



I4A

Illinois Association of  
Area Agencies on Aging

Strategy & Plan

April 2004

## **Illinois Association of Area Agencies on Aging**

### **Strategic Issues**

The Strategic Issues were those considered by the Illinois Association of Area Agencies on Aging during the planning process. These have been grouped into major categories that represent key elements in the environment of the I4A. In developing the purpose and vision for the Illinois Association of Area Agencies on Aging, we made an effort to address the key strategic issues.

# **I4A**

## **Priority Issues: Strategic Questions**

### **Image/Role/Positioning:**

- 1. How do we change the image of senior services and attitudes toward making changes?**
- 2. How do we make our services and programs more attractive to the emerging generation?**
- 3. How do we make the I4A the place to go for information on aging and aging services?**
- 4. What would the aging network lose if I4a did not exist? Or, What does I4a bring to the aging network?**

### **Political/Advocacy/Climate:**

- 1. How do we effectively collaborate with other organizations to champion our issues?**
- 2. What products and services can we provide older persons and their caregivers?**
- 3. How will I4A create a sound public policy agenda?**
- 4. How do we successfully market the association to public policy makers?**

# I4A

## Strategic Issues

### Funding/Resources –

1. Funding - The amount of Federal and State dollars available to support Older Americans Act services and those services particular to the state of Illinois will always be critical to the continuation of the service network already established. Funding drives the network's ability to grow and/or prosper.
2. Workforce Shortages - This is true across the spectrum from professional degreed personnel to those providing in-home assistance. Gerontology, geriatrics, personal assistance do not appear to be appealing. This trend must be turned around or this burgeoning population will be without trained personnel to provide service.
3. The Reauthorization of the OAA. With funding becoming more limited, the number of persons 60 and older increasing and the need for service providers to increase their funding capacities; I4A will need to assist with advocacy to inform legislators about possible needed change within the OAA. Consider raising the age, introducing means testing, etc.
4. Funding levels for senior services
5. Illinois should take advantage of all Medicaid waivers to enhance all home and community based services, be it HDM, TRANS or targeted case management.
6. Funding is always an issue.
7. Diversifying the funding streams needed to maintain and build the Association.
8. Setting statewide priorities for advocating for State/Federal funding; obtaining sufficient dollars to adequately fund the administration of all Area Agencies as well as meet home and community based service needs.
9. Lack of resources – primarily money. Trained personnel, caring workers in the home, up-to-date equipment and continuing education all cost money.
10. Workload is too heavy, especially for providers. They feel unable to undertake any innovation or change in what they do yet we all know

- services will have to change to meet the needs of an increasing affluent, well-educated senior population.
11. After nearly 30 years, my own enthusiasm is hard to maintain. I am tired of beating my head against the brick wall of politics, aversion to change, difficulty in accepting the necessity of computers and a dozen other things.
  12. Money – More seniors, increased awareness will heighten demand for service, qualified staff need to be paid wages that are competitive in the market. Staff need to attend conferences and training sessions, all of which are growing more costly. Keeping equipment updated is costly.
  13. Technology – Need to keep websites updated, need to keep equipment updated, need to keep staff knowledge updated AND need to know a good consultant.
  14. State, Federal, and private support. 2000 census resulted in loss of funds to our area. Unless funding streams increase, we are doomed to less service provision for the next 10 years; as costs continue to increase, service will continue to decrease unless we find additional sources of income.
  15. Human Resource Development – recruiting, training, motivating, and retaining volunteer leaders for our Advisory Councils and Corporate Boards of the Area Agencies on Aging and community programs on aging; and recruiting, training, motivating, and retaining workers in the field of aging at all levels, including Area Agency on Aging personnel and direct services workers in community programs on aging and long term care facilities.
  16. Money – developing financial support in the public and private sectors to provide the resources to provide direct services and provide administrative activities and administratively related direct services, e.g., advocacy, coordination, and program development.
  17. Redirecting Medicaid resources from institutional care to community based services.
  18. Coping with the manpower needs of community based service providers – wages, benefits.
  19. The amount of government funding available—both federal and state. With budget deficits, some programs face cuts and others face level funding. If we are lucky, we will end up with level funding.

20. The amount of local financial support which is available. Several of our providers report that cash donations from local businesses and organizations are decreasing. In some areas, businesses which had contributed have gone out of business.
21. Who will provide the volunteer services currently provided by aging seniors? Will younger seniors step in and take up the slack or will agencies have to hire additional staff?

