefings, moderate news briefings
- Responds to inquiries from government agencies and other key stakeholders
- Analyze the impacted community to identify diverse groups which may require additional planning; ensure information is received and understood
- Monitor and analyze public perception of ongoing events and adjust messages, if necessary. Advise on public rumors and misinformation in media/social media.

Tasks and Duties of the Liaison Officer

Primary Role: Liaison Officer

Primary Duty: Responsible for keeping emergency management agency's (EMAs), Ohio Department of Aging, Ohio Department of Jobs and Family Services, Ohio Department of Medicaid, County Commissioners, and other government agencies informed of COA status. Work with EMAs to ensure senior needs are considered in community-wide emergency response.

Back-up: TBD

Ongoing: Represent COA at various emergency management stakeholder meetings.

Disaster – The Command Team

- Responsible for keeping emergency management agencies (EMAs), Ohio Department of Aging, Ohio Department of Medicaid, County Commissioners, and other government agencies informed of COA status.
- Work with EMAs to ensure senior needs are considered in community-wide emergency response.
- Assistants and personnel from other agencies or organizations (public and private) involved in incident management activities may be assigned to the Liaison Officer to facilitate coordination.
- Maintain close communication with the Incident Commander.

Pre-Disaster (when warning is given) or Immediately After

- Work with CEO to establish working relationships with local EMAs.
- Engage in emergency preparedness planning with local EMAs to ensure senior needs are considered in regional readiness plans.

Post-Disaster:

- Inform appropriate EMAs that the COA COOP has been activated.
- Share emergency operations plans and updates with the EMAs. Gather and report information back to the Senior Leadership Team on EMA operations.

Tasks and Duties of the Safety Officer

Primary Role: Safety Officer – Command Team

Primary Function: Facilitator of emergency response plan development. Responsible for ensuring the organization is prepared for emergencies and updating the COOP as required. Responsible for ensuring the safety of employees, volunteers, clients.

Back-up: Supervisor, Building and Safety and Director, People Services

Ongoing

- Distribute updated Employee Contact List (monthly)
- If necessary, provide staff instructions regarding building closures, safety protocols, and return to work policies.
- Coordinates organizational readiness training and drills.
- Update COOP no less than annually.
- Ensure back-up locations (Bricker Graydon Law Office (Scripps Building, multi-level) Downtown Cincinnati) or PACE Cincinnati, one level, Norwood Ohio.
- Coordinates and works with other Senior Leadership Team members to organize projects related to organizational readiness.
- Ensure Senior Leadership Team, Managers, Providers, and Staff receive training on the plan.
- Work with the Senior Leadership Team to ensure necessary elements of the plan are ready (such as the go-list, contact lists, etc.)

Pre-Disaster (when warning is given) or Immediately After

- Alerts CEO and Senior Leadership when the COOP should be activated.
- Oversee monitoring of weather alerts, disasters, pandemics, threats (political, domestic and cyber).

Disaster – Serves on Command Team

- Responsible for the set of systems and procedures necessary to ensure ongoing assessment of coordination of multiagency safety efforts and implementation of measures to promote emergency safety, as well as the general safety of incident operations.

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Continuity of Operations Plan

- Safety officer has emergency authority to stop and/or prevent unsafe acts during incident operations.
- Maintain close communication with the Incident Commander

Post-Disaster

- Collect and report data to CEO and Senior Leadership Team regarding staff capacity (i.e., number of staff unable to report to work).
- Directs efforts related to ensuring employee safety.
- Coordinates and centralizes employee communications.
- Ensures building safety. Contact the agency's building management (Refer to Appendix J: Emergency Contact Information (Cincinnati) for the phone number) to obtain a status regarding restoration of power to lights, air conditioning, telephone system, information systems and key operations; as well as determine the severity of the damage to the building and the foreseeable length of time that the agency could be displaced.
- Ensure that the Go-List includes pertinent agency documents, lists, policies, accounting statements, intake forms, retainer agreements, and other documents needed by the agency to continue providing essential services to the community is in the cloud. [See Appendix B – Essential Documents in the Cloud]

Tasks and Duties of the Operations Chief

Primary Role: Operations Section Chief and Incident Commander Backup

Primary Function: Manages what operations are needed next, coordinates staff and resource needs for next steps. Coordinates and aligns provider response with COA response to reduce redundancy and leverage resources. Coordinates response with funders and subcontracted care management agencies for ESP, Transitional Services and satellite offices in Clinton Counties.

Back Up: VP of Community Connections

Ongoing

- Ensure every department has an emergency response plan.
- Ensure hard copy client lists are updated regularly and available and stored in a secure location.
- Ensure a hard copy provider list is updated regularly and available.

Pre-Disaster (when warning is given) or Immediately After

- Develop emergency operations plan for restoring client services.
- Direct the Case Management Program Managers to operationalize the strategies developed by the Senior Leadership Team for restoring client services.
- Coordinate communications with provider network.
- Coordinate communications with managed care funders.
- Coordinate communications with Job and Family Services for Medicaid.
- Coordinate communications with subcontracted care management organizations for ESP.
- Coordinate communications and planning with satellite offices in Clinton County.

Disaster – Incident Management Team

- Manage tactical operations
- Develop the operations portion of the Incident Action Plan.
- Supervises the execution of the operations portion of the Incident Action Plan.
- Maintain close contact with subordinate positions.
- Make or approve expedient changes to the operations portion of the Incident Action Plan.

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Continuity of Operations Plan

- Maintain close communication with the Incident Commander.
- Manages what operations are needed next, coordinates staff and resource needs for next steps.
- Works with the provider network to coordinate emergency response to leverage resources
- Coordinates response with subcontracted care management agencies for ESP and satellite offices in Clinton Counties.

Post-Disaster

- Monitor operations. Determine if client needs are shifting.
- Determine next steps towards returning operations to normal. Identify required resources and work with CFO to procure needed items.
- Coordinate response with subcontracted care management organizations for ESP.
- Oversee the engagement of the provider network in response efforts. Ensure provider network is informed and appropriately engaged. Ensure provider network is responding appropriately.

Tasks and Duties of the Operations Chief

Primary Role: Clinical Operations Section Chief -

Primary Function: Manages what operations are needed next, coordinates staff and resource needs for next steps. Coordinates with the Managed Care Organizations.

Back Ups: Vice President of Medicaid

Ongoing

- Ensures every department has an emergency response plan.
- Ensures hard copy client lists are updated regularly and available and stored in a secure location.

Pre-Disaster (when warning is given) or Immediately After

- Develop emergency operations plan for restoring client services.
- Direct the Case Management Program Managers to operationalize the strategies developed by the Senior Leadership Team for restoring client services.
- Contacts the managed care organizations to begin coordination efforts.
- Establish communications with Managed Care Organizations,

Disaster – Incident Management Team

- Manages what operations are needed next, coordinates staff and resource needs for next steps. Keeps major funders informed. Coordinates response with the Managed Care Organizations.
- Manage tactical operations
- Develop the operations portion of the Incident Action Plan.
- Supervises the execution of the operations portion of the Incident Action Plan.
- Maintain close contact with subordinate positions.
- Make or approve expedient changes to the operations portion of the Incident Action Plan.
- Maintain close communications with the Incident Commander.

Post-Disaster

- Monitor operations. Determine if client needs are shifting.
- Determine next steps towards returning operations to normal. Identify required resources and work with CFO.
- Coordinate response effort with managed care entities and subcontracted care management organizations.

Tasks and Duties of the Administration Chief

Primary Role: Administration Chief

Primary Duty: Work with the Senior Leadership Team to identify emergency preparedness needs. Conduct post-activation debriefings to identify best practices and lessons learned.

Back-up: Director, Fiscal and Business Services

Pre-Disaster (when warning is given) or Immediately After

Disaster – Incident Management Team

- Provides guidance and direction regarding contracts.
- Provides oversight, guidance, and direction for our provider network.
- Monitors costs related to the incident.
- Overall fiscal guidance.
- Collect and manage all incident-relevant operational data.
- Determine the need for specialized resources to support the incident.
- Compile and display incident status information.
- Maintain close communication with the Incident Commander.

Post-Disaster

- Facilitator of plan development once COOP activated.
- Ensure coordination between operations, logistics, communications, and safety.
- Support Senior Leadership Team efforts to restore operations.
- Assess any loss to the agency in conjunction with the Senior Leadership Team, using the attached Preliminary Assessment Report (Appendix C), which includes taking photographs and/or a videotape of the damage to the agency's equipment, furniture, and other personal property.
- Oversee the documentation of all expenses incurred by the agency because of its displacement.
- Oversee the submission of the necessary claims to the agency's insurance providers.
- Document lessons learned and best practices.
- Update the COOP as required.

Tasks and Duties of the Planning and Logistics Chief

Primary Role: Planning and Logistics Chief – Incident Management Team

Primary Function: Manage all incident logistics

Back - Up: Project Manager

Disaster – Incident Management Team

- Manage all incident logistics
- Develops the action plan to accomplish the objectives.
- Coordinates and arranges activities of the Emergency Response Team during an emergency.
- Manages “stuff required,” locates, arranges for the purchase and delivery of supplies, resources, etc.
- Provide logistical input to the Incident Commander in preparing the Incident Action Plan.
- Identify anticipated and known incident service and support requirements.
- Request additional resources, as needed.
- Maintain close communication with the Incident Commander

Post – Disaster

- Oversee demobilization of the logistics section.

Tasks and Duties of the Information and Security Chief

Primary Role: CISO

Refer to the 'IT Disaster Recovery Plan' located on LOOP, Documents Library, COOP files for back-up and file recovery procedures. This procedure outlines the steps required for backing up the data daily. In addition, the steps are outlined for restoring data from back-up and how to address situations where current hardware becomes unavailable (e.g., if COA's building becomes uninhabitable). This plan is reviewed and updated no less than annually.

Back-Up: Director of Infrastructure and Security

Ongoing

- Perform tests of the disaster recovery plan as outlined in the plan, no less than annually.
- Ensure data back-ups are performed daily.

Pre-Disaster (when warning is given) or Immediately After

- Ensure that electronic data, files, tapes or servers are properly backed up.
- Ensure that agency's computer equipment and hard files are secured.
- Develop the IT restoration plan given the circumstances of the disaster. Various options are presented in the above-mentioned procedure.
- Oversee the implementation of the recovery plan.
- Keep the Senior Leadership Team apprised of the plan and the status of IT functions.
- Keep CFO informed of the resources needed.
- Keep CHRLO advised of changes in employee capacity.

Tasks and Duties of the Department Directors and Managers

Primary Role: All department managers are responsible for executing emergency operations plans as developed by the Senior Leadership Team.

Back-up: Varies by department.

Ongoing

- Annually review and update department plans for emergency operations.
- Ensure client lists are updated regularly, printed, and stored securely.

Pre-Disaster (when warning is given) or Immediately After

- If the COOP is activated prior to an emergency (i.e., for severe weather),
 - Check in with your senior leader and
 - Monitor email and voicemail for updates.
 - Report any issues or incidents to your VP.
- Provide to each staff member the "General Contact Telephone Numbers" for your Unit and an Agency-Wide General Contact List with evacuation assembly and alternate locations, if relevant. Ensure that all information listed is current.
- Obtain a list of all active cases, deadline dates, and calendars from care managers and assessors (long-term care managers).
- Ensure individual actions of staff members have been satisfactorily completed; assist everyone with vacating the facility as soon as possible and do a final walk-through of your area before leaving.
- Ensure that all copiers, printers, shredders, are turned in the off position at the end of the day.
- Ensure that all important documents are stored safely in the cloud, drawers or filing cabinets.
- Ensure that client files are stored safely in the cloud, filing drawers or cabinets.

Post Disaster

- Execute operations plans as directed by the Senior Leadership Team.
- Keep Senior Leadership apprised of changes in client needs, issues surrounding the delivery of care management or client services.
- Facilitate communications with staff.
- Complete a Personnel Status Report (Appendix G) for each employee and determine their ability to report to work. Give all status reports to CHRLO.
- The Senior Leadership Team will provide updates on operations via all agency voicemail, text, LOOP, and email. Closely monitor these to determine the status of the agency.
- Meet with the Senior Leadership Team to obtain information concerning COA's post disaster procedures and discuss those procedures with essential unit staff members.
- Review with essential unit staff member's applicable directives issued by Senior Leadership Team, ODA, and state or local authorities.
- Designate **essential** unit staff members to report to work and perform critical tasks.
- Ensure that essential staff members contact clients to advise them of emergency procedures, if any.
- Maintain accurate records of staff work hours and provide original time sheets to the Accounting Unit weekly.
- The following are specific duties related to Controller, Government Relations Director, Chief Information and Security Officer, and Provider Services Development.

Tasks and Duties of the Administrative Chief

Primary Role: Administrative Chief

Back-Up: Manager, Provider Services

Ongoing

- Ensure provider data is up to date and hard copy is readily available.
- Annually review and update department plans for emergency operations.
- Ensure provider contracts address provider responsibilities in the event of an emergency.

Pre-Disaster (when warning is given) or Immediately After

- Execute operational plan as directed by the Vice President of Program Operations and Provider Services.
- Serve as primary liaison to providers.
- Keep Chief Operating and Program Officer and Provider Services advised of changes in provider capacity to deliver client services.
- Keep Chief Human Resources and Learning Officer advised of changes in employee capacity.

