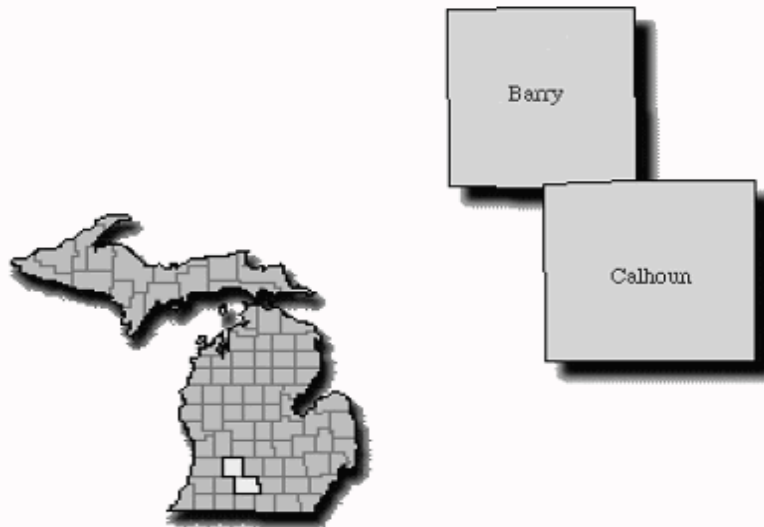


FY 2017 - 2019  
**MULTI-YEAR & ANNUAL IMPLEMENTATION PLAN**  
REGION 3-B AREA AGENCY ON AGING



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**Planning and Service Area**  
Barry, Calhoun

**Region 3-B Area Agency on Aging**

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**County/Local Unit of Govt. Review**

The Area Agency on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi-Year Plan (MYP) by no later than June 30, 2016, to the chairperson of each County Board of Commissioners within the PSA requesting their approval by August 1, 2016. For a PSA comprised of a single county or portion of the county, approval of the MYP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2016, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2016, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the Multi-Year Plan. To employ this option the area agency must:

1. Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP on the area agency's website. Instructions for how to view and print the document must be included.
2. Offer to provide a printed copy of the MYP via US Mail or an electronic copy via e-mail if requested.
3. Be available to discuss the MYP with local government officials, if requested.
4. Request email notification from the local unit of government of their approval of the MYP, or their related concerns.

**Describe the efforts made to distribute the MYP to, and gain support from, the appropriate county and/or local units of government.**

The chairperson of both the Barry and Calhoun Board of Commissioners is mailed a copy of the MYP prior to the scheduled presentation with delivery and signature confirmation. Additionally, instructions on how to view the AIP on the agency's website are also provided. An email notification or board action is requested from the local unit of government indicating their formal approval, passive approval or disapproval of the AIP, as well as opportunity to share any concerns with the plan. If the AAA does not receive a response from the county or local unit of government by August 1, 2016, the MYP is deemed passively approved. The AAA notifies the AASA field representative whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The MYP was presented at the Calhoun County Board of Commissioners on July 7, 2016, and the Barry County Committee of the Whole on July 19, 2016, with approval slated for July 26, 2016.

The CEO makes a presentation at each County Commission meeting seeking active support, as evidenced by meeting minutes. The AAA's CEO also makes a presentation to the City of Albion commission meetings. While active support is not requested, members are invited to review the MYP and ask questions.

**Plan Highlights**

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2017-2019. Please note there are separate text boxes for the responses to each item. The Plan Highlights must include the following:

1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.
2. A summary of the area agency's service population evaluation from the Scope of Services section.
3. A summary of services to be provided under the plan, which includes identification of the five service categories receiving the most funds, and the five service categories with the greatest number of anticipated participants.
4. Highlights of planned program development objectives.
5. A description of planned special projects and partnerships.
6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.
7. A description of how the area agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the MYP and help address the increased service demand.
8. Highlights of strategic planning activities.

**1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.**

Region 3B Area Agency on Aging has been serving Barry and Calhoun counties since 1996 with a vision for creating a community where seniors and vulnerable adults are cared for. Through advocacy, program planning and development, service coordination, funding and participation in strategic collaborations, Region 3B AAA seeks to achieve its mission to promote health, independence and choice as it serves seniors, adults with disabilities and caregivers. Region 3B AAA is guided by our governance values of integrity, quality, commitment, financial responsibility and advocacy. All staff are committed to a set of core values that guide our work including respect, integrity, teamwork, quality and compassion inherent in the principles of person-centered thinking.

Region 3B AAA has adopted a strategic framework to support achievement of its mission and to support program development efforts designed to enhance the delivery of services in the region built on a foundation of expanding and strengthening key partnerships. The Policy Board adopted strategic frame focuses leading proactive efforts to meet increasing demands and changing needs in midst of resource uncertainty. The goals set forth include:

- A. Grow and adapt future portfolio of services, products and programs
- B. Strengthen education and advocacy
- C. Provide leadership in building key partnerships
- D. Secure sustainable financial resources
- E. Strengthen organizational effectiveness and adaptability

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**2. A summary of the area agency's service population evaluation from the Scope of Services section.**

As part of its efforts to understand and identify the needs of consumers in our service area, the agency has engaged in a process of community needs assessment working in collaboration with the Calhoun County Office of Senior Services. Focus groups were conducted throughout the region to seek input directly from potential consumers. Two public hearings were held specific to the Multi-Year Plan. As a new component of the environmental scan, a population survey analysis was completed working with a data analytics consulting firm. This involved a deep dive into the demographic data, as well as a geospatial representation of the population and our service delivery distribution. Additionally, a six-page needs assessment survey was sent to 4,000 registered voters over the age of 60, receiving 1,116 responses (27% response rate).

**3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.**

The AAA's core direct services include care management, case coordination and support, outreach, elder abuse prevention, Medicare/Medicaid Assistance, disaster advocacy and information and assistance. The AAA also contracts with providers for a variety of access, in-home and community services while purchasing other services that support care management clients and caregivers. Gap filling and Service Navigation are region-specific services of the agency that address specific needs in our PSA. Region 3B AAA is the contracted MI Choice Waiver provider for an eight-county area through the Michigan Department of Health and Human Services. In addition, the agency has a strong partnership with the Calhoun County Office of Senior Services for the provision of home delivered and congregate meals and Personal Emergency Response Systems. The agency maintains a contract with both integrated care organizations contracted through MDCH to deliver the MI Health Link dual demonstration program. Our current budget is roughly \$14 million, the majority of which is attributed to the MI Choice Waiver program.

Through our direct services, grant-funded providers and purchase of service vendors, we provide more than 300,000 units of service annually. In 2015, our services touched more than 3,000 older adults in Barry and Calhoun counties.

The five service categories receiving the most funds are home delivered meals, congregate meals, care management, adult day services, and personal care. The five service categories with the greatest number of anticipated participants are health promotion/disease prevention, elder abuse prevention, information and assistance, home delivered meals and congregate meals.

**4. Highlights of planned Program Development Objectives.**

As this is the first year of our three year Multi-Year Planning period, there are new program development goals included with the plan. Some goals carry over from previous plans as they represent ongoing, multi-year strategic initiatives of the agency. The following program development goals, which are guided by our mission and strategic objectives, will be pursued in this planning period:

**STRATEGIC OBJECTIVES**

- 1. Grow and adapt future portfolio of services, products and programs
- Strengthen education and advocacy
- Provide leadership in building key partnerships

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Secure sustainable financial resources  
Strengthen organizational effectiveness and adaptability

**PROGRAM DEVELOPMENT OBJECTIVES/ACTIVITIES**

- Promote the health and wellness of older adults
  - Promote participation in evidenced based program that contribute to health and well being
- Contribute to the improvement of nutrition among older adults
- Increase awareness and supportive services for persons with dementia
- Increase adequacy and quality of aging network in the region that meet the needs of seniors
- Reduce the prevalence of elder abuse through prevention initiatives, education and advocacy
- Support older adults in maintaining their independence, reducing isolation, and providing opportunities for ongoing engagement
  - Improve sustainability and access to senior centers in region
- Promote opportunities for volunteerism and ongoing community engagement among seniors
- Assure greater access and improved delivery of long-term care supports and services through more developed integration in health care system
- Provide opportunities for civic engagement and advocacy among older adults and caregivers
- Improve effectiveness of resource navigation and information and assistance services, especially in rural and underserved areas
- Provide a variety of programs and services that maximize choice and person centeredness
  - Expand access to private pay and other entrepreneurial programs to reach broader populations within the service area
- Support efforts to assure adequate medical and non-medical transportation services in the region with a focus on rural areas or in areas where transit services are inadequate
- Improve capacity to deliver benefits counseling, options counseling and advanced planning for seniors and their caregivers
- Increase efforts to empower older adults in navigating and adapting to the challenges and changes in their health, income and environment
- Maintain a quality of culture that seeks to enhance the effectiveness of the AAA in all aspects of its operations
  - The agency has qualified, competent, and knowledgeable staff and providers sufficient to meet the needs of seniors
- Support an environment of continuous quality improvement
- Staff are culturally competent and responsive to the diverse needs of those we serve

**5. A description of planned special projects and partnerships.**

**Miles for Memories** is a grassroots initiative to change the face of Alzheimer's Disease in Calhoun county through movement, programming and research – creating solutions for those impacted by the disease. Miles for Memories is a local organization created in 2013 to raise awareness and funds for Alzheimer's Disease. The CEO of the AAA serves on the cabinet for this public/private partnership. The organization raises money each year through sponsorships and community events to gather funds to create local programming for both the patient and the caregiver. Along with our local efforts we also send 20% of the funds to Alzheimer's research.

**Dementia Ready Communities:** The AAA will work with the volunteers from Miles for Memories and other organizations in Calhoun and Barry counties to launch a dementia-capable community initiative during the planning period. This process will include conducting self-assessment of the AAAs service system, identifying strengths and weakness and working with local leaders to discuss future plans to enhance the areas dementia

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capability while also educating residents in the area of brain health.

**County Office of Senior Services (CCOSS):** The AAA continues to rely heavily on its established relationship with the CCOSS, the senior millage agency, to expand, coordinate and when possible consolidate services and activities. In addition to resourcing senior nutrition funding for the CCOSS, Region 3B AAA also manages a PERS program funded by the Millage, and a community cares options program. They are also a secondary funding source for MMAP. Over the next two years, the AAA will work collaboratively with CCOSS to develop a sustainability plan for Forks Senior Center, initially helping to fund the ED position of the organization, which will be staffed by the AAA through a management agreement with the Forks Senior Center. We also coordinate the tri-annual community needs assessment and annual updates to the CNA.

**Pathways to Health:** Pathways to Health addresses chronic disease management within the health care system. During the last program year, the AAA has increased its coordination with primary care physicians and the main hospital system in Battle Creek. Staff serves on multiple committees at the hospital with a connection to Pathways.

**Forks Senior Center/I&A Expansion in Albion:** The AAA, Calhoun County Office of Senior Services, and the Forks Senior center have begun a Strategic Envisioning Team (SET) to explore (A) options for a more sustainable form of executive leadership for the Forks Senior Center; and (B) reflect on the types of services and programs the three partners would like to offer to persons over 60 on the east side of Calhoun County, along with various models of collaboration, avenues for funding and other resources, and the types of facilities needed to better serve older adults. Over the next two years, the AAA will staff the Forks ED position through a management agreement funded in part by the AAA and the Calhoun County Office of Senior Services.

