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Area Agency on Aging
2008 - 2012

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**FOUR-YEAR PLAN OF THE VENANGO COUNTY
AREA AGENCY ON AGING**

(For the Four-Year Period from July 1, 2008, through
June 30, 2012)

Gary E. Dittman, Administrator
1283 Liberty Street, P.O. Box 1130
Franklin, PA 16323
814/432-9711

INTRODUCTION

The Venango County Area Agency on Aging has developed this 2008-2012 Four-Year Plan to guide continued progress towards the goals originally stated in the Older Americans Act and Pennsylvania Act 70 creating the Pennsylvania Department of Aging. Stated simply, we intend to develop broader and better coordinated service systems specifically for older people and manage available resources efficiently. The overall goal is to respond to and blend our local situation with appropriate State and Federal initiatives to provide the type and amount of services that are most needed by older residents of our county. To be effective, this must be an ongoing process that can adjust for changing needs, demands, and opportunities. Many factors cause our community to change at a rate that is uncomfortably quick-paced for many, but the rate seems to be now well established in our society. With community support and input, a reasonable plan for current and future services can be maintained for all older Venango County residents. This has guided our thoughts and discussions with our staff, other service providers, the general public, community leaders, and advisory council as we develop this plan.

THE VENANGO COUNTY AREA AGENCY ON AGING

Mission: To assure the safety of older Venango County residents, preserve their families, and enhance the quality of their life as best we can.

On January 1, 1976, the agency began as the Venango/Clarion Area Agency on Aging, a non-profit agency. In 1979, the agency became a single county agency and is now under direct control of the Board of County Commissioners. They have organized the Venango County Area Agency on Aging as part of the Venango County Department of Human Services, which consists of the following agencies: Mental Health/Mental Retardation, Substance Abuse, Area Agency on Aging, Retired Senior Volunteer Program, Office of Economic Opportunity, Weatherization, Transportation, Children and Youth and the Human Services Department. This organization structure ensures coordination of services and minimizes service duplication. The Human Services Director is a liaison between the Commissioners and the Department Administrators. The AAA Administrator and Deputy Administrator oversee the daily functions of the agency and supervise the several unit managers. The Area Agency on Aging employs fewer than 30 full and part-time persons organized into the following units: Care Management (which includes assessment for in-home services and PDA 60+ Waiver, Family Caregivers Support Program, and Ombudsman), Protective Services, Senior Centers, Fiscal, Pre-Admission Assessment, Home Delivered Meal delivery, Clerical and Administration. The agency is blessed with many caring and dedicated employees and

advisory council members. For a detailed breakdown of the positions that comprise each unit, please refer to the attached organizational chart.

Assessment and Care Management are the key components to help minimize the needs of elderly consumers. Older county residents seeking assistance or who are having difficulty in some area are referred to the Care Management unit and a care manager will contact them to assess the level of the person's need and their eligibility for available services. The care manager will:

- visit them in their homes,
- complete a standardized assessment,
- identify the person's needs,
- explore a variety of options,
- develop a service plan and
- coordinate the delivery of needed services.

If for some reason the needed services cannot be provided, (for example, due to inadequate funding, or insufficient provider capacity), the person's name will be placed on waiting a list, and the care manager will work with the consumer to explore alternatives. The names are removed from the waiting list as persons are served when sufficient funding or provider capacity is available. The names on the wait list are prioritized through an established "functional needs measurement score", with people who have the highest scores being served first. If more than one person has the same functional needs measurement score, then the person who has been waiting longest is served next. In Venango County there has been no waiting list for several years. With demand that we have been experiencing, and the relatively flat funding, waiting lists may well need to be used again as a way to manage our available budget.

Venango County Area Agency on Aging currently serves over 1400 unduplicated persons per year in information and access services and receives over 1300 requests for information to persons who are not individually identified in our records. 97 persons served have a level of care that is Nursing Facility Clinically Eligible, and 392 unduplicated persons are served who are not Nursing Facility Clinically eligible. 1199 persons are served in Community Programs that require no level of care determination and another 80 are served by our Protective Service Program that investigates reports of alleged abuse, neglect, abandonment and financial exploitation of persons 60 years of age or older and offers services to reduce or eliminate their risk of serious physical or financial harm. About 310 persons age 60 or more are care managed, and 60 persons Nursing Facility Clinically Eligible and financially eligible for services funded under Medicaid Waiver are served with Home and Community Based Services in their own private living arrangements with significant help from family and friends. A total of 412 persons are served with regular Options funded services in their home or Personal Care Boarding home. There are no Domiciliary Care Homes active in Venango County at this time.

The Venango County AAA also helps support several full-time regular and satellite Senior Centers throughout the County. Individuals aged sixty years or older who wish to attend the Senior Center may do so by calling the area center or Senior Center Services Advisor directly and making the arrangements to attend. They may take advantage of a regular congregate meal and transportation if necessary. Each full-time senior center has a site council comprised of center participants who help direct the activities of the center.