PROVIDER REQUIREMENTS IN AN EMERGENCY

The Provider agrees to the following:

1. The Provider will have a continuity of operations plan. At a minimum, that plan will include a plan for back-up operations should the provider's main business location become unavailable.
2. In the event of an emergency, COA will activate their Continuity of Operations Plan and notify providers that the COOP is activated and provide a single point of contact for the providers. Unless otherwise specified, COA's Procurement and Provider Relations Manager will serve as the backup primary point of contact and the Chief Financial Officer will serve as the Primary. Notification may be made by email, text, telephone, or website.
3. COA will take the lead in coordinating the response, unless COA's operations are significantly impacted by the emergency. The Provider will work with COA to coordinate the response. The Providers agree to follow the instructions provided by COA and local EMA officials. The Provider will deploy available resources to aid in the response effort even if the activity is outside the normal course of operations. This may include:
 - a. Not closing operations and standing ready to step up operations and services.
 - b. Providing services beyond the provider's traditional territory.
 - c. Deploying the provider's resources in different ways to include the provider's facility(s), equipment, staff, and resources (e.g., using the senior center as emergency shelter/housing).
4. The provider will notify COA immediately if the Provider is unable to provide services for which they are contracted and/or provide emergency response support as requested.
5. Providers will report information to COA immediately if they believe a situation is developing that may severely impact their operational capacity or place clients at risk and/or upon request of COA or emergency management officials.
6. The provider will notify COA immediately if the Provider has information about changes to client needs during an emergency.

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COA will work with providers to seek funding, as available from other sources which become available when a state of emergency is declared, in the event the providers incur unfunded expenses in the effort to maintain client safety, sustain critical services, and/or meet critical needs not covered, but required due to the crisis. Providers will therefore track their expenses during crisis situations where COA has activated the COOP. The Provider will participate in readiness activities such as planning for emergencies, tabletop and other exercises and providing contact and other organizational information.

EMERGENCY RESPONSE INSTRUCTIONS FOR STAFF

Basic Rule: Employees should report to their supervisor for instructions when the COOP has been activated or when it is apparent that a disaster has taken place.

- **Maintain** your current cell phone number in UKG for mobile text alerts.
- **Check** your text, voicemail, email, for building closure status and instructions.
- **Inform** your supervisor as to your ability to report to work (e.g., any personal or family injury, damage to your home, etc.)
- **Report** to your supervisor for post-disaster instructions. Your supervisor will receive direction from the Senior Leadership Team and pass those instructions on to you.
- **Expect** your daily tasks to change. Those who do not typically work directly with clients may be asked to perform tasks outside their typical job description. Those who routinely work with clients may be asked to alter their routine schedules and caseloads to manage client risks. If the building is closed, on delayed opening, or if conditions make travel unsafe in certain areas, employees who can work from home are expected to do so.
- **Keep** your supervisor informed as events unfold. Pay attention to situations that place clients or provider operations at risk.
- **Notify** your supervisor or a member of the Senior Leadership Team if you become aware of a potential disaster.

Individual Preparation

Individual Action Steps are only to be taken when authorized by the Unit/Department Manager. If the building is closed, on delayed opening, or if conditions make travel unsafe in certain areas, employees who can work from home are expected to do so. Upon notification of a disaster warning, from the staff member's manager or a Senior Leadership Team member, all COA staff should attempt to accomplish the following on an individual basis:

Unit	General Guideline
ADRC	Follow instructions as provided by manager. Special tasks may be assigned.

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Unit	General Guideline
Care Programs	<ol style="list-style-type: none">1) Triage case load. Plan to contact every client, starting with those in the highest intensity level first.2) Advise manager of changes in client needs or developing problems in the delivery of services.
Provider Relations Specialists	<ol style="list-style-type: none">1) Contact providers to determine status and capacity for providing services.2) Inform Manager of any changes to capacity to deliver services.3) Provide instructions to providers as directed by Manager.
Technology	Implement TIS restoration plan as directed by the Chief Information and Security Officer (CISO)
All other Staff	Check with manager for instructions. Be prepared to suspend regular work to provide support to mission-essential functions.

Pre-Disaster (when warning is given) or Immediately After

- Make a list of all active cases or provider contacts, deadline dates, intervention dates. Provide a copy of calendar to manager and take a copy of the calendar home.
- Prior to leaving the office, notify your manager whether you plan to evacuate or stay at home; provide an address and telephone number where you can be reached, if you evacuate.
- Stay in close touch with authorities through COA social media sites (Facebook/Instagram), radio and/or television for updates on the impending situation; all instructions given by the local authorities should be followed; no attempt to come to the office should be made until the "all clear" is given by local authorities.

Post Disaster Responsibilities

- After the disaster, contact your manager to inform him or her of your status and obtain the status of the agency and work instructions.
- COA will provide building status and emergency instructions via, email, and text. If COA has no electrical power, COA's Senior Leadership Team will provide instructions for employees through alternate means (cell phone text, updates on LOOP (COA's Employee Intranet, exterior posting on the building).

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- Follow the counties or local emergency management agency's post-disaster proceedings, where appropriate, including any Administrative Orders issued or travel restrictions stated.
- If there has been extensive damage to the agency, essential staff members will receive instructions from their managers or members of the Senior Leadership Team.

Note 1: If the building is closed, on delayed opening or if conditions make travel unsafe in certain areas, employees who can work from home are expected to do so.

Note 2: In some emergency situations, employees may be asked to perform duties outside their normal job descriptions to meet the critical needs of our clients. Procedures and Action Plans for Specific Emergencies

There are additional sections that outline additional or modified action steps, roles and responsibilities based on special circumstances related to severe weather including tornados and thunderstorms, fire, biohazard, bomb threat, cyber attack, and flu or virus outbreak or epidemic. In all cases, the Senior Leadership Team will convene to develop the response plan.

SEVERE WEATHER

Refer to the Employee Handbook for the policy related to Severe Weather and department specific policies regarding severe weather, such as heat emergencies.

COA will activate the COOP when severe weather threatens and / or when the National Weather Service has issued a weather alert or warning.

General Weather-Related Guidelines:

- The Supervisor of Building and Safety and consult with Safety Director to monitor the situation to determine necessary steps based on the possible impact on client services, client risk, and operational capacity.
- If travel or agency location conditions become (or are about to become) dangerous, the COA office building may be closed. COA will follow County Emergency Management travel restrictions.

Heat and Cold Emergencies:

- 1) COOP will be activated.
- 2) The Senior Leadership Team will monitor the situation (meetings may be conducted in person, by telephone or via teams) to determine whether to activate the COOP and determine the possible impact on client services, client risk, and operational capacity.
- 3) Program Operations departments will activate their department plans.
- 4) Program Operations departments will keep the Senior Leadership Team informed as to the impact on clients. If additional steps are warranted, the Senior Leadership Team in coordination with the Program Managers will formulate and implement a plan.

Storms:

If the Senior Leadership Team is alerted that severe weather may develop, the Senior Leadership Team will designate staff to monitor the forecast. If the Senior Leadership Team is alerted that severe weather is imminent, the Senior Leadership Team will activate the COOP and monitor the situation to determine if:

- 1) Client services likely to be suspended for a period

- 2) Clients at risk due to extreme heat, cold, or flooding
- 3) There is a prolonged power outage likely
- 4) If providers likely to have difficulty continuing service or resuming within 72 hours

If the answer is “yes” to any one of these, Senior Leadership Team will meet to discuss the next steps.

Note: Employees must adhere to directions given by local emergency management authorities (EMAs). If an EMA declares an emergency and restricts travel, employees should follow the directions provided by the EMA. If the employee is unable to report to work, the employee should contact their manager or human resources.

Tornadoes/Strong Winds

Specific instructions are in the Employee Handbook.

When a tornado **watch** is announced, this means that tornadoes may occur. Keep your radio, TV or NOAA weather radio tuned to a local station for information and advice from Weather Service.

When a tornado **warning** is issued, a tornado has been sighted. Staff should take shelter immediately.

1. COA: The Supervisor, Safety and Building and CHRLO will monitor the weather when conditions warrant via the internet and/or weather radio.
2. When the National Weather Advisory Council issues a tornado warning, the Senior Leadership Team will inform employees to evacuate the office space due to a tornado warning.
3. When this announcement is made, the civil defense alarm (a steady tone) from outside can also be heard.
4. All employees should go to the most central and secure places in the building, away from the windows. Acceptable places are bathrooms, inside storage areas, offices or meeting rooms. Employees SHOULD NOT attempt to go outside or move their cars.
5. If the National Weather Advisory Council has issued a severe storm warning,

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employees are to stay alert. If the Chief Executive Officer CEO and/or CHRLO feel it necessary to leave the working office area, they will notify staff and give instructions.

6. Staff is not to re-enter the work area until a member of Human Resources calls an “all clear.”
7. If employee is outside of main office in a client’s home, provider facility or home office, move yourself and client to inner hallway on lowest level possible – closets and bathrooms offer the greatest protection.
8. If employee is traveling in vehicle during a severe thunderstorm stay in your car because cars are supported on rubber tires (an effective electric insulator), so they are generally safe from lightning strikes. If employee is in vehicle when a tornado is nearby, get out. Do not try to outrun a tornado with your vehicle. If it is not possible to find suitable shelter inside a building, lay flat in a ditch, culvert or low area. Cover your head with your hands.

After the storm, the Senior Leadership Team will assess damage and determine next steps, following the building evacuation and relocation plans, if necessary.

Staff should take extreme care when moving about in an area damaged by a tornado (watch for downed power lines, shattered glass, splintered wood, or other sharp protruding objects).

FIRE DISASTER PREPARATION AND BUILDING EVACUATION GUIDE

General Information

The Chief Human Resources and Learning Officer, in coordination with the Senior Leadership Team and the Safety Committee will conduct an annual review of fire emergency and general building evacuation plans with the Unit Supervisors and Staff by December 31 and forward any changes to the Chief Executive Officer. (See [Appendix E – Facility Evacuation](#)).

- During employee orientation, all employees will be shown where the **Fire Alarm Pull Stations** are located.
- When the fire alarm sounds, it should always be treated as a true fire. When the fire alarm sounds, **never** assume that it is just a drill.
- If a fire is in progress and the alarms have not been sounded, pull the fire alarm while evacuating the building. Fire alarms are located by each staircase.
- Once alarm is sounded, **everyone must exit** the building.
- The last employee leaving an area will close doors to slow the spread of fire.
- The **Evacuation Assembly Areas**:
 - Primary assembly area: Grassy area in back of front parking lot is designated zoned area by departments.
 - Secondary assembly area: If staff are unable to meet in the primary assembly area, then all staff members will meet in the grassy area behind the parking lot in the back of the building.
- Employees will report to their manager or the Director, People Services.
- Visitors are the responsibility of the staff member they are visiting.
- No one may re-enter the building until “all clear” is confirmed from a member of Human Resources.
- Employees who fail to leave the building during evacuations will be subject to corrective action.

- Staff will report all fires to the Chief Executive Officer and the Senior Leadership Team, regardless of size, even if it is already extinguished.
- An alarm bell or horn will automatically put evacuation procedures into effect.

Fire Emergency Preparedness

Duties of the Chief Information and Security Officer

- Maintain back-up computer data and copies of difficult-to-replace information in Cloud(Go-File).

Duties of the Chief Human Resources and Learning Officer

- Maintain all fire extinguishers in a fully charged condition and have them inspected annually.
- Ensure that **Evacuation Assembly Area (primary and secondary)** is posted on the bulletin boards throughout the agency.
- Instruct agency staff at time of hire and annually thereafter in:
 - a. Fire reporting.
 - b. Evacuation procedures.
 - c. Location and operation of portable fire extinguisher.
 - d. Dangers in fighting small fires.
 - d. Procedures if exit is blocked.
- Maintain employee phone and address list.
- Conduct a supervised fire drill annually.
- Discuss any special arrangements for evacuation of people with disabilities or others who may need help.

Post Fire Emergency Activities (after event)

Duties of Chief Executive Officer/Incident Commander

- Communicate the fire emergency. Ensure an announcement over text, email, telephone paging system will be made directing the staff, clients and visitors to evacuate the building.

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- Direct the staff to assemble at pre-designated outside assembly area.
- Prohibit re-entry into the building until cleared by authorities at the scene.
- Instruct staff not to throw away any damaged material. This does not prohibit the agency from removing burned or damaged material to the outside of the building. All damaged material will be kept in a specially designated area for insurance claim purposes.
- Ensure that all records of authorized expenditures are maintained and forwarded to the Chief Compliance and Program Integration Officer..

Duties of Supervisor, Safety and Building Operations– Where Possible

- Safely secure all valuable records.
- Report incident to Chief Human Resource and Learning Officer and CEO immediately.
- Secure the agency's offices and its property from further damage or loss.
- Arrange for temporary protection such as boarding up windows, rigging tarpaulin, and so forth.
- Arrange security if needed to prevent looting or vandalism.

Activities and Responsibility of Staff Members

- If no announcement is heard, and the alarm continues for more than one (1) minute, staff, clients and visitors are instructed to evacuate the building.
- COA's goal is to protect the safety of staff and clients. Staff members should make every effort to assist handicapped individuals out of the building and to the pre-designated outside assembly area.
- Staff Members should promptly notify the Fire Department about the fire and immediately activate the fire alarm pull station.
- Staff member then notifies his/her immediate supervisor about the fire, or any available manager and Senior Leader.
- Ensure that all doors and windows surrounding the fire area are kept closed to contain the fire.

CHEMICAL, BIOLOGICAL, EXPLOSION, OR RADIOLOGICAL DISASTER PLAN

Response to an Event Outside of the Building

- If the agency becomes aware of an external hazard, such as an overturned tanker releasing chemicals and the office building is in the hazard zone, staff, clients, and visitors will be instructed to remain inside the building until further instruction.
 - Exterior doors and windows should remain closed.
 - Staff, clients, and visitors should seek shelter in an interior room without windows.
 - All doors should be closed, and area secured from smoke, gases, vapors, and dust. If possible, wet towels should be used to seal large gaps under doors.
 - Staff will be instructed to provide assistance to others who may need help.
 - Staff will be instructed to remain alert and be prepared to proceed to another area or exit the building if instructed to do so by the appropriate authorities.
- If the agency becomes aware of a hazard within the service area and the office building is not in the hazard zone, employees will be instructed to avoid the area until the area is deemed safe by the appropriate authorities. The Senior Leadership Team will convene to determine how to address client services in the affected area.

