Agenda
Health & Human Services Committee
West Olive Administration Building – Board Room
12220 Fillmore Street, West Olive, Michigan 49460
Wednesday, July 14, 2021
9:00 AM

Public Comment:

Consent Items:

1. Approval of the Agenda

2. Approval of the Proposed Minutes from the May 12, 2021 Health and Human Services Committee meeting

Action Items:

1. Senior Resources Annual Implementation Plan for FY 2022
   Suggested Motion:
   To approve and forward to the Board of Commissioners the Senior Resources Annual Implementation Plan for FY 2022.

Discussion Items:

1. The Impact of COVID-19 on Routine Immunizations, Toni Bulthuis BSN, RN, Immunization Supervisor, Ottawa County Department of Public Health

2. Department Updates

Adjournment

Comments on the day's business are to be limited to three (3) minutes.

HEALTH & HUMAN SERVICES COMMITTEE

Proposed Minutes

DATE: May 12, 2021

TIME: 9:00 a.m.

PLACE: Fillmore Street Complex

PRESENT: Allen Dannenberg, Joseph Baumann, James Holtvluwer(Zoom) and Kyle Terpstra (Zoom), (4)

ABSENT: Randy Meppelink (1)

STAFF & GUESTS: Al Vanderberg, Administrator; John Shay, Assistant County Administrator; Zoom Attendants; Rachel Sanchez, Chief Deputy; Lynne Doyle, Community Mental Health Director; Kendra Spanjer, DHS Director; Lisa Stefanovsky, Public Health Officer; Patrick Cisler, Human Services Coordinating Council Executive Director; Debra Bassett, Oral Health Team Supervisor; Tamara Drake, Clinic Supervisor

SUBJECT: CONSENT ITEMS

HHS 21-014 Motion: To approve the agenda of today.
Moved by: Baumann UNANIMOUS

HHS 21-015 Motion: To approve the minutes from the April 14, 2021 meeting as presented.
Moved by: Holtvluwer UNANIMOUS

SUBJECT: ACTION ITEMS

None

SUBJECT: DISCUSSION ITEMS

1. Dental Health Services and Miles of Smiles Update- Debra Bassett shared a video that they created with the new mobile unit. She said that they are back in schools and other sites since they were on hold with COVID. She is hoping they will be fully operational in September when schools start back up again. She is also hoping they will be able to get more volunteers too. Lastly, Debra announced that she is retiring and her last day is June 30.

2. COVID-19 Investigation and Contact Tracing- Tamara Drake shared a COVID 19 power point and explained what the Ottawa County Communicable Disease Team does. She went over how their team responded to the COVID 19 pandemic. She then talked about the different teams they had to set up to take care of specific areas during the pandemic. She also talked about the struggles they had with the Fall 2020 surge in cases and the current challenges they are facing.

3. Department Updates

a. Public Health Department- Lisa Stefanovsky did not have any further updates.

b. Community Mental Health-Lynne Doyle said that May is mental health awareness month. She also said that they are experiencing a staffing crisis in mental health across the board. Direct care worker jobs are seeing no applicants. There wages can't compete with other jobs out there. She then talked about some proposals that are out there regarding the CMH budget that they are opposed to.

c. Department of Human Services – Kendra Spanjer said that their current slated date to open their office and return is July 12. This could change depending on the governor's new guidelines. She said that they were concerned that people weren't reaching out for services because their building is closed, so they did an outreach at a homeless encampment. They found that these people went a whole year without assistance because they didn't know how to get it. They were able to help a couple people right on the spot. She was also very proud because they have met and exceeded their foster home expectations. They are doing a pilot to expedite family foster licenses. And finally, she talked about adding prevention to several aspects of her office and services they offer and gave a food assistance update.

d. Human Services Coordinating Council- Patrick Cisler updated that the Human Services Response Team continues to convene. Mental health is still the ongoing need. He said they are supporting Lisa and her team with vaccine rollouts. He also wanted the commissioners to know that Michigan Works is having a webinar on June 3 to talk about a survey they conducted on unemployment. And finally, he gave a Healthy Ottawa Plan update.

HHS 21-016 Motion: To Adjourn
Moved By: Dannenberg UNANIMOUS

The meeting adjourned at 9:57 a.m.

Action Request

Committee:	Health and Human Services Committee
Meeting Date:	07/14/2021
Requesting Department:	Administrator's Office
Submitted By:	Al Vanderberg
Agenda Item:	Senior Resources Annual Implementation Plan for FY 2022

Suggested Motion:

To approve and forward to the Board of Commissioners the Senior Resources Annual Implementation Plan for FY 2022.

Summary of Request:

It is a requirement of the Aging and Adult Services Agency that area agencies on aging send a copy of their Area Plan and seek a resolution from County Boards by August 2 of this year. The Plan has been approved by Community Spoke.

The request from Senior Resources also includes a $20,000 local match for 2022 to leverage $6,614,880 in federal and state funds. Action on this resolution does not commit the County to that amount, but rather reserves that appropriation decision for the budget cycle later in 2021.

Financial Information:

Total Cost:	General Fund Cost:	Included in Budget:			
$0.00	$0.00		☐ Yes	☐ No	☑ N/A

If not included in budget, recommended funding source:

Action is Related to an Activity Which Is: ☐ Mandated ☑ Non-Mandated ☐ New Activity

Action is Related to Strategic Plan:

Goal: Goal 2: To Contribute to the Long-Term Economic, Social and Environmental Health of the County.

Objective: Goal 2, Objective 2: Consider initiatives that contribute to the social health and sustainability of the County and its' residents.

Administration: ☑ Recommended ☐ Not Recommended ☐ Without Recommendation

County Administrator: Alan G. Vanderberg

Committee/Governing/Advisory Board Approval Date:

Form Last Revised 8/21/2018

Multi Year Implementation Plan FY' 2020-2022
Annual Implementation Plan FY'2020

Senior Resources of West Michigan
560 Seminole Rd.
Muskegon, MI 49444
(231) 739-5858 or 800-442-0054
Pam Curtis, Chief Executive Officer
Amy Florea, Community Services Director

Table of Contents

	Page
County/Local Government Review	3
Plan Highlights	4
Public Hearings	11
Scope of Services	17
Planned Service Array	27
Planned Service Array Narrative	30
Strategic Planning	31
Regional Service Definitions	36
Access Services	40
Regional Direct Service Request	42
Program Development Objectives	46
Advocacy Strategy	53
Leveraged Partnerships	56
Community Focal Points	58
Other Grants and Initiatives	60
Area Plan Budget	62

County/Local Unit of Govt. Review

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi Year Plan (MYP) no later than July 1, 2019, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA) requesting their approval by August 1, 2019. 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, 2019, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2019, 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 MYP. To employ this option the area agency must do the following:

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 distibute the MYP to, and gain support from, the appropriate county and/or units of government.

Senior Resources will send a draft copy of the 2020-2022 Multi Year plan via certified mail or email with a delivery receipt and read receipt request to each chairperson of the county commissioner's board and the administrator of the board for each county in our region no later than May 22, 2019. In a cover letter sent to the chairperson of each board of commissioners, Senior Resources will offer to attend the County Board meeting or any subcommittee of that Board for each county in our region to respond to any questions related to the plan. The letter will indicate that if we do not hear from their local units of government prior to August 3, 2019 with a written or emailed resolution or approval, Senior Resources will assume their board's passive approval of the plan.

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 2020-2022. Please note there are separate text boxes for each response.

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.

Senior Resources was designated as an Area Agency on Aging in 1974 by the State of Michigan to administer the federal Older Americans Act and the Older Michiganians Act funding. This year will mark the 45th year that Senior Resources has served West Michigan as the gateway to local resources, planning efforts and services to help older adults, their families and caregivers in Muskegon, Oceana and Ottawa Counties.

It is the vision of Senior Resources to promote lifelong dignity and independence. That vision coupled with our mission of providing a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families - a mission compelling us to focus on older persons in greatest need and to advocate for all - guides our purpose. Senior Resources serves as a focal point and acts as an advocate for the elderly by advancing causes or issues that are vital to their welfare. It is a goal of the agency to inform and educate seniors, families and the public on available services and issues affecting older adults. In addition, Senior Resources staff is active in many local, regional, and statewide groups and organizations. From advocacy at the national and state levels, to partnering with a local senior center or food bank, we recognize the need to be active and involved in all aspects of our community.

We directly provide a variety of services that support individuals, families, and caregivers in the form of case management and options counseling. Our staff talk with thousands of individuals to assist them in gaining information about local services and to access support. Services provided through contracts include: Congregate nutrition, home-delivered meals, adult day care, transportation, legal services, respite care, in-home personal care, kinship and family caregiver support.

It is the agency's specific goal to effectively implement the Older Americans Act by developing and administering a regional area plan for coordinating and contracting with viable agencies for services for persons 60 years and older. The Area Plan outlines a considerable amount of information about our communities such as a demographic overview and provider and service systems, as well as multi-year planning objectives and the 2020 projected spending proposals.

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

Within PSA 14, a total of 91,966 people are over the age of 60 or 20% of the total population. This is an increase from 2017 of 1.2%. Projections show that over the next five years, 2020-2025, this number for Muskegon, Oceana and Ottawa Counties will increase by 32,029 for an estimated 26% of the population living in the PSA over the age of 60.

The three counties within our PSA are each unique. The largest county is Ottawa with a population of 272,135 and a 60+ population of 49,665 or 18%. Ottawa County has a 2%, 60+ minority population with 4% of that demographic living in poverty; among all persons age 60+, 17% are living in poverty. 26% of Ottawa County residents over the age of 60 report living with a disability and 460 people report a kinship care arrangement.

Muskegon County to the north of Ottawa has a total population of 171, 485 with 35,615 or 21% being over the age of 60. 12% of those over age 60 are a minority population with African American being the most predominant ethnicity at 9%. Poverty levels for all 60+ residents in Muskegon County is high, coming in at 18%. 32% of older adults in Muskegon County are living with a disability and 26% of them live alone.
Oceana County is considered rural by definition with 52 people on average inhabiting each square mile. Oceana County has a total population of 26,230 with 6685 of those people being over the age of 60, or 25%. Oceana County has a small minority population of 2%, with 4% of them living in poverty. Overall, of Oceana county seniors, 22% of them live in poverty and 33% of them live alone. 73 people age 60+ report providing kinship care. 32% of those age 60+ live with a disability.

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.

In-home services sufficient to assist older adults and their caregivers to remain in their environment of choice continues to be the focus of service delivery. Home delivered and congregate meals, respite care, adult day services and homemaking are the top funded service categories and they remain the services with the highest anticipated number of participant utilization. Individuals in need of homecare services must become clients of either one of the Case Coordination & Support programs or the Care Management program in order to receive services through our Purchase of Service system. Participants choose from a group of contracted personal care, homemaking, in-home respite, and adult day care providers. Supports coordinators, along with the participant and the participant's support team, consider the person's physical, social and financial needs and then, if applicable, make arrangements for in-home services including:home delivered meals, personal care, in-home respite, homemaking, medication management, personal emergency response systems and adult day care. If necessary, transportation services can be arranged, Medicare, Medicaid and other insurance counseling can be provided with additional assistance available through the MMAP Program. Referrals are also made to other applicable community programs.

4. Highlights of planned Program Development Objectives.

Program objectives over the next three years focus on the support and training of family caregivers, enhancing food service delivery, advancing the prosecution of elder abuse in the region and partnering with local communities to ensure that communities that are accessible and livable for all ages.

We understand that it is important for participants in food programs to find satisfaction and enjoyment in the food that is offered as eating for older adults is about more than hunger and nutrition. Over the past several years a demographic shift has occurring throughout the country with different and increased expectations trending. We are seeing that the younger senior demographic is more discerning regarding food choices then their older counterparts and older seniors, who often lack a strong hunger signal, must find food appealing to eat. To meet varied needs, Senior Resources and our meal provider will engage in activities that will move towards increasing overall satisfaction with meals provided. We will put into process policies that will produce consistent high-quality food products by developing training guidelines to ensure food staff are appropriately and thoroughly trained, use input from participant satisfaction surveys, advisory committees and other feedback to trial menu items and continue that improvement on an ongoing basis.
In addition, we recognize the importance of preparing for a disaster is universal and adequate access to food and nutrition is vital to any community during a crisis. An emergency plan that addresses the ability of a food service organization to respond rapidly in an organized, safe and coordinated effort, to meet the nutritional needs

of older adults at risk is imperative and will be developed in coordination with aging networks throughout the region.

Goals to further the awareness and prosecution of elder abuse include the utilization of a multi-disciplinary team approach is effective in communicating all aspects of the case as well as address systemic problems and identifying service gaps and /or breakdowns in coordination or communication. For a closer review of prosecutable cases, a subcommittee of the existing Tri-County Protection Team will meet once per month to ensure cases appropriate for prosecution are being addressed in the most effective way possible.

As is most of the nation, Michigan seniors are seeing the devastating consequences of the opioid epidemic include opioid misuse and related overdoses. However, the senior population is experiencing those consequences and more. Nationwide there is an increase in grandparents raising a grandchild because their adult child is misusing opioids, or the older adult may be the victim of elder abuse by a family member with an opioid addiction. Partnerships and standard referral procedures with community organizations serving those with addiction will be developed and/or enhanced.

In Michigan there are approximately 1.3 million family caregivers. These caregivers devote an estimated 1.2 billion hours in unpaid care to their person/s at a monetary value of about $15 billion dollars a year. In addition, many of these caregivers are over the age of 60 themselves or are still working full or part time. We have seen the demands of caregiving lead to burnout and long-term placement, health issues for the caregiver and in the case of younger caregivers, create missed professional and educational opportunities that could affect their futures. It is vital that we support and train caregivers so that they can continue their work of caring. We are planning to hire a caregiver specialist as we work to meet the needs of regional caregivers.

Most people age 50+ indicate that they want to live in their home and communities for as long as possible. The Community for a Lifetime (CFL) initiative poises communities to create areas that are livable for people of all ages, abilities and economic levels. Currently, 6 areas with our region are designated as Livable Communities – 21% of the total in Michigan! Within the next three years we will encourage and support another community to plan and apply for the Community for a Lifetime designation. In addition, we know that affordable housing is a cornerstone of livable communities and as indicated in our public input sessions, a main concern among those polled. Along with amenities like access to health care, transportation options, public parks and gathering places, affordable housing makes a community welcoming to people of all ages, income levels and abilities. A wider range of housing options is required – not just single-family homes and large apartment complexes. We will work with local municipalities to seek zoning changes and all levels of government as we advocate for tax credits and housing subsidies for older renters.

5. A description of planned special projects and partnerships.

Senior Resources' Board of Directors, staff, and stakeholders have placed a high significance on and included in our agency mission the priority to provide services to the persons most in need. To meet that mission, we partner with over 90 In-Home Care Agencies that are located in and/or provide care throughout our three-county area. In-home services, including personal care, homemaking, respite, and home-delivered meals, remain priority services as well as adult day care and caregiver services.

We work closely with the established four focal points that are situated throughout the region, two of them councils on aging, one senior wellness center and the AAA.