Each of the full time centers has a center manager, who is an AAA employee, and who assists with arranging for programs, speakers, special activities, and handles the routine paperwork involved. The satellite centers utilize volunteer participant managers who are assisted by the Senior Center Services Advisor. Approximately 370 unduplicated persons and 206 visitors are served in county Senior Centers every year.

The Area Agency on Aging engages an Advisory Council which normally consists of from 9-15 members (At least 51% of whom are older adults) who have varied backgrounds as representatives of area Social Service Agencies, interested public, and consumers of AAA services. A listing of the Advisory Council members for FY 2007-2008 is attached. Currently the agency is interested in expanding the composition of this Council. The Advisory Council meets on a bi-monthly schedule and discusses relevant issues such as legislation, coordination of available services, needs of elderly county residents, and budgets. The AAA Administrator works very closely with the Advisory Council and provides updates at each meeting. The Council's main function is to ensure that the needs of the Venango County elderly are being addressed. The Venango County AAA and the care management staff works closely with several area community agencies such as Venango County Visiting Nurses Association, Community Services, Weatherization, Transportation, Office of Economic Opportunity, Mental Health/Mental Retardation, UPMC Northwest, Venango Coordinated Services Organization, and Department of Public Welfare in order to meet the needs of aging consumers.

The Venango County AAA subcontracts with area providers for the delivery of many AAA services. Some of the providers include:

- The Nutrition Group for meals that are delivered to home bound persons at risk of poor nutrition or served in congregate settings at area Senior Centers;
- Venango County Visiting Nurses Association for Home Health to consumers and Occupational Therapy as a resource to the Family Caregivers Program, Venango County Visiting Nurses Association also provides aids for Personal Care, Home Support and Personal Assistance;
- Community Resources for Independence, Inc. provides Attendant Care; and
- Tracy Jo's Older Adult Daily Living Center serves older adults with special day care needs.

The Area Agency on Aging also contracts with a local medical physician and a Masters Degreed Social Worker for consulting on an "as-needed" basis.

The Venango County AAA programs are made possible with funding through the Pennsylvania Department of Aging Block Grant for aging services that include Pre-Admission Assessment, Pennsylvania Department of Aging 60+ Waiver, Family Caregivers Support, and Title V Senior Employment and Training Program is provided through Experience Works, Inc. It also operates with funds received from the Federal Older Americans Act; United States Department of Agriculture reimbursements, local funding from the County of Venango, and the Human Services Development Funds. Our Lifeline program was implemented through a coordinated effort with UPMC Northwest (formerly Northwest Medical Center) and help with purchasing major portions of the equipment has been provided by the Dr. Arthur Phillips Trust Funds. At the request of UPMC Northwest administration, they are no longer involved with the program. The program is now coordinated with the Venango County Emergency Management Agency's 911 Center. The consumer cost sharing program was implemented in

December 2001 and has become a significant source of funding. Additional monies are provided by contributions received from consumers receiving various services and their families.

THE COMMUNITY

Venango County is a 6th class county nestled among the hills of Northwestern Pennsylvania governed by a newly-elected 3-person board of commissioners. The land area is 675 square miles, and the population density is calculated at about 85 persons per square mile based on the 2000 figures. Many of the main industries have left our county (oil, and manufacturing) but many people are aging in place. Economic Development agencies are in the process of consolidating and coordinating plans to diversify the economic base and encourage other types of business into the county and region. Families seem to be more widely distributed as the younger working age folk have migrated to other areas in search of gainful employment. The following table shows the population changes in the County.

VENANGO COUNTY POPULATION

Population,-----	1900	.....	49,648
Population,-----	1950	.....	65,328
Population,-----	1990	.....	59,381
Population,-----	2000	.....	57,565
Estimated Population,--	July 2006	.....	55,488
Change in Population, 2000-2006		.....	-3.6%

Source: 1990 Census; 2006 Population Estimates (July 1, 2006) (U.S. Census Bureau Population Division)

Population out migration is projected by the Pennsylvania State Data Center over the next 20 years. It is expected Venango County population will continue to shrink:

Projected Population,-----	2010	-----	53,140
Projected Population,-----	2020	-----	50,852

Source: Pennsylvania State Data Center.

This trend could be slowed or reversed if the efforts of the local economic development plan are successful in transforming the base from manufacturing to other types of economic activity. Service sector businesses are present, as are fledgling arts, recreation and tourism efforts.

The following breakout information shows most of our 31 municipalities are smaller in size.

