

Area Agency on Aging of Pasco-Pinellas, Inc.
SWOT Analysis (Update) for
Area Plan Cycle 2017-2019 Covering CY2018

Core/Essential Functions	Strengths	Weaknesses	Opportunities	Threats
<p>1. Home and Community Based Service Delivery System</p>	<ul style="list-style-type: none"> a. AAAPP Staff are highly qualified to perform agency specific functions b. Agency electronic tools, including databases allow for productivity c. Agency relationships with network of providers is excellent d. The agency has multiple funding sources for provision of programs to potential clients e. PSA5 contains a robust, diverse and well-established network of quality providers 	<ul style="list-style-type: none"> a. PSA5 has inadequate funding to meet all resident needs b. PSA5 has a waitlist for most services c. PSA5 has a lack of low-cost quality transportation services d. Internally, AAAPP staff have limited flexibility or capacity to perform or assume new responsibilities e. Lack of potential providers for senior and disabled services 	<ul style="list-style-type: none"> a. There may be opportunities to strengthen electronic tools (Databases) b. Cultivate additional relationships for targeted services c. Explore new and alternative funding for senior and disabled services d. PSA5 could maximize agency's social media more to Outreach the community e. Pursue more relationships with higher learning institutions in order to explore additional resources. 	<ul style="list-style-type: none"> a. Funding requirements limit certain staff ability to provide a broader scope of service delivery, I.E. Medicaid/Unit Cost Contracts b. Potential Funding cuts (GR/OAA)

<p>2. AAAPP Functioning as an ADRC</p>	<ul style="list-style-type: none"> a. The ADRC has strong partnerships locally and statewide b. AAAPP staff consistently adapt to a changing landscape 	<ul style="list-style-type: none"> a. As the ADRC moves from a traditional aging focus to include the population of disabled adults, more progress is needed to integrate disabilities within the agency framework. b. The ADRC cannot serve everyone who contacts the agency due to capacity c. The ADRC cannot serve everyone who contacts the agency due to waitlists d. Funding/contract terms constrains and limit staff flexibility 	<ul style="list-style-type: none"> a. Build capacity to provide outreach staff to reach diverse and targeted populations b. Explore additional partnerships, I.E. hospitals and higher education institutions (Education & Resources) 	<ul style="list-style-type: none"> a. Funding requirements limit certain staff's ability to provide a broader scope of service and can cause low morale and decrease job satisfaction b. Not all disability related agencies have buy in regarding the ADRC concept c. Volume and nature of calls to ADRC contributes to staff burnout
<p>3. Direct Service Delivery (SHINE, Caregiver Program, VDC, Intake, VOCA)</p>	<ul style="list-style-type: none"> a. The AAAPP employs high quality staff, consultants, and volunteers with a sincere client focus b. The referral system the ADRC utilizes is seamless and continuous c. The AAAPP has a strong history with local level relationships d. The AAAPP can identify unmet needs within PSAs 	<ul style="list-style-type: none"> a. The AAAPP lacks capacity regarding writing applications for certain new grant opportunities b. Reliance on volunteers as a sole body providing critical services and/or match (SHINE/VOCA) 	<ul style="list-style-type: none"> a. Explore new grants for direct services b. Explore opportunities with Managed Care Organizations (MCOs) c. Explore partnerships with institutions of higher learning for purposes of interns and volunteers d. The AAAPP can explore a direct waiver for an Outreach position to promote the Helpline and other AAAPP services 	<ul style="list-style-type: none"> a. Loss of grant funding, I.E. SHINE/OAA b. Funders requirements and expectations can be challenging c. Limited opportunity for DOEA Direct Service Waivers

<p>4. Funding</p>	<p>a. AAAPP administrative costs are controlled and low b. AAAPP staff have a unique ability to control budgets through diverse fiscal years</p>	<p>a. Traditional state and federal funding levels not growing proportionate to community need b. The AAAPP has a lack of consensus regarding the direction of fundraising</p>	<p>a. Explore new streams of funding to meet unmet needs b. The AAAPP can explore sub-contractors/consultants versus paid personnel c. The AAAPP can explore more Foundation grants because of innovative ideas d. AAAPP has an opportunity to fundraise</p>	<p>a. Funding cuts b. Medicaid restrictions on use of funding c. Workload increases as the funding decreases for associated work</p>
<p>5. Targeting</p>	<p>a. PSA5 exceeds proposals of targeted individuals based on realistic population percentages</p>	<p>a. There is a need for increased and ongoing sensitivity training b. There is multiple targeting criterion for different programs (one size does not fit all)</p>	<p>a. Educate partners and/or the public on targeting criterion b. Leveraging existing staff, programs, initiatives to accomplish targeting goals c. Collaborate with faith based institutions to reach targeted populations</p>	<p>a. Funding formulas are predicated on targeted groups. As state and county demographics shift so does the funding levels</p>
<p>6. Outreach</p>	<p>a. SHINE, VOCA & IIIE have a strong outreach component b. Services to be outreached are high quality c. Outreach occurs through events and partnerships</p>	<p>a. There is a lack of staff capacity to address agency wide outreach and to accommodate after business hours requests b. Provider outreach is unique to their service and does not include other available resources</p>	<p>a. Increase targeted outreach to high risk populations b. There is an opportunity to add Public Education in Outreach efforts c. Include Public Education awareness of Aging & Disability related issues with outreach events d. The AAAPP can explore a direct waiver for an Outreach position to promote the Helpline and other AAAPP services</p>	<p>a. Outreach efforts may result in higher waitlist numbers and raise expectations of service delivery</p>