**Aging Mastery Program® (AMP):** Working with a grant from the Battle Creek Community Foundation and in partnership with Northpointe Woods (nonprofit senior housing provider) and Kellogg Community College's Institute for Learning in Retirement, the AAA has launched the Aging Mastery Program® (AMP) which is a National Council on Aging developed program that is a fun, innovative, and person-centered education program that empowers participants to embrace their gift of longevity by spending more time each day doing things that are good for themselves and for others. AMP encourages aging *mastery*—developing sustainable behaviors across many dimensions that lead to improved health, stronger economic security, enhanced well-being, and increased societal participation. We hope to expand the program to Albion and Marshall during the planning period.

**RWJ-funded Research Project on Geriatric Public Health Outcomes:** Through a grant from RWJ, the AAA will work with Dr. Carolyn Pickering (formerly of MSU) and Elder Law of Michigan on a project that focuses on testing community complex care responses teams to improve geriatric public health outcomes. AAA staff will oversee participant enrollment, serve as the field resource person, and contribute to the development of training materials and provide feedback and testing on the project's data system.

**6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.**

The AAA recently launched an integrated demonstration project with a local primary care practice that embeds the AAA Resource Navigator as a member of the care team for at-risk seniors with multiple chronic conditions

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from the physician's office. The program offers short-term, intensive support that helps to stabilize at-risk individuals with a goal of avoiding unnecessary hospitalizations or ER visits, maintaining their capacity to self-manage chronic conditions, and supporting their continued independence. We will be expanding this program to more primary care offices in 2017 working with Bronson Battle Creek Hospital.

The AAA continues to seek ways to improve internal efficiencies such as revamping the agency's time keeping system and making improves in processes related to quality management in its care management program. The AAA has reorganized its care management leadership team to allow for a stronger focus on quality management functions. Future efforts will focus on rebranding the agency in order to increase awareness of the agency, an improvement strategy within the I&A department, and expanded outreach efforts in the community with a stronger focus on options counseling and resource navigation.

**7. A description of how the area agency's strategy for developing non-formula resources (including utilization of volunteers) will support implementation of the MYP and help address the increased service demand.**

Going forward, it is important for the AAA to develop non-formula resources for its programs. The AAA has been very successful in obtaining grants for ongoing efforts in areas such as elder abuse prevention. The AAA has continued to seek contracts within the health care systems and with insurers. During 2016/2017, the organization will explore the feasibility of private pay program built off of our options counseling/resource navigation efforts. We are working toward obtaining a Medicare number and Medicare certification to expand the scope of services that can be offered. Our ongoing relationship with the Battle Creek Community Foundation and Calhoun County Office of Senior Services has been instrumental in providing a sustainable source of funding to supplement programs that are not sufficiently funded through the funding formula. New programs like the Aging Mastery Program and the RWJ funded research project also provide opportunities for expanding resources.

**8. Highlights of strategic planning activities.**

The AAA will complete strategic planning in the first half of the next planning period. The agency's previous strategic planning goal was to lead proactive efforts to meet increasing demand and changing needs in the midst of resource uncertainty. Objectives to achieve this goal included: A) Grow and adapt future portfolio of services, products and programs; B) Strengthen education and advocacy; C) Provide leadership in building key partnerships; D) Secure sustainable financial resources, and E) Strengthen organizational effectiveness and adaptability. These efforts are rooted in building key partnerships and collaborations.



**Public Hearings**

The area agency must employ a strategy for gaining MYP input directly from the following: the planned service population of older adults, caregivers and persons with disabilities, elected officials, partners, providers and the general public. The strategy should involve multiple methods and may include a series of input sessions, use of social media, online surveys, etc.

At least two public hearings on the FY 2017-2019 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty (30) day period beginning when the summary of the MYP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the general public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; presentation on the area agency’s website, along with communication via e-mail and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least thirty (30) days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen (15) days prior to the hearing, and information on how to obtain the summary. All components of the MYP should be available for the public hearings.

Complete the chart below regarding your public hearings. Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including e-mails received) as a PDF and upload on this tab. A narrative description of the public input strategy and hearings is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP. Describe all methods used to gain public input and the resultant impact on the MYP.

Date	Location	Time	Is Barrier Free	No. of Attendees
05/16/2016	The Kool Family Community C	04:30 PM	Yes	28
06/21/2016	Barry County Commission on ,	02:00 PM	Yes	15

**Narrative:**

Public hearings on the MYP were held in Spring and early Summer of 2016. At each location, there was a presentation starting with a brief agency update and leading into the 2017-2019 MYP. The MYP outline and timeframes were discussed, as were our major initiatives and system pressures which may influence future funding and support. The presentation included detail on continuation of current funding and priorities, with discussion focused on expanding existing services and supporting providers in the creation of new programs and services that meet the needs of "traditional" and younger seniors. At each hearing, an attendance sign-in

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sheet was circulated, attendees were invited to comment in writing on a form that was provided and an offer was made to those in attendance to have a copy of the full MYP mailed to them upon its completion. Lastly, each location was provided a copy of the AAAWM goals as well as instructions on submitting comments by mail, phone, email, on our website or via Facebook.

Comments received were reviewed and carefully considered, however none of the comments necessitated any changes to the MYP.

### **Scope of Services**

The number of potentially eligible older adults who could approach the area agency's coordinated service system are increasing because of the age wave explosion. Additionally, the quantity and intensity of services that the area agency and its providers are expected to arrange, coordinate and provide for new and existing service populations are increasing. There is an exponentially growing target population of the "old-old" (85-100 +) who often present with complex problems, social and economic needs and multiple chronic conditions. They require more supports coordination and care management staff time to assess, provide service options, monitor progress, re-assess and advocate for the persons served and their caregivers. Area agency partnerships with the medical and broader range of long term care service providers will be essential to help address these escalating service demands with a collective and cohesive community response.

A number of these older individuals with complex needs also have some form of dementia. The prevalence of dementia among those 85 and older is estimated at 25-50%. The National Family Caregiving Program (Title III E funding) establishes "*Caregivers of older individuals with Alzheimer's disease*" as a priority service population. Area agencies, contracted providers and the broader community partners need to continually improve their abilities to offer dementia-capable services to optimally support persons with dementia and their caregivers.

Enhanced information and referral systems via ADRCs, 211 Systems, and other outreach efforts are bringing more potential customers to area agencies and providers. With emerging service demand challenges it is essential that the area agency carefully evaluates the potential, priority, targeted and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

**1. Describe key changes and current demographic trends since the last MYP to provide a picture of the potential eligible service population using census, elder-economic indexes or other relevant sources of information.**

Region 3B AAA has 43,245 people over the age of 60, roughly 22% of the total population of 194,257 people. This represents a slight increase over 2010 Census reports. Barry County is not as racially diverse as 98.5% of seniors are white with nearly equal representation of African America, Asian and two or more races; whereas, Calhoun County is more diverse with 89.4% white, and 8.2% African American. This is more consistent with Michigan as a state. Latino/Hispanic seniors only represent 1.8% of the population in Calhoun County and less than 1% in Barry County. Population in the region is 54% female and 46% male, which has remained consistent. More than 22% of the over age 60 population are veterans and 34% have a disability, with mobility difficulty being the most common. A large majority, 605 of older adults are married. More than 80% of seniors live above 150% of poverty. While a large majority are married, 40.3% of the 60+ households live alone, which is consistent with Michigan as a whole. Over 80% of seniors in Barry and Calhoun counties live in owner-occupied homes. Median home values vary greatly by county, however, with Barry County leading the way at \$139,000, which is higher than Michigan as a whole, Calhoun County median home value is less

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than \$98,000, lower than the Michigan median. There has not been a significant change in the population.

Based on the data from the survey, AAA has a comprehensive reach and variety of services in the areas that were identified to have high levels of population density. Areas of moderate population density that can be targeted for future intervention are Maple Grove, Rutland and Yankee Springs. Although there are lower numbers of service recipients residing in Hope Township, the AAA is relatively successful in reaching this rural area. Overall poverty in this community is lower than the national rate of 14.6%. Barry County receives extensive services which covers its lower income areas.

**Calhoun County:** The age 60 and over population in Calhoun County is 29,571 or 21.9%, higher than the state of Michigan average. Data collected from the American Community Survey 2010- 2014 displayed a population density as high urban density with the majority of seniors living within the Battle Creek City, Marshall and the City of Albion. These data are the baseline measure to determine the distribution of services provided by Region 3B AAA. Based on the data, Region 3B AAA has a comprehensive reach and variety of services in this area. There are areas of high population density that can be targeted for future intervention.

The median family income in Calhoun County, at \$49,964, is lower than that across the state (\$56,101). In the last twelve months, the percentage of families living below the federal poverty level in Calhoun County is similar to the percentage statewide (approximately 9 percent each), as is the percentage of families receiving cash public assistance income (about 4 percent each). A greater percentage of students living in Calhoun County receive free and reduced lunch than students across the state (52 percent vs. 46 percent).

**Barry County Population:** The age 60 and over population in Barry County is 13,674 persons or 23.1% of the population - higher than the state average. Total population is 59,107 representing 30% of the region population. Data collected from the American Community Survey 2010- 2014 display a population density as high urban density with the majority of senior living within Thornapple Township, Hastings Township and the City of Hastings.

The median household income in Barry County is \$53,730. The poverty level for Barry County is lower (approximately 5 percent) related to the broader state of Michigan. Fourteen out of eighty-two students in Barry County receive free or reduced lunches, which is in the top 25% of Michigan counties. Barry County has one of the largest proportions of people married with children and in poverty at 11% and is ranked #2 in the state. Barry County has 14% of its households receiving some form of public assistance.

**2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.**

From the survey and focus groups conducted in collaboration with the Calhoun County Office of Senior Services, we have concluded that overall, the seniors in Calhoun and Barry counties are well-served. They could, however, immensely benefit from better information resource sharing and improved collaboration of programs and services. Additionally, a more inclusive, targeted exchange of information could go a long way in improving and preserving the independence and health of seniors in the region. Interwoven in the focus

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groups were the key challenges was lack of information retrieval and communication; lack of transportation availability and access; and the need for assistance in finding safe chore and repair providers.

Of importance to note is the AAA and OSS are highly respected entities in the community of those 60+. There are however, needs that are still being unmet, that given a slight reconfiguration, or expanded collaboration, may be better able to address those needs. The information obtained through focus groups and community surveys was varied, but unlike in past years, the top priorities were astoundingly similar across the data retrieval methods. The overarching theme of isolation and fear leading to increased isolation was interwoven into many conversations and responses.

Stepping back, we divide the responses into themes and needs and find that transportation, chore services and home repair, and communication about programming keep our seniors from experiencing full and productive lives.

Across the board, the theme of the **necessity for improved communication methods** kept repeating. This includes education, outreach and awareness of existing programs and services offered to the public. In each focus group we frequently heard how the participants were unfamiliar with services that were available to them. Even for those programs they were aware of, there was often confusion about eligibility requirements. A natural response was the feeling of the futility of trying to figure it all out – which inevitably led to the fear and isolation discussion. Many suggestions for communication improvements were put forth by both survey respondents and focus group participants. They include: 1. Delivering newsletters and programming information to “where seniors go”, i.e., banks, barber shops, doctor’s offices, grocery stores, etc. 2. Hiring a county-wide senior advocate 3. Having a call-in number to gain information and referrals.