MUNICIPALITIES BY POPULATION SIZE

With Population 10,000 and Above-	3.2%
With Population of 5,000-9,999-	9.7%
With Population of 2,500-4,999-	3.2%
With Population of 1,000-2,499-	35.5%
With Population of 500-999-	29.0%
With Population Less Than 500-	19.4%

The most recent data available shows the AGE COHORTS of Groups as Estimated July 1, 2006

- Total Venango Population is 55,488. With a growth rate of minus 3.6% during the period 2000-2006 as compared to minus 6.6% for the entire period 1990-2006, the trend suggests the rate of people leaving is beginning to slow down in the last 6 years.
- Population 55-64 years old is now estimated at 6,961. This number demonstrates a growth rate during the years 2000-2006 of Plus 17.9%. That rate is **7.9% higher** than the 1990-2006 growth rate and suggests that growth is increasing very significantly.
- Population 65 years old & older is estimated at 9,413. That number demonstrates a growth rate during the years 2000-2006 of minus 2.5%. This rate is **7% lower** than the growth rate between 1990-2006 and suggests the rate not only is slowing and but total numbers may be shrinking a bit.
- Population 85 years old & older is estimated at 1,237. That number demonstrates a growth rate of Plus 15.9% during the period 2000-2006. This is almost **30% lower** than the 1990-2006 growth rate and suggests that although it is slowing more recently, this age group is still growing at a significant rate.

By the year 2020 it is estimated that the population 65 years old or older will increase to 22% of the total population. This is a significant increase that will have a major impact on our community and the types of services in demand. The median age continues to increase in our county-- Never before has our society been this old! Another interesting characteristic found in the 2000 census of our county is that of the 9,130 non-institutionalized persons aged 65 years or older, 42% (or 3,815) have a limiting condition or disability. This is higher than the state average.

The cultural diversity of Venango County can be described by the fact that about 2.7% of the total population is minority while less than 1% of the population 65 years of age or older are minority.

The annual average wage in Venango County in 2000 was \$26,177 a change in real average annual wage of -2.2% since 1990. 18.3% of the population was eligible for Medical Assistance in June 2003. 1296 people are enrolled in PACE/PACENET or about 13.4% of the population over 65 years of age. 9.1% of all persons 65 or older (830) live on an income below the poverty level, and 2.2%, or 197 persons over 65 live on an income of less than half the poverty level. There are more women than men over 65 years old in Venango County. Male or female, though, a third of all persons 65 or older live alone, and over half live in a rural area in housing that was constructed before 1950. Almost half have been a continuous resident of the county since before 1970. Health care is available from 1 hospital within the county borders and 4 nursing homes plus one hospital based transitional care unit licensed as a nursing facility have a total bed capacity of 469. There are now several Medicare HMO's active in our county at this time and several new apartment buildings have been constructed. At this time, far more Commonwealth of PA funds are spent in *facility* based services than *home and community based* service alternatives for appropriately safe care plans.

Charts are available in the attachment to this document for more statistical detail on Venango County.

THE NEEDS

Meetings were organized to discuss aging services and the needs of the local community as this plan was being developed. AAA staff and local provider representatives attended the Regional Town hall meeting in Clarion February 7, 2008 and local follow-up meetings were held at Creekside and Scrubgrass Center on March 24, 2008 and Dempseytown Center on March 26, 2008. The Advisory council has overseen the entire process and updates have been provided at the regular advisory council meetings where interested public persons are invited to attend through our website and newspaper notices. A work session with the Venango County Commissioners and other County Department Managers was attended April 7, 2008 during which all present were invited to provide input to the draft plan. Needs were discussed with the department heads of County Social Services at their regular meetings. Discussions with those responsible for the Mental Health, Transportation and housing County plans provide a number of good opportunities for input and to co-ordinate future efforts. But, perhaps more importantly, personal contact with small groups and individuals from all walks of life in the county continue to be a rich source of communicating the true needs of our residents. Ideas from all sources have been incorporated into the final draft of this plan, and will be used in the on-going process of converting this document into a practical Four-Year Action Agenda.

Comments heard from all sources indicate that access to appropriate, practical and personalized information are a common concern among consumers and their caring families. Whether the question involves available services, Medicare and Supplemental health insurance issues, or how to contact the Social Security or County Assistance Office, most don't want to be just handed a brochure or listen to a pre-recorded message, but would like to talk with someone about their particular situation or need. Transportation and access to area service are also common themes. The assortment of issues includes topics like affordable options to continued driving of a personal vehicle and regular transportation to fit their dialysis schedule that extends into Saturday or other necessary medical appointments. Access to affordable services for in-home maintenance and care appear to be another very popular theme. Many are asking for options to choose services to help maintain their health and living space that are inexpensive, easy to access, flexible, and self directed. The private market is apparently not keeping up with demand on these kinds of features at this time.