## Demographics/Market Groups/Diversity –

1. Demographics - There are now three populations that OAA services are expected to serve--- those 60+ (Generally speaking, this is the population initially addressed in the Act.), those most frail and at risk (usually defined as 75+ and living alone) and, family caregivers (the most recent addition). These numbers are increasing so rapidly that they are almost impossible to quantify accurately!
2. Service Demand and Diversity - The populations we serve are growing. Most enter the system at a time when they are most vulnerable. Services are nearly demand-responsive! How do we educate and inform prospective clients about our services so that help is on-going and not in response to an “emergency”? Many ethnic groups for whom English is not their first language are entering the service system. We must minimally provide language assistance and at the other extreme be culturally competent.
3. Workforce Shortages - This is true across the spectrum from professional degreed personnel to those providing in-home assistance. Gerontology, geriatrics, personal assistance do not appear to be appealing. This trend must be turned around or this burgeoning population will be without trained personnel to provide service.
4. The Reauthorization of the OAA. With funding becoming more limited, the number of persons 60 and older increasing and the need for service providers to increase their funding capacities; I4A will need to assist with advocacy to inform legislators about possible needed change within the OAA. Consider raising the age, introducing means testing, etc.
5. Older persons with developmental disabilities and their Caregivers: The disability community doesn't understand aging, and the aging community doesn't understand supporting caregivers of persons with developmental disabilities. I4A could be a catalyst to incorporate collaboration and better understanding between the two. (Example, in TN, AAAs are Area

Agencies on Aging and Disability)

6. The diverse needs within Illinois. Rural vs Suburban vs Urban
7. Diversity in practice: The opportunity for each AAA to seek information, best practices, guidance, and support from other AAAs will strengthen the entire system. Looking within would be beneficial.
8. The number of seniors is increasing - Baby Boomers are demanding services.
9. Governmental inability/unwillingness to understand services for the elderly. We continue to institutionalize individuals who could be maintained at home for fewer tax dollars. Federal officials continue to start/alter programs that already exist. Example: Caregiver resource centers. They were already part of the act and have been put in place, at least in Illinois. Now they have released funds to start caregiver resource centers.
10. Workload is too heavy, especially for providers. They feel unable to undertake any innovation or change in what they do yet we all know services will have to change to meet the needs of an increasing affluent, well-educated senior population.
11. State, Federal, and private support. 2000 census resulted in loss of funds to our area. Unless funding streams increase, we are doomed to less service provision for the next 10 years; as costs continue to increase, service will continue to decrease unless we find additional sources of income.
12. The growing need for home and community-based service options to enable older persons with disabilities (about 20% of the 60+ population) to live at home or in the least restrictive setting with assistance and avoid unnecessary nursing home placement. Community-based services include: targeted case management, assisted transportation, home delivered meals and nutrition therapy, home care, home health care, medication management, money management, in-home mental health therapy, hospice care, advance directives, end-of-life decision making, etc.
13. Enabling and empowering well older adults (80% of the 60+ population) to age successfully, i.e., make informed decisions about diet, exercise, health care, prescription drugs, mental health, alcohol use, and pursuing opportunities for social engagement, continuing education, employment and volunteerism, advance directives, etc.

14. Getting to know, reaching out to, and providing appropriate support services to, families caring for older adults and grandparents and other kin raising children.
15. Broadening the aging network's focus and attitudes to serve caregivers as well as the senior population.
16. Coping with the manpower needs of community based service providers – wages, benefits.
17. Surviving and expanding to meet the needs of the baby-boomer generation.
18. Who will provide the volunteer services currently provided by aging seniors? Will younger seniors step in and take up the slack or will agencies have to hire additional staff?
19. Aging boomers. What will be the impact on our services? Will boomers even seek services? If so, what services will interest them?

## **Image/Role/Positioning –**

1. Centralized I&A
2. Elder Justice Act and the Positive Act on Aging: These pieces of legislation will increase awareness and funding and I&A should be prepared to assist Agency Directors in fully understanding the impact.
3. Our image with the Governor's Office, General Assembly, and Aging Network Providers.
4. Forging a cohesive organization that is representative of statewide interests and majority participation by Area Agencies on Aging.
5. Developing a brand, a saleable product and a marketing plan for the Association that defines what we do and what we have to offer, and attracts interest/buy-in from a broad network of consumers.
6. Becoming "the voice" for defining the needs of seniors and caregivers, and establishing Federal and State legislative and funding priorities for Illinois.
7. Governmental inability/unwillingness to understand services for the elderly. We continue to institutionalize individuals who could be maintained at home for fewer tax dollars. Federal officials continue to

start/alter programs that already exist. Example: Caregiver resource centers. They were already part of the act and have been put in place, at least in Illinois. Now they have released funds to start caregiver resource centers.