The theme of the need for **more accessible transportation** was the top vote-getter in all focus groups as well as receiving the most “votes” in the survey. The lack of transportation resounded loudly with seniors from all parts of the county – both urban and rural. But the barriers that the large rural senior population experience leads to continued fear and isolation. *“Too difficult to find a ride, so I just stay home”* - leading to more isolation. The lack of after-hours transportation, as well as safe and consistent transportation was a reoccurring theme throughout this study.

The theme of **chore services and home repairs** was another key point frequently cited. In order to stay in their homes, most seniors need some sort of assistance or anticipate needing assistance with a task they may be unable to tackle. *“I’m afraid I’ll get robbed, don’t know who to trust. So I just don’t get it done.”*

In many instances, the overwhelming feelings the seniors experienced led them to just give up. When survey participants were asked, two separate questions, *“When looking at the services listed previously, which service do you feel is MOST important for helping seniors to remain living independently in your community?”* *“...which service do you feel we need more of in our community...”* The top responses correlated with the information gathered from the focus groups:

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·TRANSPORTATION  
INFORMATION ON SENIOR SERVICES & PROGRAMS  
CHORE SERVICES & HOME REPAIR  
IN-HOME HEALTHCARE & NURSING/PHYSICIAN/PERSONAL CARE  
PRESCRIPTION DRUG ASSISTANCE

By far and away, the lack of transportation options, in-home healthcare, information sources, chore services/home repairs and prescription drug assistance were the top five areas that resonated as most important and most needed with seniors throughout the county.

Another question with significant implications was, *“When looking at the services listed, is there a service that is NOT listed that you believe is needed in your community?”* Once again, rising to the top were the themes of transportation; communication of available services and programs; finding safe and reliable vendors, college students or others to provide household chores and repairs; and healthcare services like increased dental programs, in-home visits by nurses, physicians and companions.

***FOCUS GROUPS/Qualitative findings:***

While the top challenges were consistent across focus groups, In the final analysis, there were some notable differences among focus groups in the issues that were chosen as most important to work on in Calhoun and Barry counties. One of the Battle Creek focus groups heavily emphasized the need for affordable and professional skilled nursing home and in-home care, while the Marshall focus group thought a senior center would be a great solution to some of the areas challenges. Perhaps due to their more rural location, Barry County seniors focused on information sharing and increased communication. Alleviating isolation was also a key focus of the Barry County seniors.

*Affordability of housing:* Most survey participants (51.7%) consider the physical condition of their living environments as good; 13.5% as fair and 32.8% as excellent, with only 2% feeling they reside in poor living conditions. When asked about the reason for considering moving to a new residence, 77% of participants do not plan on moving. The remainder was equally divided between the following reasons: Needing less expensive housing, unable to care for home, need a home with less stairs, need to be closer to family. Only 2.4% felt they needed a safer neighborhood. Delving further into the affordability of housing 41.8% of the survey participants are comfortable with their housing costs, 27.2% are comfortable now, but worry about the future. Of significance is that the remainder of responses (31%) indicated that people were having difficulty affording their housing costs.

*Transportation:* the survey showed the underutilization of ride sharing services, and the reasoning behind the lack of use, with 68% of respondents driving themselves, and only 9% using some form of ride sharing or public transportation (Senior Transportation 5%, Public Transportation 4%), with 19% relying on others to drive them.

*Employment and Income:* Clearly, there is a large number of people who worry about their future financial situation (50.9%) or currently do not have enough income (16.8%), with only one-third of participants feeling like they have enough income for the remainder of their lives.

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*Sensory Limitations:* The majority of responses indicate survey participants do not feel they have difficulty in hearing (83.5%) or difficulty seeing with glasses (93.7%). And only 5.9% have difficulty bathing or dressing themselves without assistance.

*Caregivers:* The survey indicates that the vast majority of people responding do not provide caregiving for someone in their home (91.9%). Of the remaining 8.1% or 87 responses (36 skipped this question), responses indicate that those providing caregiving in the home do receive agency/program services and feel overwhelmed, yet only 5.4% attend caregiver support programs.

*General Healthcare/Eye, Hearing and Dental:* When asked in the last 12 months were there times when you should have had your vision or hearing checked, or had a dental visit but did not go, most said no (14.5%, 17.2% and 21.9% respectively). Of those who responded yes, the most prevalent responses related to affordability and lack of insurance coverage.

*Kinship*

Across both counties, there is a respectable number of grandparents taking care of grandchildren. Calhoun County is on par with the rest of the state, while Barry has slightly fewer seniors responsible for taking care of their grandchildren.

**Health Conditions**

*Cancer*

Both Michigan and Barry County have experienced a slight decrease in cancer incidence rates and a significant decrease in the cancer-incidence rate over the past twelve years. In 2010-2012 there was a decrease in both the 50-74-year age group and the 75+ age group of overall age-specific cancer incidence rate. The most common causes of cancer deaths are lung and bronchial cancers, breast cancer, prostate cancer, and colorectal cancers. As expected, cancer mortality and incident rates increase with increasing age. The 2010-2012 age-specific cancer rates among individuals aged 75 years and older in Barry County are 24% lower than the state, and 21% lower among individuals ages 55-64.

In 2014, the rate of death for cancer rose to the highest in three years. In 2012, mortality rates deaths due to cancer was 184.5, 2013 saw a rise to 199.6 and 2014 indicated a 205.8 rate and over 11.5% change.

Although less people are getting cancer (e.g. incidence) more are dying when diagnosed.

*Alzheimer's Dementia:* Eight percent, or eighty-five, of the survey responses indicated the participants had been diagnosed with dementia. Sixty people chose to skip this question. Nearly seven percent, or 69, say they live with someone who either has been diagnosed with dementia or has memory issues.

*Diabetes and Arthritis:* In response to the question, "In the last 12 months have you participated in any health program to improve your balance or manage health conditions like diabetes or arthritis?" Twenty-one percent, or 222 people, indicated they had been involved in some form of health programming.

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*Balance/Falls:* Over one-third of surveys showed that people worry about falling, yet only 7% had participated in a fall prevention class or program.

*Overall Health and Activity Levels:* When asked to compare their overall health as well as their level of activity with those of others, the survey responses coincided with the input from the Focus Group participants.

*Feelings of Isolation:* Nearly one-third of responders had experienced feelings of isolation and 22% do not have friends or neighbors to socialize with frequently. Slightly more than 40% are not members of a church, club or community organization where they can socialize and visit.

*Volunteering:* Slightly over 63% do not volunteer, the majority of which (82%) are not interested in volunteering.

### **3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.**

Behavioral risk data for the region shows a number of risk factors that would lead to poor health especially among minority populations. Heart disease and diabetes continue to be significant contributors to hospitalizations and poor health outcomes. With this knowledge, a focus on prevention and increased support in the home for those living longer is evident in the AAA's plan for services.

The community needs assessment revealed that older adults do not have enough information about the services that may be available to them. There was a desire for clear and easily accessible information, not only about what services and programs were available, but also about the eligibility requirements. Other recurring themes in the CNA were the need for transportation, for opportunities to gather in groups of other older adults with shared interests and for other recreational and social outlets.

The agency will focus on increasing its reach into minority, rural and low-income populations through tailored outreach efforts with faith-based organizations, the Minority Equity Partnership, and Substance Abuse Services Program so as to increase participation in programs and services for this demographic.

The agency will continue efforts to reach American Indian populations through outreach and partnership with Senior Health Partners including assisting organizations and individuals that serve this population become more involved in the Advisory Council and in AAA-supported evidenced-based programs such as PATH and Matter of Balance.

The agency will continue to focus efforts on health promotion/disease prevention activities that help prevent the onset or complication of diseases that impact independence. In addition, through programs like Benefits Counseling, and the Aging Mastery Program<sup>©</sup> and Senior Lifestyle Clubs, the agency will encourage older individuals to plan for long-term care. The agency will focus on making tools available such as educational materials, and enhanced, coordinated information and assistance that help individuals make informed decisions about medical, public policy, entitlement programs and long-term care issues that impact their future.

We know that many older adults are able to remain in their homes because of the assistance received from



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their families, especially when combined with purchased services. We will continue to advocate for the array of choices and supports available to help individuals balance caregiving with their other responsibilities. Additional outreach efforts focused on faith-based congregations will be implemented to promote options counseling and build informal information networks in the community.

Through the agency's programs, we will educate individuals on the advantages of utilizing their own resources to prevent pre-mature entrance into Medicaid. Region 3B will continue to educate the community on home-based care options that can extend the time they remain in their own home or the home of a loved one. A focused effort will be given to educating seniors on the cost of nursing home care compared to accessing community-based services using their own resources, emphasizing the cost savings and more effective use of private resources.

**4. Provide a summary of the results of a self-assessment of the area agency's service system dementia capability using the ACL/AoA "Dementia Capability Quality Assurance Assessment Tool" found in the Documents Library. Indicate areas where the area agency's service system demonstrates strengths and areas where it could be improved and discuss any future plans to enhance dementia capability.**

Region 3B AAA has not yet conducted the DCQAAT but will begin work related to Dementia Capable Communities in October 2016 working with a community coalition. The population of people impacted by Dementia is anticipated to continue to grow.

This will be fully explored as part of the DCC work the agency will undertake beginning in October 2016. We currently offer two evidence-based caregiver classes within our region through Senior Health Partners: Creating Confident Caregivers, which is a training for in-home caregivers for persons with dementia and Powerful Tools for Caregivers, which teaches caregivers to develop self-care tools. We also have one partner agency with staff who is a Tailored Caregiver Assessment and Referral (TCARE) trainer. We are working with Kellogg Community College and the local Dementia Ready Community initiative to embed a training program for paid in-home caregivers as part of the CNA training program offered in the community.

**5. When a customer desires services not funded under the MYP or available where they live, describe the options the area agency offers.**

If a customer requests a service not funded under the AIP or where they live, the resource specialist identifies other potential sources of the service including private pay and cost sharing. The goals of the individual in relation to the service are discussed and the I&A specialist discusses methods and resources, both public and private, for securing the services requested. Individuals are offered options counseling. I&A staff are unbiased and serve to provide all options available. If the individual is not within the service area, the I&A staff would provide a soft transfer to the appropriate agency.

The AAA does have limited resources for one-time needs that meet a specific goal of avoiding the loss of independence or putting a senior at imminent risk for loss of independence. When there are a large number of requests for a specific service, the AAA may work with local providers and nonprofits to seek methods of delivery for that service and explore potential funding, such as Senior Millage or community foundation support.

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**6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2017-2019 MYP.**

The largest wait lists in the region are for care management and home delivered meals. Because resources are limited for these programs there are few opportunities beyond increased funding to adequately address these needs. The wait list for in-home services and care management is indicative of the need out-weighting the available funds.