Even though it appears that people are taking more personal responsibility for choosing and maintaining healthy lifestyles, functional limitations are a growing concern for aging consumers and their caring families. Addressing those needs present challenges for this growing population now living in primarily older housing that may require considerable modification to reduce the risk of falls that could lead to the need for more intensive care. Access to mental health services has been a growing concern and a mobile assessment team has recently been assembled through the efforts of the Venango County MH/MR administration as a means of reaching older consumers who have been traditionally underserved through lack of screening and appropriate therapies. More and more people 60 years of age or older are raising their grandchildren and other younger relatives for any number of reasons. In our area the commitment to take care of our own is pretty strong, but people in that situation need appropriate and timely support to get through the often sudden and drastic changes a situation like this can create when diverse

generations rely so much and so closely on each other. Our fledgling grandparents support program is doing well by most accounts from those participating, but it is clear that serious consideration is needed to further develop this program and improve outreach to others who are not yet aware of its existence. This will require time and attention not only by volunteers, but by paid staff and other community stakeholders in our County's business and social service community. Our biggest challenges will be maintaining current services and development of new services in the face of essentially flat funding being released from the PA Lottery for Area Agency on Aging funded services for many years in a row. Our reserves now all but depleted, we will likely face the development of a waiting list for services before another fiscal year passes. The population will continue to increase and new sources and/or more economical costs will need to be developed.

GOALS/STRATEGIES/OUTCOMES

1 Help older people, their caring families, and other interested persons know how much power they have to make informed decisions about and easily access, existing health and long-term care options.

- Continue to provide useful information through Information and Assistance; our *Volunteer APPRISE* Health Insurance Counseling; use of appropriate media available (radio, television, Internet, and print); further establish and develop professional long term living counseling as a routine offering for all persons considering long-term care options. A measure of the success of this may be determining whether most people know where to access appropriate information about services and aging issues in Venango County. Continued responsive handling of incoming requests for services from our volunteer counselors.
- Develop a more coordinated and integrated approach to all social services so that people can easily identify a source of timely, easy to understand, accurate information to feel more confident and comfortable making informed decisions about which type of care they may need, what services are available, and when the time is right for them to seek additional help.

2. Enable older people to remain in their own homes with high quality of life for as long as possible by providing home and community-based services, including various types of supports for family caregivers of care dependent older people.

- Explore and develop more flexible service models and consumer directed approaches to support older people in their own homes whenever possible. This approach may also help Venango County and Pennsylvania rebalance the care system more evenly. Currently the Commonwealth spends much more money on *facility based services* than *home and community-based services* when compared with other states in the nation. *In-Home and community based services* are often times more economical for a number of reasons including the reliance on many informal supports are for persons living and being served in the community, and also for various free market principles. Success towards this goal may be measured in terms of the number of people being appropriately served and the continued absence of (or a least regular movement through) any existing waiting lists for various community services.
- Continue support and further development of activities and events in local communities that provide excellent opportunities for older people to participate in

- appropriate and satisfying social, educational, recreational, cultural, healthy living activities. The result of older persons remaining civically engaged in the community is that both older persons and the community will have a much better chance to benefit from a higher quality of life as the very community they helped to build is reshaped to meet the needs of these changing times. Success in this area may be measured in a number of ways including the change in attendance at area events, to a renewed and stronger variety of programs engaging older people in numbers that match their proportion to the general population demographics.
- Invest time and energy to promoting the Mental Health Mobile Assessment and Therapy Program being launched by the local Mental Health Mental Retardation Administration. It is available to older county residents who may be depressed or show other signs of undiagnosed mental health conditions. Education of area health providers and the general public may help ensure that people will be mentally healthy as they age and live through life changes that can cause anxiety or depression. Success in this area may be measured by an increase in conditions diagnosed and treated in this non-traditional setting.
 - Continue to work with older persons with functional limitations, their caring families, and service providers to promote appropriate modifications to their living areas that meet their needs to remain independent and minimize the risk of debilitating injuries from falls or dangerous conditions that can be removed at reasonable costs. Encourage development of cost effective services to help clean, de-clutter and maintain personal living spaces.
 - Focus on community education about public transportation expanding use of existing services available and exploring new options to further expand service to those no longer operating their own vehicle. Week-end service for dialysis patients is particularly important and service needs expanded to at least Saturday mornings and so is regular scheduled regular business day service to some of the more rural areas. Work to expand the availability of Older Driver Safety Programs offered locally is also important.
 - Support the exploration and further development of appropriate housing options for older residents to live in a community or residential setting that meets their needs. A Local Housing Options Team has formed to begin addressing issues and we will work to see that unique concerns of older county residents are appropriately considered.
3. Ensure the rights of all older people and prevent their abuse, neglect abandonment and financial exploitation.
- Continue the development and refinement of Integrated Crisis Services to receive reports, investigate, and provide specific services to remove any threat of continued risk of further abuse to any older care dependent person.
 - Implement available quality assurance/improvement methods for Older Adult Protective Services. Success in this area may be measured by regular reviews of cases in relation to the regulations and procedures established for these services
 - Maintain and expand outreach, and community education programs that will help others identify and appropriately report abuse in all its forms.
 - Continue development of services (currently called Ombudsman)to ensure older peoples rights to services in the local communities or facilities. Increase

recruitment of volunteers from the community to assist professional staff to identify issues and educate consumers and the general community about consumers' rights.