Response to an Event Inside of the Building

- If the agency becomes aware of an internal hazard, staff, clients and visitors will be instructed to immediately evacuate the building. Follow [Appendix E: Facility Evacuation](#).
- If no announcement is heard, and the fire alarm continues for more than one (1) minute, staff, clients and visitors should evacuate the building.
- Staff will be instructed to turn off all electrical equipment except lights and close all doors and windows (offices should not be locked unless there is something highly sensitive, i.e., large amounts of cash, etc.).
- Staff, clients and visitors should exit and proceed to the predetermined outside assembly area.

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- Each unit supervisor is responsible for reporting anyone missing to the Director of People Services or HR representative.

If Trapped

- Staff are instructed to secure their area from smoke, gases, vapors, and dust and to close all doors, and use any available means to seal large gaps under doors. Staff should not open any windows or break glass.
- Staff should attract attention and call 911 or call anyone.

BOMB THREAT GUIDELINES

Business Hours

In the event a threat is received during normal business hours, the staff is instructed to notify the Chief Executive Officer, manager, or a member of the Senior Leadership Team and evacuate immediately.

Non-Business Hours

If a threat is received during non-business hours notify the Chief Executive Officer, manager or a member of the Senior Leadership Team immediately, but it will be the responsibility of each employee to evacuate, if necessary.

Employee Action

- Remember and record (in writing) all details of the conversation and the following information concerning the caller:
 - Whether the person has an accent or tone inflection.
 - Gender of the caller.
 - Any innuendoes as to location of the bomb.
- Respond in a matter-of-fact manner and ask them to repeat what they said. Complete the Appendix I: Telephone Bomb Threat Report.
- Immediately call 911 to report the incident. Notify a member of the Senior Leadership Team.
- If a suspicious object is found, do not touch it. Call 911 to report it. Then, report it to a member of the Senior Leadership Team, and clear the area.
- Chief Human Resources and Learning Officer, Director of People Services, the Chief Executive Officer, or a member of the Senior Leadership Team will determine whether to evacuate the building and give the evacuation order to staff. (See Appendix E: Facility Evacuation)
- Staff will remain at the designated evacuation assembly area until an all clear is confirmed from the Director, People Services, the Chief Executive Officer, or a member of the Senior Leadership Team.

Chief Financial Officer, Business Services Group

- Protect official records and files if possible.
- Arrange to have members of staff or qualified personnel available to accompany emergency services on inspection.
- Keep a running log of conditions as they occur.

Chief Human Resources and Learning Officer/Director, People Services

- Start building evacuation, and ensure that staff, clients and visitors are instructed to meet at the pre-designated outside assembly area. Follow [Appendix E: Facility Evacuation](#). Ensure copies of Bomb Threat procedures are posted throughout the agency bulletin boards.

FLU & VIRUS OUTBREAKS AND EPIDEMICS

This plan outlines the role of the Senior Leadership Team and individual members of the team in the event of a flu and/or virus outbreak or similar disease. This plan assumes COA is NOT sheltering staff on site.

The list of critical client needs most likely affected by a pandemic are listed in Table 1 (next page). This table outlines COA's response, the role of care management and the role of the Provider Services department.

Monitoring the number of staff calling in sick and maintaining communications with providers to ensure they have the capacity to continue operations is critical in a pandemic and, thus, these are the primary duties. In addition, the Senior Leadership Team must monitor health information from the various health departments on the progression of the disease and work with the local officials to assist clients.

At some point, it may be necessary to suspend services or change service delivery schedules to reduce risk of infection to clients. Likewise, the Senior Leadership Team may determine that the building should close for a period and staff should work from home to reduce the risk of infection.

Senior Leadership Team

- **All stages:** Evaluate information on institutional effects of the incident and set response priorities as appropriate.
- **Early Stages:** Monitor Situation – create a schedule to meet regularly to monitor developments. Critical questions to be answered as things develop:
 - When do face to face interventions need to be conducted via phone?
 - When do we need to close the building and engage telecommuting?
 - When do we need to drop packages of shelf-stable food to clients?
 - What stakeholder communications are required now and in the future?

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- **More Advanced Stages:**

- Activate the Emergency Operations Center (EOC) to monitor the situation. Develop and enact a plan to restrict or limit employee exposure. The plan may include the following:
 - Conducting face to face interventions via phone.
 - Close the building
 - Restrict some/all staff to telecommuting
 - Drop packages of shelf stable food to clients
 - Stakeholder communications
 - Changing the sick-leave policy
 - Redeploying staff to cover critical functions
 - Engage building closure procedures – All staff that have the ability will work from home.
 - Essential personnel only report to work (Section IV: Essential Personnel).
 - Maintain contact with employees, clients, providers, emergency management agencies, area health departments, and other external stakeholders.
 - Provide oversight for employee and family notifications if appropriate
 - Ensure that each Operations Group function is covered

The following are specific team member duties and responsibilities. They may work in coordination with other Senior Leadership Team members or staff.

Chief Executive Officer

- **All Stages:**

- Direct the Senior Leadership Team
- Communicate with county health departments and emergency management agency's regarding planning and surveillance
- Plan review and update

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Continuity of Operations Plan

- Communicate situation to agency site(s) via email and website, etc.
- **As Severity Increases:**
 - Plan review and update
 - Notify Board of Trustees, Advisory Boards, and other External Stakeholders of the situation and COA response.
 - Appoint liaison to interface with the local emergency management agencies
 - Ongoing communications with staff regarding signs and symptoms, protocol for referral of suspected cases, the number of potential contacts that may require isolation, self-protection procedures
 - Maintain contact with employees, clients, providers, emergency management agencies, area health departments, and other external stakeholders.

Public Information Officer

- Monitor information from relative agencies websites and social media (CDC, WHO etc.) for guidance.
- Draft and distribute internal and external communications bulletins and announcements, in coordination with other Senior Leadership Team members.
- Work with Senior Leadership Team to develop staff and external stakeholder communications
- If necessary, establish a Media Relations Center: coordinate press releases and manage news teams, interviews, etc.

Safety Officer,

- Before pandemic starts (yearly): Ensure compliance with infection control procedures in all agency facilities. Train personnel on risks and response. Provide education and training regarding the type of flu; basic infection control practices (hand hygiene, cough etiquette, etc.).
- **Early Stages:**
 - Inform each department to develop their own team plan for staff back up.

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- Contract with hazardous materials vendor for professional cleanup
- **All Stages:**
 - Require staff to report any flu-like incidents to Senior Leadership Team
 - Monitor agency staff travel entering affected areas
 - Prepare a call-off policy and communicate to staff
 - Purchase and ensure masks are available for staff use
 - Inform personnel of quarantined areas
- **As Severity Increases:**
 - Request that all agency staff and their families report positive for flu or virus to Senior Leadership Team.
 - Distribute the call-off policy to staff
 - Inform personnel of quarantined areas
 - Enact emergency phone contact tree if necessary to close building.
 - Monitor staff entering affected areas

Operations Chief

- Inform each department to develop their own team plan for staff back up.
- Ensure client data is regularly updated and is available.
- Review client needs chart and determine whether there are any changes.
- Ensure food delivery process is planned and delivery supplies are on hand
- Ensure provider data is regularly being updated and is available.
- Ensure provider network has capacity to continue services.
- Ensure contracted care management organizations have the capacity to continue services.
- Review client needs chart and determine whether there are any changes.

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- Ensure contracted care management organizations have the capacity to continue services.
- Keep managed care entities informed of the status.

Directors and Department Managers

All managers will be engaged as needed by the Senior Leadership Team. The following provide some specific duties related to a pandemic.

- Work with the Supervisor, Building and Safety management to ensure all staff members receive training on the flu and/or virus outbreak.
- Identify quarantine/isolation areas, i.e., buildings, communities or regional areas that may have restrictions. Report areas to the Senior Leadership Team and inform staff.

Provider Services Manager

- Early Stages:
 - Develop and implement process for monitoring provider staffing levels and ability to perform personal care and food delivery.
 - Report provider status to Senior Leadership Team.

TIS/Telecommunications

- Arrange for emergency communication lines to be established at the EOC and quarantine areas

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Continuity of Operations Plan

Table I: COOP Critical Client Needs in Emergencies

Priority level 1= life dependent 2= safety 3= nice to have

Flu and/or Virus Outbreak or Epidemic						
Needs	Priority	COA Philosophy	COA Response	CM Role	QI Role	Data Required
Food/ Home Delivered Meals/Non-Perishable	1	Clients receive food for one meal a day.	A two-week supply of food (shelf - stable or frozen) is on hand for all HDM clients and congregate meal clients. Meals will be prepared and stored by one provider. The SLT will determine when the drop should be made and the number of meals to deliver.	Keep clients informed. May be done jointly with provider	Coordinate the delivery of shelf staple items.	List of clients that receive HDM. List of congregate meal providers and approximate # of clients.
Personal care for clients with incontinence	1	Clients receive necessary personal care	Providers are responsible for providing personal care and may need to shift resources to meet this need.	Address issues if provider fails to provide services.	Set expectations with providers and collect and disseminate information regarding the ability of providers to meet COA expectations. What are the provider's plans and capacity?	List of clients that receive personal care services.
Access to controlled and Non-Controlled Medications	2	Clients have an adequate supply of medications to survive 14 days.	Inform and educate clients on emergency preparedness.	Educate clients		

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Adult Day Services for clients with dementia and lack the supervision at home.	2	Clients and caregivers are prepared for an emergency	Inform and educate clients on emergency preparedness.	Provide educational materials.		
Medical transportation	1 (for patients receiving dialysis)	Clients receive medical attention required	COA will work with the local EMAs to provide the necessary information regarding clients who are dependent upon medical transportation (i.e., dialysis). Work with dialysis clinics. Determine what the dialysis clinic protocols are going to be and how we can support them (e.g., Do they have access to use a portable unit?) COA will work with EMA to coordinate transportation of sick (i.e., in the instance of flu or virus outbreak or epidemic) or possible injury (i.e., in the event of catastrophic event like a tornado).	Serve as a conduit of information between the client and the SLT.	Serve as a conduit of information between the provider and the SLT.	List of clients and intensity level List of senior buildings

PARTIAL OR TOTAL DESTRUCTION OF BUILDING

Short-Term Business Continuity Plan and Temporary Relocation

If severe damage results in the agency's building being uninhabitable, the agency's services will resume off-site at the following alternate location(s):

- A. Working from home.
- B. PACE of Cincinnati, 4850 Smith Road, Cincinnati, OH, (513) 862-7223.
- C. The secondary alternative is using another AAA, such as Dayton, where we can gain access or Bricker Graydon, Scripps Center, 312 Walnut Street #1800, Cincinnati, OH, 513 621-6464

Tasks and Duties of Chief Executive Officer

- Announce and provide directives to the Senior Leadership Team, Directors and each Department Manager of the need to temporarily relocate the agency off-site.
- Create news release advising the public of the agency's temporary relocation. Post on COA web site, social media outlets, and distribute via Constant Contact and provider list. Promptly consult with the agency's attorney and its Board of Directors.
- Assign one exempt employee (or more if required) at emergency operating centers, if appropriate.
- Make every effort to secure emergency grant funding.
- In conjunction with the Senior Leadership Team, Directors and Department Managers ensure that all necessary and preplanned communications and information systems are established, adequate, and functioning properly.
- In conjunction with the Senior Leadership Team, develop reconstitution and termination plans and schedules to ensure an orderly transition of all functions, personnel, equipment and records from the temporary alternate location to a new restored facility.
- Approve final plans and schedules prior to the cessation of operations.

- Prior to relocating back to the restored facility or another facility, the Chief Executive Officer, in conjunction with the Senior Leadership Team and Safety Officer, will ensure that appropriate security, safety and health assessments are conducted.

Tasks and Duties of Chief Human Resources and Learning Officer (CHRLO)

- Contact the agency's building management to obtain status regarding restoration of power to lights, air conditioning, telephone system, information systems and key operations; as well as determine the severity of the damage to the building and the foreseeable length of time that the agency could be displaced.
- Notify staff members of the temporary relocation of the agency, via the COA website, The LOOP, or club texting, voice mail, or other appropriate means.

Tasks and Duties of Chief Financial Officer

- Assess any loss to the agency, which includes taking photographs and/or a videotape of the damage to the agency's equipment, furniture, and other personal property.
- Maintain complete documentation of all expenses incurred by the agency because of its displacement.
- Promptly submit the necessary claims to the agency's insurance providers.

Tasks and Duties of the Chief Information and Security Officer (CISO)

Refer to COA IT Disaster Recovery Backup Procedure (There are four documents located on LOOP, Documents Library, COOP Files to restore Information technology functions at the new facility. The CISO is responsible for developing the information technology restoration plan given the circumstances following the disaster. Various options are presented in the above-referenced procedure. The plan will include:

- Telecommunications
- Computer operations
- Data restoration

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- Oversee the implementation of the recovery plan.
- Keep the Senior Leadership Team informed of the status of functions.

Tasks and Duties of Managers

- Each Manager will assign at least one exempt employee to conduct outreach off-site for services deemed by each Unit Manager as being essential to COA's goal of providing a continuity of services to the community.
- Managers will ensure that staff promptly record all hours worked.
- Managers will supervise all work performed off-site.
- Managers will continuously assess the effectiveness of the delivery of services to the public that is conducted off-site.

Tasks and Duties of Employees:

- Promptly record all work performed off-site.
- Follow directions/instructions relayed from the Emergency Response Team

SERIOUS INCIDENT INVOLVING AN EMPLOYEE OR CUSTOMER IN THE AGENCY BUILDING

Description

Employee or customer is held hostage, kidnapped, seriously injured or killed by customer, another employee or other person while on the job in agency building.