8. Lack of cohesiveness in our relationships with each other. As an association, we do not stand together. If an agency director disagrees with a decision made by the association, s/he should at least not act against it. Currently, that isn't the case. The attitude seems to be, if it costs my area a dollar, I'm against it. We need to develop a statewide mentality regarding what's good for seniors not just what's good for my PSA.
9. After nearly 30 years, my own enthusiasm is hard to maintain. I am tired of beating my head against the brick wall of politics, aversion to change, difficulty in accepting the necessity of computers and a dozen other things.
10. Public Awareness – Everyone should know about the Aging Network and how to reach the Area Agency. Need publicity plan, perhaps marketing consultation.
11. Getting to know, reaching out to, and providing appropriate support services to, families caring for older adults and grandparents and other kin raising children.
12. Human Resource Development – recruiting, training, motivating, and retaining volunteer leaders for our Advisory Councils and Corporate Boards of the Area Agencies on Aging and community programs on aging; and recruiting, training, motivating, and retaining workers in the field of aging at all levels, including Area Agency on Aging personnel and direct services workers in community programs on aging and long term care facilities.
13. Positioning area agencies on aging as the “go to” entity for public policy makers and budgeters.
14. Surviving and expanding to meet the needs of the baby-boomer generation.
15. What will be the roll of Area Agencies on Aging at national, state and local levels? Will we continue to be primarily a provider of services or will we also be recognized as authorities on aging issues?

## Advocacy/Political Issues/Climate –

1. The Politics of Benefits - Medicare, Medicaid, pharmaceutical assistance... where will one end and the other start? What is the best mix of benefits? How can community-based services fit in? What role will our network play in the long-run? ...in the short-run? What about long-term care?
2. IDOA Support
3. **Effective collaborations with other state organizations:** ex. Illinois Coalition on Aging, AARP, Alzheimer's Association, etc.
4. The Reauthorization of the OAA. With funding becoming more limited, the number of persons 60 and older increasing and the need for service providers to increase their funding capacities: **I4A will need to assist with advocacy to inform legislators about possible needed change within the OAA.** Consider raising the age, introducing means testing, etc.
5. Elder Justice Act and the Positive Act on Aging: These pieces of legislation will increase awareness and funding and **I4A should be prepared to assist Agency Directors in fully understanding the impact.**
6. Political climate: Informing legislators how the "system" works will be critical. **Keeping Area Agencies stable and becoming the point of entry into the Aging Network for Legislators would be helpful.** Joining national efforts between I4A and N4A in marketing will be helpful.
7. Our relationship with the Illinois Department on Aging and their historic persistence in developing and funding services from Springfield providing limited participation by Area Agencies on Aging
8. The impact of AARP on the legislative process.
9. **Illinois should take advantage of all Medicaid waivers to enhance all home and community based services,** be it HDM, TRANS or targeted case management.
10. Forging a cohesive organization that is representative of statewide interests and majority participation by Area Agencies on Aging.
11. Governmental inability/unwillingness to understand services for the elderly. We continue to institutionalize individuals who could be

maintained at home for fewer tax dollars. Federal officials continue to start/alter programs that already exist. Example: Caregiver resource centers. They were already part of the act and have been put in place, at least in Illinois. Now they have released funds to start caregiver resource centers.

12. Redirecting Medicaid resources from institutional care to community based services.

## Organizational –

1. IDOA Support
2. Effective collaborations with other state organizations: ex. Illinois Coalition on Aging, AARP, Alzheimer's Association, etc.
3. The limited number of members making it difficult to achieve all that we believe should be accomplished.
4. Our relationship with the Illinois Department on Aging and their historic persistence in developing and funding services from Springfield providing limited participation by Area Agencies on Aging
5. All agencies who provide services on behalf of or for the seniors MUST work together to provide holistic services to the seniors they serve and not see "each other" as competitors.
6. Forging a cohesive organization that is representative of statewide interests and majority participation by Area Agencies on Aging.
7. Lack of cohesiveness in our relationships with each other. As an association, we do not stand together. If an agency director disagrees with a decision made by the association, s/he should at least not act against it. Currently, that isn't the case. The attitude seems to be, if it costs my area a dollar, I'm against it. We need to develop a statewide mentality regarding what's good for seniors not just what's good for my PSA.
8. Workload is too heavy, especially for providers. They feel unable to undertake any innovation or change in what they do yet we all know services will have to change to meet the needs of an increasing affluent, well-educated senior population.
9. Partnerships and relationships with other Aging Network players, both on state level and especially on local level. These would include proprietary organizations as well as not-for-profit groups.