4. Maintain and further develop effective and responsive management of social services

- Further refine the integration of services for older persons into an integrated model to reduce cost duplication, increase visibility, and provide a “one stop shop” for most human service needs. Currently in the process of developing a Human Services complex that will house all Venango County Human Services in one location.
- Further explore inclusion of workers with specialized skills and knowledge about older persons in administering emergency preparedness and response to community disasters that may affect older persons with special needs.
- Engage the broader community in regular discussions regarding the needs of older residents who continue to live in and be a vibrant part of the local community.
- Continue to target services to those most in need and those who have low incomes. In the last fiscal year completed, the Venango County Area Agency on Aging served in some way 276 unduplicated persons with incomes under the Federal Poverty Guidelines. That represents slightly over 33% of all persons 65 years of age or older registered during the last census.

SUMMARY

Our community is changing. As a nation and local community, our citizens have never been this old before. More people are living longer and with more chronic health conditions than at any other time in all of recorded history. Many older people are better educated, have more disposable income, more time and more choices on how they live out their later years. But many people still have great needs and face sometimes overwhelming decisions like whether to buy food or medications, and how can I live free of fear in a neighborhood that all too often is rapidly changing into something unrecognizable. Venango County once boasted many years of financial growth and stability due in great part to oil and manufacturing, but now is changing to a more service based economy with a shrinking population base but an increased demand for the “good life” that is portrayed on television.

Over the next 4 years a major challenge will be to refine and maintain services in the face of steadily rising costs when normal funding levels have not increased as fast as the expenses. The gap widens, and the demographic reality accepted by most is that demand will continue to increase for not only the next 4 years, but likely until 2020 and perhaps beyond. It would be prudent to plan wisely beginning right now. To be effective, this plan must be an ongoing process that can adjust for changing needs, demands, and opportunities. Many factors cause our community to change at a rate that is uncomfortably quick-paced for many, but the rate seems to be now well-established in our society. With broad community support and input, a reasonable plan for current and future services can be maintained for all older Venango County residents. Our biggest challenge may be to engage the broader community in planning for aging population when many would rather not think about it at all.

The Venango County Area Agency on Aging is organized within the Venango County Human Services Department and is in the midst of a major effort to integrate all human services to minimize duplication of effort, reduce cost of operation, optimize service delivery, improve record keeping, and provide a single, easily identifiable point of entry for county residents. The Area Agency on Aging employs fewer than 30 full and part-time persons organized into the following units: Care Management (which includes assessment for in-home services and PDA 60+ Waiver, Family Caregivers Support Program, and Ombudsman), Protective Services, Senior Centers, Fiscal, Pre-Admission Assessment, Home Delivered Meal delivery, Clerical and Administration. The agency is blessed with many caring and dedicated employees and advisory council members. Assessment and Care Management are the key components to help minimize the needs of elderly consumers. Older county residents seeking assistance or who are having difficulty in some area are referred to the Care Management unit and a care manager will contact them to assess the level of the person's need and their eligibility for available services.

By the year 2020 it is estimated that the population 65 years old or older will increase to 22% of the total population. This is a significant increase that will have a major impact on our community and the types of services in demand. The median age continues to increase in our county-- Never before has our society been this old! Another interesting characteristic found in the 2000 census of our county is that of the 9,130 non-institutionalized persons aged 65 years or older, 42% (or 3,815) have a limiting condition or disability. This is higher than the state average.

For some time, AAA staff and the Advisory Council have been gathering input from many sources on the needs of older Venango County residents. Routine contacts with other area social service, healthcare, housing, transportation, charitable, and community organization have been instrumental in communicating the needs. But most important have been personal contacts with small groups and individuals from all walks of life in the county. Those continue to be a rich source of communicating the true needs of our residents. Ideas from all sources have been incorporated into the final draft of this plan, and will be used in the on-going process of converting this document into a practical Four-Year Action Agenda

The goals include

1. Help older people, their caring families, and other interested persons know how much power they have to make informed decisions about and easily access, existing health and long-term care options.
2. Enable older people to remain in their own homes with high quality of life for as long as possible by providing home and community-based services, including various types of supports for family caregivers of care dependent older people.
3. Ensure the rights of all older people and prevent their abuse, neglect abandonment and financial exploitation.
4. Maintain and further develop effective and responsive management of social services

AREA PLAN PART B
Signature Page/Standard Assurances
Commonwealth of Pennsylvania
Department of Aging

FY 2008-12 Area Agency on Aging

Four-Year Area Plan on Aging
Part B. Section I. Signature Page
Area Agency on Aging Name and Address:

Venango County Area Agency on Aging
 1283 Liberty Street Suite 204
 P.O. Box 1130
 Franklin, PA 16323

I/we certify that I/we are authorized to submit this plan on behalf of the designated Area Agency on Aging and agree to abide by regulations issued by the Pennsylvania Department of Aging, the U.S. Department of Health and Human Services, and the U.S. Department of Labor. I/we further certify that the general public has had the opportunity to review and comment on this plan through the public hearing process and that written policies, procedures or agreements, as appropriate, have been developed in accordance with Part B, Section 4, and are on file for review and approval, as appropriate, by Department of Aging officials.