Assumptions

- The nature of this crisis is that chaos will result unless COA officials and security personnel are fully prepared to control the situation.
- Agency will immediately contact 911 and building security to deploy other emergency personnel.
- Media would quickly learn of this situation because they monitor police radios. Reporters will rapidly descend on the scene.
- Employees at the crisis scene will be extremely upset, close to panic or in shock and will need immediate direction and support.
- If a client was involved, release of some information may be restricted by confidentiality laws. Communication to anyone externally is only by the CEO and/or Chief Operating and Program Officer. They are to refer to the Crisis Communications Plan. Otherwise, key communications would be to (1) stick to the verified facts (no speculation), (2) control and respond to the media at the scene, and (3) communicate quickly and calmly with employees to quell panic and rumors.

Activate Crisis Team

As soon as law enforcement has the situation under control, CEO convenes the crisis meeting.

Crisis Team

Crisis Team members

- Senior Leadership Team
- Director of People Services

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Continuity of Operations Plan

- Public Information Officer
- Supervisor, Safety and Building Operations

Situational Crisis Team members

- Managers
- Building and security representatives

Overall Tactics

Chief Human Resources and Learning Officer or Supervisor, Safety and Building Operations

Immediately... under direction of police and with cooperation of building management/security:

- Help gain control of the crisis scene
- Communicate with other employees in the building to quell panic and rumors and to prevent them from coming to the crisis scene or blocking the hallways.
- Notify employee's family/significant others as soon as EMTs provide hospital destination.
- Administer to needs of employees at the scene.

Public Information Officer and Director of People Services

- Get control of media who arrive. Respond to questions without allowing them to enter the building or interview employees at random.

(This latter action may be impossible if employees are outside the building.)

- Station knowledgeable people at Crisis Communications Center, CEO's and main information telephones to answer questions and quell rumors.

Same day... (Note: the following directions do not apply to hostage situations. In hostage situations, COA employees shall respond to police instructions. If a death or injury results, the following instructions apply.)

Safety Officer and Supervisor, Building and Safety Operations work with police to respond to the incident.

- When EMTs have removed all victims and police have identified witnesses and others who must remain for questioning, clear the building of all non-essential personnel and close for the remainder of the day.
- If police allow, clean up the crisis scene. Otherwise, assist police in securing the scene.
- If perpetrator is still at large, increase security at COA building.
- Determine plans for next day's operation.

Long term:

- If employee was injured, provide support for him or her and family/significant others.
- If employee is dead, provide support for family/significant others.
- Cooperate with police investigation.
- Provide support for employees and be proactive in addressing concerns that arise in the aftermath.
- Whenever possible, minimize harm to the employee, family and the agency from media focus on the tragedy.
- Ensure smooth transfer of employee's immediate appointment and caseload to another worker.

Messages

Provide all possible support to injured employee and family or to family of employee killed. In no case will the agency release the name of any injured or killed employee until we are certain that family/significant others have been notified. Notifications shall be done in cooperation with the police.

To agency employees:

- As early as possible, announce facts. We do not have PA capability in this building. Use email. Ask telecommuting employees to stay away from the office.

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- Ask employees to remain in their areas and not to go to the crisis scene or block hallways so police and EMTs can gain access. Ask them to wait for further announcements.
- Announce (CEO or a member of the Senior Leadership Team) is at the hospital or in contact with the family.
- Provide additional short announcements of information periodically via email to quell panic and rumors.
- Over time, announce support measures that will be implemented to help employees deal with the tragedy.
- Continue to announce important new information as it becomes available.
- Ensure employees know about any expressions of sympathy or support that come to the agency from the community.

To public:

- Explain established building security and employee safety policies and methods.
- We are cooperating with the police investigation.
- Explain what the agency plans to do to support employees in dealing with the tragedy.

Actions for Individuals

- Instantaneous demands of this crisis would not allow the crisis team to convene immediately. Crisis team members must be familiar with short-term action procedures and be prepared to implement them rapidly.
- In no case will the agency release the name of any injured or killed employee until we are certain that family/significant others have been notified.

CEO and/or other members of Senior Leadership Team and Director of People Services

Immediately...

- Call – or ensure someone has called – 911 and building management/security.
- Assign tasks to other Senior Leaders

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Continuity of Operations Plan

- Meet police and EMTs at the crisis scene, offer assistance, and follow instructions
- Survey crisis scene and ascertain key facts.
- In cooperation with police, tell Senior Leadership Team when to notify victim's families/significant others and when to announce when building will close.
- Make prepared statement to the media when sufficient verified information becomes available.
- Close the building for the rest of the day as soon as EMTs remove victims.

Longer term:

- Ensure availability of agency resources to support injured employees and family/significant others.
- Work with Senior Leadership Team to develop a plan for supporting employees as they deal with the tragedy.
- Ensure agency cooperation with police investigation.
- Assist in formulating information to be communicated to employees and direct Senior Leadership Team to assist.
- Spearhead review of security measures.

Safety Officer or Designated Senior Leaders(s)

Immediately... If police are not yet on the scene

- Go to the crisis scene and work with security to gain control.
- Identify injured employees and extent of injuries.
- Ascertain key facts: who witnessed the event, who was responsible, where these people are now, etc.
- Telephone pertinent information to Manager of Communications for employee announcements and media.

Director, People Services

Immediately...

- Work with Communications department to prepare and deliver announcements

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- As soon as EMTs provide hospital destination, notify families/significant others of injured or killed employees.
- At the direction of CEO, COPO or Safety Officer and police, announce procedures for clearing the building and when business will resume.

Safety Officer or Senior Leaders:

Immediately... Work with police to:

- Meet police and EMTs at building entrance and escort them to crisis scene.
- Secure front entrance and monitor building exits. Ensure exit routes remain clear.
- Work with building security if necessary to ensure employee safety and orderly exit of employees from the building.
- Work with IT and front desk as needed to coordinate communications

Public Informations Officer

Immediately...

- Gather facts: where and when event took place, number of assailants, and number of employees injured or killed, where assailants are now, etc.
- Communicate with CEO at crisis scene via cell phone. Meet media outside the building and convey information.
- Seek help from the Vice President, People Services to prepare and deliver employee announcements and statement for CEO.

Longer Term...

- Monitor media coverage of crisis.
- Work with Senior Leadership Team to implement proactive employee communications about the tragedy (rumor control) for as long as necessary.
- Disseminate information to employees about support available through the agency to aid them in dealing with the tragedy.
- Support agency actions in addressing employee concerns that may arise in the aftermath.

Human Resources, Executive Assistant(s) and/or Senior Leader(s)

- Secure other help to assist Crisis Team as needed, including assigning trustworthy people to handle calls that may be coming in on office phones of Crisis Team members and stationing people at building entrances to help police handle visitors. (Assure consistency of messages going out to employee's family members or COA telecommuters and others who have heard news and may be calling or arriving at the office).

ONGOING EMERGENCY PREPAREDNESS, MAINTENANCE AND TRAINING

COA is committed to emergency preparedness. The following calendar provides a framework for ensuring all employees are prepared in the event of an emergency and that the organization can continue to meet the critical needs of those clients we serve. Ongoing emergency preparedness and continuity of operations plan updates are the responsibility of the Senior Leadership Team.

Senior Leadership Team Duties

After any emergency, the Senior Leadership Team will:

- Initiate an after-action review information collection process prior to the cessation of operations at the alternate facility. The information to be collected will, at a minimum, include information from employees working during COOP activation and a review of lessons learned to include processes that were effective and ineffective. The after-action review should provide recommended actions to improve areas identified as deficient or requiring improvement.
- The information should be incorporated into a COOP remedial action plan. Recommendations for changes to the COOP and any accompanying documents will be developed and incorporated into the COOP annual review process.

Update the COOP annually or as needed. The Senior Leadership Team will:

- Review and update critical client needs and the worksheet in Appendix A **annually**.
- In conjunction with the Chief Executive Officer, conduct an annual review of lines of succession (See Emergency Response Team Roles and Responsibilities for a quick guide and alternate facilities and modify if needed. (See Appendix D – Alternate Facilities).
- Review local emergency management organizations and secondary site locations.
- Participate in COOP training and exercises.
- Ensure Managers have updated emergency plans for their departments.

Tasks and Duties of Chief Executive Officer (CEO)

- Identify, in conjunction with Board of Trustees, successor(s) to Chief Executive Officer and Senior Leadership Team, to ensure continuity of mission-essential functions, if agency leadership is unexpectedly incapacitated and unable to fulfill leadership role(s) and communicate information to Senior Leadership Team and key managers, including means of notification/communication as defined in the plan, review annually for accuracy and revise as necessary.
- Identify essential personnel, including point persons and back-up persons (See COA Essential Personnel and Back Up List).
- Ensure COA has an identified alternate facility. (See Appendix D – Alternate Facilities).
- Work with the Director of Government Relations to establish working relationships with the local EMAs.
- Participate, or designate members of the Senior Leadership Team, in discussions about collaboration or a cooperative agreement with similar, local services providers.

Tasks and Duties of the Chief Human Resources and Learning Officer (CHRLO)

Quarterly

- Update employee contact list
- Update the contact information for the essential personnel list.

Annually

- Coordinate all preparedness activities.
- Update the COOP as needed (including essential staff lists, contact lists, operations plan, critical needs, etc.)
- Develop and maintain the Go-File list in conjunction with Chief Executive Officer and the Senior Leadership Team. (See Appendix B – Essential Documents in the Cloud).

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Continuity of Operations Plan

- Schedule annual meeting with Senior Leadership Team and prepare or update the COOP.
- Participate, or designate participants, in disaster preparedness trainings.
- Review and update list of mission-essential functions (client critical needs) in conjunction with Department Managers and Senior Leadership Team members for accuracy (See [Appendix A–Mission Essential Functions](#)).
- Provide guidance to Senior Leadership Team and Unit/Department Managers on the requirements for and contents of Go-File. (See [Appendix B – Essential Documents in the Cloud](#)).
- In conjunction with the Senior Leadership Team, conduct an annual review of alternate facilities and modify if needed.
- Work with HR to ensure that all staff members are prepared for COOP contingencies, including advice on how to be personally prepared by developing personal disaster/emergency plans – provide employees with copy of [Appendix F – Family Disaster Plan](#).
- Ensure that all COOP updates are communicated to all units/departments and included in new employee orientation.
- Review and update building safety plans and protocols (e.g., building evacuation, hostile individual in the building, etc.).
- Conduct fire and safety drills.
- Coordinate communications with all staff to review updates to the COOP and personal preparedness.
- Coordinate the efforts of COA Safety Committee in conjunction with this Continuity of Operations Plan.

Tasks and Duties of the Chief Information and Security Officer (CISO)

- Maintain the IT Disaster Recovery Plan annually.
- Maintain an updated list of vendors and suppliers essential for the continuation of the agency's critical activities. Maintain all the agency's insurance policies and agent contact information, including claims procedures on Go-File.

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Continuity of Operations Plan

- Ensure that the insurance coverage is adequate in the event of disaster damage or destruction of the building, equipment, and continuation of business as appropriate.
- Maintain a current computer equipment inventory, which includes desktops, laptops, servers, peripherals, printers, and network devices and the serial numbers, model, brand, assignment, and physical location of the equipment. Maintain current photographs and/or a videotape of all the agency's equipment, furniture, and other personal property.
- Verify that the contact information for the agency's building management is current.

Tasks and Duties of the Public Informations Officer

- Review and update Crisis Communications Plan.
- Maintain list of media and stakeholder contacts.
- Create and maintain Communications Department Go File.

Tasks of the Vice Presidents, Program Operations

- Maintain an updated listing of providers, essential for the continuation of client services.
- Ensure departments have emergency preparedness plans.
- Ensure new hires receive emergency preparedness training and all program staff receive annual training.
- Ensure departments are regularly updating client lists, maintaining a hard copy in a secure location.

Tasks and Duties of the Managers

- Assure, through regular training that all existing and new employees are prepared for COOP contingencies, including advice on how to personally prepare by developing personal family disaster/emergency plans – annually and at orientation, provide employees with copy of Appendix F – Family Disaster Plan.

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- Managers should train staff on how to identify situations that have the potential to severely disrupt COA operations, disrupt the delivery of client services, or place clients at risk. Staff should know the protocol for reporting situations to their supervisor or a member of the ERT.
- Determine, in conjunction with Chief Executive Officer, and designate, critical personnel to perform mission-essential functions, to stay on-site during a disaster and/or to report back as soon as possible after a disaster to perform mission-essential functions.

Tasks and Duties of All Staff Members

- Ensure that a personal family disaster plan is in place for yourself and your family. [See [Appendix F – Family Disaster Plan](#)].

Annual Timeline

Frequency	Point of Contact*	Task
Annually	CHRLO	Agency plan is reviewed and updated.
Annually	CISO	Update the IT Disaster Recovery Plan.
Annually	Public Informations Officer	Update the Crisis Communications Plan.
Annually	Supervisor, Safety and Building Management	All staff receive COOP updates
Annually	Supervisor, Safety and Building Management	Fire/building evacuation drill (to coincide with fire prevention week)
Annually	Supervisor, Safety and Building Management	All staff receive severe weather preparations and policy review
Annually	Supervisor, Safety and Building Management	All staff tornado emergency refresher and drill
Annually	CHRLO	Identify any updates to the COOP for communication to all staff.
Quarterly	Supervisor Safety and Building Management	Go-File contents are reviewed for accuracy and updated
Monthly	Director of, People Services	Employee Lists distributed to managers.
As determined by VP.	VPs, Program Operations	Client Lists are updated

***Note:** It is expected that the Point of Contact will oversee the implementation of these items and will engage others and delegate duties as necessary to ensure these tasks are completed.

APPENDIX A: MISSION ESSENTIAL FUNCTIONS

The worksheet on the following page is designed as a template. The Senior Leadership Team should use this template to walk through how the current situation will impact these client needs. It is designed to help the team identify in an emergency the appropriate response.