## Programs/Services –

1. The Politics of Benefits - Medicare, Medicaid, pharmaceutical assistance... where will one end and the other start? What is the best mix of benefits? How can community-based services fit in? What role will our network play in the long-run? ...in the short-run? What about long-term care?
2. Centralized I&A
3. Illinois should take advantage of all Medicaid waivers to enhance all home and community based services, be it HDM, TRANS or targeted case management.
4. Demonstration and Pilot Projects should be tested in a reasonable amount of time. If they work then expand it to the whole state, if not "drop it".
5. Governmental inability/unwillingness to understand services for the elderly. We continue to institutionalize individuals who could be maintained at home for fewer tax dollars. Federal officials continue to start/alter programs that already exist. Example: Caregiver resource centers. They were already part of the act and have been put in place, at least in Illinois. Now they have released funds to start caregiver resource centers.

## Collaboration –

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2. All agencies who provide services on behalf of or for the seniors MUST work together to provide holistic services to the seniors they serve and not see "each other" as competitors.
3. Forging a cohesive organization that is representative of statewide interests and majority participation by Area Agencies on Aging.
4. Lack of cohesiveness in our relationships with each other. As an association, we do not stand together. If an agency director disagrees with a decision made by the association, s/he should at least not act against it. Currently, that isn't the case. The attitude seems to be, if it costs my area a dollar, I'm against it. We need to develop a statewide mentality regarding what's good for seniors not just what's good for my PSA.

5. Partnerships and relationships with other Aging Network players, both on state level and especially on local level. These would include proprietary organizations as well as not-for-profit groups.
6. The limited number of members making it difficult to achieve all that we believe should be accomplished.

## **Education & Training –**

1. Diversity in practice: The opportunity for each AAA to seek information, best practices, guidance, and support from other AAAs will strengthen the entire system. Looking within would be beneficial.
2. Demonstration and Pilot Projects should be tested in a reasonable amount of time. If they work then expand it to the whole state, if not "drop it".
3. Technology – Need to keep websites updated, need to keep equipment updated, need to keep staff knowledge updated AND need to know a good consultant.
4. Enabling and empowering well older adults (80% of the 60+ population) to age successfully, i.e., make informed decisions about diet, exercise, health care, prescription drugs, mental health, alcohol use, and pursuing opportunities for social engagement, continuing education, employment and volunteerism, advance directives, etc.
5. Human Resource Development – recruiting, training, motivating, and retaining volunteer leaders for our Advisory Councils and Corporate Boards of the Area Agencies on Aging and community programs on aging; and recruiting, training, motivating, and retaining workers in the field of aging at all levels, including Area Agency on Aging personnel and direct services workers in community programs on aging and long term care facilities.
6. Broadening the aging network's focus and attitudes to serve caregivers as well as the senior population.
7. Coping with the manpower needs of community based service providers – wages, benefits.
8. Who will provide the volunteer services currently provided by aging seniors? Will younger seniors step in and take up the slack or will agencies have to hire additional staff?

# **Illinois Association of Area Agencies on Aging**

## **Our Purpose**

Our Purpose is the focus of the Illinois Association of Area Agencies on Aging. It states in a brief, concise manner the central reason for the I4A, and provides a point of reference for our activities.

## **Our Vision Principles**

The Vision Principles represent our view of the future that we want for the Illinois Association of Area Agencies on Aging. It is our view of the types of services that we will provide, the image that we will have, the ways that we will work, and the basic concept of the organization. The vision principles represent desired future state of the I4A and set forth the policies that will guide our pursuit of the future.

# I4A

## Our Purpose

**I4A is a statewide advocacy body for aging services and policy development.**

### **Vision Principles (Policy Guidelines):**

- **We take a comprehensive view of all programs and services for older adults with special attention to the needs of a diverse aging population and their caregivers.**
- **We are aware of the interdependency of all aging services and the need to share information, provide education, and cooperate fully for a more complete service system.**
- **We build on our foundation of knowledge and experience to enhance credibility and leadership.**
- **We generate funding and interest with and beyond the public sector in order to influence the design, delivery, funding, and promotion of services.**

# I4A

## Vision 2010

1. In 2010, the IL Association of Area Agencies on Aging will be:
  - *A statewide advocacy body organized to protect the autonomy and independence of older Illinoisans and the integrity of the network that serves the needs of frail elders and their families.*
  - *comprised of professionals, many of them new to AAAs.*
  - *Recognized as the pre-eminent organization as a source of expertise in the field of aging in Illinois.*
  - *comprised of several types of paid memberships, for example, Governing (Area Agencies), Member (individual Board, Council, staff of Area Agencies) and Associate (affiliated agencies, organizations, individuals)*
  - *overwhelmed by the number of people to serve and the lack of funds to do it with, much as we are today.*
  - *A familiar resource throughout the planning and service area. It will be an active, vibrant agency that provide funding for services but is also highly regarded source of data, information, and local knowledge regarding elder issues.*
  - *A statewide advocacy body organized to protect the autonomy and independence of older Illinoisans and the integrity of the network that serves the needs of frail elders and their families.*
  - *The focal point for aging services and policy development.*
  - *continuing to provide services to seniors and their caregivers. This has historically been and will continue to be our primary roll.*
  