Signature(s) of Governing Authority
 Official(s), e.g., Chairman of County
 Commissioners or President, Board
 of Directors.)

Title

Date

(Signature of the Area Agency on
 Aging Director)

(Title)

(Date)

Name of Person to Contact Regarding the Contents of This Plan:
 Gary E. Dittman, Administrator (814) 432-9711

Part B. Section 2
STANDARD ASSURANCES OF COMPLIANCE

I/we assure that services and programs of the Area Agency on Aging will be managed and delivered in accordance with the plan submitted herewith. Any substantial changes to the plan will be submitted to the Department of Aging for prior approval.

I/we hereby expressly, as a condition precedent to the receipt of State and Federal funds, assure:

That in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; The Americans With Disabilities Act of 1990; The Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

- 1) I/we do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, or handicap;
 - a) In providing services or employment, or in its relationship with other providers;
 - b) In providing access to services and employment for handicapped individuals.

2) I/we will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/we further hereby agree that all contracts for the provision of services addressed herein will require contractors to comply with these same provisions.

I/we certify that the advisory council of the Area Agency on Aging has participated in the development of this plan and has reviewed the plan as herewith submitted.

Signature(s):

(Name)	(Title)	(Date)
_____	Chair, Co. Commissioners	_____
_____	County Commissioner	_____
_____	County Commissioner	_____

Part B. Section 3
DOCUMENTATION OF PARTICIPATION BY THE AREA
AGENCY ON AGING ADVISORY COUNCIL

PSA NO. 44
Venango County Area Agency on Aging
PLAN PERIOD
FROM 2008 TO 2012

In accordance with 6 PA Code, Section 35.23, a.(1) and (2) and the Older Americans Act of 1965, as amended, I certify that the Area Agency on Aging Advisory Council has had the opportunity to assist in the development of this Plan. I further certify that the Area Agency on Aging Advisory Council has participated in at least one Public Hearing held on this Plan.

The Area Agency on Aging Advisory Council _____ does _____ does not recommend approval of this Plan.

Signature of the Chief Officer of the Area Agency on Aging Advisory Council

Ralph Montgomery, Esq, Chairman

4/25/2008

Part B. Section 4

Listing of Plan Assurances and Required Activities

Older Americans Act, As Amended in 2006

ASSURANCES

The Older Americans Act of 1965, as amended, requires each Area Agency on Aging to provide assurances that it will develop a plan and carry out a program in accordance with the plan. Each Area Agency on Aging must comply with the following provisions of the Act and written policies, procedures or agreements, as appropriate, must be on file in the Area Agency on Aging office and available for review and approval by Department of Aging officials.

Sec. 306(a), AREA PLANS

- (2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services
 - (A) Services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
 - (B) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
 - (C) Legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.
- (4)(A)(i)(I) provide assurances that the area agency on aging will:
 - (aa) Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) Include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 - (II) Include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
 - (ii) Provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
 - (I) Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

- (II) To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (4)(A)(iii) With respect to the fiscal year proceeding the fiscal year for which such plan is prepared, each area agency on aging shall:
 - (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).
- (4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
 - (I) older individuals residing in rural areas;
 - (II) Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) Older individuals with severe disabilities;
 - (V) Older individuals with limited English proficiency;
 - (VI) Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) Older individuals at risk for institutional placement; and
- (4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
- (6)(F) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under

section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

- (11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:
 - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
- (13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
- (13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency:
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship.
- (13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.
- (13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.
- (13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.
- (14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.
- (15) Provide assurances that funds received under this title will be used-
 - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.

Part B. Section 5

At least one public hearing is scheduled for Friday April 25, 2008 in room 309 of the Venango County Exchange Building. The purpose of the hearing is to accept input on both the draft 4-year Plan for the period July 1, 2008 through June 30, 2012 and the Fiscal year 2008-09 draft Aging Block Grant budget. The following is reserved for a summary of comments from that meeting related to the draft 4-year plan.