Senior Resources has been a contracted partner of Pathways since its conception in 2012. The Pathways to Better Health Program was developed from a grant received by Michigan Public Health Institute (MPHI) from the Centers of Medicaid and Medicare (CMS) Innovations Awards. The proposal introduced the role of the Community Health Worker (CHWs) embedded within social service agencies throughout program regions. Muskegon Health Project partnered with MPHI to administer the program in Muskegon, Oceana and Northern Ottawa Counties. The Community Health worker connects the participant to programs, resources, and education to improve their health outcomes and reduce risk of re-hospitalization. We currently have one Pathways CHW housed at Senior Resources.

The request for services is expected to continue to grow with the rapidly aging population and the amount of funding Senior Resources receives for services does not keep up with demand. To help alleviate some of the excess demand and at the suggestion of the Administration of Community Services, Senior Resources is partnering with CST Technology. This partnership affords us an opportunity to participate in a private pay Personal Emergency Response System that provides subscribers and their family members with enhanced access to a professionally staffed call center for all their care needs, not just those related to an emergency. Due to CST Technologies' relationship with National Area Agency on Aging Association (N4A), this partnership is a way for Senior Resources to gain revenue that is returned into service delivery.

Senior Resources Board of Directors has committed the use of our interest income to support the unmet needs program. We use these funds to purchase items such as dentures, glasses, furnace repairs, ramps, appliances, and emergency transportation.
Senior Resources contracts with CALL 2-1-1 as our first step in the continuum of care. CALL 2-1-1 is a 24 hour/7 days a week information and assistance call center with call specialists trained in helping families clarify their situation and identify the best solutions. This Information and Assistance is available region-wide. A phone call provides access to information and assistance regarding in-home services, case coordination & support, Care Management/Medicaid Waiver programs, insurance, prescriptions, taxes, transportation, support groups, home repair, housing, and a host of other community services. When the call warrants, a transfer is made to a Senior Resources Options Counselor who can listen to the caller's story, provide education, explore options, and make appropriate referrals as needed.

In the Senior Resources service area, Oceana County, Muskegon County and several townships in Ottawa County receive millage service dollars. The Oceana County Council on Aging and Four Pointes Center for Successful Aging (Ottawa County) are recipients of millage funds in their areas and Senior Resources is the millage administrator for Muskegon. These funds are used to cover expenses for all services and support existing programs within the areas they are designated. Without these funds agencies would be forced to cut back or eliminate services to older adults in their areas.
In Ottawa County, Senior Resources is a member of Community SPOKE where many community agencies collaborate, including the Community Action Agency. The Community Action Agency carries out the oversight role of the Senior Resources Ottawa County matching funds. Involvement in the Muskegon and Ottawa Human Service Coordinating Councils raises knowledge level of service availability and prevents duplication of services. Senior Resources works with the Public Health Departments on several community collaboratives. In Ottawa County, Ottawa Food is working to improve healthy choices and special diet options in food pantry selections with an emphasis on training the pantry volunteers in assisting consumers with choices to accommodate special

diets. In addition, Senior Resources is part of the Muskegon County Collaborative in which the Muskegon County Health Department is also a member and their executive director is the chairperson of our Board of Directors.

Senior Resources also works in partnership with the Centers for Independent Living in the region to provide the Nursing Facility Transistion (NFT), money follows the person initiative.
Finally, we are pleased to have an ongoing partnership with the Muskegon County Sheriff's Office to offer the Project Lifesaver program in Muskegon County. Project Lifesaver is for people living with severe brain injuries or diseases such as Alzheimer's, Dementia, Down's syndrome, or Autism. Individuals who are prone to wander as a result of their disease or injury or become disoriented and confused when in the community are eligible for this program. The Muskegon County Volunteer Search and Rescue Unit has joined the partnership and we are happy to work with this important branch of law enforcement and emergency personnel.
Senior Resources will continue to work with all relevant collaborative bodies to ensure that services reach the frailest elderly.

Senior Resources applies for and recieves additonal funding from DTE Energy for enhanced holiday meals. These funds flow through Senior Resources to our meal provider to serve additional holiday meals as well as provide a more elaborate meal to home delivered meal participants. DTE employees assist to pack and deliver the meals.

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.

Several initiatives are ongoing and planned to achieve efficiencies in our service delivery. All home and community staff have been issued tablets, laptops and/or scanners so that assessment data can be immediately entered into the participant data management software called Compass. Scanners have enabled staff to scan required documentation at the participant's home to faster facilitate Medicaid or benefit applications. All computers have been systematically upgraded to Windows 365. To achieve paperless status, we are in the process of writing policy and procedure and seeking state approval to use signature pads to capture participant signatures while in their home. This will eliminate the need to retain a paper copy of the participant chart and the physical paper shuffle that results. Senior Resources has embraced the concept of value stream mapping to assist us in discovering processes that could be streamlined and areas of waste that could be eliminated. Through this method Senior Resources has identified areas of inefficiency within our internal processes and created new procedures which have limited the redundancies. In addition, we are committed to continuous improvement using this method and are expanding the process to include our interactions with participants and providers.

Senior Resources has enjoyed three years of accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF accreditation is evidence that an organization continually strives to improve efficiency, fiscal health and service delivery. We are proud of the quality services we deliver and CARF accreditation further demonstrates that our agency meets internationally developed quality standards and maintains a client-centered focus. Reaccreditation for CARF survey dates are in April 2019.
In addition, our board of directors and management team recognized that accreditation is increasingly being required as a baseline for organizational contracting with health insurers, government, and other interested stakeholder entities. To that end, in summer 2019, Senior Resources will be applying for National Committee for Quality Assurance (NCQA) accreditation with a focus on Long Term Systems and Supports (LTSS). Again, we

realize that it is becoming increasingly important for us to demonstrate our ability to effectively coordinate services between caregivers, individuals, LTSS providers and clinicians. NCQA accreditation demonstrate to contractors and partners that Senior Resources meets a high level of competency in our care management practice and we are ready to be trusted partners in coordinating LTSS services.

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.

Graduates of Health Promotion Disease Prevention (HPDP) workshops are encouraged to become trainers for the workshop that they attended. We find that alumni of the programs are our greatest champions of the workshops as they have experienced the positive results of participation. For two of the HPDP workshops (Matter of Balance and Diabetes PATH), Senior Resources will compensate the volunteers with a stipend upon successful completion of a workshop.

Senior Resources maintains a Memorandum of Understanding with the Retired and Senior Volunteer Program of West Michigan. This Program assists us in locating appropriate volunteers for our Medicare/Medicaid Assistance Program (MMAP) counselors as well as lay leader and coaches for our evidence-based programs. Senior Resources is thrilled to have over 30 volunteers specifically trained to facilitate the MMAP program. Without these volunteers, the MMAP program would not be functional. Senior Resources spends a considerable amount of time in outreach, soliciting additional volunteers to meet the needs of the MMAP program.

Senior Resources has an unmet needs fund for those services or products which participants cannot access through standard means. This fund has limited availability and is reserved for participants in the case that all other community service agencies' aid has been exhausted. In addition, the Senior Resources board of directors has systemically, over a five-year period, dedicated a percentage of fund reserves to be used for persons age 60+ services and supports throughout our region. These service flexible funds have allowed Senior Resources to serve additional participants in their homes and communities.

For those participants who are able to use personal resources to pay for care, Senior Resources offers a private pay component under our Care Connections Programs.

In addition, we are currently researching and enhancing services that re reimbursible from other pay sources such as Medicare.

8. Highlights of strategic planning activities.

Senior Resources follows an established ongoing strategic planning process by which it translates its mission and values into actionable and measurable goals, strategies, initiatives, and programs. The plan provides direction for both long and short-term decision-making by the Board of Directors and senior leadership to fulfill the mission of Senior Resources and make choices among competing demands for capital investment, philanthropy, facilities, and human resources.

The last planning process occurred in September 2018 and was presented/adopted by the Board of Directors in January 2019. There were five identified categories where we can affect change: provider network/business development; private pay/outside entities/ potential partners/new roles; space and technology; community awareness; and agency culture.

These categories of potential opportunity have been incorporated into existing workgroups who have been tasked with the process of Strategic Doing, analyzing the feasibility of the tasks, designing what comes next, moving toward measurable outcomes and making adjustments on the way.

Senior Resources **FY 2020**

Public Hearings

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

At least two public hearings on the FY 2020-2022 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-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 email 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 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen 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 emails received) as a PDF and upload on this tab (to upload, click Save). 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	Barrier Free?	No. of Attendees
05/02/2019	Tanglewood Park	01:00 PM	Yes	0
05/08/2019	GT Connection	12:30 PM	Yes	115

Public Hearing Comments:
Comments and conversation related to affordable housing.

Attendee inquired if advocacy can be done at the state level to enforce rent control as they do in larger cities such as New York. Discussion of the Senior Advocates Coalition followed.
Another attendee stated that rent is unaffordable for the average senior.
Attendee inquired if there is a way to fund the senior activities at the center.
Lack of affordable transportation was brought up. Transportation cost is $6 for a one-way ride with limited availably.
An attendee inquired as to how they know about services available to them. Conversation related to Senior Resources on-site "office hours" followed.

Analysis of Community Input sessions:
Approximately 400 members from the communities found throughout Muskegon, Oceana and Ottawa counties attended one of ten input sessions or completed surveys regarding service priorities and aging in place. All sessions were marketed on our website, sent to local newspapers for advertisement, flyers were distributed at the input session location and host organizations made personal invitations to possible attendees. At all input sessions, the facilitator presented a concise overview of the tasks assigned to an area agency, the planning process and the reasons why Senior Resources is seeking participants' input. The facilitator introduced a polling device and all survey answers were recorded in a database.

Those who provided input are representative of the regional demographics and included providers, caregivers, person over age 60, persons with disabilities and grandparents raising grandchildren.
The responses by service category:
Adult Day Services – 70% of respondents indicated that this service is very important with the 40-50 age group ranking it the highest. In addition, 86% of those identifying as caregivers ranked adult day services as very important.
Affordable Housing – The need for affordable housing remains a very/somewhat important topic for those participating in the survey with 98% indicating they believe this issue needs to be addressed. 96% of respondents from Muskegon county, 98% respondent from Ottawa and 84% of Oceana respondents answered that access to affordable housing is critical.
Caregiver Training & Support – 67% of respondents indicated that providing supportive services for caregivers is very important. Surprisingly, only 64% of those identifying as caregivers answered that caregiver support is very important. 31% answered that they believe it is somewhat important.
Congregate Meals – 51% of all respondents answered that they feel congregate meals are very important. Of those eligible to attend congregate meal sites, the age group of 80-85 had the highest indicated level of importance at 60%. 54% of people over the age of 60 felt congregate meals are very important.
Fitness Activities for Older Adults - 58% of the total respondents listed fitness activities as very important. The group that felt fitness activities were most important was the group that indicated they were answering the survey questions in a professional role as providers.
Health & Wellness Programs – 60% of respondents feel that health & wellness programs are very important services to provide with 65% of those responders being people over the age of 60.
Home Care Services – 84% of responders answered very important in response to the need for in-home care services. 93% of responders below that age of 40 and 100% of responders age 40-50 indicated they feel homecare services are very important.
Home Delivered Meals – 75% of responders indicated very important in response to the availability of home delivered meals. On average, 65% of people over the age of 60 ranked home delivered meals as very

important.
Home Repair – This service was added to the participant survey because the service was ranked very high during a provider gaps analysis in Muskegon County held in 2018. 57% of the overall respondents ranked this service as very important. 61% of respondents from Muskegon, 52% from Ottawa and 52% from Oceana felt the service was very important. 66% of those identifying as persons age 60+ indicated a very high importance level to this service.
83% of respondents said they plan to continue living in their current home for the next 5-10 years. 78% of those age 60-65, 91% of those age 66-70, 94% of those age 71-80, 84% age 80-85 and 75% of those age 86+ indicated they plan to live in their home for the next 5-10 years. 47% of respondents said they would need to make home modifications to remain in their homes as they age with 57% of those age 86+ indicating a need for modifications. Of those who planned to make home modifications, 53% indicated that they would not have the financial resources to make the home modification.
Life Enrichment Activities – 43% of respondents felt this service is very important.
Seasonal Services – 61% ranked this service as very important. 64% of persons age 60+ and 77% of persons with disabilities ranked seasonal services as very important.
Service Navigation – 74% feel that service navigation is very important for access to community services. That number jumps to 93% when the somewhat important response is added.
Friendly Reassurance – 66% of respondents feel that a phone call or visit to combat social isolation is important. 73% of those under 40 ranked friendly reassurance as very important and 67% of those age 60+ ranked it as very important.
71% of those polled indicated that they interact with friends, family, or neighbors daily. That percentage starts to fall as the respondents age. 58% of persons polled age 80-85 indicated they talk to someone daily while 50% of respondents age 86+ talk to someone daily.
Transportation – 80% of total respondents indicated transportation as a very important service with the number moving to 93% when the somewhat important responses are added. 81% of caregivers, 96% of providers and 84% of persons with disability ranked transportation as very important. 91% of those polled said they get around the community fine, with 75% of those indicating they drive themselves if they need transportation, 14% said that others drive them and 6% answered that they take public transportation.

Senior Resources contacted our community partner, CALL 2-1-1 of the Lakeshore, to inquire about the top most requested service information topics in fiscal year 2018. They are as follows in descending order of number of referrals:

Muskegon County
Electric Service Payment Assistance
Home Rehabilitation Grants
Gas Service Payment Assistance
AARP Tax Aide Program Sites
Senior Ride Programs
Case/Care Management
Food Pantries
Water Service Payment Assistance
Low Income/Subsidized Private Rental Housing

Ottawa County
Electric Service Payment Assistance
Home Rehabilitation Grants
AARP Tax Aide Program Sites
General Legal Aid
Medical Appointments Transportation
Gas Service Payment Assistance
Food Pantries
Home Rental Listings
Low Income/Subsidized Private Rental Housing

Oceana County
Heating Fuel Payment Assistance
Electric Service Payment Assistance
VITA Program Sites
Home Rehabilitation Grants
Undesignated Temporary Financial Assistance
Case/Care Management
Medicare Information/Counseling
Assisted Living Facilities
Food Pantries
Family Services Related Volunteer Opportunities

Muskegon County Gaps Analysis
On January 25, 2018 a meeting was held at Tanglewood Park in **Muskegon** to discuss the gaps in services available to older adults in Muskegon County. Gaps could include services that are not currently available, services that are available but lack capacity and services and/or may only be available in certain areas of the county. A variety of service providers were invited to attend. Some provide services specific to older adults and some provide a broad spectrum of services to a variety of ages including older adults. There were 40 interested parties and 3 facilitators in attendance.

The credibility of this information comes from the fact that it was collected and reported based on the input from people who work or live within Muskegon County, have knowledge of what is and is not available, and have a passion for its older adults. The information was collected and provided as an instrument for members of Muskegon's aging network to take into consideration and use as a development or planning tool or a point of reference when they are considering changes to current senior programs or new programming for older adults within their organization. This information could also be used by a group that might want to address a specific gap within the county.