<p>7. Helpline (Information & Assistance)</p>	<ul style="list-style-type: none"> a. The Helpline has quality staff who are credentialed b. The Helpline serves a great amount of callers c. The Helpline has consistently high consumer satisfaction d. Statewide resource database availability and maintenance e. The Helpline can publicly educate the community 	<ul style="list-style-type: none"> a. The Helpline needs adequate staff to meet caller demand b. The Helpline has no specific funding for marketing and outreach purposes c. The Helpline has insufficient low-cost or free resources to offer consumers d. Staff morale is low because of inability to provide bullet C. e. The Helpline has the potential for staff turnover due to salary disparities 	<ul style="list-style-type: none"> a. The Helpline has an opportunity to explore relationships to promote outreach 	<ul style="list-style-type: none"> a. Requirements may shift traditional Helpline functions towards a call center mentality b. A reduction of funding effects sufficient staffing
<p>8. Advocacy</p>	<ul style="list-style-type: none"> a. There is legislative buy-in to home and community based services b. Board of Directors and the Advisory Council have strong connections c. AAAPP staff affiliated with Federal, State, and Local advocacy groups d. Staff also participate in individual client centered advocacy e. AAAPP partners replicate the same advocacy messages 	<ul style="list-style-type: none"> a. The AAAPP has limited staff who can effectively advocate 	<ul style="list-style-type: none"> a. Create advocacy campaigns on topics/issues. 	<ul style="list-style-type: none"> a. There is a cultural shift on how the nation, state, and local level views an older adult or an adult with a disability (Burden vs. Benefit)

<p>9. Monitoring and Contracting</p>	<ul style="list-style-type: none"> a. Agency monitoring tools are easily adaptable to any new requirements b. Agency staffed are qualified and very skilled for the monitoring responsibility c. This agency has set a historical precedence for excellence in provider monitoring as well as the DOE's AAAPP monitoring by meeting and/or exceeding Federal/State requirements d. A high bar has been set by AAAPP leadership and staff has a great buy-in e. The AAAPP has an emphasis on year round compliance versus acute compliance f. The AAAPP, including our sub-contractual partners easily adapt to changing requirements g. The AAAPP uses Technical Assistance to assist with compliance h. The AAAPP trains to assist with compliance versus allowing non-compliance through failure to implement 	<ul style="list-style-type: none"> a. The AAAPP's ability to deliver contracts timely is impacted by the DOE's system of contract production 	<ul style="list-style-type: none"> a. Share best practices among the aging network locally and statewide b. Offer more technical assistance c. Provide more quality training to assist the local network with compliance d. Explore EHR 	<ul style="list-style-type: none"> a. A risk of AAAPP compliance rests in some part on provider level compliance with requirements b. The AAAPP's ability to produce timely contracts is significantly impacted by DOE's process c. The changing of a provider may affect consistent client service delivery d. The AAAPP must deal with potential unrealistic policy changes or outcome measures
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<p>10. Partnerships/Populations</p>	<ul style="list-style-type: none"> a. The AAAPP is able to adopt new populations to serve, I.E. DD/ID b. The AAAPP has an above average amount of diverse partnerships such as for-profits, not-for-profits, ADRC working group, Better Living for Seniors, Pasco Aging Network, etc. c. AAAPP personnel are recognized and depended on as subject matter experts. 	<ul style="list-style-type: none"> a. Lack of consensus on fundraising as a priority. b. The time and effort to retain reciprocal relationships is not easy 	<ul style="list-style-type: none"> a. Pursue intergenerational partners b. There is an opportunity to build relationships with MCO/ACOs . c. Cultivate all potential partnerships. 	<ul style="list-style-type: none"> a. Increased referrals with Mental Health Needs and limited resources to respond effectively.
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