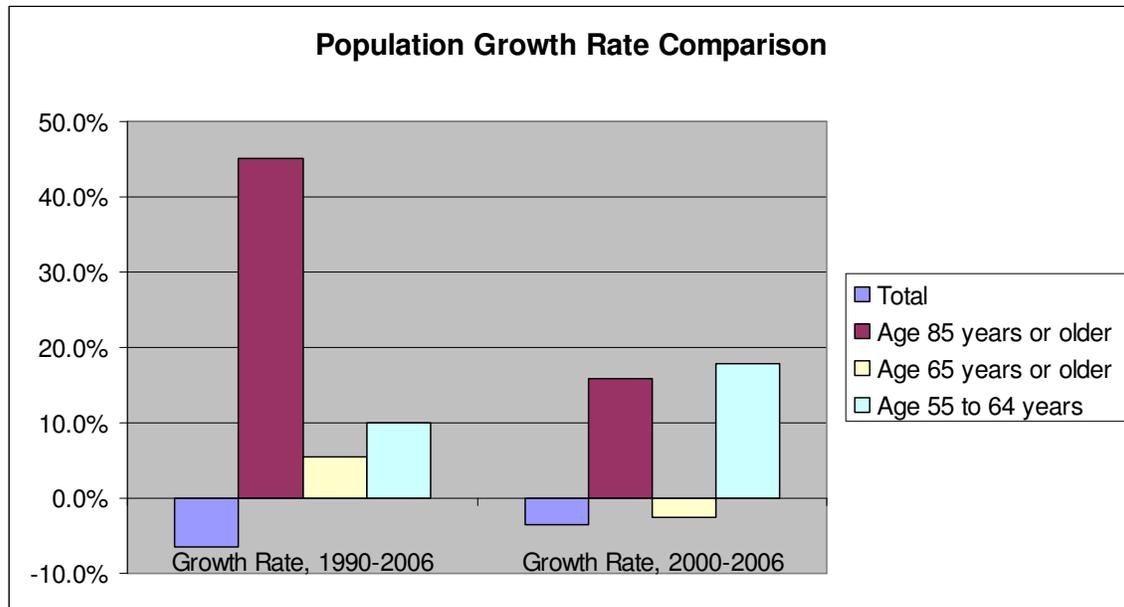
County Data Attachment Venango County

Decennial Data, 2000 Census

Population Characteristics:

Total Population and Growth Rates, 1990 -- 2006					
Age	Total Population 1990 Census	Total Population Census 2000	Total Population (July 1, 2006)	Growth Rate, 1990- 2006	Growth Rate, 2000- 2006
Total	59,381	57,565	55,488	-6.6%	-3.6%
Age 85 years or older	852	1,067	1,237	45.2%	15.9%
Age 65 years or older	8,921	9,657	9,413	5.5%	-2.5%
Age 55 to 64 years	6,330	5,905	6,961	10.0%	17.9%

Source: 1990 Census; Census 2000; 2006 Population Estimates (July 1, 2006) (U.S. Census Bureau Population Division)



Marital Status of Persons 65+, 2000				
Marital Status	Male		Female	
	Number	Percent	Number	Percent
Total:	4,000	100.0%	5,656	100.0%
Never married:	119	3.0%	279	4.9%
Now married:	3,019	75.5%	2,490	44.0%
Married, spouse present:	2,736	68.4%	2,210	39.1%
Married, spouse absent:	283	7.1%	280	5.0%
Widowed:	605	15.1%	2,573	45.5%
Divorced:	257	6.4%	314	5.6%

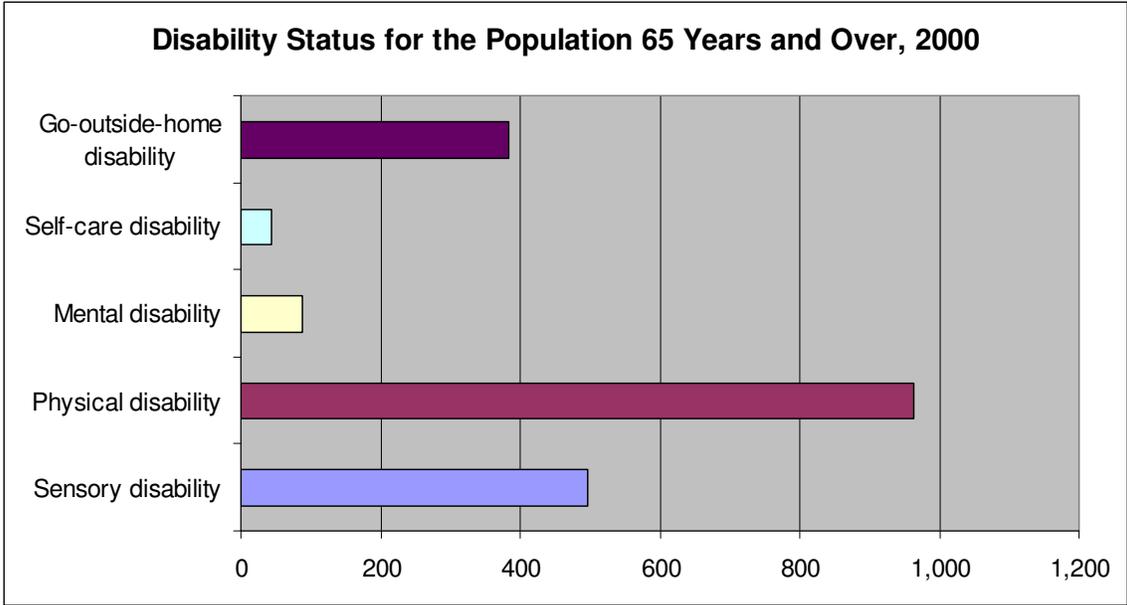
Source: Census 2000 SF3, Table PCT7

Percent of Individuals 65+ in Poverty, 1999		
	Number	Percent
Total 65+:	9,130	100.0%
65+ In Poverty:	830	9.1%