Top 5 Identified Gaps in Services Followed by Why They Are Viewed as a Gap
1**. Assistance with property maintenance (58 votes)**
Lack of funding
Lack of communication
Affordability for older adult

2. **Finances (42 votes)**
Lack of availability
Lack of transportation (rural areas especially)
3. **Service Navigation (23 votes)**
Lack of awareness
Lack of education
Lack of communication
Persons sometimes have difficulty accepting help
4. **Social, recreational and wellness opportunities (23 votes)**
Staffing is required to provide these opportunities – lack of funding for staff
Lack of facilities
Need for volunteers
Lack of Transportation
5. **Transportation (23 votes)**
Funding
Big buses cost a lot to operate
Lack of availability in rural regions of the county

One item that was identified as a barrier to services was lack of communication – a concern that there was not a way to update senior serving groups and organizations in Muskegon County. Emails provided at this meeting could be a first step in generating a point of contact.

A similar process and analysis was conducted on November 6, 2014 in **Oceana county** gaps again included services that are not currently available, services that are available but lack capacity and services that may only be available in certain areas of the County. A variety of service providers were invited to attend. Some provide services specific to older adults and some provide a broad spectrum of services to a variety of ages including older adults. There were 34 interested parties and 2 facilitators in attendance.
Top 5 Identified Gaps in Services and Why They are Viewed as a Gap
1.Transportation
Lack 24 hours/day, 7 days/week
Limiting criteria
Limited in Pentwater, Hesperia, & Walkerville
Inability to cross county lines or transfer for medical transportation
2. Assisted Living
1.Lack of availability
Limited number of beds
Need for assistance in paying for (or cost effective)
Need for continuum of care – independent living >assisted living
3. Caregiver Support
Limited locations
Need for marketing/communication
Peer support needed
Lack of attendance/participation

Need for on-line support forum
4. Visiting Physicians
Limited availability
Need fuller range of services
No hospital rights
5. Seniors not getting enough hours to meet needs (in-home)

Different scale of determination
Prioritization

Finally, this process was conducted in **Ottawa County** and while it occurred in 2011, the information collected supports what we learned during the recent public input sessions and from the on-line survey.
The Top 3 Needs Identified by the Ottawa County Gaps Identification Group (in no particular order):
1. Supports Coordination
It was the consensus of the group to combine supports coordination and assistance with paperwork into one identified gap. It was felt that assistance with paperwork would be provided through a supports coordinator.
The group felt the following components were important:
Coordination across all services would be more seamless/someone to cut through the chase. No wrong door through the development of an Aging and Disability Resource Collaborative in partnership with 2-1-1
Community awareness – people need to know who to call. Supports coordination that takes into consideration not just the preferences of the whole person but their family and support system as well.
Assistance with paper work – group consensus was to combine this need with the first, Case Coordination & Support
2. Transportation
Only available in certain areas
Difficult for disabled or frail consumers as they don't often know when an appointment will end for scheduling.
In the townships that receive senior millage dollars no one has been denied volunteer transportation
Those needing specialized transportation (handicap accessible) are unable to access volunteer transportation
The types of non-public available transportation vary by service provider. Example: medical only, jobs only, or shopping
Limited or no night service county-wide
Inability to access transportation outside county lines
3. Mental Health Services
Lack of affordable mental health services
Community Mental Health system is currently taxed
Not enough specialists in senior related issues in the mental health system
There is a need for mental health services within long term care facilities
Lack of an official diagnosis makes it difficult for senior consumers to initiate/access community services (hoarding, depression, dementia) Issues related to drug/medication interactions
MIChoice Waiver Current waiting list is over one year for a cost-efficient alternative to nursing home placement
Current waiting list needs to be continually cleaned up as people's needs or situations change
Need for continued advocacy for more service dollars

Scope of Services

The numbers of potentially eligible older adults who could approach the AAA'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 is 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 Aging and Disability Resource Collaborations (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 evaluate 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 potentially eligible service population using census, elder-economic indexes or other relevant sources of information.

Within PSA 14, a total of 91,966 people are over the age of 60 or 20% of the total population. This is an increase from 2017 of 1.2%. Projections show that over the next five years, 2020-2025, this number for Muskegon, Oceana and Ottawa Counties will increase by 32,029 for an estimated 26% of the population living in the PSA over the age of 60.

The three counties within our PSA are quite unique to themselves. The largest county is Ottawa with a population of 272,135 and a 60+ population of 49,665, 18%. Ottawa county has a 2%, 60+ minority population with 4% of that demographic living in poverty. Persons age 60+ living in poverty 17%. 26% of Ottawa County residents over the age of 60 report living with a disability and 460 people report a kinship care arrangement. Muskegon County to the north of Ottawa has a total population of 171, 485 with 35,615 or 21% being over the age of 60. 12% of those over age 60 are a minority population with African American being the most predominant ethnicity at 9%. Poverty levels for all 60+ residents in Muskegon County is high, coming in at

18%. 32% of older adults in Muskegon County are living with a disability and 26% of them live alone. Oceana County is considered rural by standards with 52 people on average inhabiting each square mile. Oceana County has a total population of 26,230 with 6685 of those people being over the age of 60, 25%. Oceana County has a small minority population of 2% with 4% of them living in poverty. Overall, of Oceana County seniors 22% of them live in poverty and 33% of them live alone. 73 people age 60+ report providing kinship care. 32% of those age 60+ live with a disability.

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.

Characteristics of Ottawa County as presented in the Ottawa Community Health Needs Assessment (CHNA) 2017.

Both men and women in Ottawa County have longer life expectancy rates (when adjusted for age) compared to men and women across Michigan or the U.S. Life expectancy for women in Ottawa County is 83.1 years and men is 79.7 years, compared to the state of Michigan statistics of life expectancy of 80.5 for women and 76 for men.

Curiously, Alzheimer’s disease leads to death far more often in Ottawa County than it does in the state and the nation and ranks as the third leading cause of death for Ottawa County residents.

In Ottawa County, one in ten adults (9.8%) have diabetes and an additional 10.9% have pre-diabetes.

The prevalence of chronic conditions is low relative to the state and the nation; however, the prevalence of many of the chronic conditions, including diabetes, is up from the last two CHNA iterations (2011, 2014). One fourth (24.1%) of Ottawa adults suffer from chronic pain, and of these an almost equal proportion report their pain is not managed well. It is noted in the CHNA that opioid use and prescription drug abuse are interrelated, as people become addicted to prescription medication and then turn to illicit opiates to avoid withdrawals and that this is a problem for all ages – from teens through older adults.

Congestive heart failure ranks as the number one cause of preventable hospitalizations.

One in five (20.9%) Ottawa adults are disabled, meaning they experience either limited activity because of a physical, mental, or emotional problem, or require the use of special equipment (e.g., wheelchair, cane). Ottawa County rates are lower than the state rates.

There are far fewer primary care physicians (PCP) per capita in Ottawa County compared to the state. Most survey reporters agree that there is a lack of primary health care providers for the underserved: those who are uninsured, underinsured, on Medicaid, or on Medicare. Nearly one in eight adults (12.4%) have no personal health care provider – or medical home – and this proportion is only slightly better for underserved adults (11.7%). This compares to the Michigan average of 14.8% of the population having no personal health care provider.

The greatest barriers to health care access in Ottawa County are an inability to afford deductibles and co-pays, transportation issues, and providers’ unwillingness to accept Medicaid, Medicare, or treat people without insurance or on a sliding scale

While Ottawa County is a relatively health-proactive county, among area adults aged 65 or older, seven in ten (70.8%) have had a seasonal flu shot within the past year and a similar proportion has had a pneumonia vaccine at one time. Of those age 55-64, only 15% consume more than 5 serving of fruits or vegetables per day and the numbers get worse from there. 11% of Ottawa residents age 65-74 and 10% of residents age 75+ eat 5 servings of fruits or vegetables per day.

One in four adults age 55-74 report no leisure time activities and 35% of those age 75+ say they lack leisure activities.

Information taken from: https://www.miottawa.org/health/OCHD/pdf/data/2017_CHNA_Report.pdf

Characteristics of Oceana County taken from District 10 Health Department/Community Health Needs Assessment 2017 -
Oceana County has been deemed a Health Professional Shortage Area (HPSA) and Medically Underserved Population (MUP) area by the Federal Government.
There is 2,821 Oceana residents for every primary care physician and 12% of residents report having no primary care provider.
85% of Oceana county residents report eating less then 5 fruits or vegetables per day.
56% of older adults over the age of 65 have had a flu vaccine in the past year.
Diabetes is higher than the state/national averages with 15% of the population in Oceana County with diabetes and an additional 20.3% of adults have prediabetes.
The top three causes of death in Oceana county are heart disease, cancer and chronic lower respiratory disease.
33.1% of area residents adults suffer from chronic pain, and of these, 45.7% report barriers to treating their pain, such as inadequate, or lack of, programs and services to help them manage their pain well; too many chronic conditions to manage; immobility; and cost. 7.1% of area adults reported that they skipped or stretched their medication in the past year in order to save on costs, and this rises to 20.3% for underserved adults
The average life expectancy in Oceana County is 79.23 years old.

Information taken from:
http://www.dhd10.org/wp-content/uploads/2017/07/Oceana-2016-Chartbook.pdf
https://mchp.org/wp-content/uploads/2015/11/MUHealthProjectCHNAbook1115_V2.pdf

Muskegon and Oceana County Community Health Needs Assessment (CHNA) 2016 –
The top five health care issues for persons age 60+ as ranked in the CHNA in Muskegon County are: Care Coordination/patient advocacy, access to primary care, lack of mental health providers, diabetes and lack of substance abuse providers.
The top five health care issues in Oceana County are: Access to specialty care, access to primary care, cardiovascular disease, hypertension and diabetes.
In addition to the ranked health care issues, a number of other health concerns in Muskegon and Oceana counties surfaced from the surveys, public forums and health care data. Among these were: Hypertension and high cholesterol; Binge drinking among older teens, young adults, and the elderly; Substance abuse in general; Access to vision, dental and hearing care; Dementia and Alzheimer's care; Under-use of advance care directives; Awareness of the value of hospice care; and Long-term care.
There is a high prevalence of diabetes in Muskegon County at 11% of the adult population managing this chronic illness.
Several important health issues appeared in the 2016 CHNA process as priority concerns for public health and other community agencies. For Muskegon County, the leading health issues identified in order of most

importance were transportation, depression and social isolation, access to healthy food, physical fitness and senior isolation.
In Oceana County, obesity, binge drinking (specific to youths and adults over age 65), depression/anxiety, teen pregnancy and transportation were identified in the top five issues for the community to address.
There is 1 primary care physician for every 1,406 residents in Muskegon County.
Muskegon County residents have an average life expectancy of 75 years.
Information taken from:
https://mchp.org/wp-content/uploads/2015/11/MUHealthProjectCHNAbook1115_V2.pdf

Regardless of county, Michigan is seeing several overarching demographic trends as reported by the 2019 United for Alice Michigan Report. The report indicates greater pressure on the state's infrastructure, especially the housing market, with demand for smaller, affordable rental units. Different groups prioritize different amenities for these units: Many young millennials prefer housing near compact, mixed-use, walkable centers with shopping, restaurants, and public transportation; seniors generally want housing that is accessible to family, health care, and other services; and many immigrants want locations close to schools, jobs, and public transportation.

As the population ages the state will realize an increased need for caregiving. The aging population will increase demand for geriatric health services, including caregiving, assisted living facilities, nursing homes, and home health care. The challenges of ensuring seniors get the care they need include a shortage of paid and unpaid caregivers, lack of training among caregivers, and the financial and emotional burden of caregiving on family members. This increased need coupled with the fact that the caregiver-support ratio is falling is cause for concern and action. With the number of seniors increasing and the number of potential caregivers (aged 45 to 64) decreasing, there will be fewer people available to care for each senior. The ratio of working-age people to older seniors (80+) was 7 to 1 in 2010 nationally and is projected to fall to 4 to 1 by 2030, and then to 3 to 1 in 2050. This will be a growing issue across Michigan in the coming years, but it is already a problem in some rural counties. This is compounded by a shortage of health aides. With the increased demand for caregivers, there is a growing need for more paid direct-care workers (home health aides, personal care aides, and nursing assistants), who are themselves likely to be ALICE (Asset-Limited, Income Constrained, Employed). These jobs do not require extensive training and are not well-regulated, yet they involve substantial responsibility for the health of vulnerable clients. Together, these factors may lead to poor quality caregiving and the risk of physical, mental, and financial abuse and neglect — an issue that is on the rise in Michigan and across the country (Espinoza, 2017; MetLife Mature Market Institute, 2011; U.S. Bureau of Justice Statistics, 2015).

We also know that caregiving takes a toll and requires support and training for the person providing care. In Michigan, there are currently more than 990,000 family caregivers (approximately 10 percent of the state population), whose unpaid care totals are estimated at more than 1 billion hours of caregiving valued at more than $10 billion annually. While families of all income levels may choose to care for family members themselves, many caregivers are forced into the role because they cannot afford to hire outside care. Nationwide, half of caregivers reported household income of less than $50,000 per year and said they had no

choice in whether they took on caregiving responsibilities. Caregiving also adds direct costs to a household budget and can reduce income due to hours away from work or the loss of a job. And the responsibility of making medical decisions as well as the amount of care required can mean further mental and physical strain for caregivers.

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.

While Older Americans Act (OAA) programs and services are open to all older adults age 60 and over, the Act contains numerous requirements that limited program and service resources be targeted specifically to older adults with the greatest economic or social need.
The OAA defines the term "greatest economic need'' as the need resulting from an income level at or below the poverty line.
The term "greatest social need'' is defined as the need caused by non-economic factors, which include: (a) physical and mental disabilities; (b) language barriers; and (c) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently
To that end, the Act requires the AAA to target the following types of populations:

- Greatest economic need,
- Greatest social need,
- Minority status,
- Frail, and
- Rural.

Using our service continuum, Senior Resources weighs the above criteria as well as the older adults' physical status when prioritizing or targeting populations. Those individuals demonstrating the most frailty as well as lack of formal or informal supports are prioritized as those most in need.
An additional determinant used to prioritize need is income and assets. Senior Resources is committed to assisting those with adequate income or assets to use their personal resources as conservatively as possible, thus prolonging the availability of the funds. We employ a cost saving program for in-home services allowing the participant and/or their family member/support team to purchase services at a cost that is appropriate to their income or asset level. Those without funds to support them in their homes are of the highest priority.
Senior Resources estimates about 6,685 persons 60 years old and older live in rural Oceana County and while the number of older adults living in this community is relatively small, these areas can be very difficult and costly to serve. Aging adults in these communities may face additional barriers to remaining in their homes, transportation to medical appointment, staying active, and engaging in the local community, all resulting in increased risk of becoming isolated.
While the definition of greatest social need in the Older Americans Act includes isolation caused by racial or ethnic status, the definition is not intended to exclude the targeting of populations that experience cultural, social or geographic isolation due to other factors. In some communities, such isolation may be caused by minority religious affiliation. In others, isolation due to sexual orientation or gender identity may restrict a person's ability to perform normal daily tasks or live independently. Each planning and service area is tasked with assessing their particular environment to determine those populations best targeted based on greatest social need.
Using the above definition, we have expanded our targeting criteria to include Lesbian, Gay, Bisexual and Transgender (LGBT) persons. Although largely invisible until very recently, LGBT older adults make up a

significant and growing share of the older adult population. Nationally, current estimates of LGBT elders 65 and older number 2.4 million and is expected to double by 2030 —a significant share of the 65 and older population. In addition, 1/3 of older LGBT adults live at or below 200% of the federal poverty level and one in five are people of color.