For a sample of a completed worksheet, see page 37. This sheet has been completed in preparation for a flu or virus outbreak or epidemic.

If COA is responsible that means that COA will develop a plan to provide those services.

If EMA is responsible, COA will work in cooperation with the EMA to attend to those needs.

If the client is responsible, COA will support client efforts to meet those needs.

Critical Needs Worksheet

X	Critical Need	Priority	Responsibility	COA Response	CM Duties	P&PS Duties	Data Required
	Food/Home Delivered Meals/Non-Perishable	1	COA				
	Water	1	COA				
	Shelter (if home destroyed)	1	EMA				
	Personal care for clients with incontinence	2	COA				
	Adult Day Services for clients with dementia and lack supervision at home	2	COA				
	Access to controlled and non-controlled Medications	2	EMA				
	Ice and coolers for medications during heat emergency or power outage	2	EMA				
	Manual Hoyer lifts	2	EMA				
	Manual wheelchairs	2	EMA				
	Assistance with insurance paperwork (ILA and/or Red Cross, Legal Services)	3	COA				
Power outages:							
	Assistance to people who rely on power for medical equipment (wheelchairs/scooters, hospital bed, oxygen)	1	COA				
	Assistance to safely get clients out of building (no electricity-no elevator)	N/A	EMA				
	Batteries: variety. "D" most in need	3	Client				
	Battery operated touch lamps	3	Client				
	Flashlights/Lanterns	3	Client				
	Communications (telephones may not work)	3	Client				

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Critical Needs Worksheet Cont.

x	Critical Need	Priority	Responsibility	COA Response	CM Duties	P&PS Duties	Data Required
Cold Emergencies/Power Outage							
	Heat in Severe Cold Emergency/Heating Oil/Furnace Repair	1	EMA				
	Warm clothing, sleeping bags or blankets	1 or 2	EMA				
Heat Emergencies:							
	Air Conditioning	1	EMA				
	Fans, battery operated fans	1	Client				
Other or Client Preparation:							
	Radio – Battery Operated	3	Client				
	Transportation for Volunteers	3	EMA				
	Gasoline	3	Client				
	Shelter for Consumer's Pet	3	EMA				
	Cash on Hand – No or limited access to ATM/banks	3	Client				

APPENDIX B: ESSENTIAL DOCUMENTS IN THE CLOUD

The Essential Documents in the Cloud contains copies of important documents, equipment and supplies essential for Council on Aging to continue to operate. For ease of access of any member of senior leadership, a copy of the files kept on the K: drive.

Note: it is important to know that all information currently saved to the servers (such as the K: or J: drives) is backed up daily to a remote IT location, known as a “warm spot”, which can be brought up in the event of an emergency.

Note: In the event electricity is off, generators will run for two days on diesel fuel, then require a bit of maintenance and refueling for further use.

Storage:	Go-File: Back Computer File
Storage Location:	Go-File: In the Cloud
Contents updated:	Quarterly or as received.
Responsible:	Vice President of People Services

Go File Contents:

Documents stored USB drives, plus copies on the K-Drive and updated annually (unless otherwise noted):

- Copy of the Continuity of Operations Plan
- Copy of essential policies and employee handbook
- Copy of insurance policies, renewals and agent contact information
- Provider contact information and client services
- Intake Forms
- Applications

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- Information Release
- Documentation requirements for a SBA disaster loan:
 - Copy of 3 years tax returns
 - Copy of Current Profit & Loss Statement (within 90 days)
 - Copy of Listing of aged accounts receivables/ payables
 - Copy of listing of inventory
 - Copy of schedule of liability
 - Copy of balance sheet
- Corporate Documents
 - Articles of Incorporation, By-Laws, etc.
 - 501 (c)(3) Designation Letter
 - State sales tax-exempt letter
- Critical Contracts
 - Funder contracts (BCESP, CCESP, HCESP, WCESP, ODA, etc.)
 - Employee Leasing and Payroll Agreements
 - Building leases
 - Storage facility leases
 - Vendor contracts and a listing of vendor contact information, including: building management, contractors, IT servers, phones, copiers, etc...
- Emergency contact list of employees (updated quarterly)

Bring a completed copy with you to the post disaster meeting.

APPENDIX C: BUILDING ASSESSMENT

Preliminary Damage Assessment Form

Building _____

Examined By _____ Date _____

Category	Condition	Priority (1)
Primary Structure		
Foundation		
Exterior Walls		
Roof		
Ancillary Structures		
Other		
Secondary Structure		
Interior Walls		
Floors & Carpet		
Ceiling		
Stairways		
Interior Doors		
Exterior Doors		
Windows		
Racks		
Other		
Elevators		
Heating & A/C		
Plumbing		
Electrical		

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Communication		
Fire Alarms		
Security Systems		
Kitchen		
Coffee Maker		
Refrigerator		
Other		
Electrical Equip		
Computers		
Printers		
Monitors		
Peripherals		
Copiers		
Calculators		
Other		
Communications		
Telephones		
Cellular Phones		
Two-way Radios		

(1) Priority: 1 = Critical, 2 = Important, 3 = Other

Preliminary Damage Assessment Form, Cont'd

(Bring a completed copy with you to the post disaster meeting.)

Building _____

Examined By _____ Date _____

Category	Condition	Priority (1)
Communications(cont.)		
Fax Machines		
Switchboard		

APPENDIX D: ALTERNATE FACILITIES

The following agency will serve as the primary back-up facility in the event of an emergency.

Primary Back-Up location:

Hamilton County Job and Family Services

222 East Central Parkway, Cincinnati, OH 45202

COA also has the option to utilize other PAA sites as alternates if the disaster is widespread.

APPENDIX E: FACILITY EVACUATION

Basic plan:

If it is necessary to vacate the building, the following instructions apply, adapted from the Employee Handbook:

1. Employees will be trained during new hire orientation on the location of exits, fire alarms, and extinguishers.
2. Once an alarm is sounded, everyone **MUST EXIT** the building.
3. The last employee leaving an area will close the doors.
4. The **Evacuation Assembly Areas:**
 - a. Primary assembly area: Grassy area in back of front parking lot is designated zoned area by departments.
 - b. Secondary assembly area: If staff are unable to meet in the primary assembly area, then all staff members will meet in the grassy area behind the parking lot in the back of the building.

5. Employees will report to their manager or the VP of People Services.
6. Visitors are the responsibility of the staff member they are visiting.
7. No one may re-enter the building until “all clear” is confirmed from a member of Human Resources.
8. Employees who fail to leave the building during evacuations will be subject to corrective action.

APPENDIX F: FAMILY DISASTER PLAN

Employees are encouraged to complete the Emergency Management Be-Prepared Kit published by the Ohio Legal Rights Service and available for download from the following website: www.ready.gov

APPENDIX G: PERSONNEL STATUS REPORT

Name _____ Title/Job _____ Dept _____

Individual and Family Status _____

Status of living quarters and motor vehicles _____

Access to alternate living quarters and transportation _____

Supplies needed _____

Visitation needed? (if so: when and where) _____

Next contact (time, place, number) _____

Identify critical assignments pending _____

Assess ability to return to work and/or assist with the recovery efforts _____

Reported by _____ Date/Time _____ Title/Job _____

APPENDIX H: RELATED AND REFERENCED DOCUMENTS

Employee Handbook (See COA-U <https://help4seniors.training.reliaslearning.com.>)

- Building Closure, Early Dismissal or Delayed Opening
- Injuries, Accidents and Emergencies
- Threats and Violence

COA IT Disaster Recovery Backup Procedure (See LOOP, Documents File, COOP Files)

APPENDIX I: TELEPHONE BOMB THREAT REPORT

Telephone Bomb Threat Report		
Person Receiving Call	Date	Time
Section 1		
Try to remain calm and stall the caller by asking the following questions:		
What time is the bomb set to explode?		
What kind/type of bomb is it?		
1. Where is the bomb located?		
2. In what part of the room?		
3. What does it look like?		
Section 2		
Try to ask these additional related questions:		
Why do you want to harm us?		
Are you aware that innocent people could be harmed?		
Are you angry with anyone in particular?		
1. (If the answer is "yes" to #2) Why are you angry?		
Try to ask additional questions if you can think of any just to keep the caller on the line (write them here):		
1.		
2.		
Section 3		
Listen intently and try to record the following:		
Noises, sounds, other voices in the background:		
A. Sex and approximate age of caller:		

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B. Speech impediment or accent:	
C. Voice patterns (slow, fast, high pitched, etc.):	
D. Tone inflections (sarcastic, angry, calm, etc.):	
E. Anything else?	
Section 4	
Record and Report	
A copy of this report should be given to the Blue Ash Police Department to help in determining if one person is making threats to several facilities or if there is a definite mode of operation or pattern that is developing with such calls.	
Signature	Date (if different from above)

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APPENDIX J: EMERGENCY CONTACT INFORMATION

Cincinnati

Agency	Address	Phone	Website
Fire/Police/Emergency Services		911 Dial 765-1212 for non-emergencies	https://www.cincinnati-oh.gov/fire/operations/ems-operations/
COA Building Management	Target Management	(513) 771-5600	https://www.thetargetgroup.net/
United Way of Greater Cincinnati 211 Service	2400 Reading Road Cincinnati, OH 45202	211 (513)762-7100	www.uwgc.org
Duke Energy	139 E 4th St, Cincinnati, OH 45202	Power Outages: (800) 543-5599 Gas Outages: (800) 634-4300	https://www.duke-energy.com/home
Altafiber	221 East 4 th Street, Cincinnati, Ohio 45202	(888) 246-2355	https://www.altafiber.com/consumerbusinessselection
Cincinnati Health Department	General Information 3101 Burnet Avenue Cincinnati, OH 45229	(513) 357-7200	https://www.cincinnati-oh.gov/health/
Cincinnati Fire Department	430 Central Avenue Cincinnati, OH 45202	Fire Reports: (513) 352-6220	https://www.cincinnati-oh.gov/fire/operations/
Cincinnati Police Department	310 Ezzard Charles Dr. Cincinnati, OH 45214 Police Chief	(513) 352-3505	www.cincinnati-oh.gov/police
CMHA (Cincinnati Metropolitan Housing Authority)	1627 Western Avenue Cincinnati, Ohio 45214	(513) 721-4580	www.cintimha.com
Cincinnati - OHGO Real-time Ohio traffic	Website only	No public phone	www.ohgo.com/dashboard/cincinnati
Greater Cincinnati Water Works	4747 Spring Grove Avenue Cincinnati, Ohio 45232	(513) 591-7700	https://www.cincinnati-oh.gov/water/

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Department of Public Services	1115 Bates Ave. Cincinnati, OH 45225	(513) 591-6000	http://www.cincinnati-oh.gov/public-services/
Red Cross Greater Cincinnati Tri-State Chapter	2111 Dana Avenue Cincinnati, OH 45207	(513) 579-3000 or	https://www.redcross.org/local/ohio/greater-cincinnati-dayton.html
Spectrum	11325 Reed Hartman Highway, Suite 148, Cincinnati, OH, 45241	(833) 949-0036	https://www.spectrum.com/cable-tv-service/ohio/cincinnati
National Weather Center	Website only		https://www.weather.gov/contact

Butler County

Butler County	Address	Phone	Website
Butler County Emergency Management	315 High Street Suite #670 Hamilton, OH 45011	(513) 785-5800 (513) 785-5810	https://ema.bcoho.gov/
American Red Cross Greater Cincinnati Tri-State Chapter	2111 Dana Avenue Cincinnati, Ohio 45207	(513) 579 - 3000	https://www.redcross.org/local/ohio/central-and-southern-ohio/about-us/locations/greater-cincinnati-tri-state-chapter.html
Butler County Health Department	301 S. Third Street Hamilton, OH 45011	(513) 863-1770 (513) 887-5240	https://health.bcoho.gov/
Hospitals	Address	Phone	Website
Atrium Medical Center	One Medical Center Drive Middletown, OH 45005	(513) 424-2111	https://www.premierhealth.com/locations/hospitals/atrium-medical-center
Butler County Medical Center (Bethesda)	3125 Hamilton Mason Road Hamilton, OH 45011	(513)894-8888	https://www.trihealth.com/hospital-s-and-practices/bethesda-butler
Cincinnati Children's Hospital and Medical Center Liberty Campus	7777 Yankee Road, Liberty Township, OH 45044	(513) 803-9600	https://www.cincinnatichildrens.org/locations/liberty

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<i>Kettering Health Hamilton (Hospital)</i>	<i>630 Eaton Avenue Hamilton OH 45013</i>	<i>(513) 867-2000</i>	https://ketteringhealth.org/locations/kettering-health-hamilton-mc001/
<i>McCullough-Hyde Memorial Hospital</i>	<i>110 North Poplar Street Oxford, OH 45056</i>	<i>(513) 523-2111</i>	http://www.mhnh.org
<i>Mercy Hospital Fairfield</i>	<i>3000 Mack Road Fairfield, OH 45014</i>	<i>Administration: (513) 870-7197 Main Number: (513) 870-7000</i>	https://www.mercy.com/locations/hospitals/cincinnati/mercy-health-fairfield-hospital?utm_source=google&utm_medium=organic&utm_content=local_website_link
<i>West Chester Hospital</i>	<i>7700 University Drive West Chester, OH 45069</i>	<i>(513) 298-3000</i>	https://www.uchealth.com/en/locations/west-chester-hospital
Police Departments	Address	Phone	Website
<i>Fairfield Police Department</i>	<i>5230 Pleasant Avenue Fairfield, OH 45014-3555</i>	<i>(513) 829-8201</i>	https://www.fairfield-city.org/384/Police-Department
<i>Fairfield Twp. Police Department</i>	<i>6485 Vonnie Vale Court Hamilton, OH 45011</i>	<i>(513) 887-4406</i>	https://www.fairfieldtwp.org/departments/police/about-the-police-department/
<i>Hamilton Police Department</i>	<i>331 S Front Street Hamilton, OH 45011</i>	<i>(513) 868-5811</i>	https://www.hamilton-oh.gov/police
<i>Miami University Police Department</i>	<i>Miami University Police 4945 Oxford – Trenton Road Oxford, OH 45056</i>	<i>(513) 529-2222</i>	www.muohio.edu/police
<i>Middletown Police Department</i>	<i>One Donham Plaza Middletown, OH 45042</i>	<i>(513) 425 - 7700</i>	
<i>Monroe Police Department</i>	<i>601 S Main Street Monroe, OH 45050</i>	<i>(513) 539-9234</i>	https://www.monroeohio.org/193/Police
<i>Oxford Township Police Department</i>	<i>925 Collins Run Road Oxford, OH 45056</i>	<i>(513) 523-7131</i>	www.oxfordtwpohio.org/police.html
<i>Oxford Police Department</i>	<i>101 East High Street Oxford, Ohio 45056</i>	<i>(513) 524-5240</i>	https://www.cityofoxford.org/government/departments/police/index.php