Source: Census 2000 SF3, Table P87

Ratio of Income to Poverty Level for Individuals 65 +, 1999		
	Number	Percent
Total 65+	9,130	100.0%
Under .50	197	2.2%
Under 1.00	830	9.1%
Under 1.25	1,362	14.9%
Under 1.50	2,110	23.1%
1.50 and over	7,020	76.9%

Source: Census 2000 SF3, Table PCT50



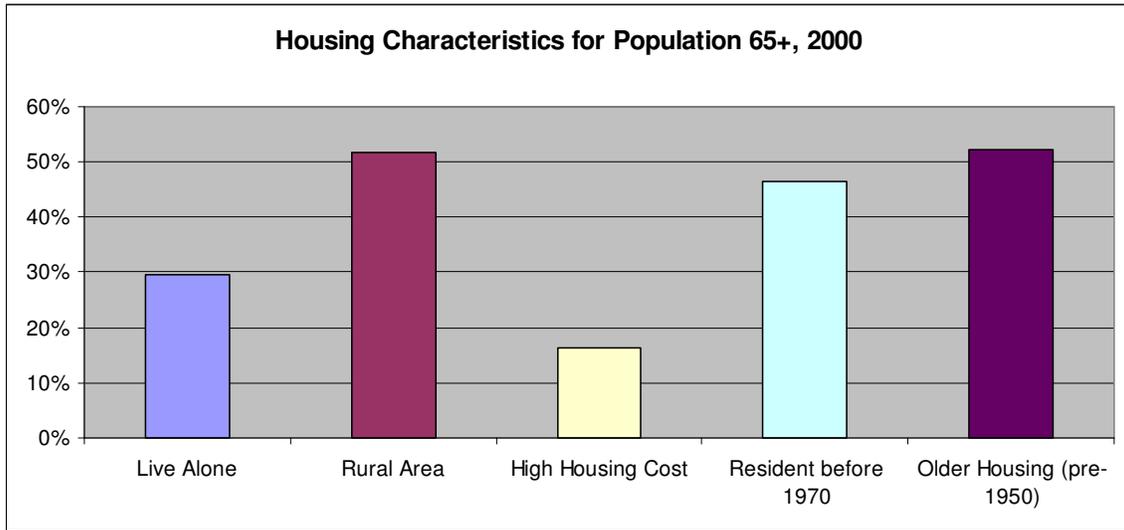
Race and Hispanic Ethnicity by Age for the 65+ Population, 2000			
	Total Population	Minority	White Alone, Not Hispanic
Total, All Ages:	57,565	1,549	56,016
Total, 65+:	9,657	95	9,562
Percent 65+ Group	16.8%	6.1%	17.1%
Percent 65+ Race Group of Total	16.8%	0.2%	16.6%

Note: Hispanic/Latino is an Ethnicity, and may be of any race or combination of races.

Note: 'Minority' is calculated by subtracting the 'White Alone, Non-Hispanic' Group from the Total Population.

Note: AIAN is American Indian or Alaska Native, NHPI is Native Hawaiian or Pacific Islander

Housing Characteristics:



Housing Characteristics for 65+ Population, 2000		
	Number	Percent
Live Alone	2,852	29.5%
Rural Area	4,980	51.6%
High Housing Cost	781	16.3%
Resident before 1970	2,835	46.6%
Older Housing (pre-1950)	3,188	52.4%

*Source: Census 2000, SF1 & SF3, various tables
 Note: Percentages do not total 100%; each is calculated from its associated population. See detailed tables.*

Facilities:

Licensed Continuing Care Communities, 2007		
<i>Source: Pennsylvania Department of Insurance</i>		
Facility	Municipality	Provider Name

Housing Facilities for Seniors, Including Subsidy, as Maintained by the Pennsylvania Housing Finance Agency (Not Exhaustive), as of 10/2007			
<i>Source: Pennsylvania Housing Finance Agency</i>			
Name	City	Subsidized	# of Units
BRIDGEVIEW APARTMENTS	Emlenton	No	36
FRANKLIN ARBORS	Franklin	Yes	88
SENECA COURT	Oil City	No	24
TOWNE TOWERS	Oil City	Yes	100

Skilled Nursing Facilities, 2005						
<i>Source: Pennsylvania Department of Public Welfare</i>						
Name	Municipality	Licensed Bed Capacity	Beds Available Not Prepaid	Beds Medicare	Beds Medicaid	Beds Staffed
CARING PLACE	FRANKLIN	100	0	100	100	100
UPMC NORTHWEST TRANSITIONAL CARE UNIT	OIL CITY	16	0	16	0	16
SUGAR CREEK STATION SKILLED NSG & REHAB	SUGARCREEK BOROUGH	160	0	160	160	138
GOLDEN LIVING CENTER-OIL CITY (formerly Beverly Health Care)	CORNPLANTER	95	0	95	95	95
OIL CITY PRESBYTERIAN HOME	OIL CITY	120	0	120	120	120