The largest unmet need in the region is transportation. The agency continues to work within the region to address this need. Working with the Calhoun County Office of Senior Services (Senior Millage), local transportation coalitions, and our aging network partners, we continue to seek innovative ways to meet the need. A new dial-a-ride program connecting Albion to Marshall has begun in part with support from the AAA. Additionally, there is initial dialogue taking place in Calhoun County about a regional transit system that would better meet the needs of resident outside of the current jurisdictional lines of Marshall and Battle Creek.

In 2017, the AAA will be working with the Calhoun County Senior Millage to better leverage transportation funding by having all transportation funding, with the exception of the Albion-Marshall Connector, go through the millage rather than the AAA. This achieves administrative efficiency and makes management and oversight more streamlined. A similar arrangement exists with the Millage-funded meals and wheels and PERS funding coming directly to the AAA so there is a single funder.

The other identified need was information and resources. The AAA has allocated greater focus on outreach and information sharing in its new strategies. Our efforts will focus on creating a clear brand and creating an awareness before there is a need for services in our region. The development of resource directory, expanded marketing and outreach and rebranding will be part of this effort.

**7. Where program resources are insufficient to meet the demand for services, reference how your service system plans to prioritize clients waiting to receive services, based on social, functional and economic needs.**

Individuals are placed on the wait list using a priority system so that the most vulnerable are assisted first, based on greatest social-economic need with a priority placed on seniors who are isolated or lack informal support. Consideration is also given to seniors living in rural areas who may have less access to community-based services. Those placed on the wait list are provided options counseling and an opportunity to cost share for services until the services are available.

**8. Summarize the area agency Advisory Council input or recommendations (if any) on service population priorities, unmet needs priorities and strategies to address service needs.**

Region 3B AAA's Advisory Council is proactive about communicating unmet needs and supporting the agency in prioritizing. Members of the Advisory Council participate in the RFP process and host the public hearing on the MYP or AIP that is held in Battle Creek. They also attend the hearing held in Barry County. Ongoing updates on the priorities and needs in the community are provided to the Advisory Council and their input is frequently sought after, tapping into their knowledge and expertise. The Advisory Council strongly represents the communities we serve and include not only seniors, but also elected officials and individuals representing various key constituencies such as Veterans programs, housing professionals, law enforcement, senior programming and the faith-based community, and others.

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A priority expressed by the Advisory Council includes services for persons with dementia, senior center programs, meals, transportation and care management.

**9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.**

The Area Agency on Aging actively educates the community through lunch-n-learns, presentations, educational programs and events in the community. Staff make more than a dozen presentations a year to a variety of groups. Through the Aging Mastery Program, the AAA seeks to empower older adults to make small, meaningful changes that can have long term impact on their health and capacity to remain independent. Partnerships with housing sites, churches, other nonprofits, and retirement associations help the agency expand its reach.

### Planned Service Array

Complete the 2017-2019 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide. There is a required narrative related to the Planned Service Array in the following section. The narrative should describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.

	Access	In-Home	Community
<b>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Case Coordination and Support</li> <li>• Disaster Advocacy and Outreach Program</li> <li>• Information and Assistance</li> <li>• Outreach</li> </ul>		<ul style="list-style-type: none"> <li>• Senior Center Staffing</li> <li>• Programs for Prevention of Elder Abuse, Neglect, and Exploitation</li> </ul>
<b>Contracted by Area Agency</b>	<ul style="list-style-type: none"> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> <li>• Friendly Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Health Screening</li> <li>• Assistance to the Hearing Impaired and Deaf</li> <li>• Home Repair</li> </ul>
<b>Local Millage Funded</b>	<ul style="list-style-type: none"> <li>• Outreach</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Assistive Devices &amp; Technologies</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Legal Assistance</li> <li>• Long-term Care Ombudsman/Advocacy</li> <li>• Senior Center Staffing</li> <li>• Creating Confident Caregivers</li> <li>• Caregiver Supplemental Services</li> <li>• Kinship Support Services</li> <li>• Caregiver Education, Support and Training</li> </ul>

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<p><b>Participant Private Pay</b></p>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Case Coordination and Support</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Home Care Assistance</li> <li>• Home Injury Control</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Home Health Aide</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Dementia Adult Day Care</li> <li>• Nutrition Counseling</li> <li>• Nutrition Education</li> <li>• Health Screening</li> <li>• Assistance to the Hearing Impaired and Deaf</li> <li>• Home Repair</li> <li>• Legal Assistance</li> <li>• Counseling Services</li> </ul>
<p><b>Funded by Other Sources</b></p>	<ul style="list-style-type: none"> <li>• Information and Assistance</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Friendly Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Health Screening</li> <li>• Home Repair</li> <li>• Senior Center Staffing</li> </ul>

\* Not PSA-wide

**Planned Service Array Narrative**

**Describe the area agency's rationale/strategy for selecting the services funded under the Multi-Year Plan in contrast to the services funded by other resources within the PSA, especially for services not available PSA wide.**

During its MYP development, Region 3B Area Agency on Aging works with the Calhoun County Office of Services to the Aging (Millage) and Barry County Commission on Aging to complete a community needs assessment (CNA) and service provider survey. The CNA and provider survey help provide a more complete picture of the needs and service availability within our region. The AAA works closely with Calhoun County Millage and Barry County COA to develop the service array. For instance, in Calhoun County the AAA has an inter-local agreement with the county to oversee and manage the assistive technology, home delivered meals, and congregate meals programs. The funds are provided to the AAA to distribute to the chosen providers. This creates a more streamlined process and gives us greater flexibility in defining needed services and how they will be funded. Vision and hearing is funded only by the Senior Millage as they are provided by the County's health department.

In Barry County, the COA receives all of the Millage funding. During the RFP and AIP/MYP planning, the AAA works with COA to determine the appropriate level of services and to identify gaps. For instance, adult day care has seen a significant increase in the last few years which has aligned with increased funding received by the AAA. This allows the COA to allocate dollars to other programs that aren't as well funded.

The majority of services are available in the array with the exception of home injury control, outreach, counseling, and nutrition education and counseling. These activities are part of other programs, such as PATH, and are built into administrative activities (outreach).

**Strategic Planning**

**Strategic Planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP.**

**1. Summarize an organizational Strengths Weaknesses Opportunities Threats (SWOT) Analysis.**

This information is from the 2012 Strategy Planning completed by the organization:

**Leadership**

- Enthusiasm and caring of all leadership groups
- We have an excellent CEO.
- Strength of the senior leadership team

Creativity in securing funding sources

Thinking outside the box

**Staff**

- Quality of the staff supports the senior team.

Competent staff

Dedicated, loyal and compassionate

Have their ear to the ground; listen to what's happening

Continuity and longevity

Efficient and helpful – we don't spin our wheels.

Accuracy – we get the right information the first time.

**Strong Policy Board and Advisory Council**

- Strong advocates

Challenge us in healthy ways

High integrity, helpful

Representation of people with long-term service

**Community**

- Knowledge of the community

Mix of urban and rural areas within our service area

- Mix gives us an opportunity to look at things differently.

Good geographic representation of Calhoun and Barry counties

- The community has a sense of family.

**The organization**

- Mission-driven

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Strong organizational culture

Proactive nature of the organization

High engagement – people jump in with both feet.

Agency is well respected at the state level.

Willingness to address tough issues

- Stable funding

- Creativity in developing new programs and finding new funding sources

Good adherence to policies and procedures; good manuals

A good place to work with a bright future

Leadership in fostering collaboration

- Collaborative efforts to pull together agencies providing services to seniors.

Leadership role in convening people doing work with elders in this service area

Provide strong leadership.

Very successful in bringing agencies together – across both counties – to help people.

The Area Agency on Aging doesn't have to be in charge or be "the one and only."

There are no fiefdoms; we solve problems together.

Partnerships/networks

- We have strong partnerships with other agencies

This includes "go-to providers" we count on for quality services.

The agencies we work with are compassionate.

- Strong relationships with the State Office on Aging

Strength of leadership/staff at the state level

- Affiliation with something larger and more formalized

Advocacy initiatives

Communication

- They provide excellent referral information.

Good information exchange with agencies they fund

The Agency has implemented effective approaches to communication.

The Agency is doing an effective job of educating seniors.

Disseminates information on legislation and trends

Other

- The Agency is very supportive of our programs.

Presence and collaboration to work with families we serve jointly

Excellent grant writers

Providers are happy with the Agency and its employees.

**Weaknesses/Areas of Needed Improvement**

Low awareness of the Agency

- It's not well enough known; it's a "best kept secret."

It needs to be known for more than just programs and free services.



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It needs to be more outwardly focused – strengthening its education and outreach.

People don't know who we are until they need us.

One concern is that money put into publicity doesn't go for direct service. Yet, if people don't know the service is available, they can't access it.

Service delivery and coordination

We have waiting lists for services.

Even if people know a service is available, access can be difficult and confusing.

We need to increase the strength of service coordination, particularly in rural areas.

It's confusing, particularly in the rural areas.

·Demand in key areas for some services is greater than we can meet. We lean too much on the medical model and not enough on the social model. Our goal is to enhance quality of life, not just focus on illness. The Area Agency on Aging and Calhoun County Senior Services need to work together with other agencies.

Staffing

Although our current staff is strong, recruiting new staff is a weakness. It's hard to find new people with the appropriate skill set.

How do we deal with new things?

·Our staff members need both a depth of skill in key areas and a breadth of skill across multiple areas/disciplines.

New employee training

Dealing with negative co-workers/employees with personal problems

Outreach

We need to improve outreach to the rural areas of our service area. Although outreach has improved, it's not where it needs to be.

Specifically, outreach needs to include Tekonsha, Albion, Homer, and so on.

People that aren't associated with the Senior Center may not be aware of us or connected to our services.

We need community education to increase awareness of available services.

**2. Describe how a potential greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or the new Integrated Care Program could impact the organization.**

It would diminish our effectiveness significantly in our communities basically eliminating our role as a convener of programs and services. HCBS accounts for more than 80% of our budget and without that funding (MI Choice Waiver contract) we would be a much smaller, much less effective organization. Our biggest concern at this time is the lack of sufficient work force to meet the demand for services. The current capitation methodology used to determine reimbursement for MI Choice Waiver makes it nearly impossible for us to compete in the market. Continued concerns remain over the rate of reimbursement and how the rates are determined. There are also procedural challenges that make it difficult for the agency to reach its full contract payment.

Region 3B AAA is active in the MI Health Link program contracting with ICOs in our region. While MI Health Link is an opportunity, it remains an opportunity unfulfilled as the ICOs have only enrolled one Waiver-eligible member to date and do not utilize supplement community benefits (HCBS) for its members. Operational challenges have also hindered progress. The overall goal to incorporate HCBS into the insurance provision

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system is admirable but remains unfilled as we see very little coordination and much confusion among those being served. The ICOs face significant challenges that includes bureaucratic pressures, lack of adequate staffing to work in local communities, and unfamiliarity with the communities and services available. HCBS and supports are provided by the ICOs through a lens of strict medical necessity rather than person-centered need or social determinants and influencers of health outcomes. The AAA could serve as a critical partner in this work in seeking to link person-centered community services but the program is hampered in its efforts to move in this direction.

**3. Describe what the area agency would plan to do if there was a ten percent reduction in funding from AASA.**

The only thing a grant-funded entity could do - decrease services, eliminate staff, cut costs, and reduce programs to the level of funding available.