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Ross Township Police Department	4055 Hamilton Cleves Road, Hamilton, Ohio 45014	Non-emergency: (513) 863-2337 Dispatch: (513) 785-1300	https://rosstwp.org/stations-and-divisions/
Seven Mile Police Department	201 High Street Seven Mile, OH 45062	(513) 726-4091	https://villageofsevenmile.org/polic-e-court/
Trenton Police Department	11 E. State Street Trenton, OH 45067	(513) 988-6341 (513) 988-6304	https://trentonoh.gov/198/Police-Department
West Chester Police Department	9577 Beckett Road, Suite 500 West Chester, OH 45069	(513) 777-2231	https://www.westchesteroh.org/government/police/about-wcpd
Butler County Sheriff Department	705 Hanover Street Hamilton, OH 45011	(513) 785-1300	www.butlersheriff.org/
Fire Departments	Address	Phone	Website
Liberty Township Fire Department (Station 111)	5170 Princeton Glendale Rd Liberty Township, OH 45011	(513) 759-7530	https://www.liberty-township.com/337/About-LTFD
Station 112	7655 Princeton Road Liberty Township, OH 45044	(513) 759-7530	https://www.liberty-township.com/337/About-LTFD
Station 113: (Headquarters)	6682 Princeton-Glendale Rd. Liberty Township, OH 45011	(513) 759-7530	https://www.liberty-township.com/337/About-LTFD
EPA	Address	Phone	Website
Southwest Ohio EPA	401 East Fifth Street Dayton, Ohio 45402	(937) 285 - 6357	https://epa.ohio.gov/help-center/contact-list/butler

Clermont County

CLERMONT COUNTY	Address	Phone	Website
Clermont County Emergency Management Agency	2279 Clermont Center Road Batavia, OH 45103	(513) 732-7661	www.ema.clermontcountyohio.gov

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American Red Cross Greater Cincinnati Tri-State Chapter	2111 Dana Avenue Cincinnati, OH 45207	(513) 579 – 3000	https://www.redcross.org/local/ohio/central-and-southern-ohio/about-us/locations/greater-cincinnati-tri-state-chapter.html
Clermont County Health Department	2275 Bauer Road, Suite 300 Batavia, OH 45103	(513) 732-7499	Ccphohio.org
Hospital			
Mercy Hospital Clermont	3000 Hospital Drive Batavia, OH 45103	(513) 732-8200	https://www.mercy.com/locations/hospitals/cincinnati/mercy-health-clermont-hospital
Police Departments			
Clermont County Sheriff's Office	4470 State Route 222 Batavia, OH 45103	(513) 732-7500	www.clermontsheriff.org
Batavia Village Police Department	65 N 2 nd Street Batavia, OH 45103	(513) 732-5692	https://www.bataviaoh.gov/departments/police_department/index.php
Bethel Police Department	120 North Main Street, #2 Bethel, OH 45106	(513) 734-2256	https://bethel-oh.gov/government/bethel-police-department/
Felicity Police Department	415 West Walnut Street Felicity, OH 45120	(513) 876-2621	https://police-department.org/felicity-police-department-in-ohio/
Loveland Police Department	126 South Lebanon Road Loveland, OH 45140	(513) 583-3000	https://lovelandoh.gov/189/Police
Milford Police Department	City of Milford Building 745 Center Street, #100 Milford, OH 45150	Phone: (513) 248-5084	https://www.milfordohio.org/departments/police_department/index.php
New Richmond Police Department	Light Ashburn Memorial Building 102 Willow Street New Richmond, OH 45157	Office: (513) 553-3121	http://www.newrichmond.org/police.html
Owensville Police Department	115 West Main Street Owensville, OH 45160	Non-emergency: (513) 732-1171	https://www.police1.com/law-enforcement-directory/police-departments/owensville-police-department-owensville-OH-VoWi3gRKkGBVAVYt/

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<i>Union Twp. Police Department</i>	4312 Gleneste Withamsville road Cincinnati, OH 45245	(Non-Emergency) (513) 752-1230	https://www.union-township.oh.us/191/Police-Department
<i>Williamsburg Police Department</i>	120 South Front Street Williamsburg, OH 45176	(513) 724-2261	https://williamsburgohio.org/index.php/departments/police-department/
Fire Departments			
<i>Batavia Twp. Fire & Rescue</i>	2401 Old State Route 32 Batavia, OH 45103	(513) 732-3876	https://fire-departments.org/fire-department/batavia-fire-department-ohio.html
<i>Bethel – Tate Fire Department</i>	149 N. East Street Bethel, OH 45106	(513) 734-4444	https://tatetownship.org/fire-department-and-ems/
<i>Felicity-Franklin Fire Department</i>	718 Market Street Felicity, OH 45120	(513) 876-2200	https://franklintownshipoh.org/fire-and-ems
<i>Goshen Twp. Fire and EMS</i>	1849 SR 28 Goshen, OH 45122	(513) 722-3473 (513) 722-3500	https://goshen-oh.gov/fireems/
<i>Jackson Twp. Fire & Rescue</i>	3261 US Rt. 50 Williamsburg, OH 45176	(513) 625-1333	http://www.clermontfirechiefs.org/jackson-township.html
<i>Miami Twp. Fire & EMA</i>	5888 McPicken Drive Milford, OH 45150	(513) 248-3700	https://www.miamitwpoh.gov/fd/stations.html
<i>Milford Community Fire Department</i>	687-B U.S. Rte. 50 Milford, OH 45150	(513) 831-7777	www.milfordcommunityfd.org
<i>Monroe Twp. Fire Department</i>	1963 Laurel Lindale Road New Richmond, OH 45157	(513) 553-3033	https://www.monroetwpfire.net/
<i>New Richmond Fire Department</i>	300 Hamilton Street New Richmond, OH 45157	(513) 553-2117	www.nrfems.org/
<i>Owensville Fire & Rescue</i>	202 S. Broadway Street Owensville, OH 45160	(513) 732-5352	https://usfiredept.com/owensville-fire-rescue-17443.html
<i>Pierce Twp. Fire Department</i>	950 Locust Corner Road Cincinnati, OH 45245	(513) 752-6273	https://piercetownship.org/fire-department/
<i>Union Twp. Fire Department</i>	860 Clough Pike Cincinnati, OH 45245	(513) 528-4446	https://www.union-township.oh.us/171/Fire-Department
<i>Washington Twp. Fire & Rescue</i>	2239 SR 756 Moscow, OH 45153	(513) 876 - 3740	https://www.facebook.com/wtfr66/

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Wayne Twp. Fire & Rescue	6306 State Route 133, Goshen, Oh 45122	(513) 625-6212	https://wayne-township.org/fire-and-rescue/
Williamsburg Twp. Emergency Services	915 West Main Street, Williamsburg, OH 45176	513-724-7744	https://www.facebook.com/p/Williamsburg-Township-Emergency-Services-100064958341200/

EPA		
Southwest Ohio EPA Office	(937) 285 - 6357	https://epa.ohio.gov/help-center/contact-list/clermont

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Clinton County

CLINTON COUNTY	Address	Phone	Website
<i>Clinton County Emergency Management</i>	1850 Davids Drive, Suite 107 Wilmington, OH 45177	(937) 382-6673	https://www.cc-ema.org/contact
<i>American Red Cross South Central Ohio Chapter</i>	181 N. Bridge Street Chillicothe, OH 45601	(740) 772 - 2014	https://www.redcross.org/local/ohio/central-and-southern-ohio/about-us/locations/south-central-ohio.html
<i>Clinton County Health Department</i>	111 S. Nelson, Suite 1 Wilmington OH 45177	(937) 382-3829	https://co.clinton.oh.us/departments/HealthDistrict
Hospital	Address	Phone	Website
<i>Clinton Memorial Hospital</i>	610 West Main Street Wilmington, OH 45177	(937) 382-6611	http://www.cmhregional.com
Police Departments	Address	Phone	Website
<i>Clinton County Sheriff Department</i>	1645 Davids Drive Wilmington, OH 45177	Phone: (937) 382-1611	https://clintonsheriff.com/contact-us/
<i>Blanchester Police Department</i>	318 E. Main Street Blanchester, OH 45107	(937) 783-2431	https://www.blanvillage.com/police-department#!
<i>New Vienna Police Department</i>	97 Main Street New Vienna, OH 45159	Phone: (937) 987-2116 24 hour: (937) 382-1611 911 dispatch: (937) 382-1611	https://www.police1.com/law-enforcement-directory/police-departments/new-vienna-police-department-new-vienna-OH-cckKugCm6O3lIsB7/
<i>Port William Police Department</i>	227 Main Street Port William, OH 45164	(937) 486-2677	https://www.countyoffice.org/port-william-police-department-port-william-oh-58f/
<i>Sabina Police Department</i>	99 N Howard Street Sabina, OH 45169	Dispatch: (937) 382-1611	http://sabinapd.com

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<i>Wilmington Police Department</i>	69 N. South Street Wilmington, OH 45177	(937) 382-3833	https://wilmingtonoh.org/municipal-services/police-department/
Fire Departments	Address	Phone	Website
<i>Clinton-Highland Joint Fire</i>	676 West Street, New Vienna, OH 45159	(937) 987-2713	https://usfiredept.com/clinton-highland-joint-fire-district-4918.html
<i>Blanchester Marion Township Fire District</i>	447 E Fancy St, Blanchester, OH 45107	(937) 783-4925.	https://www.yellowpages.com/blanchester-oh/mip/blanchester-fire-house-463906111
<i>Clinton-Warren Joint Fire District</i>	82 Spring Hill Rd, Clarksville, OH 45113	(937) 289-3427	https://www.facebook.com/CWJFD/
<i>Clinton South Joint Fire District</i>	111 S Broadway Midland, OH 45148.	Clinton County Sheriff's Office Dispatches for them 937-382-1611	https://usfiredept.com/clinton-south-joint-fire-district-4921.html
<i>Port William Fire Department</i>	7211 North State Route 134 Wilmington, OH 45177	(937) 486-5300	No Website
<i>Wilmington Fire Department</i>	46 E. Sugartree Street Wilmington, OH 45177- 2331	(937) 382-2244.	https://wilmingtonoh.org/municipal-services/fire-department/
<i>Chester Twp. New Burlington Fire Dept.</i>	5580 Ohio 380 Wilmington, OH 45177	(937) 283-1616	https://ctvfd911.org/
<i>Martinsville and Clark Township Fire Department</i>	317 School Street Martinsville, OH 45146	(937) 685-4455	https://usfiredept.com/martinsville-clark-township-fire-department-14272.html
<i>SRWW Joint Fire District 2</i>	179 S Jackson Street Sabina, OH 45169	(937) 584-4132	http://www.clintoncounty.org/resources/Fire.html
EPA	Address	Phone	Website
<i>Southwest Ohio EPA</i>	401 East Fifth Street Dayton, Ohio 45402	(937) 285 - 6357	https://epa.ohio.gov/help-center/contact-list/clinton

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Hamilton County

HAMILTON COUNTY	Address	Phone	Website
Hamilton County Emergency Management	2000 Radcliff Drive Cincinnati, OH 45204	(513) 263-8200 Communications Center: (513) 825-2280	http://www.hamiltoncountyohioema.org/
Hamilton County Health Department	250 William Howard Taft, 2 nd Floor Cincinnati, OH 45219	(513) 946-7800 (513) 595-8599	http://www.hamiltoncountyhealth.org/en/
Hospitals	Address	Phone	Website
Bethesda North Hospital	10500 Montgomery Road Cincinnati, OH 45242	(513) 865 - 1111	https://www.trihealth.com/hospitals-and-practices/bethesda-north-hospital
Children's Hospital Medical Center	3333 Burnet Avenue Cincinnati, OH 45229	(513) 636-4200	www.cincinnatichildrens.org
Christ Hospital	2139 Auburn Avenue Cincinnati, OH 45219	(513) 585-2000	www.thechristhospital.com/
Good Samaritan Hospital	375 Dixmyth Avenue Cincinnati, OH 45220	(513) 862-1400	https://www.trihealth.com/hospitals-and-practices/good-samaritan-hospital
Good Samaritan Glenway	6350 Glenway Avenue Cincinnati, OH 45211	(513) 569-6777	https://www.trihealth.com/hospitals-and-practices/locations/good-samaritan-glenway
Hospice of Cincinnati	Blue Ash Inpatient Center 4310 Cooper Road Cincinnati, OH 45242	(513) 891-7700	www.hospiceofcincinnati.org
Jewish Hospital	4777 East Galbraith Road Cincinnati, OH 45236	(513) 686-3000	http://jewishhospitalcincinnati.com
Mercy Hospital Anderson	7500 State Road Cincinnati, OH 45255	(513) 624-4500	https://www.mercy.com/locations/hospitals/cincinnati/mercy-health-anderson-hospital
Mercy Health – West Hospital	3300 Mercy Health Blvd Cincinnati, OH 45211	(513) 215-5000	