As a group, LGBT older adults experience unique economic and health disparities. LGBT older adults may disproportionately be affected by poverty and physical and mental health conditions due to a lifetime of unique stressors associated with being a minority and may be more vulnerable to neglect and mistreatment in aging care facilities. They may face dual discrimination due to their age and their sexual orientation or gender identity. Social isolation is also a concern because LGBT older adults are more likely to live alone, more likely to be single and less likely to have children than their heterosexual counterparts. All these considerations can be compounded by intersections of sex, race, ethnicity and disability. The social stigma associated with being lesbian, gay, bisexual or transgender continues to stand in the way of full participation in community and society for many LGBT elders, and despite being less likely to have family to care for them, a fear of discrimination means LGBT older adults are also less likely to access necessary services from external providers such as visiting nurses or meal programs. Aging service providers face challenges in addressing the needs of LGBT elders.

While we will not be tracking participant sexual preferences, we continue to make concerted efforts to meet with LGBT leaders in our communities to see how we can better serve this population as well as provide diversity training for our staff , contracted and in-home service providers.

Senior Resources and our community partners have been exploring ways to engage all target populations. Special attention is given to ensure that the demographics of participants served mirrors or is greater than the demographics of the county in which services are provided.

We are aware of minority populations in Muskegon, Oceana and southern Ottawa counties. To effectively engage any new community, it is important to identify local programs that serve the population we are wishing to reach. If a group is not currently working with Senior Resources, we continue to proactively reach out to leaders in those communities and/or programs. We continue to talk with key leaders, to solicit their input on how to serve unique communities/populations. Senior Resources and our contracted providers intend to be flexible in our thinking and approach to engaging underserved populations.

To assist our contracted providers in establishing benchmarks and outreach strategies for underserved populations, we have provided them with a breakdown of age, minority and poverty levels setting, and instructed them to give substantial emphasis to serving eligible persons with the greatest social and/or economic need, with focused attention to low income and minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. Each provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services, and in numbers greater than their relative percentage to the total elderly population within the geographic service area.

4. Provide a summary of the results of a self-assessment of the area agency's service system dementia capability using the ACL/NADRC "Dementia Capability Assessment Tool" found in the Document 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.

Senior Resources supports the philosophy of person-centered engagement which recognizes that individuals have unique values, personal history and personality and that each person has an equal right to dignity, respect, and to participate fully in their environment. When interacting with a participant who is experiencing the effects of dementia, Senior Resources has a variety of standard protocols in place. When it is suspected that a participant is experiencing the symptoms of dementia, the supports coordinator will administer a Mini-Mental State Examination (MMSE). If that test indicates increased odds of dementia or a cognitive impairment, the supports coordinator will recommend a full review by a doctor or the local Memory Clinic.

Through the web-based Vendor View system which is used to communicate with the in-home providers, this information will be conveyed to the direct care providers. If the participant lives alone, there is no standardized protocol in place to support the participant. This does not mean the participant goes unsupported, just that there are not standard procedures. The actions taken currently depend largely on the informal support of the participant with dementia who is living alone and the participants' and their support team's desires.

All staff, from front line options counselors to supports coordinators, who have direct contact with participants and/or support team are trained upon hire and at least once per year thereafter on the aging process as well as dementia progression, types of dementia, co-existing conditions, delirium, depression, identifying personal preferences of the person served, loss and grief, communication, therapeutic approach to behavior, observation skills, sexuality, meaningful engagement of the person served on an ongoing basis, therapeutic approach to activity development and implementation, and gathering information about the person served in the following areas:

- History
- Current status
- Important memories
- Favorite stories
- Daily routines
- Comfort/reminiscence objects
- People of importance

New employees must demonstrate each competency within 90 days of their date of hire or have an action plan designed to assist the employee in reaching competency. Senior Resources' strength lies in the supports coordinators' knowledge and coordination of services. The supports coordinator provides easy access to information about options and services across all stages of the disease, paying attention to facilitating smooth transitions between services and settings. This coordination, coupled with the infrastructure to provide a continuum of care for persons with dementias and their caregivers, seeks to address the progression of the disease from mild to severe and to allow flexibility to move within care systems depending on the needs of the individuals and their families. As the older adult population ages we believe we will need to expand our ability to provide early identification of the disease as well as standardizing a protocol which can guide the options of participants who live alone.

Senior Resources is aware that 80% of caregivers are family and friends and that these caregivers need to be supported to continue to provide care. Senior Resources plans to expand and enhance provided resources to help. We use trainings, workshops, support groups, books and DVDs and any other method requested by the caregiver to assist the caregiver to gain caregiving skills and emotional support. In 2018, four Senior Resources staff members achieved RCI (Rosalynn Carter Institute) REACH certification and can provide this intervention throughout the PSA. An RCI Reach intervention is an in-home, tailored, caregiver support intervention that provides education to the caregiver with a focus on safety for the patient, support for the caregiver, and skills building to help caregivers manage difficult patient behaviors and decrease their own stress. Program objectives include improvement in overall caregiver health and depression, reductions in feelings of burden from caregiving, improvement in caregiver management of troubling behaviors of the care recipient and a delay in institutionalization.

Senior Resources advocates and supports the Michigan Dementia Coalition in the work of improving the quality of life for people living with dementia and their families by making Michigan a dementia capable state. This effort includes creating and strengthening the service network including communication among multidisciplinary teams, the recognition of dementia as a public health priority, and supporting the enactment of policies that strengthen families, communities and the economy to create a dementia capable Michigan.

Regionally, in 2018, Senior Resources joined the Dementia Friendly America (DFA) movement. The DFA movement began in September 2015 following the White House Conference on Aging with the goal of creating a national network of communities, organizations and individuals seeking to ensure that communities across the U.S. are equipped to support people living with dementia and their caregivers. Dementia friendly communities foster the ability of people living with dementia to remain in community and engage and thrive in day to day living. Thirteen Senior Resources staff members and volunteers have been trained as DFA Champions and these champions have since held 10 sessions with community members from the faith community, businesses and banking, restaurant, grocery stores and libraries to perpetuate the concept of communities meeting the needs of all persons. Each Senior Resources employee is required to attend a DFA session and sessions are offered to the public on a monthly basis.

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

When a participant requests a service that is funded under the AIP/MYP but desires an agency which does not have a contract with Senior Resources, we will work to acquire a contract with the preferred agency in an effort to meet the customer's request.

If a participant and/or their caregiver desires a service that is not available where they live or is an unfunded service, Senior Resources employs Person Centered Processes to guide that person in securing services. Through assessment, the supports coordinator involvement may take the form of assisting in locating, and with permission, referring the participant to other community agencies that may be able to fill the need. Senior Resources and its employees appreciate that the Person Centered Planning process allows for participant involvement in planning, provides a way of giving choice and control to individuals, assures that the individual is fully integrated in the development, implementation, and management of services and supports, is well-informed and able to make decisions and is aware that he/she has choices, and is aware of rights, risks and responsibilities. If formal services are not available or are insufficient to meet the total needs of the individual, we can assist the participant in locating informal supports in the form of family, friends, neighbors, churches, etc.

Senior Resources believes that participants and their families or caregivers are better able to use personal

resources with higher success and greater longevity when presented with all options of care.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.

AASA supported program participants experience a diverse and often unseen assortment of unmet needs among its participants, typically because of limited funding, restrictive program policies, gaps in the service continuum, and/or other access barriers. This has contributed to a service delivery system that makes the best use of existing resources and allowable services. Supports Coordinators will often ask participants and/or family members what are their top three needs and then work with the participant and/or support team to find resources to meet those needs by assisting them to access public, private, and personal solutions. With the exception of wait lists, these unmet needs are rarely documented, measured or reported.

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.

The aging network is currently experiencing a shortage of service dollars and the prediction is that this will only continue as the population ages. Senior Resources has devoted great thought and continues to solicit input as to how to prioritize participants in need. At this point we are prioritizing participants based on the federal targeting criteria and are still unable to serve all in need.

One of the first additional determinants used to prioritize need is income and assets. While we do not means test as a measure to receive services, Senior Resources is committed to assisting those with adequate income or assets to use their personal resources as conservatively as possible thus prolonging the availability of the funds. We employ a cost saving program for in-home services, inviting the participant and/or their family member/support team to purchase services at a cost that is appropriate to their income or asset level. The total cost of the in-home services is then supplemented with state and federal funds.

Next, we assess physical ability. If the participant is nursing home eligible or at risk of being placed into a nursing home, they score at a higher priority level. Should that participant have no other formal or informal supports, be isolated or in a rural area, they will be an even higher priority level.

Again, prioritizing using all these determinants, we are still unable to address the complete need in our region and there is a waitlist for Access and in-home services.

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.

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.

Senior Resources embraces our Vision to Promote Lifelong Dignity and Independence. We are not just an Area Agency on Aging for those in poor health or financially dependent but though our continuum of care model seek to support all persons over the age of 60 to age well and supported.

To that end, Senior Resources partners with the region's aging network to provide wellness workshops throughout the PSA with special attention to areas in the region with high numbers of target populations. Wellness workshops topics range from caregiver trainings, to Arthritis Tai Chi and Matter of Balance workshops. As evidenced by many studies, workshops arm older adults with education and tools to help them

better manage chronic conditions such as diabetes, heart disease, arthritis, chronic pain, and depression with greater efficacy. The good news is that people with chronic diseases who learn how to manage their symptoms can improve their quality of life and reduce their health care costs. In addition, we know that the number of falls among seniors can be reduced substantially, through practical lifestyle adjustments, evidence-based programs, and community partnerships. Many persons age 60+, regardless of health status, have concerns about falling and have taken advantage of the Matter of Balance workshop available throughout the region.

Senior Resources communicates information regarding aging well opportunities offered by Senior Resources and/or the aging network through all available mediums from social media to monthly newsletters. We host a monthly television show in which we use the time to highlight service opportunities, the importance of planning for retirement, wellness workshops such as Matter of Balance or PATH for the management of chronic conditions.

By making a range of supports available, Senior Resources seeks to make it possible for older individuals to choose the services and living arrangements that suit them best – from healthy aging to supportive community services.

Senior Resources **FY 2020**

Planned Service Array

Complete the FY 2020-2022 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless otherwise noted, services are understood to be available PSA wide.

	Access	In-Home	Community
Provided by Area Agency	• Care Management • Case Coordination and Support *		
Contracted by Area Agency	• Case Coordination and Support * • Information and Assistance • Transportation *	• Home Care Assistance • Homemaking • Home Delivered Meals • Home Health Aide • Medication Management • Personal Care • Respite Care	• Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Legal Assistance • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Kinship Support Services * • Caregiver Education, Support and Training
Local Millage Funded	• Care Management * • Case Coordination and Support * • Information and Assistance * • Transportation *	• Chore * • Home Care Assistance * • Homemaking * • Home Delivered Meals * • Home Health Aide * • Medication Management * • Personal Care * • Respite Care *	• Adult Day Services * • Congregate Meals * • Senior Center Operations * • Senior Center Staffing *

Participant Private Pay	• Care Management • Case Coordination and Support • Transportation	• Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Delivered Meals • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Friendly Reassurance	• Adult Day Services • Dementia Adult Day Care • Congregate Meals • Nutrition Counseling • Nutrition Education • Disease Prevention/Health Promotion • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Long-term Care Ombudsman/Advocacy • Senior Center Operations • Senior Center Staffing • Vision Services • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Caregiver Supplemental Services • Kinship Support Services • Caregiver Education, Support and Training

Senior Resources **FY 2020**

Funded by Other Sources	• Case Coordination and Support • Disaster Advocacy and Outreach Program * • Information and Assistance * • Outreach * • Transportation *	• Chore * • Home Care Assistance * • Home Injury Control * • Homemaking * • Home Delivered Meals * • Home Health Aide * • Medication Management * • Personal Care * • Assistive Devices & Technologies * • Respite Care * • Friendly Reassurance *	• Adult Day Services • Dementia Adult Day Care * • Congregate Meals • Nutrition Counseling • Nutrition Education • Disease Prevention/Health Promotion • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Long-term Care Ombudsman/Advocacy • Senior Center Operations • Senior Center Staffing • Vision Services • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Creating Confident Caregivers * • Caregiver Supplemental Services • Kinship Support Services • Caregiver Education, Support and Training

* Not PSA-wide

Planned Service Array Narrative

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. Utilize the provided text box to present the planned service array narrative.

As funding for all services are at a premium, we seek to partner and coordinate with other organizations as not to duplicate services but ensure that there are services availabe to persons age 60+ that allow them to age with dignity and independence and are accessible to all.

In preparation for the multi-year plan, Senior Resources held focus groups in 10 areas throughout the PSA which served to identify needs relevant to geographical area as well as considered the services that were being provided by other community service agencies. In addition, within the last 2 years and in preparation for administering the Muskegon County Senior Millage, Senior Resources conducted a gaps analysis for Muskegon County. Previous to that, within the past five years, gaps analysis were conducted in Oceana and Ottawa counties at the request of the respective county commissioners. These sessions were instrumental in identifying gaps in services and how those gaps can be addressed with current funding and community organizational input. While deciding funding for service provision, our foremost goal is to preserve and adequately fund services designed to assist the older adult and their caregiver in keeping the older adult living in their home, if that is the desire. To that end, in-home services remain the priority.
When determining community access services, Senior Resources looks at what other organizations are providing in terms of service, for instance, what areas and services are covered by millages and other funding sources such as United Way or Community Foundations. We will partner with those agencies if the demand for the service exceeds current funding thereby leveraging funding to serve a great populous. If the community organization is meeting the need, Senior Resources will direct funding to another service/area need. Senior Resources is always looking for ways to fund additional, applicable programs or partner with another organization within the aging network to ensure needs are being met.
As we see an increase in the number of person age 60+ in our PSA who require supports and services to remain in their home, Senior Resources staff and our Board of Directors have spent considerable amounts of time analyzing all areas of service provision and at every point in the allocation process, Senior Resources seeks the input of its Program and Planning Advisory Board as well as the full Board of Directors.

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. (For Item No. 3, please include specific details about the area agency's planned process for establishing service priorities, modifying service delivery and any other contingency planning methods for handing a potential 10% funding reduction from AASA).

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

Senior Resources follows an established ongoing strategic planning process by which it translates its mission and values into actionable and measurable goals, strategies, initiatives, and programs. The plan provides direction for both long and short-term decision-making by the Board of Directors and senior leadership to fulfill the mission of Senior Resources and make choices among competing demands for capital investment, philanthropy, facilities, and human resources.