2. In 2010, the IL Association of Area Agencies on Aging will have:
  - *A defined mission that reaches beyond representing area agencies, the people they serve and the services provided under the Older Americans Act and the IL Act on Aging.*
  - *the responsibility as the entry in to the Aging Network and serve as the connection for citizens to services and the IDOA*
  - *An extremely positive image and recognized presence with the Governor's office and members of the General Assembly.*
  - *paid staff, full and/or part-time, consisting minimally of an Executive Director, Secretary, Accountant/Bookkeeper, Manager of Education/Training.*
  - *to somehow bring provider agencies into the 21<sup>st</sup> century. They will need to be technologically adept, able to embrace change, open to new services and new methods of service provision.*

- *Solved the problem of providing transportation to everyone who needs it, especially in rural areas.*
  - *A defined mission that reaches beyond representing area agencies, the people they serve, and the services provided under the Older Americans Act and the Illinois Act on Aging.*
  - *A comprehensive, coordinated reporting system that enables us to track and evaluate services and providers.*
  - *an even greater number of seniors needing services.*
3. In 2010, the IL Association of Area Agencies on Aging should:
- *Be keenly aware of the interdependency of all aging services and the need to cooperate fully for a more complete service system.*
  - *foster effective collaborations with other state agencies and organizations*
  - *Expand its advocacy efforts and knowledge base to include persons who are entering late middle age and recruit leaders within that age group to work as advocates in concert with I4A.*
  - *be contracting with State agencies, professional associations, and service agencies to provide aging and related training.*
  - *learn to think outside the box. We will need to be proactive in many areas of senior living. It will be important to educate younger individuals about senior issues and help them understand that, if they live long enough, they will need assistance to remain at home. Baby boomers are in denial about what the future holds for them, believing their parents need services but they never will.*
  - *Continue to seek information about the needs of all seniors in the area and to create services that respond to those needs.*
  - *Be keenly aware of the independence of all aging services and the need to cooperate fully for a more complete service system.*
  - *Concentrate on meeting the needs of seniors, caregivers, the general public rather than service providers or bureaucracy.*
  - *be adapting to new ways to provide both traditional and new, additional services.*
4. In 2010, the IL Association of Area Agencies on Aging is going to:
- *Influence greatly the design, delivery, funding and promotion of the service system that supports frail elders and their families.*
  - *be on the cutting edge of technology for persons 60 and older in the entire state, geographics such as rural vs urban vs suburban shouldn't make a difference when it comes to technology*
  - *Be more successful in advocating for the needs and rights of older persons than AARP.*

- *supervise interns in social policy, sociology, gerontology, and related fields, which will strengthen our research and policy development.*
- *have to be able to generate funding and interest outside the public sector. Government is no longer going to be able to provide for services to older people, probably not even at a level prorated to equal what is available now.*
- *Serve seniors and their families in many capacities, from all sectors of the population. One focus will be on personal planning for aging.*
- *Influence greatly the design, delivery, funding, and promotion of the service system that supports frail elders and their families.*
- *be recognized as an authority on senior issues.*

5. In 2010, the IL Association of Area Agencies on Aging:

- *Will be the foundation of advocacy and design for OAA and IL Act on Aging community-based services.*
- *must maintain professionalism, diversity, and be interested in capacity building*
- *and the Illinois Department on Aging will be strong, mutual partners in service systems development for services to older persons in Illinois and their families.*
- *will be the voice heard over AARP's in issues of aging, home and community based services, legislation and appropriations.*
- *will have to recognize they are in business and the business is not social service delivery but consulting, marketing and assuring the availability of needed service products to the aging population. We will not be able to support specific provider agencies simply because that's the way it's always been. We may need to look at the United Way model and develop a hybrid system of service delivery based strictly on needs assessments and the biggest bang for the buck.*
- *Will be on everyone's speed dial.*
- *Will be the foundation of advocacy and design for OAA and the Illinois Act on Aging community-based services.*
- *will be continuing to advocate for all seniors.*

## **Illinois Association of Area Agencies on Aging**

### **Our Strategy**

Our Strategy is the summary of the way we intend to position our organization with our stakeholders key activities necessary to attain the desired position. Our strategy begins with Our Purpose - What We Stand For as an organization. To accomplish our purpose, we need to concentrate our efforts on our Strategic Imperatives - What We Will “Get Paid” For, the needs and expectations of our key constituents. Finally, to meet these needs, we need to address our Critical Success Factors - What We Must Do Well in order to meet our key stakeholder needs, position our organization in the minds of our key constituents, and thereby fulfill our purpose.