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<i>TriHealth Corporate Office</i>	625 Eden Park Dr, Cincinnati, OH 45202	(513) 569-6111	www.trihealth.com
<i>University of Cincinnati Medical Center</i>	3188 Bellevue Ave, Cincinnati, OH 45219	(513) 584-1000	https://www.uchealth.com/en/locations/u-c-medical-center
<i>UC-West Chester Hospital</i>	7700 University Drive West Chester, OH 45069	(513) 298-3000	https://www.uchealth.com/westchesterhospital/
Police Departments	Address	Phone	Website
<i>Hamilton County Sheriff's Office</i>	1000 Sycamore St. Cincinnati, OH 45202	(513) 946-6400	http://www.hcso.org
<i>Addyston Police Department</i>	235 Main Street Addyston, OH 45001	(513) 825 – 2280	None
<i>Amberley Village Police Department</i>	7149 Ridge Road Amberley Village, OH 45237	(513) 531-2040	amberleyvillage.org
<i>Blue Ash Police Department</i>	4343 Cooper Road Blue Ash, OH 45242	(513) 745-8555	https://www.blueash.com/departments/police_department/index.php
<i>Cheviot Police Department</i>	3814 Harrison Avenue Cheviot, OH 45211	(513) 825-2280	https://cheviot.org/police-department/contacting-the-police-department/
<i>Cincinnati Police Department</i>	310 Ezzard Charles Drive Cincinnati, OH 45214	(513) 352-3536	http://www.cincinnati-oh.gov/police/
<i>Colerain Township Police Department</i>	4200 Springdale Road Colerain Township, OH 45251	(513) 321 - 2677	https://www.colerain.org/169/Police
<i>College of Mount St. Joseph Police Department</i>	5701 Delhi Road Cincinnati, OH 45233	Non-emergency: (513) 244-4226	http://www.msjeu.edu/student-life/public-safety-campus-police/
<i>Deer Park Police Department</i>	7777 Blue Ash Road. Cincinnati, OH 45236	(513) 791-8056	https://www.deerpark-oh.gov/departments/police-department/about-the-police-department/
<i>Delhi TWP Police Department</i>	934 Neeb Road. Cincinnati, OH 45233	(513) 922-0060	https://www.delhi.oh.us/232/Police-Department
<i>Elmwood Place Police Department</i>	6118 Vine Street Elmwood Place, OH 45216	(513) 615 – 3100 (513) 242 – 0291	https://www.elmwoodplace-oh.gov/Police-Department
<i>Evendale Police Department</i>	10500 Reading Road Evendale, OH 45241	(513) 563-2249	https://www.evendaleohio.org/police

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<i>Fairfax Police Department</i>	5903 Hawthorne Avenue Cincinnati, OH 45227	(513) 271-7250	https://fairfaxoh.com/police-department/
<i>Forest Park Police Department</i>	1203 W Kemper Road Cincinnati, OH 45240	(513) 595-5220	www.forestpark.org
<i>Glendale Police Department</i>	301 E Sharon Road Cincinnati, OH 45246	(513) 771-7645	https://www.glendaleohio.org/departments/police_department/
<i>Golf Manor Police Department</i>	6450 Wiehe Road Cincinnati, OH 45237	(513) 531-3108	https://www.golfmanoroh.gov/police/
<i>Green Township Police Department</i>	6303 Harrison Avenue Cincinnati, OH 45247	(513) 574-0007	https://www.greentwp.org/police-department
<i>Greenhills Police Department</i>	11000 Winton Road Greenhills, OH 45218	(513) 825-2101	http://greenhillspd.org
<i>Harrison Police Department</i>	311 Harrison Avenue Harrison, OH 45030	(513) 367-3715	https://www.harrisonohio.gov/170/Police https://www.countyoffice.org/health-alliance-department-of-public-safety-cincinnati-oh-456/
<i>Health Alliance Department of Public Safety</i>	3200 Burnet Avenue Cincinnati, OH 45229	(513) 585-7000	
<i>Indian Hill Police Department</i>	6525 Drake Road Cincinnati, OH 45243	(513) 561-7000	www.ihillrangers.org/
<i>Lockland Police Department</i>	101 N Cooper Avenue Lockland, OH 45215	(513) 761-1699	https://www.locklandoh.org/government-2/departments/police-mission-statement/
<i>Loveland Police Department</i>	126 S. Lebanon Road Loveland, OH 45140	(513) 583-3000	https://lovelandoh.gov/189/Police
<i>Madeira Police Department</i>	7141 Miami Avenue Cincinnati, OH 45243	(513) 272-4214	www.madeiracity.com
<i>Mariemont Police Department</i>	6907 Wooster Pike Mariemont, OH 45227	(513) 271-4089	https://mariemont.org/departments/police-department/
<i>Montgomery Police Department</i>	10150 Montgomery Road Montgomery, OH 45242	(513) 985-1600	https://www.montgomeryohio.gov/departments/police/
<i>Mt. Healthy Police Department</i>	7700 Perry Street Cincinnati, OH 45231	(513) 728-3183	https://www.mthealthy.org/police-department
<i>Newtown Police Department</i>	3536 Church Street Cincinnati, OH 45244-3002	(513) 561-7697	https://newtownohio.gov/police/

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North College Hill Police Department	1646 West Galbraith Road Cincinnati, OH 45239	Non-emergency: (513) 521-7171	https://www.northcollegehill.org/359/Police-Department
Norwood Police Division	4701 Montgomery Road Cincinnati, OH 45212	(513) 458-4520	www.norwoodpolice.org
Reading Police Department	1000 Market Street Cincinnati, OH 45215	(513) 733-4122	https://www.readingohio.org/page/police
Sharonville Police Department	3639 East Kemper Road Sharonville, OH 45241	(513) 563-1147	https://www.sharonville.org/131/Police
Springdale Police Department	12105 Lawnview Avenue Springdale, OH 45246	(513) 346-5760	https://www.springdale.org/police-department
Springfield Township Police Department	1130 Compton Road Cincinnati, OH 45231	(513) 729-1300	https://www.springfieldtwp.org/139/Police
St. Bernard Police Department	4200 Vine Street St. Bernard, OH 45217	(513) 242-2727	http://stbernardpolice.org/
Summit Behavioral Healthcare Police Department	1101 Summit Road Cincinnati, OH 45237	(513) 948-3952 Fax: (513) 821-4478	https://www.usacops.com/oh/p45237sbh/index.html
Terrace Park Police Department	428 Elm Avenue #1 Terrace Park, OH 45174	(513) 831-2137	https://www.terracepark.org/police-department
University of Cincinnati Police Department	Three Edwards Center, 51 W. Corry Blvd, Cincinnati, OH 45221	(513) 556-4900	https://www.uc.edu/about/publicsafety/police.html
Woodlawn Police Department	10143 Woodlawn Blvd. Cincinnati, OH 45215	(513) 771-8480	https://www.beautifulwoodlawn.us/departments/police_department/index.php
Wyoming Police Department	600 Grove Avenue Wyoming, OH 45215	(513) 821-0141	https://wyomingohio.gov/173/Police-Department
Xavier University Police Department	1648 Musketeer Drive, Cincinnati, OH 45207	(513) 745-1000	www.xavier.edu/police/
Fire Departments	Address	Phone	Website
Springfield Township Fire Station	9150 Winton Road Cincinnati, OH 45231	(513) 521-7578	https://www.springfieldtwp.org/136/Fire
Cheviot Fire Department	3814 Harrison Avenue Cheviot, OH 45211	(513) 661-2958	https://cheviot.org/fire-department/

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<i>Evendale Fire Department</i>	10500 Reading Road Evendale, OH 45241	(513) 563-2248	https://www.evendaleohio.org/fire-department
<i>American Red Cross Greater Cincinnati Tri-State Chapter</i>	2111 Dana Avenue Cincinnati, OH 45207	(513) 579-3000	https://www.redcross.org/local/ohio/greater-cincinnati-dayton.html
EPA	Phone	Website	
Southwest Ohio EPA	(937) 285 - 6357	https://epa.ohio.gov/help-center/contact-list/hamilton	

Warren County

WARREN COUNTY	Address	Phone	Website
<i>Warren County Emergency Management Agency</i>	520 Justice Drive Lebanon, OH 45036	(513) 695-1315	https://www.co.warren.oh.us/emergencyservices/emergencymanagement/default.aspx
	416 S. East Street Lebanon, OH 45036	(513) 695-1228	
<i>Warren County Health Department</i>	WIC only: 333 Conover Drive, Suite B, Franklin, OH 45005	(513) 695 - 9490	http://wcchd.com/
<i>American Red Cross Greater Cincinnati Tri-State Chapter</i>	2111 Dana Avenue Cincinnati, OH 45207	(513) 579 - 3000	https://www.redcross.org/local/ohio/central-and-southern-ohio/about-us/locations/greater-cincinnati-tri-state-chapter.html
Hospitals	Address	Phone	Website
<i>Atrium Medical Center</i>	1 Medical Center Drive Middletown, OH 45005	(513) 424-2111 (800) 338-4057	www.atriummedcenter.org
<i>Bethesda Medical Center – Arrow Springs</i>	100 Arrow Springs Boulevard Lebanon, OH 45036	(513) 282-7000	https://www.trihealth.com/locations/bethesda-medical-center-at-arrow-springs
Police Departments	Address	Phone	Website

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Warren County Sheriff's Office	822 Memorial Drive (GPS purposes: 550 Justice Drive) Lebanon, OH 45036	Non-emergency: (513) 695-1280 Fax: (513) 695-1286	www.wcsooh.org
Carlisle Police Department	474 Fairview Drive Carlisle, OH 45005	(937) 746-0117	http://www.carlisleoh.org/police.html
Clearcreek Township Police Department	7705 Bunnell Hill Road Springboro, OH 45066	Non-emergency: (937) 748-1267 Fax: (937) 748-3252 After hours non-emergency and dispatch: (513) 695 - 2525 Dispatch: (937) 425-2525	https://www.clearcreektownship.co.in/departments/police-5
Franklin Police Department	400 Anderson Street Franklin, OH 45005	(937) 746-2882	https://www.franklinohio.org/government/safety-department/police-division
Harveysburg Police Department	79 West Main St. Harveysburg, OH 45032	(513) 897-9926	https://www.villageofharveysburg.org/police
Lebanon Police Department	25 W Silver Street Lebanon, OH 45036	(513) 932-2010	https://www.lebanonohio.gov/departments/police/index.php
Maineville (Hamilton Township) Police Department	7780 South State Route 48 Hamilton Township, OH 45039	(513) 683 – 0538	https://www.hamilton-township.org/departments/police/
Mason Police Department	6000 Mason-Montgomery Rd. Mason, OH 45040	(513) 229-8560	https://iimaginemason.org/services/police/
Morrow Police Department	150 E. Pike Street Morrow, OH 45152	(513) 899-2211	http://www.vil.morrow.oh.us/departments/police/
Springboro Police Department	320 W. Central Avenue Springboro, OH 45066	(937)748-0611	https://www.cityofspringboro.com/188/Police-Department
Waynesville Police Department	1400 Lytle Road Waynesville, OH 45068	Non-emergency: (513) 695 – 2525	https://www.villageofwaynesville.org/departments/police/police-department/

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Fire Departments	Address	Phone	Website
Lebanon Fire Department (Station 41)	601 N Broadway Street, Lebanon, OH 45036	(513) 932-2222	https://www.lebanonohio.gov/departments/fire_ems/index.php
Lebanon Fire Department (Station 42)	3116 Lebanon Rd Lebanon, OH 45036	(513) 932-2222	https://www.lebanonohio.gov/departments/fire_ems/index.php
Union Township Fire Department	285 E Pike Street, South Lebanon, OH 45065	(513) 494 - 2566	http://www.utsifd.com/
Fire Department: Harlan Twp.- Warren County	9120 Morrow Rossburg Road, Pleasant Plain, OH 45162	(513) 877-2727	https://www.countyoffice.org/harlan-township-fire-and-rescue-station-81-pleasant-plain-oh-7db/
EPA	Address	Phone	Website
Southwest Ohio EPA	401 East Fifth Street Dayton, Ohio 45402	(937) 285 – 6357	https://epa.ohio.gov/help-center/contact-list/warren

State of Ohio

Agency	Address	Phone	Website
Attorney General Contact Information	Dave Yost 30 E. Broad Street, 14 th Floor Columbus, OH 43215	(614) 466-4986 Help Center (800) 282-0515	www.ohioattorneygeneral.gov
Legal Aid Society's Nonprofit Legal Assistance	215 E. 9th Street Suite200 Cincinnati, OH 45202	(513) 241-9400	http://www.lascinti.org http://aging.ohio.gov/
Ohio Department of Aging	30 E. Broad Street, 22 nd Floor Columbus, OH 43215-3414	(800) 266-4346 or (866) 243-5678	
Ohio Department of Children and Families Services	30 E. Broad Street, Columbus, OH 43215	(614) 466-2100	http://ifs.ohio.gov/
Ohio Department of Financial Services	The OH Department of Commerce Division of Financial Institutions	(866) 278-0003 (614) 728-8400	http://com.ohio.gov/fin

Council on Aging of Southwestern Ohio

Continuity of Operations Plan

	77 S. High Street, 21 st Floor Columbus, OH 43215-6120		
Ohio Department of Health and Human Services	246 N. High Street Columbus, OH 43215	(614) 466-3543	http://www.odh.ohio.gov
Ohio Department of Transportation	1980 West Broad Street, Columbus OH 43223	(614) 466-7170	https://www.transportation.ohio.gov/about-us/contact-us
ODOT Division 8	505 South State Rt. 741 Lebanon, OH 45036	(513) 932-3030 (800) 831-2142	www.dot.state.oh.us/districts/d08/
Ohio Division of Emergency Management ODPS	2855 West Dublin-Granville Road Columbus, Ohio 43235-2712	(614) 889 – 7150	http://www.ema.ohio.gov/index.aspx
Ohio EPA	Contact the Southwest District Office: 401 East Fifth Street Dayton, OH 45402 Contact the OH Environmental Protection Agency Mailing Address: P.O. Box 1049 Columbus, Oh 43216-1049 Street Address:	Southwest District Office: (937) 285-6357 Non-emergency Citizen Complaint Line (800) 686-8930 Emergency Response Hotline (800) 282-9378 Air pollution Control: (614) 644-2270	https://epa.ohio.gov/help-center/contact-list