**4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations and why.**

It is not cost effective to pursue accreditation and the relevancy and need for this has yet to be determined. However, we continue to explore the perceived value of this investment. Attainment of a Medicare number is part of this readiness process.

**5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.**

The AAA moved to the Harmony information and assistance data system in FY 2016. It has allowed us improved tracking and reporting capacity. we continue to use VendorView for providers. We use social media to promote programs, upcoming events and capture program feedback. We have a number of other systems that we are connected to related to our Elder Abuse Prevention efforts including a system being developed in concert with MSU through an RWJ grant focused on improved public health outcomes for vulnerable adults working with EMS, the ED and law enforcement.

We maintain up to date equipment and programs that have the highest level of security available and allow for remote access for staff.

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**Regional Service Definitions**

**If the area agency is proposing to fund a service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included under this section. Enter the service name, identify the service category and fund source, include unit of service, minimum standards, and rationale for why activities cannot be funded under an existing service definition.**

**Service Name/Definition**

Gap Filling Services: Services that eliminate a threat to independence, health, or safety that requires immediate attention when other resources are unavailable.

Rationale (Explain why activities cannot be funded under an existing service definition.)

A direct service waiver is requested to insure that there is an adequate supply of the service in the region and that the needs of seniors can be met. Because of the extensive wait list for ongoing care management services in the region, gap filling services allows the agency to meet pressing needs that are usually one-time or intermittent.

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	1 occurrence of service

**Minimum Standards**

Minimum Standards:

1. Services shall be based on and intake and assessment conducted by I&A and outreach staff.
2. Staff will verify the lack of availability under other programs and community resources
3. Consumers will be encouraged to cost share for gap filling services
4. Services can include home modifications and environmental aids, personal care training, private duty nursing, specialized medical equipment, chore services, utility assistance, and supplies and other services deemed necessary to reduce the risk to the senior
5. Seniors do not need to be enrolled in a care management program to receive gap filling services
6. The CEO will have final approval for use of funding for gap filling services

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**Access Services**

Some access services may be provided to older adults directly through the area agency without a service provision request. These services include: Care Management, Case Coordination and Support, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and MATF/State Caregiver Support funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2017-2019, complete this section.

Select from the list of access services the area agency plans to provide directly during FY 2017-2019 and provide the information requested. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Direct Service Budget details for FY 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

**Case Coordination and Support**

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars		Total of State Dollars	
Geographic area to be served			

**Specify the planned goals and activities that will be undertaken to provide the service.**

**Information and Assistance**

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars		Total of State Dollars	\$14,021.00
Geographic area to be served			
Barry and Calhoun			

**Specify the planned goals and activities that will be undertaken to provide the service.**

Goal: Enhance the effectiveness and quality of information and assistance available in the region

Update and maintain resource database to be able to provide accurate and updated information  
 Continue to enhance the skills of I&A specialists  
 Explore value of separating intake and I&A to increase quality of services, improved outreach and awareness of AAA and its services

Goal: I&A specialists respond to callers in a person-centered manner and provide appropriate, timely and accurate information for referrals

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Conduct survey of at least 10% of all calls to I&A related to quality  
Achieve 100% follow up for all calls with appropriate documentation in Harmony  
Provide continued training for I&A specialists that meet AASA and AIRS standards

**Outreach**

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars	\$34,800.00	Total of State Dollars	

Geographic area to be served  
Barry and Calhoun

**Specify the planned goals and activities that will be undertaken to provide the service.**

Goal: Increase awareness of AAA and its services in the community  
Activities:  
Working with Policy Board committee and staff, identify new branding strategy that helps promote greater awareness with AAA  
Continue to educate other I&A providers, service providers and health care community on AAA and its services  
Develop partnerships working with health care partners to meet the needs of older adults, providing options counseling and access to resources  
Use social media, local media outlets and sponsorships to promote AAA programs more consistently  
Provide programs and resources to housing providers in the region to build partnerships  
Develop housing referral program and other innovative programs that reaches a broader population including private pay programs

**Care Management**

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars		Total of State Dollars	\$142,569.00

Geographic area to be served  
Barry and Calhoun

**Specify the planned goals and activities that will be undertaken to provide the service.**

Goal: Care management staff are knowledgeable and skilled in the areas of person-centered thinking, working with diverse populations, and current practice guidelines  
  
Provide training on working with diverse populations for all agency staff with a focus on LGBT, Alzheimer's disease and other diverse populations  
All new agency staff will receive training on person-centered thinking within three months of hire  
Obtain CPI Dementia Capable Care master trainer for at least one staff person (2016/2017 activity)  
Explore certifications available for staff in specialized areas (dementia, case management, etc.) with a focus on future opportunities for accreditation

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Conduct at least four trainings annually for care management staff on areas of core competency

Timeline: October 1, 2016 - September 30, 2019

Goal: Develop a yearly individualized, customizable training plan for all staff

- Identify modules or tools available for training
- Determine requirements for training based on position/licensing
- Provide up to \$600 per employee for training, education and obtaining CEUs
- Develop training process/procedures
- Review and implement with staff

Timeline: September 30, 2017

Number of client pre-screenings:	Current Year: 262	Planned Next Year: 200
Number of initial client assessments:	Current Year: 18	Planned Next Year: 25
Number of initial client care plans:	Current Year: 14	Planned Next Year: 20
Total number of clients (carry over plus new):	Current Year: 72	Planned Next Year: 78
Staff to client ratio (Active and maintenance per Full time care	Current Year: 1:40	Planned Next Year: 1:40

**Disaster Advocacy & Outreach**

Starting Date 10/01/2016 Ending Date 09/30/2019

Total of Federal Dollars \$200.00 Total of State Dollars

Geographic area to be served

Barry and Calhoun

**Specify the planned goals and activities that will be undertaken to provide the service.**

Goal: the AAA has necessary capacity to be responsive during a time of emergency through continued involvement in training, local emergency response efforts and awareness

- Continue serving on ERC
- Maintain CERT trained volunteer staff person
- Conduct at least one trainign with providers, older adults and/or staff on disaster preparedness

**Direct Service Request**

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, a service provision request may be approved by the Michigan Commission on Services to the Aging. Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting”. Direct service provision by the area agency may be appropriate when in the judgment of AASA: (A) provision is necessary to assure an adequate supply; (B) the service is directly related to the area agency’s administrative functions; or, (C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete this section for each service category.

Select the service from the list and enter the requested information pertaining to basis, justification, and public hearing discussion for any Direct Service Request for FY 2017-2019. Specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Direct Service Budget details for FY 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Please skip this section if the area agency is not planning to provide any in-home, community, or nutrition services directly during FY 2017-2019.

**Chore**

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the services provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency’s administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

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**Provide a detailed justification for the service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency’s efforts to secure services from an available provider of such services; or a description of the area agency’s efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

**Senior Center Staffing**

Total of Federal Dollars      \$53,000.00

Total of State Dollars

Geographic Area Served      Calhoun

**Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

Objective: Improve sustainability and access to senior centers in the region

Goals and Activities:

- Finalize contract for management services with Forks Senior Center
- Supports efforts to expand focal point in Albion through training and resources for expanded role of Forks Senior Center in the provision of evidenced-based programming and other program areas
- Contribute time and resources to efforts to development senior center in Marshall

**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the services provision request (more than one may be selected).**

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.**
- (B) Such services are directly related to the Area Agency’s administrative functions.**
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.**

In order to ensure sustainability of the Forks Senior Center, operational and management-level support has been requested by the Board of the Forks Senior Center. The AAA, working with Calhoun County Office of Senior Services, are best positioned to offer this type of support. This service provision will ensure the organization has stable leadership over the next two years and has the financial support needed to achieve its strategic objectives.



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**Provide a detailed justification for the service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency’s efforts to secure services from an available provider of such services; or a description of the area agency’s efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

In Calhoun County, there is only one standalone senior center located in Albion, one of the most economically and socially challenged areas of the county. Another center for senior activities is incorporated into the Kool Family Community Center - a multi-function facility that also houses the Area Agency on Aging, a conference center, and a PACE program. A neighboring community, Marshall, is looking to develop a senior center in the future.

The AAA has a strategic objective to continue its support of efforts to stabilize and sustain the existing senior centers and support work on development of a new centers within the region. To this end, the AAA, Calhoun County Office of Senior Services, and the Forks Senior center have begun a Strategic Envisioning Team (SET) to explore (A) options for a more sustainable form of executive leadership for the Forks Senior Center; and (B) reflect on the types of services and programs the three partners would like to offer to persons over 60 on the east side of Calhoun County, along with various models of collaboration, avenues for funding and other resources, and the types of facilities needed to better serve older adults. Over the next two years, the AAA will staff the Forks ED position through a management agreement funded in part by the AAA and the Calhoun County Office of Senior Services.

Albion and Forks are important strategic locations for information and assistance and other programming. The sustainability and stability of the center is vital to ensuring adequate access to services within the eastern part of Calhoun County.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

The board president of the Forks Senior Center attended the Battle Creek public hearing (May 16) and indicated their appreciation for the support being offered by the AAA and Calhoun County Office of Senior Services. Additionally, board members representing Albion commended the agency on the positive changes that have taken place in the previous months since the arrival of the AAA-funded executive director. There was strong support by the board for continuation of the work in Albion that dovetails well into other economic development efforts that are under way in the area. There was also tremendous support and appreciation expressed for the work the AAA is doing alongside Forks Senior Center by the members of the Albion City Council at the presentation of the MYP by the CEO on July 5, 2016. They indicated their support for our continued work in this area.

**Prevention of Elder Abuse, Neglect and Exploitation**

Total of Federal Dollars      \$15,000.00

Total of State Dollars

Geographic Area Served      Barry and Calhoun

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Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the services provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provision of such Objective C1/Activities: Increase awareness of occurrence of elder abuse and improve capacity of community to response to abuse situations including increased reporting and prosecution of abusers and education of the community so as to increase protective factors for vulnerable adults

- Continue efforts with elder abuse prevention coalitions in Barry and Calhoun counties

Conduct at least two major elder abuse awareness events or campaigns in the service region annually

Working with local partners and through formula and non-formula funding sources expand resources and programs that help vulnerable adults avoid becoming a victim of abuse and provides potential remedies for abuse victims and increase protections for vulnerable adults

Develop resource materials and protocols for referral and response within the community through increased focus on coordination through the abuse prevention coalitions and with new partners, especially within the health care and legal communities

services by the AAA is necessary to assure an adequate supply of such services.

**Provide a detailed justification for the service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

The AAA has the staffing and resources to support local abuse-prevention activities. The agency also has had specialized training in abuse identification and participates on state-wide initiatives related to elder abuse prevention. The agency has previously attempted to identify a grant-funded provider for this service, The Calhoun County Elder Abuse Prevention Coalition also has formally requested that this work remain under the auspices and direction of the Region 3B AAA. In Barry County, we are assisted with the development and deployment of a more active coalition.

The AAA has supported the development of elder abuse coalitions in both counties. In Calhoun County, the AAA is the lead agency of the coalition. In Barry County, we continue to serve on the coalition and support efforts on elder abuse prevention including serving on the protocol team and sponsoring events in the county.