The last planning process occurred in September 2018 and was presented/adopted by the Board of Directors in January 2019.

It was evident that Senior Resources has many **strengths** including:
Name recognition with good reputation in the community/aging network
Good communication with stakeholders, providers
Key to effective advocacy efforts
Quality employees with longevity, knowledge and empathy
Strong leadership
Creative
Good stewards of funds
Link between medical home and community

However there remain some unknowns or **weaknesses**:
Reauthorization of Older Americans Act
Affordable Care Act ramifications
Michigan's Integrated Care Plan
Appropriations - Reliance on federal/state funding
Growing population of 60+ needing and anticipating our services
Boomers and younger generations have different expectations
Reliance on the MI Choice Waiver funding
Lack of transportation in PSA
Home care provider crisis
Possible redundancies within organization processes

The climate of older adults and the region's enthusiasm to enhance aging readiness provides us with some substantial **opportunities**:
Case management for others
True private pay program
Contract with insurance agencies
Partnering with physicians
Intergenerational programs, socialization opportunities
Strengthen and enhance provider network
Access to hospital electronic records
Transportation liaison/hub
Affordable housing
Network and advocacy with health plans
Leveraging technology

Senior Resources does not lightly enter or participate in every opportunity that is available or presented.
Every opportunity is evaluated using the following criteria:
Does it meet our mission & vision?
Does it align with our area plan?
Does it play into our strengths?
Does it align with nationally identified core competencies?
Consider short term vs long term impact
Infrastructure in place
Are 'match' dollars required?
Legal liability & risk assessment
Internal screen for staff to be included in preliminary discussions
Can another agency do this better? Are there partnership opportunities?

The following could be considered **threats**:
Lack of affordable and accessible housing within the PSA
Lack of in-home providers
Lack of mental health services
Other payor organizations referring to Senior Resources in effort to access no cost services for which they should be paying
Managed Care/Private Care Management start-ups
For-profit case management companies in space
Insurance companies and health plans entering Medicaid space

2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.

The MI Choice Waiver program provides support for many of the AASA related services including options counseling, communications, case coordination & support, care management and program development. A decrease in our involvement with this program would greatly reduce our ability to meet older adults' service needs as well as significantly inhibit our ability to collaborate and develop additional programs and

resources. Total state and federal administrative grant awards for non-waiver services in PSA 14 is $196,717. These funds are designated to pay for rent, travel, equipment (computers, internet), supplies and staff. When calculating all these costs, these administrative dollars would provide for very few staff members to administer the important work of the Older Americans Act.

Senior Resources is preparing for a greater role in Home and Community Based Services (HCBS) in anticipation of other partnerships. A lesser role in HCBS would be devastating to the recipients of non-waiver participants as Senior Resources allocates a significant amount of dollars from their reserves to reduce waitlists through the provision of additional supports coordination and in-home services. In addition, we have funded other projects in our region where other dollars were not available. In 2018, we provided an additional $400,000 in services out of reserve funds and in 2019 we are projecting $800,000. Using the average cost per year, per client, these moneys serve an additional 390 people throughout the region.

It has become vital to the work of Senior Resources to have a role in the MI Choice Waiver program.

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

Aging services have seen few positive variations in the funding landscape over the past several years. Tight federal and state budgets make it extremely difficult for the Aging Network to maintain existing services under these traditional funding sources or expand services to meet the current and future needs of a rapidly growing aging population. Within the Senior Resources service area, persons age 60+ have increased by 19% in the past 10 years with the greatest growth seen in the 85+ age category. Whether funding is decreased, remains stagnant, or slightly increases, the status quo for assisting seniors is unsustainable. Looking to the future, Senior Resources is developing new partnerships, strategies and seeking mission minded private pay opportunities to diversity our funding sources. In addition, we are working with local governments to expand their capacity to create and maintain environments and social support structures that contribute to independent, healthy aging. Over the planning period, Senior Resources plans to partner with faith-based communities and communities to identify and support the services they provide. We will continue to work with the state unit on aging to promote community service, opportunities for volunteerism, and explore new ways the state can help meet the growing needs of older adults and people with disabilities.

If reductions to current funding occur, Senior Resources will be required to dramatically cut services as determined by our Program and Planning Committee and Board of Directions. All services could be impacted, including access services, transportation, delivering meals to homebound seniors on a daily basis, in-home assistance **(homemaking services would be scrutinized most heavily)**, and many seniors would not receive services at the frequency required for full sustenance. Currently, in home services in our PSA cost on average $2050 per person per year. A 10% reduction would not only result is service catagories being eliminated but approximately 75 persons over the age of 60 potentially losing in-home services. Without the support necessary to remain in their homes, people could be forced into long-term care facilities and once they exhaust their personal resources, they become eligible for Medicaid. This is not a viable financial strategy for taxpayers.

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 National Center for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations

Senior Resources has enjoyed full CARF accreditation since May 2016 and we are scheduled for a CARF renewal assessment in April of 2019. Our ongoing commitment to accreditation assures that we are consistently conducting internal examination of our programs and business practices to ensure they conform to the rigorous and internationally recognized CARF standards. In addition, accreditation demonstrates we are not satisfied with status quo but provides evidence to stakeholders that we are accountable, progressive and responsible.
In late summer 2019 Senior Resources will be applying for NCQA accreditation. As AAAs further move into agreements with health plans, State programs, and MCOs, NCQA accreditation will help to assure these partners that Senior Resources can coordinate care effectively across medical, behavioral and social services and help keep people in their preferred setting—most often, their home and community. NCQA accreditation is a nationally accepted high standard which will demonstrate that we are trusted partners in coordinating long term systems and support services.

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.
Technology advancements have allowed Senior Resources to automate our processes and work more efficiently, ultimately giving our staff more time to focus on what really matters, the participants. In addition, we appreciate that using technology will maximize our business productivity. Increased business productivity can be traced to expedient communication between employees. To that end we use Glip for business internally. Glip is a feature of our phone system and allows employees to communicate or to gain access to each other when a quick answer to a question is desired. It also allows users to access groups of employees to pose a question and for all responses to be viewed by the group, allowing for immediate resolution.
Our cloud-based phone system also allows employees to communicate via voice, text, and fax on multiple devices—including smartphones, tablets, computers, and desk phones. Bought in 2016, this system has enhanced communication between staff, participants and providers.

All home and community staff have been issued tablets, laptops and/or scanners so that assessment data can be immediately entered into the participant data management software called Compass. Scanners have enabled staff to scan required documentation at the participant's home to faster facilitate Medicaid or benefit applications. All computers have been systematically upgraded to Windows 365. To achieve paperless status, we are in the process of writing policy and procedure and seeking state approval to use signature pads to capture participant signatures while in their home. This will eliminate the need to retain a paper copy of the participant chart.

Employee trainings are recorded and placed on the agency SharePoint. These trainings are then available for review or for new employee orientation. This allows for continuity of training and ease of access for all employees. In addition, agency policies and procedures, guidelines, benchmarks, program objectives and forms are accessible on SharePoint and available for quick reference by all employees.

Senior Resources communicates with community partners and human service agencies throughout the

region with Constant Contact. This tool allows us to send important information via email and track who is receiving the email and reading the information. In addition, we use email to send a monthly newsletter to caregivers who are signed up to receive the publication, Caregiver Link. The Caregiver Link is shared many times over through the email list serves of other community organizations.

Senior Resources is very active on social media and our website. Although older adult surveys show that many older seniors do not access social media for information, members of their support team or caregiver may, as well as the younger baby boomer population. Senior Resources uses social media to advertise community opportunities, national stories or trends or disseminate information related to Senior Resources events. Technology allows us to send out advocacy alerts in real time. As many advocacy issues are timely, an alert seen immediately by supporters compelling them to act is very effective.

Our organization has a comprehensive website which provides the user with information related to services, advocacy, planning, and links to local and national resources. Providers can access contract information via our website, leading to greater efficiencies and better communications.
Finally, Senior Resources uses the Vendor View software system which provides expedited communication regarding services delivery provided to participants and to allow our contracted agencies to bill for services electronically. This has proven to be a efficient and resourceful way for providers and Senior Resources employees to communicate as well as invoice for services rendered.

Senior Resources **FY 2020**

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

Enhanced Support

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

Senior Resources has identified a group of participants that require more oversight than case coordination and support and are at risk for nursing home placement but do not require the team approach of a social worker and RN team of care management. These participants have low medical needs or their medical needs are stable but they and their support team desire in-home and community service coordination, access and support.

Service Category	Fund Source	Unit of Service
☑ Access ☐ In-Home ☐ Community	☑ Title III PartB ☐ Title III PartD ☑ Title III PartE ☐ Title VII ☐ State Alternative Care ☑ State Access ☐ State In-home ☐ State Respite ☑ Other St. Care Mgmt/St ANS	One month of service provision

Minimum Standards

SERVICE NAME Enhanced Support (ES)
SERVICE CATEGORY Access Services
SERVICE DEFINITION Enhanced Support includes the following processes: intake, assessment of needs, service planning, service plan implementation, service coordination, monitoring and follow-up, enhancing informal supports, reassessment, case conferencing, crisis intervention, and case closure.
The goal of Enhanced Support is to promote and support independence and self-sufficiency. As such, the Enhanced Support process requires the consent and active participation of the participant and/or support team in decision-making, and supports a client's right to privacy, confidentiality, self-determination, dignity and respect, nondiscrimination, compassionate non-judgmental care, a culturally competent provider, and quality case management services.
Enhanced Support is part of a service continuum to aid participants in accessing community services.

Participants are at risk for nursing home placement.

UNIT OF SERVICE
One month of assessment and ongoing support of an individual

Minimum Standards:

1. An individual possessing a bachelor's degree in social work, or a bachelor's degree in a related field with three years' experience in coordinating services for older adults.
Registered Nurse available for initial/reassessment review and consultation.

2. ES staff will receive ongoing training and supervision as outlined in Senior Resources policies and as necessary.

3. ES coordinators will maintain a confidential record for each person served. The record will include but is not limited to the following documents and information.
a. Completed assessment
b. Person approved plan of care
c. Documentation of service orders
d. Progress notes
e. Person centered planning
f. Person/representative signed forms to include:
i. Acknowledgements/Program Participation/Review of Rights & Responsibilities/Receipt of Notice of Privacy Practices
ii. Consent to Share Information – As needed
iii. Cost Savings Agreement
iv. Others as needed – See full ES guidelines

4. ES provides all participants with an opportunity to donate and participate in the cost savings program for purchased in-home support services.

5. Assessment/reassessment every 90-180 days dependent on the services they receive and/or acuity level.

6. Participants will be moved to Care Management Services/MI Choice Waiver/PACE or other solution as fragility increases and eligibility becomes evident.

Allowable Service Components

1. Assessment – Comprehensive in-person assessment by an ES coordinator. Assessment is completed in Compass.

2. Purchase of Service Plan – A written service plan which states interventions to be sought and secured. The ES coordinator, participant and/or their support team will establish which services will be secured as well as the frequency and duration based on funding limitations. The total service plan is approved by the participant or their representative prior to implementation of service.

3. Arranging Services – ES coordinators serve as agents of the participant in negotiating, arranging and

monitoring formal services funded with state and federal funds.

4. Follow-up and monitoring – Reassessment every 90-180 days based on services received or when a significant change occurs in the participant's condition.

5. Identification of unmet needs – Time spent seeking community services as a representative of the participant.

6. Registered Nurse assessment/REA or assessment review as needed as well as phone consultation.

Enhanced Support Guidelines:

• If upon an IA or REA a participant has any condition documented on the Service Utilization – Treatment page of Compass, RN Assessment Q, with the exception of Medical Alert Bracelet, an RN will provide a phone consultation or visit the participant within 14 days of the assessment. If participant is receiving RN services through skilled nursing, hospice, medication management, palliative care etc. supports coordinator communication with that RN will satisfy this requirement.

• Participants that have a condition documented on Service Utilization – Treatment page of Compass, RN Assessment Q, a multi-disciplinary team consisting of an RN and supports coordinator will conduct ES functions.

o Transfusion
o Chemotherapy
o Dialysis*
o IV medication
o Oxygen therapy*
o Radiation
o Tracheostomy care
o Ventilator or respirator
o Infection control (e.g. isolation, quarantine)
o Suctioning
o Wound care*
o Palliative care program*
o Scheduled toileting program
o Turning/repositioning program

*Wound Care & palliative care – RN involvement not required if there is skilled nursing involvement. ES coordinator will evaluate program status upon discharge from skilled care.
*Oxygen or dialysis - RN visit based on oxygen or dialysis use will be determined for further monitoring upon assessment review

• A RN will review each ES participant assessments/reassessments as needed. Items for review will include:
• Compass RN Assessment sections I-R and T-U
• The person-centered service plan as determined by the participant, their support team and supports coordinator

- Other

- If a participant has any conditions documented on the Service Utilization-Treatment page of Compass, RN Assessment Q, the participant and/or designee will receive a call every 30 days based on participant preference. All other participants will be instructed to contact their supports coordinator as needed. (Self-efficacy)
- Each ES participant, their support team and supports coordinator will contribute to a comprehensive Person Centered Plan of Care. This Plan of Care will direct the coordination of services and can change as often as the participant and their support team request.

Enhanced Support will be seamlessly integrated into the Senior Resources care continuum and we will continue to provide further support as the social or physical condition of the participant changes.

Access Services

Some Access Services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Program, Information and Assistance, Outreach, and Merit Award Trust Fund/State Caregiver Support Program-funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2020-2022, complete this section.

Select from the list of access services those services the area agency plans to provide directly during FY 2020-2022, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2020 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.

Care Management

Starting Date	10/01/2019	Ending Date	09/30/2020
Total of Federal Dollars	$0.00	Total of State Dollars	$37,957.00

Geographic area to be served

Muskegon, Oceana, Ottawa Counties

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

Goal: Supports Coordinators will employ Person Centered Thinking and self-determination to assure consumer choice in services and providing agencies or people.
Time Line: Through September 30, 2022.
Outcome: Consumers will have greater autonomy regarding their care resulting in a higher satisfaction rate and continued compliance.

Goal: Supports Coordinators will assist the consumer and their family in identification of natural supports, personal resources and other community/external resources available for long-term care.
Time Line: Through September 30, 2022.
Outcome: Consumers will have awareness of and access to community support services.

Goal: Case Coordination & Support consumers will be moved to Care Management or MI Choice/Waiver programs as frailty increases and eligibility becomes evident.
Time Line: Through September 30, 2022.
Outcome: Consumers will have greater ease of access to services.

Number of client pre-screenings:	Current Year:	1,200	Planned Next Year:	1,200
Number of initial client assesments:	Current Year:	66	Planned Next Year:	120

Senior Resources **FY 2020**

Number of initial client care plans:	Current Year:	66	Planned Next Year:	120
Total number of clients (carry over plus new):	Current Year:	207	Planned Next Year:	250
Staff to client ratio (Active and maintenance per Full time care	Current Year:	35:1	Planned Next Year:	35:1

Case Coordination and Support

Starting Date	10/01/2019	Ending Date	09/30/2020
Total of Federal Dollars	$158,406.00	Total of State Dollars	$181,941.00

Geographic area to be served

Muskegon, Ottawa, Oceana Counties

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

Included in this Access Service is the Regional Service Definition of Enhanced Supports.