Council on Aging of Southwestern Ohio

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	50 West Town Street, Suite 700 Columbus, Oh 43215		
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Federal

Agency	Address	Phone	Website
FEMA (Region V OH)	536 S. Clark Street, Chicago, IL 60605	(312) 408-5500	http://www.fema.gov
FEMA General	500 C Street SW, Washington, DC 20024	(202) 646-2500	
FEMA Guide to Citizen Preparedness			https://www.fema.gov/related-link/are-you-ready-guide-citizen-preparedness
FEMA Helpline		(800) 621-3362	
FEMA Application for Assistance		(800) 621-3362	
FEMA Disaster Assistance Website			https://www.disasterassistance.gov/
Ready – People with Disabilities			https://www.ready.gov/disability
Homeland Security General Information		(202) 282-8000	www.dhs.gov
Homeland Security Guide to Individual Preparedness	U.S. Department of Homeland Security Washington, DC 20528		http://www.ready.gov
Housing and Urban Development	Columbus Field Office Thomas Leach Field Office Director, 200 North High Street 7 th Floor Columbus, OH 43215-2463	(614) 469-5737	https://www.hud.gov/ohio
Small Business Administration (SBA)	Columbus District Office	(614) 427- 0407	http://www.sba.gov

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	65 E. State St., Suite 1350 Columbus, OH 43215 Cincinnati Branch Office 525 Vine Street, Suite 1030 Cincinnati, OH 45202	(513) 684-2814	
SBA Disaster Assistance	Field Operations Center – East 101 Marietta St. NW, Suite 700 Atlanta, Georgia 30303	(800) 659 -2955 (404) 331-0333	www.sba.gov/services/disasterassistance/ Please Note: To obtain Disaster Loan Program information or to receive a Status update on your disaster loan request, please call our customer service line at 1-800-659-2955 from 8AM to 6PM (EDT), Mon – Fri, 9AM to 5:30PM (EDT) Sat or email us at disastercustomerservice@sba.gov
Center for Disease Control	Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329	(800) 232-4636	http://www.cdc.gov
Administration for Community Living	330 C St SW Washington, DC 20201	(202) 401-4634	http://www.aoa.gov
Centers for Medicare and Medicaid Services	CMS: Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore MD 21244	(800) 633-4227 Fraud Reporting:(800) 447-8477	https://www.cms.gov/

APPENDIX K: SAMPLE AMENDMENT FOR PROVIDER CONTRACTS

Emergency Preparedness Amendment

Policy Statement:

In an emergency, it is Council on Aging of Southwestern Ohio's (COA) responsibility to do what is necessary to sustain critical services to our clients. An "emergency" is defined as an event or series of events that place the operational capacity of COA at risk and/or significantly disrupts client services or places clients at risk. When such events occur, COA will coordinate efforts of the whole provider network in developing a response strategy and will also serve as the primary liaison to the local emergency management officials on behalf of the agency network. Providers are therefore expected to cooperate with these efforts and make their resources available to respond in a crisis.

COA's Continuity of Operations Plan (COOP) for responding to emergencies is activated at the discretion of the CEO and/or the Senior Leadership Team and may be activated if any of the following circumstances apply:

- Operational capacity has been or is likely to be impacted for more than 72 hours.
- If client services have been or are likely to be disrupted for more than 24 hours.
- If clients are or are likely to be at risk.
- If the magnitude of the event requires significant mobilization of resources.
- A weather alert or warning is issued by the National Weather Service and COA deems it necessary to prepare for weather which will significantly impact client services and business operations.

As emergencies do not always present themselves immediately and may develop over time, COA and the Provider must be able to recognize potential emergencies that place our operations or clients at risk. Clients may be at risk even if operations are not impacted, for example, a power outage during a heat wave.

Provider Requirements in an Emergency

The Provider agrees to the following:

1. The Provider will have a continuity of operations plan. At a minimum, that plan will include a plan for back-up operations should the provider's main business location become unavailable.
2. In the event of an emergency, COA will activate their Continuity of Operations Plan and notify providers that the COOP is activated and provide a single point of contact for the providers. Unless otherwise specified, COA's Procurement and Provider Relations Manager will serve as the primary point of contact and the Director of Business Operations will serve as the backup. Notification may be made by email, telephone, or website.
3. COA will take the lead in coordinating the response, unless COA's operations are significantly impacted by the emergency. The Provider will work with COA to coordinate the response. The Providers agree to follow the instructions provided by COA and local EMA officials. The Provider will deploy available resources to aid in the response effort even if the activity is outside the normal course of operations. This may include:
 - a. Not closing operations, and standing ready to step up operations and services.
 - b. Providing services beyond the provider's traditional territory.
 - c. Deploying the provider's resources in different ways to include the provider's facility(s), equipment, staff, and resources (e.g., using the senior center as emergency shelter/housing).
4. The provider will notify COA immediately if the Provider is unable to provide services for which they are contracted and/or provide emergency response support as requested.
5. Providers will report information to COA immediately if they believe a situation is developing that may severely impact their operational capacity or place clients at risk and/or upon request of COA or emergency management officials.
6. The provider will notify COA immediately if the Provider has information about changes to client(s) needs during an emergency.
7. COA will work with providers to seek funding, as available from other sources which become available when a state of emergency is declared, in the event the providers incur unfunded expenses in the effort to maintain client safety, sustain critical services, and/or meet critical needs not covered, but required due to the crisis. Providers will therefore track their expenses during crisis situations where COA has activated the COOP.
8. The Provider will participate in readiness activities such as planning for emergencies, tabletop and other exercises, and providing contact and other organizational information.

Monitoring & Oversight of Providers

Council on Aging has an outlined policy and procedure with provider monitoring and oversight for contracted and commercial relationship providers. The outlined procedure includes:

Schedule the SCR

- Set the SCR appointment date within the required timeframe before the SCR due date.
- Ensure the appointment date allows the review to be completed by the required due date.

Prepare and Send Provider Notification

- Administrative Assistant prepares the SCR notification letter.
- Include:
 - Date, time, and location of the review
 - Type of review (desk, hybrid, or onsite)
 - Programs and services being reviewed
 - Service dates and requirements
 - Required documentation and submission deadline
 - Consumer selection process details
 - Request for employee roster
 - Auditor contact information
- Send the letter to the provider signatory, provider administrator, and other designated contacts.
- Verify provider contact information before sending.
- Copy the contract auditor on all communications.
- Use delivery/read receipts and save confirmation in the provider file.

Update State Tracking System

- Record the date the notification letter was sent.

- Record who received the notification.
- Record the method of delivery (email, USPS, certified mail, etc.).

Complete Provider Confirmation

- Begin confirmation activities no later than 21 days before the SCR appointment date.
- Auditor:
 - Reviews submitted materials
 - Identifies missing items
 - Contacts provider to confirm date/time and discuss outstanding items
- If rescheduling is needed:
 - Try to schedule an earlier date first
 - Ensure the review is still completed by the SCR due date

Follow Unable-to-Contact Process if Needed

- Verify provider phone and email using the Master Provider List and latest PIF.
- Send an unable-to-contact email.
- Make three phone call attempts at different times over 3–5 days.
- Conduct a drive-by to known provider addresses if necessary.
- Document each contact attempt in the state system the same day.
- Issue disciplinary action within two business days of the missed SCR appointment date if contact cannot be established.

Conduct the SCR Audit

- Hold an entrance conference with the provider.
- Obtain signatures of attendees on the Entrance Conference Form.
- Review compliance with:
 - Conditions of Participation
 - Applicable service specifications
- Complete unit-of-service verification.

- Collect and scan any outstanding documents into the agency folder.
- If needed, allow up to five additional business days for documentation submission.
- Treat each provider location as a separate agency when multiple locations exist.
- Hold an exit conference at the conclusion of the review.

Close Review if No Findings

- Store all review tools and documentation in the provider agency file.
- Finalize the review in the state system within required timelines.
- Issue the Monitoring Summary Report (MSR) within 10 business days of review completion.
- Document:
 - Date sent
 - Recipient
 - Delivery method
- Enter review results in the provider contact note log.

Manage Findings and Corrective Action

- Notify provider of non-compliance during the exit conference or within one business day after the review.
- Document the communication in the state system.
- Issue the MSR within 10 business days after the review.
- Include:
 - Summary of findings
 - Plan of correction or evidence-of-compliance request
 - Any disciplinary action if applicable
- Complete supporting documentation:
 - Schedule of Findings
 - Schedule of Questioned Costs
- Send documentation to provider and request receipt confirmation.

- File all SCR documents in the provider record.

Review Provider Response

- Provider submits plan of correction or evidence of compliance within 10 business days after the MSR is sent.
- Review submitted response and follow evidence-of-compliance procedures as needed.
- Discuss disciplinary action with leadership if:
 - No response is received
 - Provider remains out of compliance after response review

Maintain Universal Tracker

- Administrative Assistant updates the universal tracker within 24 hours of sending the SCR letter.
- Auditor updates provider status regularly.
- Review tracker updates at least weekly.

This process follows the fully outlined process within the Operations Guide (2005) and is updated annually to encompass rule changes.

Age Friendly Community Highlights

Age Friendly Cincinnati Action Plan Highlights include:

Housing: Support aging in place by educating the community, offering subsidies for home modifications, assisting with home retrofits plans and expanding handyman services.

Civic Participation and Employment: Collaborate with business owners to create age-friendly employment opportunities, allowing older adults to stay in the workforce. Expand post-retirement training options for higher-wage, less physically demanding jobs or entrepreneurship opportunities.

Health and Community Services: Launch public health initiatives focusing on physical activity, tobacco use, fall prevention and chronic disease management. Educate older adults on emergency planning and response.

Age Friendly Clinton County Action Plan Highlights include:

Outdoor Spaces: Develop connected and walkable trails with new public restrooms and accessibility options.

Transportation: Provide interconnected, long-distance regional transportation options.

Housing: Facilitate aging in place by providing options for home repair, increasing the number of subsidized housing units, and promoting the development of new, moderate-income units.

Age Friendly Oxford Action Plan Highlights include:

Housing: Create new and rehabilitated housing units that meet the needs of residents through best practices like home-sharing programs.

Transportation: Promote the development of transportation infrastructure that ensures safe accessibility and connectivity for all ages.

Health and Community Services: Enhance, support, and expand informal home- and community-based resources, services and activities.

APPLICATION FOR DIRECT SERVICE WAIVER

Please submit **one** application form for **each** service (III-B, C, D, or E) that your agency requests to provide directly.

Title of requested service: Administrative Support for Title III-D Evidence Based Programs

Type of requested service: Title III-B Title III-C Title III-D Title III-E

1. Please select the basis for which the waiver is requested (more than one may be selected) and provide detailed justification for direct provision of services and the date that this service was last competitively bid.

Provision of such services by the AAA is necessary to assure an **adequate supply** of such services.

Such services are directly related to the AAA's **administrative functions**.

Such services can be provided more **economically**, and with **comparable quality**, by the AAA.

Such services can be provided more economically, and with comparable quality, by the AAA. COA uses a hybrid community model to provide EB programs in our service area. COA is requesting a waiver for \$25,000 to provide administrative support and oversight for EB programs in our hybrid community model. Administrative support includes, but is not limited to, ordering & managing program books, toolkits, and supplies, preparation for new workshops, collecting completed workshop paperwork, updating Wellsky, completing fidelity reports for licensing agents, and processing financial compensation for contracted services. The remainder of the Title III-D funds will be spent directly on providing EB programs through financial compensation for contracted services to Master Trainers, certified Community Leaders, and Host Site Sponsors.

2. Identify the projected dollar amount requested and the applicable funding source for the service to be provided:

<input type="checkbox"/> Fund: Title III-D	<input checked="" type="checkbox"/>	Amount: \$	<u>\$ 25,000.00</u>
<input type="checkbox"/> Fund: Select Fund Name		Amount: \$	_____
<input type="checkbox"/> Fund: Select Fund Name		Amount: \$	_____

Note: Approved amounts are valid for a 12-month period.

Total Request: \$ \$ 25,000.00

3. Provide a copy of the request for proposal along with the list of prospective and current providers notified of the opportunity, the names of those that submitted a proposal and reasons why the proposal(s) were not acceptable. Also explain the methods used for notification.

COA does not intend to issue an RFP for EB Programs because our hybrid community model allows all community organizations interested hosting EB programs an opportunity to do so. To date, COA has contracted with 49 community host site sponsors that represent 62 neighborhood locations available for hosting EB programs. COA will address our intent to continue our hybrid community model during our public hearing and consider public feedback related to the model.

4. Describe how the AAA will develop capacity for local service providers to provide this service in the future.

COA currently has service contracts with two (2) Master Trainers, 22 certified Community Leaders (program facilitators) and 49 community host site sponsors. COA intends to increase the number of host site sponsors to encourage more older adult participation in EB programs. When programs are hosted by neighborhood organizations where older adults live and frequent often, there is a greater response for older adult and caregiver participation. COA will leverage our current relationships and engage with new organizations we encounter through our COA ambassador speaker's program and traditional outreach methods. Our website provides information about how to become a host site sponsor for EB programs. Becoming a host site sponsor is not a competitive process and is open to any interested organization to explore. We add new host site sponsors throughout the program year.

AAA Director's Signature

Date