The agency has also received a two-year sub-award from Michigan State University, working with Dr. Carolyn Pickering, through a grant from Robert Wood Johnson to determine the improvement in public health outcomes

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for vulnerable adults that receive earlier intervention through a system of referral and case coordination that includes first responders, law enforcement and health systems. The AAA also is a partner on a PREVNT grant with Elder Law of Michigan focusing on development of an automated referral network with community partners.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

There was no discussion at public hearings regarding this direct service request.

**Regional Service Request**

It is expected that regionally-defined services will be provided under contracts with community-based service providers. When appropriate, a regional direct service provision request may be approved by the Michigan Commission on Services to the Aging. Regional direct service provision by the area agency may be appropriate when in the judgment of AASA: (A) provision is necessary to assure an adequate supply; (B) the service is directly related to the area agency's administrative functions; or, (C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies that request to provide a regional service must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the newly-added regional service and enter the information requested pertaining to basis, justification, and public hearing discussion for a regional service request for FY 2017-2019. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Regional Service Budget details for FY 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Please skip this section if the area agency is not planning to provide any regional services directly during FY 2017-2019.

**Gap Filling**

Total of Federal Dollars     \$3,500.00

Total of State Dollars

Geographic Area Served     Barry and Calhoun

**Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

Services that eliminate a threat to independence, health, or safety that requires immediate attention when other resources are unavailable.

1. Services shall be based on and intake and assessment conducted by I&A staff.
2. The I&A specialist will verify the lack of availability under other programs and community resources
3. Consumers will be encouraged to cost share for gap filling services
4. Services can include home modifications and environmental aids, personal care training, private duty nursing, specialized medical equipment, chore services, utility assistance, and supplies and other services deemed necessary to reduce the risk to the senior
5. Seniors do not need to be enrolled in a care management program to receive gap filling services

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**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the services provision request (more than one may be selected).**

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.**
- (B) Such services are directly related to the Area Agency's administrative functions.**
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.**

Gap filling services are directly related to the AAA work to assure that an adequate supply of services are available to meet the needs of older adults. In this case, these service needs cannot be met by any other available source.

A regional service is requested to insure that there is an adequate supply of the service in the region and that the needs of seniors can be met. Because of the extensive wait list for ongoing care management services in the region, gap filling services allows the agency to meet pressing needs that are usually one-time or intermittent.

**Provide a detailed justification for the service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

This regional service is requested to insure that there are flexible, cost effective, and person center services available in the region to meet the needs of seniors. Because of the extensive wait list for ongoing care management services in the region, gap filling services allows the agency to meet pressing needs that are usually one-time or intermittent.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

Gap filling was included in the public hearings documents and there was no discussion.

**Program Development Objectives**

Please provide information for all program development goals and objectives that will be actively addressed during the MYP.

**New Required Goal/Objective:** There is a new priority program development goal/objective area that is required. This is a goal that centers on aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime (CFL) and help them to retain and attract residents of all ages so the communities can thrive and have access to goods, services and opportunities for quality living across the lifespan:

**CFL Goal:** More communities in the PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a CFL.

**The Minimum Objective:** One new community in the PSA will receive recognition as a CFL by 9/30/19.

For technical assistance with developing CFL objectives, narratives, timelines, planned activities and expected outcomes, contact the AASA Lead staff for the CFL Program, Dan Doezema at [doezemad@michigan.gov](mailto:doezemad@michigan.gov), or 231-929-2531.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals. There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal. A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

**Area Agency on Aging Goal**

- A. Recognize and celebrate the cultural, economic, and social contributions of older adults and create opportunities for engagement in their communities

**State Goal Match: 1**

**NARRATIVE**

Volunteering provides tremendous value and benefit to individuals, families and communities. For older adults, volunteering provides opportunities to build new friendship, expand personal and professional networks, boost social skills, stay connected and give back to their community. Research has show that productive actiivty and strong social networks contribute to prolonged mental and physical health, and older adults who continue to learn, grow and share their life of experience and knowledge with others report incrazed happiness with their lives. The normal process of aging presents many opportunities to learn, grow and share (Michigan State Plan on Aging 2014-2016). Finding opportunities to volunteer can be especially challenging for low-income older adults. There is also a tremendous shortage of providers for companion and housekeeping services in our region. By providign opportunities for older adults to provide

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individualized care and assistance to older seniors and adults with developmental disabilities, a need will be met that benefits both the person volunteering and the recipient of the services.

As Dr. Ronald Aday (2003) pointed out in his 2003 article, *The evolving role of Senior Centers in the 21st Century* that "For older persons at risk of losing their self-sufficiency, senior centers are an entry point to an array of services that will assist them as they "age in place." Senior centers offer a wide range of health, education, recreation, volunteer and other social interaction opportunities for their participants that enhance dignity, support independence, and encourage community involvement. Centers are also a resource for the entire community, providing services and information on aging, and assisting family and friends who care for older persons. Senior centers can optimally provide a social environment conducive to the development of a social support system reducing loneliness and depression." To aspire to this requires a commitment from within the community and adequate resources. In Calhoun County, there is only one stand alone senior center located in Albion, one of the most economically and socially challenged areas of the county. Another center for senior activities is incorporated into the Kool Family Community Center - a multi-function facility that also houses the Area Agency on Aging, a conference center, and a PACE program. A neighboring community, Marshall, is looking to develop a senior center in the future. Barry County Commission on Aging, with Millage and AAA funding, also has an active senior center.

The AAA will continue its support of efforts to stabilize and sustain the existing senior centers and support work on development of a new centers within the region.

**OBJECTIVES**

1. Improve sustainability and access to senior centers and senior center activities in the region

**Timeline: 10/01/2016 to 09/30/2019**

**Activities**

Finalize contract for management services with Forks Senior Center

Supports efforts to expand focal point in Albion through training and resources for expanded role of Forks Senior Center in the provision of evidenced-based programming and other program areas

Contribute time and resources to efforts to development senior center in Marshall

Continue support of senior center staffing in Barry County

**Expected Outcome**

Seniors throughout the region have access to a strong, stable and multi-faceted senior center or senior center activities that meets their needs

2. Promote opportunities for volunteerism and ongoing community engagement among seniors

**Timeline: 10/01/2016 to 09/30/2017**

**Activities**

Meet with provider agency and determine scope of expansion

Provide resources to be leveraged with other sources to support expansion

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- Promote program throughout the target area through outreach and connection with I&A
- Determine opportunities for additional funding to expand program
- Determine readiness for transition to RFP provider

**Expected Outcome**

Seniors throughout the region have opportunity to volunteer and remain engaged in their community in meaningful ways

- B. Provide a variety of opportunities for older adults to enhance their physical and mental well-being using evidence-based practices and other innovative programs

**State Goal Match: 3**

**NARRATIVE**

The AAA continues to expand its efforts related to the use of evidenced-based programs without our region, especially Diabetes PATH and Matter of Balance working with our AAA partners throughout the state. The programs have proven successful and are well received. Region 3B is committed to helping older adults remain healthy and be active participants in the care of their physical and mental wellbeing. Through its program development activities, the agency is able to also pursue unique and innovative ideas like our Community Health Worker initiative partnering with a local primary care office, providing person-to-person health coaching and support for individuals with complex care needs.

Locally, the AAA is an active partner with the Miles for Memories initiative. Miles for Memories is a local organization created in 2013 to raise awareness and funds for Alzheimer's Disease that raises money each year through sponsorships and community events to gather funds to create local programming for both the patient and the caregiver. Along with its local efforts, M4M also send 20% of the funds to Alzheimer's research. The initiative is led by a committee of 70 plus volunteers. Its mission is creating solutions for those impacted by dementia in Calhoun County through movement, programming and research.

The most recent Community Needs Assessment showed a need for greater access to resource navigation and information about the full array of services available to older adults and individuals in our community. To address this, the AAA will increase its focus on outreach and on improving its information and assistance for individual seeking resources. The highest needs expressed was related to transportation – not only for health care but also for meeting basic needs like grocery shopping or going to church. Working with providers in the region and municipalities such as the Albion-Marshall Connector, the AAA will continue to focus efforts on supporting access to transportation in the region.

The AAA provides a suite of evidenced-based programs working primarily through its equity partnership, Senior Health Partners, which is a collaborative of the AAA, Bronson Battle Creek, Calhoun County Office of Senior Services, CentraCare (PACE), and Summit Pointe (community mental health). Programs offered include a range of chronic-disease self-management programs, as well as caregiver support, cancer support programs, and other evidenced-based programs. Region 3B AAA was also the first AAA in Michigan to offer the NCOA Aging Mastery Program. The Aging Mastery Program® (AMP) is a fun and engaging education and behavior change incentive program for aging well. Central to the AMP philosophy is the belief that modest lifestyle changes can produce big results and that people can be empowered and supported to cultivate health and longevity. Equally important, the program encourages mastery—developing



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sustainable behaviors across many dimensions that will lead to improved health, stronger financial security, and overall well-being.

**OBJECTIVES**

1. Promote participation in evidenced based program that contribute to health and well being

**Timeline: 10/01/2016 to 09/30/2019**

**Activities**

- Expand outreach efforts to raise awareness of services available through agency and its partners
- Develop additional focal points in rural areas concentrating on township offices and other key stakeholders in rural communities
- Continue to support access to medical and non-medical transportation that enable seniors to engage and remain active in their community and adequately meet their needs related to obtaining health care and meeting basic needs such as grocery shopping.
- Develop resource directory in collaboration with Calhoun County Senior Millage and Barry County Commission on Aging to be distributed in region
- Continue efforts to support adequate access to Medicare and Medicaid assistance within the region

**Expected Outcome**

*Seniors have access to programs that contribute to overall health and wellbeing*

2. Increase awareness and supportive services for persons with dementia

**Timeline: 10/01/2016 to 09/30/2019**

**Activities**

**Expected Outcome**

*Calhoun and Barry counties are communities that are capable of serving the needs of persons with dementia and have a full array of services to meet the needs of persons with dementia and their caregivers*

3. Assure greater access and improved delivery of long-term care supports and services through more developed integration in health care system

**Timeline: 10/01/2016 to 09/30/2019**

**Activities**

- Focus efforts on expansion of community health worker/resource navigation efforts
- Continue work toward obtaining Medicare accreditation for billing
- Seek opportunities for expanded partnerships with health care through grants or contracts
- Staff obtain certification as community health worker
- Increase staff available to offer MMAP counseling in the home

**Expected Outcome**

*The AAA is well equipped and positioned to work within a more integrated system of care that includes health care and home and community-based services*

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4. Improve effectiveness of resource navigation and information and assistance services, especially in rural and underserved areas

**Timeline: 10/01/2016 to 09/30/2019**

**Activities**

- Expand outreach efforts to raise awareness of services available through agency and its partners
- Develop additional focal points in rural areas concentrating on township offices and other key stakeholders in rural communities
- Continue to support access to medical and non-medical transportation that enable seniors to engage and remain active in their community and adequately meet their needs related to obtaining health care and meeting basic needs such as grocery shopping.
- Develop resource directory in collaboration with Calhoun County Senior Millage and Barry County Commission on Aging to be distributed in region
- Continue efforts to support adequate access to Medicare and Medicaid assistance within the region

**Expected Outcome**

*Seniors, individuals with disabilities and their caregivers are provided access to information, resources and services which appropriately meet their needs*

- C. Provide advocacy, information, training, and services to support the rights of older adults to live free from abuse, neglect, and exploitation.