Goal: Supports Coordinators will employ Person Centered Thinking and self-determination to assureparticipant choice in services and providing agencies or people.
Time Line: Through September 30, 2020.
Outcome: Participant will have greater autonomy regarding their care resulting in a higher satisfaction rate and continued compliance.

Goal: Supports Coordinators will assist the participant and their family in identification of natural supports, personal resources and other community/external resources available for long-term care.
Time Line: Through September 30, 2020.
Outcome: Participant will have awareness of and access to community support services.

Goal: Case Coordination & Support participant will be moved to Care Management or MI Choice/Waiver as frailty increases and eligibility becomes evident.
Time Line: Through September 30, 2020.
Outcome: Participant will have greater ease of access to services.

Senior Resources **FY 2020**

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, an area agency direct service provision request may be approved by the State Commission on Services to the Aging. Direct service provision is defined as "providing a service directly to a participant." 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 the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any Direct Service Request for FY 2020-2022. 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 2020 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. Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2020-2022.

Long Term Care Ombudsman

Total of Federal Dollars $8,432.00 Total of State Dollars $32,586.00

Geographic Area Served Muskegon, Oceana, Ottawa Counties

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

Goal: Residents of Long term care facilities will be encouraged to actively assert their rights and participate in the complaint process by the local ombusdman. Goal is to maintain/increase level of resolution and client satisfaction with the desired outcomes.
Activities: Face to face visits with residents in long term care facilities, individualized education about residents' rights and complaints processes; communication with long term care facility managers and staff, when appropriate; and communication with residents caregivers/family members/allies and resident councils.

Goal: Allow residents to live as independently as possible in the least restrictive plancement of their choice.
Activities: Face to face visits with residents in long term care facilities, communication with long term care facility managers and staff, when appropriate; and communication with residents caregivers/family members/allies and resident councils.

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 direct service 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.

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

Provide a detailed justification for the direct 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.
For FY'20-22, in accordance with AASA requirements, Senior Resources implemented our process to market and recruit community agencies who can provide services throughout the region. The Request for Proposal process FY'2020-2022 did not yield any agencies interested in providing the Ombudsman service. Since Ombudsman is a required service, Senior Resources is requesting to directly provide this service. Senior Resources will offer the Ombudsman position the stability, supplies/equiptment and ongoing support needed to carry out their duties and we have the ability and capacity to fulfill the requirments of this program.

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

Senior Resources FY 2020

Regional Direct 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 directly must complete this tab for each service category. Enter the regional service name in box and click "Add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the regional service and enter the information requested pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2020-2022. 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 Direct Service Budget details for FY 2020 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 Regional Direct Service Budget details.

Please skip this section if the area agency is not planning on providing any regional services directly during FY 2020-2022.

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 direct service 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.

Provide a detailed justification for the direct 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).

Program Development Objectives

For FY 2020-2022, provide information for all program development goals and objectives that will be actively addressed during the MYP. If there were no communities in the PSA during FY 2017-2019 that completed an aging-friendly community assessment and received recognition as a Community for a Lifetime (CFL), then there must be an objective that states; "At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2020." AASA has this same objective for all area agency regions, as part of the AASA State Plan with the Administration for Community Living (ACL).

It is recognized that some communities may not end up completing an aging-friendly community assessment, and/or achieving CFL recognition despite good faith efforts by the area agency and community partners involved. Helping raise awareness in communities about the value and importance of becoming more aging-friendly for all ages is still an important program development activity. It can help to support more livable communities and options for older adults and family members. Given the above, those area agencies required to include this CFL objective for FY 2020 will be expected to report on progress in their FY 2021 Annual Implementation Plan (AIP) that includes:
1. Any communities that achieve CFL recognition (if any) and if none;
2. The community or communities the area agency approached to encourage them to complete an aging-friendly community assessment and/or improvement activities and also;
3. Any lessons learned for the area agency and other community partners from the process of raising awareness about the value of supporting aging-friendly communities and also;
4. Improvements (if any) that were made in communities in the PSA to make them more aging-friendly.

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 (Listed in the Documents Library). 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. Enhance food service delivery throughout the PSA.
State Goal Match: 2

Senior Resources **FY 2020**

Narrative
It is important for participants in food programs to find satisfaction and enjoyment in the food that is offered as eating for older adults is about more than hunger and nutrition. Over the past several years a demographic shift has occurred throughout the country with different and increased expectations trending. We are seeing that the younger senior demographic is more discerning regarding food choices then their older counterparts and older seniors, who often lack a strong hunger signal, must find food appealing to eat. In an effort to meet varied needs, Senior Resources and our meal provider will engage in activities that will move towards increasing overall satisfaction with meals provided. We will put into process policies that will produce consistent high-quality food products by developing training guidelines to ensure food staff are appropriately and thoroughly trained, use input from participant satisfaction surveys, advisory committees and other feedback to trial menu items and continue that improvement on an ongoing basis.
In addition, we recognize the importance of preparing for a disaster is universal and adequate access to food and nutrition is vital to any community during a crisis. An emergency plan that addresses the ability of a food service organization to respond rapidly in an organized, safe and coordinated effort, to meet the nutritional needs of older adults at risk is imperative and will be developed in coordination with aging networks throughout the region.

Objectives

1. Update menu to be consistent with current trends while maintaining adequate nutrition.
   Timeline: 10/01/2019 to 09/30/2022

Activities
The regional meal service provider, AgeWell Services, will review current menu with staff, look at survey results that pertain to menu and satisfaction, and work with an advisory team of participants to review overall satisfaction and areas of improvement. New menu items will be trialed which may include all or part of the menu: Entree, Fruits/Vegetables, sides, desserts. The team will request written feedback at the advisory committee and in the form of a survey. AgeWell will also compile informal feedback received at meal sites as well as over the phone by intake/HDM office staff. Continuous improvements will be made with the menu in an ongoing basis, using the Plan-Do-Check-Act (PDCA) Cycle.

Expected Outcome
85% of participants will report satisfaction with menu and food product as evidenced by survey results (Satisfied/Usually good/Always good and/or neutral/agree/strongly agree).

2. Provide quality improvement and consistency to products by examining procedures and processes in the main kitchen.
   Timeline: 10/01/2019 to 09/30/2022

Activities
The meal service provider, AgeWell Services, will create and implement training manuals for all positions in the kitchen to ensure that team members are given top notch training on food safety, production and food processes. The management team will use Lean/Six Sigma training skills they recently developed to dive deeper into process areas needing necessary improvements. In addition, AgeWell will create and implement a Certified Training program (CT) so all team members are trained in a consistent manner with AgeWell policies and procedures in the main kitchen.

Expected Outcome

Development of the Certified Trainer program will result in the creation of an updated training manual. Quality of food and processes will be greatly improved, which will be indicated through survey results. 85% of participants will report satisfaction with menu and food products. Having a Certified Training program will also increase employee engagement and satisfaction. Team members will be engaged in the Lean/Six Sigma processes, identifying better ways of providing a quality product to the people we serve.

3. To review and create a strong Emergency Plan that is responsive to participant needs and team member safety.
   Timeline: 10/01/2019 to 09/30/2020

Activities

AgeWell Services will review all policies pertaining to emergency management and create an Emergency Plan. This project will identify areas for continuous quality improvement and provide opportunities to test the plan, making alterations as barriers are eliminated. AgeWell Services will also work with the food access networks in all three counties to be included in emergency food distribution during inclement weather closures. We will also partner with our Tanglewood Park collaborative, our local police and fire jurisdictions, meal site partners and Emergency Management departments in each county as policies and procedures are written and exercised.

Expected Outcome

AgeWell Services will redevelop an Emergency Plan that will be flexible enough to reflect and respond to many crisis scenarios that may affect the nutrition, health and well-being of participants.

B. Increase the identification, awareness and prosecution of elder abuse within the region, state and nation.
State Goal Match: 3

Narrative

Abuse can happen to anyone—no matter the person's age, sex, race, religion, or ethnic or cultural background. Each year, hundreds of thousands of adults over the age of 60 are abused, neglected, or financially exploited and this abuse will not stop on its own. Many older people are too ashamed to report mistreatment. Or, they're afraid if they make a report it will get back to the abuser and make the situation worse. In addition, adult abuse/neglect and financial exploitation is frequently difficult and time consuming to prosecute. Senior Resources and the fiduciary for the elder abuse program within the PSA, AgeWell Services, have found that the utilization of a multi-disciplinary team approach is effective in communicating all aspects of the case as well as addressing systemic problems and identifying service gaps and /or breakdowns in coordination or communication. For a closer review of prosecutable cases, a subcommittee of the exisiting Tri-County Protection Team will meet once per month to ensure cases appropriate for prosecution are being addressed in the most effective way possible.

Objectives

1. Continue the development and implementation of the Vulnerable Adult Multi-Disciplinary Team (VA-MST)
   Timeline: 10/01/2019 to 09/30/2022

Activities
The VA-MDT will conduct an investigative case review each month to review potential criminal cases of abuse, neglect, or financial exploitation against vulnerable adults. This MDT consists of the prosecutor's offices, law enforcement, Adult Protective Services, the county's guardianship agency, victim legal advocates and gerontology professionals. This team will also become involved in the new state-wide networking efforts being developed by AASA.

Expected Outcome
There will be an increase the number of successfully prosecuted cases. The VA-MDT will host 12 meetings per year as well as participate in training opportunities and most importantly, victims will receive additional services and advocacy.

2. Increase education efforts to the public regarding elder abuse, scams and exploitation.
   Timeline: 10/01/2019 to 09/30/2022

Activities
The Tri-County Protection Team will implement two major conferences per year with two target audiences: seniors age 60 and older and professionals caring for elders. The Senior Symposium and Providers Conference are growing in attendance with great training opportunities. In addition, the TCPT is redeveloping outreach materials, identifying additional training opportunities on various topics to extend outreach throughout the year. The Providers Conference sparks community conversation and action about how to protect vulnerable adults.

Expected Outcome
Increased awareness on how to identify, educate and protect seniors.

3. To create and implement a Mandated Reporter Training in collaboration with Adult Protective Services.
   Timeline: 10/01/2019 to 09/30/2022

Activities
AgeWell Services will work with Adult Protective Services (APS) and the Tri-County Protection Team to develop a 1-hour training on the importance of fulfilling the mandated reporting law. Many individuals become suspicious and concerned about vulnerable adults, but seldom report. We want to motivate people to "trust their gut", as well as understand how the Mandated Reporter law affects professionals. By explaining the law, we feel more people would report by clearly understanding their legal and moral responsibility.

Expected Outcome
An increased number of people will report their suspicions of abuse, neglect and financial exploitation of vunerable adults.

C. Address the opioid crisis in the aging population.
State Goal Match: 4

Narrative
As is most of the nation, Michigan seniors are seeing the devastating consequences of the opioid epidemic include opioid misuse and related overdoses. However, the senior population is experiencing those consequences and more. Nationwide there is an increase in grandparents raising a grandchild because their adult child is misusing opioids, or the older adult may be the victim of elder abuse by a family member with an opioid addiction.

Objectives

1. Increase community linkages and support for persons 60+ experiencing the effects of opioid misuse or addiction.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Senior Resources is committed to contributing to essential community activities including ensuring linkages to Adult Protective Services for any older adult who is self-neglecting or being abused; linking persons over 60 who are misusing pain medication or using illegal opioids such as heroin or fentanyl to treatment providers; providing education and support for patients who take opioids due to chronic pain to ensure they do not become addicted; and expanding aging services and partnering with other community providers to support grandparents raising grandchildren.

Expected Outcome
Seniors in Muskegon, Oceana and Ottawa Counties will have access to support and services which will assist them in managing the opioid crisis.

D. Increase support and training for family caregivers.
State Goal Match: 1

Narrative
In Michigan there are approximately 1.3 million family caregivers. These caregivers devote an estimated 1.2 billion hours in unpaid care to their person/s at a monetary value of about $15 billion dollars a year. In addition, many of these caregivers are over the age of 60 themselves or are still working full or part time. We have seen the demands of caregiving lead to burnout and long term placement, health issues for the caregiver and in the case of younger caregivers, create missed professional and educational opportunities that could affect their futures. It is vital that we support and train caregivers so that they can continue their work of caring.

Objectives

1. To increase caregiver efficacy and reduce caregiver burden.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Senior Resources will create a Family Caregiver Support position which will assist with creating linkages for the family caregiver to existing supports and services, support groups, trainings and education, respite care, and one on one interventions for caregivers in crisis.

Expected Outcome
Caregivers will be more comfortable in their caregiving role and will be able to continue their caregiving efforts.

E. Help older adults maintain their health and independence at home and in the community.
State Goal Match: 2

Narrative
The clear majority of people age 50+ indicate that they want to live in their home and communities for as long as possible. The Community for a Lifetime (CFL) initiative poises communities to create areas that are livable for people of all ages, abilities and economic levels. Such places provide many advantages that enhance the quality of life of residents, economic prospects and local governments. Currently, 6 areas within our region are designated as Livable Communities – 21% of the total in Michigan! Within the next three years we will encourage and support another community to plan and apply for the Community for a Lifetime designation. In addition, we know that affordable housing is a cornerstone of livable communities and as indicated in our public input sessions, a main concern among those polled. Along with amenities like access to health care, transportation options, public parks and gathering places, affordable housing makes a community welcoming to people of all ages, income levels and abilities. A wider range of housing options is required – not just single-family homes and large apartment complexes. A Livable Community incorporates a range of options including creative and innovative housing solutions. These may be tiny homes and micro apartments, options for shared housing, multigenerational housing or modifications that can make a home safe for residents of all ages.

Objectives

1. One community within the PSA will achieve the Community for a Lifetime(CFL) designation by September 30, 2022. (CFL) program is designed to improve the lives of all residents keeping members healthy and engaged, will enhance availability of key services and supports that assist seniors in coping with the predictable problems of aging without further burdening their caregivers, exhausting their financial resources or increasing the likelihood that they must leave home for more intensive and more expensive settings, such as assisted living or long term care. CFL will assist seniors in averting health costs for themselves, Medicare and Medicaid and allow them to support themselves throughout their lives.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Using input data, Senior Resources will present the topic of becoming a Community for a Lifetime to appropriate stakeholders throughout the region, educating them on local community demographics, economic and social trends. Senior Resources will specifically outline the need for improve accessibility and housing accommodations for people of all ages and abilities addressing the issues of affordability and choice, advocate for property tax relief and advise municipalities about changes in building codes that can benefit the community and create additional opportunities for people to age in the community of their choice.

Expected Outcome
Communities for a Lifetime will improve mobility and walkability of the community; inform regional planning efforts; design affordable, accessible housing; promote healthy lifestyles; improve access to public services; and increasing volunteer, inter-generational, and social opportunities.