# I4A

## Illinois Association of Area Agencies on Aging

### Positioning: Strategic Imperatives

- **Funding and Service Systems**  
Develop a unified approach that maximizes existing funding and obtains new sources of funding for the provision of quality aging services in Illinois.
- **Information/Problem Solving**  
Promote AAAs as lead agencies in providing information and problem-solving assistance to service providers, older persons, caregivers, policy makers, and the general public.
- **Power & Influence/Advocacy**  
Advocate aggressively on behalf of all AAAs to improve their status in policy and legislative development, including standards and delivery of service issues.
- **Transformational Leadership**  
Identify the emerging needs of an aging population to maintain, adapt, and expand a SYSTEM of services for every stage of older life; from the well elderly to the long term care needs of the very frail.

# I4A

## Illinois Association of Area Agencies on Aging

### 3 – 5 Year Stakeholder Analysis

The MOST IMPORTANT expectations that each of the following key stakeholders will have of the I4A in the next 3 – 5 years:

In the next 3–5 years, OUR MEMBER AGENCIES will expect us to:

1. Substantially increase funds for home and community based services
2. Generate new, diverse sources of revenue
3. Advocate aggressively on behalf of Area Agencies on Aging regarding any/every issue that might enhance/compromise our activities and/or protect/threaten our ability to fulfill our mission as described in the Older Americans Act, the IL Act on Aging, or an approved Area Plan.
4. Develop and maintain cordial working relationships with other statewide and national entities that are representative of older persons, providers of services to older persons or, in any way, have the ability to affect their quality of life. For example--- elected officials, AARP, IDOA, IACCUs, etc.
5. Join in a unified effort to obtain resources for the good of all I4A members not just individual agencies and
6. To finally work together to express, as a group, the majority opinion on issues (we should at least reach the point where, if an agency disagrees with what the majority decides, it will remain neutral and not work against the group decision).
7. Share information to keep them up to date on developments that affect the aging network
8. Advocate together to obtain new sources of funding and maximum existing funding for the provision of quality aging services in Illinois. Advocacy should also address standards and delivery of service issues.
9. Promote AAAs as lead agencies in providing information and assistance to older persons, caregivers, and the general public.
10. Promote AAAs as developers and coordinators of comprehensive systems of services for seniors and caregivers across the state.
11. Get more resources, appropriations, and power for AAAs.

12. Improve the status of AAAs in policy development for services to improve the lives of older persons in Illinois.

In the next 3–5 years, THE CLIENTS WE SERVE will expect us to:

1. Local agencies will expect I4A to get major public and private “funders” to include services provided by the aging network in their budgets/financial plans
2. Older persons and caregivers will expect us to have the capacity to connect them instantaneously to needed services and benefits
3. Advocate aggressively on behalf of the community-based provider network regarding any/every issue that might enhance/compromise service development or protect/threaten the network’s ability to provide service interventions.
4. Create and maintain a coordinated working environment that allows the community-based provider network to respond to the needs of older persons and their families in an effective/efficient manner. This includes adequate funding, flexibility in service deliver, technical assistance, demonstration projects, etc.
5. Clients won’t expect anything from us because they don’t know we exist. They will have expectations of individual area agencies, such as,
6. Be knowledgeable about their benefits, available services and how to access services to maintain the most independent life style possible and
7. To advocate for the improvement of the lives of seniors by remaining informed about senior issues/legislative efforts/etc., working for all seniors and not just special interest groups.
8. Act in their best interest...fund the services most needed by them, be attuned to their needs, advocate on their behalf, be a reliable source of information.
9. Be able to deliver services as advertised in a timely and professional manner to all sectors of the service area.
10. Advocate for public policies, opportunities, and funding that will enable them to live independently.
11. Uphold rights of older persons, including equal opportunity, autonomy, and self-determination.
12. Be available to them and knowledgeable about all programs and services that may help them meet their needs.

13. Treat them and work with them as individuals – have time to devote to them and their situation and wants in a timely manner.