**State Goal Match: 4**

**NARRATIVE**

The AAA has supported the development of elder abuse coalitions in both counties. In Calhoun County, the AAA is the lead agency of the coalition. In Barry County, we continue to serve on the coalition and support efforts on elder abuse prevention including serving on the protocol team and sponsoring events in the county.

The agency has also received a two-year sub-award from Michigan State University, working with Dr. Carolyn Pickering, through a grant from Robert Wood Johnson to determine the improvement in public health outcomes for vulnerable adults that receive earlier intervention through a system of referral and case coordination that includes first responders, law enforcement and health systems. The AAA also is a partner on a PREVNT grant with Elder Law of Michigan focusing on development of an automated referral network with community partners.

**OBJECTIVES**

1. Increase awareness of occurrence of elder abuse and improve capacity of community to response to abuse situations including increased reporting and prosecution of abusers and education of the community so as to increase protective factors for vulnerable adults

**Timeline: 10/01/2016 to 09/30/2019**

**Activities**

- Continue efforts with elder abuse prevention coalitions in Barry and Calhoun counties
- Conduct at least two major elder abuse awareness events or campaigns in the service region annually

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Working with local partners and through formula and non-formula funding sources expand resources and programs that help vulnerable adults avoid becoming a victim of abuse and provides potential remedies for abuse victims and increase protections for vulnerable adults

Develop resource materials and protocols for referral and response within the community through increased focus on coordination through the abuse prevention coalitions and with new partners, especially within the health care and legal communities

**Expected Outcome**

*Seniors in the region are able to live free from abuse, neglect and exploitation*

- D. Develop and enhance public and private partnerships to better serve older adults

**State Goal Match: 5**

**NARRATIVE**

Communities for a Lifetime is a program with the purpose of creating a safe, accessible and nurturing environment for residents of all ages, primarily older adults. The AAA, like many areas of the state, is seeing an increase in the number of older adults and especially the number of the oldest age category – which also increases the prevalence of dementia in the region.

Battle Creek, the largest city within Calhoun County, was previously recognized as a Community for a Lifetime after conducting an Aging in Place initiative with substantial support from the W.K. Kellogg Foundation. The area with the largest percentage of older adults is Albion, in eastern Calhoun County. The City has a new city manager and the AAA has an increased focus in Albion due to the management agreement developed for the provision of an Executive Director at the Forks Senior Center and the goal to expand the role of Forks as a key focal point for aging services. For this reason, the AAA will focus its efforts on working with key partners in Albion to move toward readiness for completing the community assessment and applying for recognition. Discussions will also take place with Marshall, the county seat, working with the Calhoun County Office of Senior Services, which is housed in Marshall, to determine interest in CFL.

Because of the AAAs supportive role in Barry County it is not feasible to undertake a CFL initiative without additional funding and local commitment from local agencies including the city and county. The AAA have discussions with the Barry County Commission on Aging, which is a county department, to determine readiness for embarking on work related to CFL.

**OBJECTIVES**

1. More communities in PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a CFL

**Timeline: 10/01/2016 to 09/30/2019**

**Activities**

- Meet with communities to garner interest in working on CFL
- Convene workgroups in interested communities to inventory and assess services important to older adults
- Identify lead partners and potential funding sources for work

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Work with partners to conduct assessment using tool kit and resource materials by identifying activities, opportunities and services currently available  
Develop CFL action plan  
Complete application and apply for recognition

**Expected Outcome**

*Seniors in the region are supported in their efforts to age in place through systems and services that are age friendly and responsive to their needs*

- E. Employ continuous quality improvement and innovation to accommodate the changing needs of older adults  
**State Goal Match: 6**

**NARRATIVE**

Region 3B AAA supports a culture of quality that seeks to enhance the effectiveness of the AAA and its partners in all aspects of its operations. The AAA has also been innovative in developing programs and methods of service delivery that are most appropriate in the region, given its size, demography, and population. As an invested local partner, the AAA seeks ways to work alongside other funders and aging network partners, like the Calhoun County Office of Senior Services (OSS) and Barry County Commission on Aging. In Calhoun County, the agency has developed methods of aligning funding with the county millage (OSS) so as to maximize resources, reduce bureaucracy and enhance administrative efficiencies. For example, rather than both the AAA and OSS funding senior nutrition and PERS the AAA, through a management agreement, manages all county funding for these two services. For providers, this limits the administrative burden of reporting to two funders. It also provides the ability to leverage match for federal and state formula resources.

The AAA is also an eager partner on new initiatives such as the Great at Any Age MHEF-funded initiative, launching unique partnerships like Senior Health Partners, partnering on efforts related to dementia capable communities, MI Health Link, and elder abuse prevention.

One of the greatest challenges to the quality of services provided by the agency is the workforce crisis that exists within home care – much of which was further complicated by changes in DOL rules and the increase in the minimum wage. Our largest program, MI Choice Waiver, is especially impacted as our provider agencies are not able to staff home care work due to higher wages offered in other industries, the requirement to pay travel time for home care staff, and the impact of the ACA, among other things. Additionally, because of changes in changes in how we are paid through managed care and capitation, we cannot keep pace with the rates within the private market, meaning serving our participants is often of lowest priority for providers. Anticipated changes related to exempt vs. non-exempt staff will increase the pressure on agencies and increase the cost of providing services. While demand continues to increase, our supply of providers and workers will continue to be inadequate to meet the need.

Over the last planning period the AAA has focused on ensuring that its staff is well-trained, knowledgeable and competent especially in terms of working with an increasingly diverse population of older adults. Training related to working within the LGBTQ community, better understanding the needs of persons with dementia, and other professional development have supported the agencies efforts to ensure we are a capable, competent and responsible provider of services. Outreach efforts specific to the LBGTQ community will be

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of particular focus for the agency, as well as assuring that staff are culturally competent and attuned to the needs of members of this community. This includes assuring that the agency has staff that represents the diverse population we serve and members of our diverse communities are represented on our Policy Board and Advisory Council.

**OBJECTIVES**

1. Increase adequacy and quality of aging network in the region that meet the needs of seniors

**Timeline: 10/01/2016 to 09/30/2019**

**Activities**

- Support efforts to assure adequate medical and non-medical transportation services in the region with a focus on rural areas or in areas where transit services are inadequate
- Improve capacity to deliver benefits counseling, options counseling and advanced planning for seniors and their caregivers
- Focus efforts on finding unique ways to meet the workforce challenges that exist including advocacy when needed

**Expected Outcome**

*Services in the region are adequate, of good quality, and culturally appropriate in order to meet the needs within the increasingly diverse senior population.*

2. Maintain a quality of culture at all level of the organization that enhancing the effectiveness of the AAA in all aspects of its operations

**Timeline: 10/01/2016 to 09/30/2019**

**Activities**

- Focus efforts on improving quality of Information and Assistance, outreach and options counseling
- Develop a new branding strategy working with AAA staff, policy board and advisory council members
- Engage in at least one continuous quality improvement initiative
- Conduct an employee survey
- Complete Policy Board and Advisory Council self assessment
- Complete agency Strategic Planning

**Expected Outcome**

*Region 3B Area Agency on Aging is well positioned to carry out its mission in an environment that supports its values of integrity, quality, commitment, financial responsibility and advocacy and is a leader in the region and state in terms of quality and effectiveness.*

### Advocacy Strategy

**Describe the area agency's comprehensive advocacy strategy for FY 2017-2019. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.**

Region 3B Area Agency on Aging advocates for seniors and persons with disabilities and/or dementia and caregivers to support its mission and vision of a community where people are cared for with an emphasis on assuring that they can remain in the setting of their choice for as long as possible.

The agency advocates at the national, state and local levels. As a member of the Area Agencies on Aging Association of Michigan (4AM) and the National Association of Area Agencies on Aging (n4a) we are provided timely information on a variety of issues such as proposed legislation and public policy implications of legislation and funding decisions. We are provided an opportunity to seek input from seniors on issues that will affect them and provide a voice to their concerns. We have participated in efforts to preserve Escheats funding and affordable Medigap policies in Michigan with the changes proposed to Blue Cross Blue Shield of Michigan; supported efforts to expand the MI Choice Waiver Program; and improve protections for vulnerable adults in Michigan. We also annually participate in the n4a Policy Briefing in Washington, DC. Locally we have supported seniors and elected officials understand the important contribution of the Calhoun County Senior Millage to insuring health, independence and choice for seniors that benefit from the Millage.

The AAA Advisory Council and Policy Board are provided ongoing advocacy alerts and opportunities to participate in information and education campaigns. The Advisory Council's opinion is sought on a variety of issues impacting seniors and at times a resolution is passed in support of a particular issue. Elected officials and others with specialized knowledge are also invited to present at the Advisory Council meetings. Additionally, Advisory Council members and the community are invited to participate in the annual Older Michiganians Day held in Lansing and members have also attended the Policy Briefing in Washington, DC, that included visits to legislators. The AAA also develops advocacy alerts to members. In 2015, the AAA took 47 older adults from Barry and Calhoun counties to the Older Michiganians Day – our largest group to ever attend this event. In 2016, this number will grow to more than 60 seniors! This effort was spearheaded by an Advisory Council member, Dorothy Height, in Calhoun County, and Advisory Council member Corally O'Dell in Barry County. Ms. Height also served on the Michigan Senior Advocate Council until her passing in May.

The agency also participates on the Silver Key Coalition. The CEO and other staff are active in local and state efforts to bring awareness to the needs of seniors through committee participation, attendance at Chamber Legislative Breakfasts, and presentations to elected boards and commissions.

**Leveraged Partnerships**

**Describe the area agency's strategy for FY 2017-2019 to partner with providers of services funded by other resources, as indicated in the Planned Service Array. Complete each dialog box below.**

- 1. Include, at a minimum, plans to leverage resources with organizations in the following categories:**
  - a. Commissions Councils and Departments on Aging.**
  - b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)**
  - c. Public Health.**
  - d. Mental Health.**
  - e. Community Action Agencies.**
  - f. Centers for Independent Living.**
  - g. Other**

To the extent possible, the AAA works to leverage resources with community partners. The AAA will submit joint applications or support the application of organizations that are applying for grants that impact older adults. The agency also is part of a unique partnership that brings together the local mental health authority; a regional hospital; senior millage administrator; and a PACE program to support wellness and health programming for older adults in Calhoun County.

There is no commission on aging in Calhoun County, but we work to support the efforts of the Barry County Commission on Aging (BCCOA), including providing funding, sponsoring events, and supporting their initiatives in Barry County. Working with BCCOA, the AAA works to insure that the needs are met by funding those services that are most critical and that are not covered by or not funded to the extent needed through their county senior millage. We work very closely with the Calhoun County Office of Senior Services (Senior Millage) in Calhoun County including coordinating funding allocation, conducting joint provider assessments, conducting community needs assessments, joint program funding, community events, etc.

As a member of the multi-purpose collaborating body (MPCB) in both counties, the AAA seeks to work with agencies that serve seniors, whether through joint grant applications, supporting other agencies applications, providing in-kind donations of staff or resources, and other methods.

We are active on the Advancing Clinical Education workgroup in Calhoun County that has a strong emphasis on improving outcomes for older adults through improved clinical education and coordination with health care programs.