2. Increase the number of affordable housing options available to older adults within the PSA.

Timeline: 10/01/2019 to 09/30/2022

Activities

Senior Resources will advocate at all levels of government and community for tax credits and government housing subsidies for older renters. We will support building zone changes that will allow individual homeowners to build an accessory dwelling unit (ADU) on their property. ADUs are smaller structures, like carriage houses or basement apartments, and can provide housing for an older family member, rental income, or even be a smaller, more manageable home for the original homeowner. Many communities are now revising their building codes to allow for ADUs and increase available housing.

Expected Outcome

Older adults will have access to affordable housing in an environment that provides the necessary support for them to remain living in the setting of their choice.

Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2020-2022. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.

Include what advocacy efforts (if any) the area agency is engaged in that are related to the four priority advocacy areas the State Commission on Services to the Aging is focusing on: Transportation, Direct Care Worker Shortage, Reduce Elder Abuse and Eliminate the Wait List for home delivered meals and in-home services. Also identify area agency best or promising practices (if any) in these four areas that could possibly be used in other areas of the state.

Senior Resources uses several advocacy outlets to ensure that people throughout the region are educated and informed regarding older adult legislation and budget details and ways to contact lawmakers regarding their preferences. Advocacy alerts via email blast and social media are sent out when action is sought related to a specific issue or when a senior issue is being debated and input is critical. These alerts contain an overview of the legislation that is up for vote, how the legislation effects the population and ways to contact their local representative regarding the voter's preference. This information is also found on our website. Six times per year the Senior Advocates Coalition meets to hear from federal and state representatives and gives attendees an opportunity to comment regarding concerns or provide input on projects/committees or laws being considered.

Senior Resources, along with our national and state associations seek to advance several advocacy issues on a federal and state level over the next year.

First, we believe that Michigan's Long Term Supports and Services (LTSS) system has decades of experience in supporting the needs of older adults and adults with disabilities who require long-term care services enabling aging in place, in the community's consumers call home. The current system empowers consumers to choose the LTSS option best suited to them, and their unique needs and home and community programs such as the MI-Choice Medicaid Waiver Program and the Program for the All- Inclusive Care of the Elderly (PACE) offer effective and efficient delivery of LTSS for individuals requiring a nursing facility level of care in their own homes, offering significant savings to the state with both high participant satisfaction and a high quality of care. We will advocate that any changes to Michigan's LTSS should build upon and utilize the strengths of the existing long-term care system and prioritize the use of non-profit/public providers who know the local communities, their residents and the local resources available as opposed to an unproven system that is dominated by profit-driven, nationally-based insurance companies.

Along the same lines, we will advocate to rebalance Michigan Medicaid spending and ensure access to Home and Community Based programs. The Mi-Choice Medicaid Waiver program empowers approximately 15,000 older adults and adults with disabilities who meet Medicaid eligibility and require a nursing facility level of care to live as independently as possible in the communities they call home. Michigan expends 40% of Medicaid LTSS funding on Home and Community Based Services as compared to the national average of 57% while Mi-Choice Medicaid Waiver participants consistently report high satisfaction rates with the program, the Mi-Choice Medicaid Waiver produces savings of more than 58% over alternative long-term care options – saving that can be reinvested in the system to serve more consumers in need- and more than 3,000 older adults, adults with disabilities, and the family caregivers that help to support them are waiting for access to the Mi-Choice Waiver program. In addition to state advocacy, we will join our national partners in advocating for the reauthorization of Money Follows the Person (MFP). MFP is the longest running effort to support people

transition from a nursing home back to the community and must be secured through reauthorization.
As the population ages, it will be necessary to expand in-home services funded by the Michigan Aging and Adult Services Agency (AASA), such as personal care, homemaking, and home-delivered meals, help non-Medicaid, and near-Medicaid eligible older adults to remain in the communities they call home and out of more costly institutional settings. At the end of 2017 there were 6,043 older Michiganians on waiting lists for in-home services. The Area Agencies on Aging Association of Michigan advocates for a $6 million state investment in AASA in-home services and home-delivered meals to address unmet needs for older adults across the state. This investment in the FY 2020 budget would generate an additional $1,000,000+ for in-home services through local matches and consumer contributions for services.
With the increasing need for in-home services, direct care workers that provide essential in-home care to Michigan residents who require assistance to live safely in their communities' services will be at a premium. Between 2016 and 2026 Michigan will need 34,090 more direct care workers; a 28% increase in this essential workforce. Currently, home care companies in Michigan are struggling to recruit and retain workers, noting that nearly 9 in 10 of Michigan's direct care workers are female, and nearly 1/3 are African American and in Michigan, home care workers have a median income of $10,000/year and nearly 30% of direct care workers have a household income below the Federal Poverty Level. The Area Agencies on Aging Association of Michigan supports investing in this crucial workforce by establishing professional standards, training requirements, and certification; Including direct care workers in MI Talent development initiatives, raising the Medicaid cap, developing additional funding streams to increase wages and training opportunities and including direct care worker services in state Medicaid contracts.
For decades, health experts have recognized the critical influence of social and environmental factors on people's health, especially among poor and disadvantaged populations. Studies showing that medical care has less of an impact on health outcomes than social and environmental factors have been circulating for years. Addressing the social determinants of health (SDOH) has long been a priority for global, national, state, and local public health efforts. But until recently much of the health care delivery system in the U.S. has focused almost exclusively on its role of providing clinical care to individuals. There is a growing interest among policy experts and health care leaders to explore opportunities to address the social determinants. We will advocate for payment, delivery system and data reforms as well as robust community and healthcare linkages, information sharing and the expansion of waivers to learn what works best for screening and addressing social determinants of health.

To better support family caregivers who provide the vast majority of long-term care in this country, we will advocate and encourage Congress to increase funding for the National Family Caregiver Support Program by at least 10 percent, allowing expansion of family caregiver trainings and supports.
The Older Americans Act (OAA) is up for reauthorization in 2019 and we are urging Congress to consider thoughtful changes and investments in the Act to reflect a rapidly growing aging population. We see the importance of the OAA every day, with special importance to millions of older adults whose incomes are not low enough to make them eligible for Medicaid assistance, but who do not have sufficient financial resources to fully pay for the in-home and community supports they need to remain independent. We will especially advocate for additional Title III funding for supportive services. As the population ages, inadequate funding for Title III B supportive services undermines the ability of AAAs to facilitate access to other core OAA programs, such as providing older adults with transportation to congregate meals sites. The flexibility of this funding stream gives AAAs greater means to meet the needs of older adults, as identified at the community level, and often is vital to keeping seniors from needing expensive nursing home care.

In addition, Senior Resources will join in advocating and supporting the Michigan Dementia Coalition and their work to improve quality of life for people living with dementia and their families by making Michigan a dementia capable state. An estimated 180,000 Michiganians age 65 and older have Alzheimer's dementia, and more than half a million family members in Michigan are caring for loved ones with Alzheimer's or other dementias. The Dementia Capable Michigan roadmap includes the promotion of well-being and safety of people living with dementia at all ages and stages; Mobilization of multidisciplinary partnerships to strengthen the service network; Recognition of dementia as a public health priority; And, the enactment of polices that strengthen families, communities, and the economy to create a dementia capable Michigan.
Finally, we seek to further elder abuse prevention in Michigan. Elder Abuse, exploitation, and neglect represent a serious threat to the safety and independence of older Michiganians and is often un-reported due to stigma or fear of retaliation from the abuser whom the older adult may rely on for their care needs. It is estimated that nearly 125,000 older Michiganians are victims of elder abuse, exploitation, or neglect each year. Only 1in 10 instances of elder abuse make it to the attention of authorities. The Area Agencies on Aging Association of Michigan supports polices that aim to raise awareness of and prevent physical, psychological, and financial exploitation and abuse of elder and vulnerable adults. Locally we will work closely with the Tri-County Protection team to report, review and prosecute local cases as appropriate.
As always, we will advocate based upon our mission; To provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana and Ottawa counties - a mission compelling us to focus on older persons in greatest need and to advocate for all.

Leveraged Partnerships

Describe the area agency's strategy for FY 2020-2022 to partner with providers of services funded by other resources, as indicated in the PSA Planned Servivce Array.

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

a) Commissions and Councils on Aging – We have two Councils on Aging within our PSA and they serve as focal points for Senior Resources. Four Pointes Center for Sucessful Aging serves nine townships in the northern part of Ottawa County and we contract with them for Case Coordination & Support and transportation services. They have a congregate meal site as well as a home delivered meal route that is based from that building. Four Pointes and Senior Resources collaborate to provide health promotion/disease prevention classes as well as support groups and trainings and life enrichment.

Oceana County Council on Aging serves the entire county of Oceana. Senior Resources contracts with them for transportation. They have a congregate meal site. Oceana County Council on Aging and Senior Resources collaborate to provide health promotion/disease prevention classes.

The Oceana County Council on Aging and Four Pointes Center for Successful Aging are recipients of millage funds in their areas. These funds are used to cover operating expenses for all services and support existing programs within the Councils on Aging. Without these funds both agencies would be forced to cut back or eliminate certain services to older adults in the areas they serve.

b) Health Care Organizations – Senior Resources is collaborating with Mercy Geriatrics in a program entitled Let’s Stay Home. This program provides an intervention with participants identified by the Mercy Geriatrics physicians as at risk of hospitalization or unnecessary Emergency Room usage due to lack of adequate in-home support, including lack of caregiver or risk of caregiver burnout. The 30-90 day interventions include social and medical assessment, coordination of in-home services and evidence-based REACH caregiver intervention to provide wrap around services. The participant is assigned a Senior Resources Supports Coordinator that will assist with coordination of meals, transportation, follow up healthcare visits, emergency response button, etc. Combining these supportive services with the expertise of our supports coordination in finding long term solutions to these issues and connecting them with appropriate resources have realized excellent participant outcomes.

Health Project (Part of Mercy Health) – Senior Resources partners with The Pathways to Better Health Program which embeds community health workers (CHWs) within social service agencies throughout program regions. Senior Resources has been a contracted partner of Pathways since its inception in 2012, housing up to 4 CHWs dedicated to assist the older adult population.

c) Public Health - Senior Resources has used public health assessments to assist with area planning and to identify gaps in services. We refer to the Public Health Departments for flu shots, educational trainings and environmental health notices and information. A representative from Senior Resources sits on each county Human Service Coordinating body and we partner with Public Health on Emergency Coordinating/Preparedness Committees.

d) Mental Health – Senior Resources has an awareness of Mental Health services and share clients with them through the Medicaid Waiver Program. We have found that services are difficult to access unless a participant is Medicaid Waiver eligible. Senior Resources has an awareness of their programming and makes referrals as appropriate.
e) Community Action Agencies – The Community Action Agency serves as fiduciary and provides assessment oversight for the Ottawa County match funds. In addition, we partner with CAA to offer clients utility assistance, weatherization and commodities. Senior Resources refers participants as appropriate.
f) Centers for Independent Living (CILs) - Senior Resources works in partnership with the CILs in the region to provide the NFT, money follows the person, initiative. Senior Resources views the reciprocal relationship with the CILs as a way to leverage our resources to assist our clients using creative measures.
Other: Senior Resources participates in the Senior Marketing Groups in both Muskegon and Ottawa counties and our staff are encouraged to participate in various other committees and boards that are appropriate to the clientele we serve. We participate in community functions as appropriate.
The regional aging network continues to provide input to a Long-Term Care Options Counseling booklet published by Senior Resources that includes all long-term care options in the region. This booklet is available to all partner agencies to provide continuity of information being provided to the public.
Ccommunity organizations who have not applied to Senior Resources for funding in that past have indicated an interest in partnering with us as their funding through United Way has been eliminated. United Ways national focus is on ALICE and as such, they have eliminated funding for senior programs with the expectation that other funding sources will be able to make up the difference. This has not necessarily been the case and has caused some reduction in service in several areas throughout the region. We will continue to enhance our efforts to collaborate with community resources and work with community programs as appropriate.

2. 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.

Senior Resources will continue funding health prevention and wellness programs with the goal of helping older adults acquire the tools needed to maintain their health, reduce risk of developing chronic disease and managing
their health to live as independently as possible. As resources permit, Senior Resources will continue providing currently funded services and expanding and integrating services to include more chronic disease self-management and evidence-based disease programs. We will also work with the state unit on aging and other community partners to capture discretionary grant dollars to expand these services in our region. We will seek alternate pay sources as they present and are appliciable.

Community Focal Points

Community Focal Points are contact and information points and sources where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review the listing of Community Focal Points for your PSA below and edit, make corrections and/or 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.

A focal point is a facility or entity designated to encourage the maximum co-location and coordination of service for older individuals in a given area or community. For Senior Resources a community is defined as a county. In the case of Ottawa County it is the northern half and the southern half which are existing natural divisions for that county. In our region the focal points are Evergreen Commons, Four Pointes, Oceana County Council on Aging and Senior Resources. All of our focal points are also senior centers or reside in the same building as senior centers. To be a focal point in the Senior Resources region an agency must be a funded provider of the case coordination & support program and also be a part of an agency that serves seniors in the entire county or a large geographic area of a county. Organizations interested in becoming a Case Coordination & Support (focal point) site must apply and be approved for funding through our regular Request for Proposal process, which occurs every three years in conjunction with the three-year area plan. In addition to Case Coordination & Support, all focal points are access points for information & assistance and volunteer opportunities and are seen as the place to seek information about senior issues in their community. Through Case Coordination & Support the client will be assessed and in-home services can be arranged including home delivered meals, personal care, in-home respite, homemaking, and adult day care. If necessary, transportation services can be arranged, Medicare, Medicaid and other insurance counseling can be provided, and assistance is available at each with the Medicare Prescription Drug Program. If client problems indicate, referrals are made to Care Management/Waiver as appropriate and available.

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.