In the next 3–5 years, PROVIDERS OF I4A RESOURCES (i.e., the State of Illinois and other funding organizations) will expect us to:

1. Have a business planning/systems development approach to delivering our services
2. Leverage more private sector resources, both cash and in-kind
3. Fulfill the terms of any/every agreement, grant or contract, which is entered to better serve the targeted population and provide the described activity.
4. Promote a mission or intent that is consistent with theirs.
5. However, the funders of AAAs will expect us to fade quietly into the woodwork while CCUs take over (please see proposed LTC legislation), and
6. To stand quietly by while the Department on Aging is folded into the oblivion of the Department of Human Services.
7. Be knowledgeable of and able to integrate public and private services throughout the state.
8. Be able to keep doing more with less.
9. Deliver publicly funded services in a consistent manner with highest quality, reliability, and accountability.
10. Develop public-private partnerships to leverage financial support at all levels from all sources and promote opportunities and public service.
11. State of Illinois – do more with less, measure outcomes, be grateful for whatever funds we get and quietly accept their plans and decisions whether realistic or not.
12. Other funders: have better information and technology at our disposal and more highly qualified and available staff.

In the next 3–5 years, THE COMMUNITIES WE SERVE will expect us to:

1. Broaden our collaborations and partnerships beyond the “Aging Network”

2. Provide more direct services in addition to planning and administration of “pass through” funding
3. Have a greater presence (visibility) and increased access (all media) to service---  
Where to start and how to begin the process.
4. Provide service designs that include great customer service, client choice, client self-direction, standardization, statewide availability, quality assurance, and protection from abuse and fraud.
5. AAAs will be expected to be a focal point for the grass roots assembly of information about needs of the elderly in our own areas and how best to meet those needs with limited resources, and
6. To continue to work to maintain and expand a SYSTEM of services for every stage of older life, from the well elderly to the long term care needs of the very frail.
7. Maintain current services and respond to newly identified needs.
8. Be the source of information for all senior-related questions.
9. Respect a long history and tradition of providing services to older persons.
10. Include community leaders, senior leaders, family caregivers, and local professionals in the planning and implementation of programs and services.
11. Be all things to all people – provide assistance with the increasing elderly population.
12. Take the heat off them for failure to plan for the baby boomers – create a safety net to deal with problems without sacrifice of community resources. Be able to respond instantly.

# I4A

## Illinois Association of Area Agencies on Aging

### Critical Success Factors



- **Funding and Service Systems**

We must develop our case by identifying statewide needs and issues, developing a strategic plan for obtaining funding, and aggressively pursue sources of that funding.

- **Information/Problem Solving**

We must develop a statewide information system and market ourselves as the one stop for aging information.

- **Power & Influence/Advocacy**

We must formulate a plan for improvement of status; decide to whom advocacy is directed; provide training for the AAAs; understand the issues; and share information on opportunities to impact legislators.

- **Transformational Leadership**

We must strengthen the planning/system development capacity of our member AAA staff to create and implement a statewide system to identify emerging needs of Illinois citizens across the age spectrum, incorporating input from communities and the younger population.

1. Statewide Needs Assessment
2. Funding Plan
3. Statewide Information System
4. Marketing Plan
5. Legislative Plan
6. AAA Training

# Illinois Association of Area Agencies on Aging

## Integrated Plan

The Integrated Plan presents the Objectives and the key Action Plans for the I4A.

Objectives are the specific, measurable, outcomes, based on the Critical Success Factors, that must be attained from our actions in order to meet stakeholder expectations and achieve our purpose and vision.

Action plans are the specific activities, resources allocations, and decisions that enable us to attain our Objectives.



<b>Resource Requirements</b>	<b>Est. ANNUAL Cost</b>
<b>Personnel (Time, Energy, Effort)</b>	
<b>Capital/Equipment</b>	
<b>Materials</b>	
<b>Financial</b>	
<b>Total Estimated Cost</b>	



Resource Requirements	Est. ANNUAL Cost
<b>Personnel (Time, Energy, Effort)</b>	
<b>Capital/Equipment</b>	
<b>Materials</b>	
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<b>Materials</b>	
<b>Financial</b>	
<b>Total Estimated Cost</b>	

# I4A

## Plan Metrics

### 1. Statewide Needs Assessment

- By December 31, 2005, the I4A will complete the statewide needs assessment in all 13 planning and service areas.
- Statewide Needs Assessment: By December 31, 2005, I4A and IDOA secured \$250,000 from public and private sources to underwrite the cost of a statewide needs assessment conducted by an Illinois-based research firm. The completed study presented a summary of needs and preferences of a representative sample of persons in the following age cohorts: 50-64, 65-74, 75-84 and 85+ . The sample assured statistically reliable results for the state as a whole and for each of the 13 planning and service areas, with special emphasis on minority older persons and older persons in rural areas. The needs assessment also examined the needs and preferences of caregivers of older adults and grandparents and other relatives raising children.
- Statewide Needs Assessment - I4A will enlist at least 10 of the 13 area agencies in Illinois as partners in funding and completing a statewide needs assessment by 12/31/05.
- By December 31, 2005, the I4A will: implement a needs assessment process statewide that all members support through investment of their own resources, all implement in their particular PSA, and/or all advocated funding from foundation or state sources.