**2. Describe the area agency's strategy for FY 2017-2019 for working with ADRC partners in the context of the access services system within the PSA.**

The AAA worked to implement an ADRC partnership in Barry and Calhoun counties. However, without funding to support the initiative at the state or federal level, full implementation of this program was not possible. The AAA does continue to serve as an unbiased intake agent for local programs, especially through the Calhoun County Senior Millage. This ensures that older persons are given options in choosing providers for programs like PERS and homemaking. We assist with making the referrals to the provider of consumer choice, including

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sharing pertinent information to insure a more seamless system for the consumers. We cross train with other senior services providers, and local human service agencies to help ensure connection points in the community are well versed in eligibility and enrollment criteria.

**3. Describe the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention (EBDP) programs including the area agency's provider network EBDP capacity.**

The AAA provides a suite of evidenced-based programs working primarily with Senior Health Partners, a collaborative of the AAA, Bronson Battle Creek, Calhoun County Office of Senior Services, CentraCare (PACE), and Summit Pointe (community mental health). Programs offered include PATH programs (traditional, pain, diabetes and arthritis), Matter of Balance, Health Rhythms drumming, Creating Confident Caregivers, Powerful Tools for Caregivers, and Cancer Thriving and Surviving. SHP has Master trainers in several of these programs and continues to expand its programs based on needs in the community.

The AAA is also part of the GREAT at Any Age initiative through the Michigan Area Agencies on Aging Association (4AM) funded by the Michigan Health Endowment Fund through October 2016. The funding supports efforts to expand the programs statewide and build sustainability beyond the grant program by achieving Medicare billing capacity. We continue to work with other organizations in our community to build capacity and expand the programs. Recent efforts include working in Barry County with the health department and Pennock Spectrum Health related to reduction of accidents including falls.



**Community Focal Points**

**Please review the listing of Community Focal Points for your PSA and update as necessary. Please specifically note whether or not updates have been made. Describe the rationale and method used to assess the ability to be a community focal point including the definition of community. Explain the process by which community focal points are selected.**

**Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community. Explain the process by which community focal points are selected.**

A focal point is a facility or entity designated to encourage the maximum co-location and coordination of service for older individuals in the PSA. During development of the MYP, the AAA will determine the effectiveness of the currently identified community focal points and insure adequate coverage of the service region. Rationale: Region 3B AAA service region has four major city areas and a large rural population. These "city-centers" are used as primary access points for older adults and include Albion, Battle Creek, Marshall in Calhoun County and Hastings in Barry County. Each area of has an identified physical location where seniors can access information, resources, support, activities, and services. Each site represents a funder of services, a provider or services or information, a cultural or recreational gathering place, or a unit of government. Each location provides some level of information about services to seniors and adults with disabilities. The region also has a number of informal focal points, especially in rural areas and Albion, through Senior Health Partners whole person wellness programs which are at many rural locations, senior centers, and congregate meal sites throughout the region.

**Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.**

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Name:	Barry County Commission on Aging
Address:	320 W Woodlawn, Hastings, MI 49058
Website:	<a href="http://www.barrycounty.org/health-and-community/commission-on-aging/">www.barrycounty.org/health-and-community/commission-on-aging/</a>
Telephone Number:	269-948-4856
Contact Person:	Tammy Pennington
Service Boundaries:	Barry County
No. of persons within boundary:	10,173
Services Provided:	ADC, senior nutrition, care management, respite care, caregiver, health promotion/disease prevention, chore, tax clinic, elder abuse prevention, MMAP counseling

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Name:	Calhoun County Senior Services
Address:	315 W. Green St., Marshall, MI 49068
Website:	<a href="http://www.calhouncountymi.gov">www.calhouncountymi.gov</a>
Telephone Number:	269-781-0846

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Contact Person: Carl Gibson  
 Service Boundaries: Calhoun County  
 No. of persons within boundary: 25,790  
 Services Provided: MMAP site, primarily a funder of services

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Name: Forks Senior Center  
 Address: 101 N. Albion, Albion, MI 49224  
 Website: <http://www.forksseniorcenter.org>  
 Telephone Number: 517-629-3842  
 Contact Person: Luann Sommers  
 Service Boundaries: City of Albion and surrounding communities  
 No. of persons within boundary: 9,167  
 Services Provided: Senior activities, congregate meal site, health/wellness, community activities, MMAP counseling, tax counseling

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Name: Region 3B Area Agency on Aging  
 Address: 200 West Michigan Ave., Suite 102, Battle Creek, MI 49017  
 Website: [www.region3b.com](http://www.region3b.com)  
 Telephone Number: (269) 966-2450  
 Contact Person: Karla Fales  
 Service Boundaries: Calhoun and Barry Counties  
 No. of persons within boundary: 25218  
 Services Provided: Care management, aging and disabilities resource line, Medicare/Medicaid Assistance Program, elder abuse prevention, community living program, MI Choice Waiver services, senior project fresh, PATH programs, options counseling

**Other Grants and Initiatives**

**Use this section to identify other grants and/or initiatives that your agency is participating in with AASA and/or other partners. Grants and/or initiatives to be included in this section may include, but not be limited to the following:**

- Tailored Caregiver Assessment and Referral (TCARE)
- Creating Confident Caregivers (CCC)
- Chronic Disease Self-management Programs, such as PATH
- Building Training...Building Quality
- Powerful Tools for Caregivers
- PREVNT Grant
- Programs supporting persons with dementia
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)

**Describe other grants and/or initiatives the area agency is participating in with AASA or other partners. Describe how these grants and other initiatives will improve the quality of life of older adults within the PSA. Further, describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.**

**1. Describe other grants and/or initiatives the area agency is participating in with AASA or other partners.**

The AAA, along with its partners, continues to be a high performing MMAP agency. The MMAP program is underfunded and cannot be supported with the amount of funding currently. The AAA has funding from the Calhoun County Senior Millage to further support the program. Our trained counselors offer accurate, unbiased, and objective information, counseling and assistance to beneficiaries on topics such as prescription drug plans, Medicare Advantage, supplemental/Medigap options, long-term care insurance, claims and billing program support, information and referral, and community-based public benefits programs for those with limited income. We are also very active with Senior Medicare Patrol and conduct numerous outreach events in the community. There is a monthly Medicare Matters article in the local senior times publications that reaches throughout PSA 3B as well as adjacent areas of southwestern lower Michigan.

Our partner, Senior Health Partners, delivers CCC, PATH, and Power Tools for caregivers, along with a variety of support groups and other evidenced-based programs in our region. There remains a need for these programs in Barry County and we continue to work with local partner, Barry County Commission on Aging to expand the availability of these programs. Through participation on local committees, like Access to Care and Barry Community Resource Network, and providing funding through grants like MHEF to get local trainers, we are hopeful we can be successful in bringing and increased emphasis on evidenced-based programs in Barry County, BCCOA has dedicated staff and are eager to work with us to accomplish this.

The agency also participates in Senior Market Fresh as the lead agency providing coupons for low-income seniors to purchase fresh fruits and vegetables at local farmer's markets. We receive significant local funding to expand our coupons from the state allotted 100 to more than 1,000 in Calhoun County.

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We are also participating in the PREVNT funded program of Elder Law of Michigan and have agreed to participate in a grant to develop a Uniform Consent for elder abuse victims with Elder Law of Michigan through a Hartford Foundation grant.

The AAA maintains contracts with both MCO in the region for the MI Health Link program. While this program has increased access to insurance for some beneficiaries, the program is not yet in a position to be evaluated as to the capacity to improve the quality of life for older adults within the PSA. It has, however, negatively impacted enrollment in MI Choice Waiver and other community-based programs.

**2. Describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.**

These efforts support the agency's mission, the achievement of the state program development goals, and the quality of life for seniors in our service region by expanding services, supporting the protection of older adults, and improving systems integration for better outcomes. Partnerships are also a way to expand and extend the resources available in the community.

**3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.**

In addition to expanding resources, these grants and initiatives can help meet needs that the AAA cannot meet on its own or with its own resources at an adequate level. They also help to ensure that services are as integrated as possible and comprehensive.

Most of our grants for support of these efforts come from non-formula resources (non-AASA) as there isn't adequate funding to fully implement these programs in our region, especially when funds or grants are based on the funding formula. We are fortunate to have the support of local funders and an experienced CEO who is a grant writer.

**Appendices**

**Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix.**

- A. Policy Board membership**
- B. Advisory Council membership**
- C. Proposal selection criteria**
- D. Cash-in-lieu-of-commodity agreement**
- E. Waiver of minimum percentage of a priority service category**
- F. Request to transfer funds**

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**APPENDIX A**

**Board of Directors Membership**

	<b>Asian/Pacific Islander</b>	<b>African American</b>	<b>Native American/ Alaskan</b>	<b>Hispanic Origin</b>	<b>Persons with Disabilities</b>	<b>Female</b>	<b>Total Membership</b>
Membership Demographics	0	0	0	0	0	6	11
Aged 60 and Over	0	0	0	0	0	0	0

<b>Board Member Name</b>	<b>Geographic Area</b>	<b>Affiliation</b>	<b>Elected Official</b>	<b>Appointed</b>	<b>Community Representative</b>
Jim Baldwin	Calhoun County	Finance			Yes
Lyn Briel	Barry County	Long-term care			Yes
Katie Burns	Calhoun County	Legal			Yes
Allen Byam	Calhoun County	Retired Sheriff			Yes
Steve Marzolf	Barry County	Health Care Administration			Yes
Nancy Mullett	Calhoun County	Legal			Yes
Corally O'Dell	Barry County	Older Adult			Yes
Sherii Sherban	Calhoun County	Media/Marketing			Yes
Doug Stewart	Calhoun County	Mental health			Yes
Thomas Unger	Calhoun County	Provider			Yes

**APPENDIX B  
Advisory Board Membership**

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	0	9	13
Aged 60 and Over	0	0	0	0	0	0	0

Board Member Name	Geographic Area	Affiliation
Robert Armstrong	Calhoun County	Albion/education/older adult
Mike Bearman	Calhoun County	Calhoun County Elected Official - appointed/Older adult
Jennifer Bouchard	Calhoun County	Senior Housing Administrator
Barb Frederick	Calhoun County	Nonprofit/Older adult/Albion
Julie McGinnis	Calhoun County	Nutrition
Lynnette Rich	Calhoun County	Older adult/LGBT community
Marlin Walters	Barry County	Older adult
Teresa Shell	Calhoun County	Provider/transportation/car egiver
Lois Bowers	Barry County	Older adult/Appointed
Lyn Briel	Barry County	Long Term Care
Howard Gibson	Barry County	Barry County Elected Official - appointed/older adult
Jan Lydy	Barry County	Older adult/nutrition
Corally O'Dell	Barry County	Older adult/Policy Board appointed/Nutrition

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**APPENDIX C**  
**Proposal Selection Criteria**

Date criteria approved by Area Agency on Aging Board:	07/18/2016
Outline new or changed criteria that will be used to select providers: no new criteria	



**APPENDIX D**

**Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly**

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Aging and Adult Services Agency (AASA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

<b>Estimated number of meals these funds will be used to produce is:</b>	<b>95,840</b>
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These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate AASA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to AASA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.