Name:	Evergreen Commons
Address:	480 State Street, Holland, MI 49423
Website:	www.evergreencommons.org
Telephone Number:	616-396-7100
Contact Person:	Aimee Dekker, Director of Senior Care Services, Suzanne Visser, Case Coordinator Supervisor
Service Boundaries:	Southern Ottawa County (County Line North to Filmore Rd.)
No. of persons within boundary:	49,665 County wide
Services Provided:	Case Coordination, Meals, Homemaking, Adult Day Care Respite Activities, Health Promotion/Disease Prevention, Support Groups

Name:	Four Pointes Center for Sucessful Aging

Address:	1051 S. Beacon Blvd., Grand Haven, MI 49417
Website:	www.fourpointes.org/
Telephone Number:	616-842-9210
Contact Person:	Rita Archer, Executive Director, Kim Kroll, Support Coord. Supervisor.
Service Boundaries:	Northern Ottawa County (County Line South to Filmore Road)
No. of persons within boundary:	49,665 County wide
Services Provided:	Case Coordination, Meals, Homemaking, Transportation, Activities, Support Group

Name:	Oceana County Council on Aging
Address:	621 E. Main, Hart, MI 49420
Website:	www.oceanacountycouncilonaging.com
Telephone Number:	231-873-4461
Contact Person:	Kathleen Premer, Executive Director
Service Boundaries:	Oceana County
No. of persons within boundary:	6685
Services Provided:	Meals, Homemaking, Transportation, Activities

Name:	Senior Resources
Address:	560 Seminole Rd. Muskegon, MI 49444
Website:	srwmi.org
Telephone Number:	231-733-3585
Contact Person:	Long Term Care Options Counselors
Service Boundaries:	Muskegon, Oceana, Ottawa Counties
No. of persons within boundary:	35,615
Services Provided:	Case Coordination, Care Management, Medicaid Waiver, MMAP

Other Grants and Initiatives

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

--Tailored Caregiver Assessment and Referral® (TCARE)
--Creating Confident Caregivers® (CCC)
--Chronic Disease Self-Management Programs (CDSMPs) such as PATH
--Building Training...Building Quality (BTBQ)
--Powerful Tools for Caregivers®
--PREVNT Grant and other programs for prevention of elder abuse
--Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
--Medicare Medicaid Assistance Program (MMAP)
--MI Health Link (MHL)
--Respite Education & Support Tools (REST)
--Projects funded through the Michigan Health Endowment Fund (MHEF)

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

Senior Resources contracts with MMAP Inc. to provide Medicare, Medicaid Assistance Program (MMAP) services throughout the region. In addition, workshops such as Matter of Balance (MOB), Personal Action Towards Health (PATH) Chronic Disease Management, Chronic Pain and Diabetes PATH are facilitated throughout the region. Three Senior Resources staff have been certified to provide **RCI REACH** *(Resources Enhancing Alzheimer's Caregiver Health)* to provide education and support for the caregiver, and faciliate skill building to help caregivers manage difficult patient behaviors and decrease their stress. In addition, in 2018 Senior Resources became champions for Dementia Friends and have been providing a monthly session for the public and employees.
Senior Resources is exploring the TCARE programming and will be deciding within the next year as to the level of our involvment in this program.

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

Participants completion of evidenced based workshops and programs have documented outcomes including but not limited to; Longer life; Reduced disability; Later onset; Fewer years of disability prior to death; Fewer falls; Improved mental health; Positive effect on depressive symptoms; Possible delays in loss of cognitive function; andƒ Lower health care costs.
MMAP services assists the person with accessing the health care plan that is most advantageous to them, offering the best coverage for their unique situation at the best cost.

3. Briefly describe how these grants and other initiatives reinforce the area agency's mission and planned program development efforts for FY 2020-2022.

Senior Resources Vision is to Promote Lifelong Dignity and Independence. We are an Area Agency on Aging for all persons over the age of 60 with a mission to help all to age well and supported.

By making a range of supports available, Senior Resources seeks to make it possible for older individuals to delay the need to access a higher level of service and to choose from a variety of program offerings that suit them best – from healthy aging to supportive community services.

FY 2020 AREA PLAN GRANT BUDGET

Rev. 03/20/2019

Agency: Senior Resources of West Michigan | Budget Period: 10/01/19 to 09/30/20

PSA: 14 | Date: 04/01/19 | Rev. No.: DRAFT 2 | Page 1of 3

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	412,406		412,406
2. Fed. Title III-C1 (Congregate)		537,736	537,736
3. State Congregate Nutrition		9,685	9,685
4. Federal Title III-C2 (HDM)		273,114	273,114
5. State Home Delivered Meals		484,047	484,047
8. Fed. Title III-D (Prev. Health)	31,823		31,823
9. Federal Title III-E (NFCSP)	193,230		193,230
10. Federal Title VII-A	8,432		8,432
10. Federal Title VII-EAP	6,560		6,560
11. State Access	28,907		28,907
12. State In-Home	515,434		515,434
13. State Alternative Care	113,857		113,857
14. State Care Management	215,913		215,913
15. St. ANS	45,078		45,078
16. St. N ursing Home Ombs (NHO)	22,009		22,009
17. Local Match			
a. Cash	128,900	58,000	186,900
b. In-Kind	187,500	111,000	298,500
18. State Respite Care (Escheat)	83,604		83,604
19. MATF	121,857		121,857
19. St. CG Support	16,392		16,392
20. TCM/Medicaid & MSO	260,577		260,577
21. NSIP		106,999	106,999
22. Program Income	55,000	280,000	335,000
TOTAL:	2,447,479	1,860,581	4,308,060

ADMINISTRATION

Revenues		Local Cash	Local In-Kind	Total
Federal Administration	160,923	140,000	20,000	320,923
State Administration	27,794			27,794
MATF Administration	11,000	-	-	11,000
St. CG Support Administration	-	-	-	-
Other Admin	5,283			5,283
Total AIP Admin:	205,000	140,000	20,000	365,000

Expenditures	FTEs	
1. Salaries/Wages	4.00	225,000
2. Fringe Benefits		65,000
3. Office Operations		75,000
Total:		365,000

Cash Match Detail Source	Amount	In-Kind Match Detail Source	Amount
Tanglewood Partners	20,000	Volunteers	20,000
SRWM Reserves	100,000		
Other	20,000		
Total:	140,000	**Total:**	20,000

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

X
Signature

Pamela Curtis, CEO
Title

04/08/19
Date

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Senior Resources of West Mich | Budget Period: 10/01/19 to 09/30/20 | Rev. 03/20/2019

PSA: 14 | Date: 04/01/19 | Rev. No.: DRAFT 2 | page 2 of 3

*Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A OMB / Title VII/EAP	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Suppt	TCM-Medicaid / MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	**Access Services**																		
A-1	Care Management								37,957						250,000		16,000	16,000	319,957
A-2	Case Coord/supp	138,406		20,000		28,907			107,956		45,078						90,000	20,000	450,347
A-3	Disaster Advocacy & Outreach Program																		-
A-4	Information & Assis	50,000		10,000													7,000		67,000
A-5	Outreach																		-
A-6	Transportation	43,000														5,000	3,500	2,500	54,000
A-7	Options Counseling																		-
B	**In-Home**																		
B-1	Chore																		-
B-2	Home Care Assis																		-
B-3	Home Injury Cntrl																		-
B-4	Homemaking						480,000									18,000		56,000	554,000
B-6	Home Health Aide																		-
B-7	Medication Mgt	12,000					35,434									2,000		5,500	54,934
B-8	Personal Care	35,000						113,857								9,000		18,000	175,857
B-9	Assistive Device&Tech																		-
B-10	Respite Care			116,230								83,604		16,392		8,000		26,000	250,226
B-11	Friendly Reassure	20,000																2,500	22,500
C-10	Legal Assistance	27,000																3,000	30,000
C	**Community Services**																		
C-1	Adult Day Services												121,857			10,000		16,000	147,857
C-2	Dementia ADC																		-
C-6	Disease Prevent/Health Promtion		31,823															4,000	35,823
C-7	Health Screening																		-
C-8	Assist to Hearing Impaired & Deaf Cmty																		-
C-9	Home Repair																		-
C-11	LTC Ombudsman	5,000			8,432					22,009					10,577		3,000	3,000	52,018
C-12	Sr Ctr Operations																		-
C-13	Sr Ctr Staffing																		-
C-14	Vision Services																		-
C-15	Prevnt of Elder Abuse,Neglect,Exploitation				6,560													1,000	7,560
C-16	Counseling Services																		-
C-17	Creat.Conf.CG® CCC																		-
C-18	Caregiver Supplmt Services																		-
C-19	Kinship Support Services			10,000													1,200		11,200
C-20	Caregiver E,S,T			37,000													4,200		41,200
*C-8	Program Develop	82,000														3,000		10,000	95,000
	Region Specific																		
	Enhanced Support								70,000								4,000	4,000	78,000
	b.																		-
	c.																		-
	d.																		-
	7. CLP/ADRC Services	-		-															-
Sp Co	8. MATF Adm												11,000						11,000
Sp Co	9. St CG Sup Adm																		-
	SUPPRT SERV TOTAL	412,406	31,823	193,230	14,992	28,907	515,434	113,857	215,913	22,009	45,078	83,604	132,857	16,392	260,577	55,000	128,900	187,500	2,458,479

Planned Services Summary Page for FY 2020			PSA: 14		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	$ 319,957	7.41%			X
Case Coordination & Support	$ 450,347	10.43%		X	X
Disaster Advocacy & Outreach Program	$ -	0.00%			
Information & Assistance	$ 67,000	1.55%		X	X
Outreach	$ -	0.00%			
Transportation	$ 54,000	1.25%	X	X	
Option Counseling	$ -	0.00%			
IN-HOME SERVICES					
Chore	$ -	0.00%			
Home Care Assistance	$ -	0.00%			
Home Injury Control	$ -	0.00%			
Homemaking	$ 554,000	12.83%	X		
Home Delivered Meals	$ 1,074,660	24.88%	X	X	
Home Health Aide	$ -	0.00%			
Medication Management	$ 54,934	1.27%	X		
Personal Care	$ 175,857	4.07%	X		
Personal Emergency Response System	$ -	0.00%			
Respite Care	$ 250,226	5.79%	X		
Friendly Reassurance	$ 22,500	0.52%		X	
COMMUNITY SERVICES					
Adult Day Services	$ 147,857	3.42%	X		
Dementia Adult Day Care	$ -	0.00%			
Congregate Meals	$ 785,921	18.20%		X	
Nutrition Counseling	$ -	0.00%			
Nutrition Education	$ -	0.00%			
Disease Prevention/Health Promotion	$ 35,823	0.83%	X		
Health Screening	$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	$ -	0.00%			
Home Repair	$ -	0.00%			
Legal Assistance	$ 30,000	0.69%		X	
Long Term Care Ombudsman/Advocacy	$ 52,018	1.20%			X
Senior Center Operations	$ -	0.00%			
Senior Center Staffing	$ -	0.00%			
Vision Services	$ -	0.00%			
Programs for Prevention of Elder Abuse,	$ 7,560	0.18%		X	
Counseling Services	$ -	0.00%			
Creating Confident Caregivers® (CCC)	$ -	0.00%			
Caregiver Supplemental Services	$ -	0.00%			
Kinship Support Services	$ 11,200	0.26%		X	
Caregiver Education, Support, & Training	$ 41,200	0.95%	X	X	X
AAA RD/Nutritionist	$ -	0.00%			
PROGRAM DEVELOPMENT	$ 95,000	2.20%			X
REGION-SPECIFIC					
Enhanced Support	$ 78,000	1.81%			X
b.	$ -	0.00%			
c.	$ -	0.00%			
d.	$ -	0.00%			
CLP/ADRC SERVICES	$ -	0.00%			
SUBTOTAL SERVICES	**$ 4,308,060**				
MATF & ST CG ADMINSTRATION	$ 11,000	0.25%			X
TOTAL PERCENT		100.00%	27.33%	52.78%	19.89%
TOTAL FUNDING	**$ 4,319,060**		$1,180,000	$2,280,000	$859,060

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) $1 are not considered material.

COUNTY OF OTTAWA

STATE OF MICHIGAN

<u>RESOLUTION</u>

At a regular meeting of the Board of Commissioners of the County of Ottawa, Michigan, held at the Fillmore Street Complex in the Township of Olive, Michigan on the 25th day of June, 2019 at 1:30 o'clock p.m. local time.

PRESENT: Commissioners: ____

____

____

ABSENT: Commissioners:____

____

____

It was moved by Commissioner __________________________ and supported by Commissioner __________________________ that the following Resolution be adopted:

WHEREAS, Senior Resources, the Area Agency for Aging serving the residents of Ottawa County, has filed its Multi-Year Area Plan for FY 2020-2022 and Annual Implementation Plan for FY 2020 ("the Plan") with the Ottawa County Board of Commissioners; and,

WHEREAS, the Ottawa County Board of Commissioners, upon review of the Plan, has determined that it is consistent with the goals and objectives of the County of Ottawa with regard to services for senior citizens, and has further determined that implementation of the Plan will protect and benefit the health, safety, and welfare of the senior citizens of Ottawa County, with County funding therefore, if any, subject to the availability of such resources in the County

budget as may be determined in the sole discretion of the Ottawa County Board of Commissioners;

NOW THEREFORE BE IT RESOLVED, that the Ottawa County Board of Commissioners receives and approves the Senior Resources Multi-Year Area Plan for FY 2020-2022 and Annual Implementation Plan for FY 2020, with County funding, if any, subject to the availability of such resources in the County budget, as may be determined in the sole discretion of the Ottawa County Board of Commissioners; and,

BE IT FURTHER RESOLVED, that all resolutions and parts of resolutions insofar as they conflict with this Resolution are hereby repealed.

YEAS: Commissioners: ____

____

____

NAYS: Commissioners: ____

____

____

ABSTENTIONS: Commissioners: ____

____

____

RESOLUTION ADOPTED.

______________________________ ______________________________

Chairperson, Ottawa County Board of Commissioners

Ottawa County Clerk/Register

The Impact of COVID-19 on Routine Immunizations

Toni Bulthuis BSN, RN
Immunization Supervisor,
Ottawa County Department of Public Health

The pandemic affected routine immunization rates in children and adults

- The COVID-19 pandemic has affected the number of well-visits with primary care providers or immunizations clinics, such as ours.
  - This is not only because people were afraid to go to a physician office due to possible exposure to the virus, but also because health systems and offices may have had to repurpose their staff for the COVID response effort.
  - Ottawa County Department of Public Health (OCDPH) was affected due to the enormous public health effort that was needed to respond to the pandemic, and to vaccinate our community.

The Result??

- Declining immunization rates in children is worrisome because communities are at increasing risk for cases and outbreaks of vaccine preventable diseases.
- Michigan has the lowest immunization rates in years.
  - The measles-mumps-rubella (MMR) vaccine rate in Michigan for two-year old's dropped nearly 4% to 80.9% in April 2021.
  - Rates for the full series of recommended vaccines for two year old's dropped from 56% to 54.3%

These low immunization rates leave us at risk for outbreaks in our community, risking the health and wellbeing of our community members and adding to the responsibility of public health workers.

What to do now?

- Communication with our Ottawa County physicians to continue to do “recall” for their patients, both children and adults, who are overdue for routine, recommended vaccines, as well as doing our own recall.
- Communication with our schools to provide information to the parents of their students that all students need to be up to date with immunizations or have a valid waiver on file in order to start school in the fall
- Open as many appointments at OCDPH as current staffing allows for patients who are uninsured or have Medicaid who don’t have a physician, or their primary care office doesn’t carry the government provided no-cost Vaccines for Children vaccines.

More responsibilities to come for the immunization staff at OCDPH due to…

INCREASE IN TRAVEL!

- One of our usual responsibilities is to educate and vaccinate travelers going to foreign countries where there may be a higher risk of endemic diseases.
- We have not done any travel visits since the beginning of the COVID pandemic, so we will begin to offer those appointments, as staffing supports, after the back-to-school rush is over.

INCREASE IN FOREIGN EXCHANGE STUDENTS!

- The immunization team usually processes and reviews over 100 foreign exchange student records every summer to make sure they have all the required immunizations to attend school in Michigan. These are coming in on a regular basis!

Thank you!