### 2. Funding Plan

- By December 31, 2005, the I4A will have achieved a 20% increase in funding for home and community-based services.
- Funding Plan: By December 31, 2005, IDOA had allocated an additional \$10 million in Illinois General Revenue Funds among the 13 AAAs in support of community-based services and home delivered meals. Each AAA received an equal increase of \$250,000, with the remaining funds allocated on the Intrastate Funding Formula.
- Funding Plan - I4A will apply for at least 3 grants/contracts which will further the objectives identified in our strategic plan.
- By December 31, 2005, the I4A will: Prepare a budget with multiple resources that establishes a staff or consultant support for the I4A, and funding for specific projects of I4A.

### 3. Statewide Information System

- By December 31, 2005, the I4A will have 11 of 13 planning and service areas engaged in the statewide information system.

- Statewide Information System: By December 31, 2005, IDOA had received an allocation of \$2.5 million GRF to support the development and implementation of a statewide Aging Resource Center. IDOA retained \$500,000 for internal operations and allocated \$2 million to all participating AAAs to support software and personnel needed to maintain the data base at the regional level. The ARC contains a comprehensive data base of information about programs and services statewide and in each planning and service area.
- Statewide Information System - I4A will establish a preference for one information system such as ESP and work to assure each area agency in the state and the Illinois Department on Aging has either the preferred software or a comparable and compatible alternative.
- By December 31, 2005, the I4A will: Select a prototype information system to be implemented statewide, schedule implementation including funding strategies for the state or PSA by PSA, and determine managerial approach to assure that a standard system is utilized in all substantively funded agencies.

#### **4. Marketing Plan**

- By December 31, 2005, the I4A will have formulated its marketing strategy and rolled out 3 new marketing campaigns.
- Marketing Plan: By December 31, 2005, IDOA received \$2 million GRF to support a statewide public information and marketing plan to promote the Aging Resource Center, single points of entry for long term care options and the Aging Network's role in the 211 system and helping Medicare beneficiaries apply for prescription drug benefits under the new Medicare Part D, which starts enrollment on January 1, 2006. I4A and IDOA collaborate on the design and implementation of the marketing plan. The plan incorporates findings from the statewide needs assessment and the marketing strategies respond to the needs and preferences expressed in report.
- Marketing Plan - I4A will determine one item they wish to market and develop a plan for doing so.
- By December 31, 2005, the I4A will: Determine a consultant and funding to promote aging services statewide through all forms of media, professional information and workshops and conferences.

#### **5. Legislative Plan**

- By December 31, 2005, the I4A will have successfully advocated the passage of at least 3 new bills that increase funding streams for AAAs and the Aging Network.
- Legislative Plan: By December 31, 2005, the President has completed plans for the White House Conference on Aging. I4A and IDOA send delegates to the Conference. The Conference adopts resolutions calling for the reauthorization of the Older Americans Act and for a national program of long term care without requiring states to seek Medicaid waivers from the federal

government. The Conference calls for OAA services to continue to be available to persons 60+, but allows AAAs to provide family caregiver support services to caregivers serving persons 50 years of age and older and grandparents and relatives of any age who are raising children. The Conference resolutions call for significant increases in authorization and appropriations levels for OAA programs.

- Legislative Plan -I4A will identify and reach consensus on a maximum of three issues for which they will provide education and direction to state legislators.
- By December 31, 2005, the I4A will: Provide for a process of researching and development of policy pieces to be proposed to legislators each year that will advance all agencies in the senior service network.

## **6. AAA Training**

- By December 31, 2005, the I4A will have sponsored 2 major training conferences/workshops/seminars for AAA staff, Board and Council and 1 for the Aging Network in general.
- AAA Training: By December 31, 2005, I4A received a training grant in the amount of \$100,000 to conduct annual training for Aging Network professional and volunteers engaged in providing information & assistance, outreach, and advocacy services to older adults through single point of entry systems in each planning and service area. The training will build the capacity of professionals and volunteers to use the Aging Resource Center data base, assist seniors in applying for services and benefits, such as Medicare coverage for Prescription Drugs starting January 1, 2006, and to assist seniors and families in accessing long term care options. This training reaches 500 persons in the first year. I4A also receives an annual training grant of \$25,000 to provide empowerment training to older adults and family caregivers in three regions of the state. This training reaches 100 persons in the first year.
- AAA Training - I4A will conduct 1 annual training session on how to influence state legislation and will include comprehensive information about the issues identified in CSF #5.
- By December 31, 2005, the I4A will: Survey area agencies and provider agencies for training needs, develop strategic training to support the above goals.