

AREA AGENCY ON AGING 1-B
MULTI-YEAR AREA PLAN SUMMARY DRAFT
Fiscal Years 2023-2025

This document is a summary of the AAA 1-B Draft Multi-Year Plan for FY 2023-2025 and is subject to change. A full draft of the plan will be available on the AAA 1-B May 3rd in advance of the Public Hearings on May 5th and 6th. Information about the public hearings is listed below:

Virtual Hearing via Zoom

Thursday, May 5: 11:00 am- noon

Join via Zoom: <https://us02web.zoom.us/j/88236937736>

Phone in: (312) 626-6799/ Meeting ID: 882 3693 7736

In-person Hearing

Friday, May 6: 200 – 3:00 pm

Costick Activities Center

28600 W. Eleven Mile Rd./Farmington Hills, MI 48336

EXECUTIVE SUMMARY

The executive summary provides a succinct description of the priorities set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2023-2025. Please note there are separate text boxes for the responses to each item.

Instructions

Please enter your responses to each of the following items in the proper sections of the executive summary.

1. *A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.*

a. Response:

The Area Agency on Aging 1-B (AAA 1-B) is a nonprofit 501(c)3 organization with a rich history of supporting older adults, people with

disabilities and family caregivers in southeast Michigan. More than 29% of the state's older adult population resides in Region 1-B, with SEMCOG estimating that in 2022, 800,000 persons age 60 and older are living in our six-county region that includes Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. (SEMCOG 2045 Regional Forecast).

The mission of the AAA 1-B is to enhance the lives of older adults and adults with disabilities in the communities we serve. Our vision is independence and well-being for those we serve. We are dedicated to: 1) ensuring access to a network of long term care services; 2) allocating federal and state funds for social and nutrition services; 3) advocating on issues of concern; 4) developing new older adult and independent living services; 5) coordinating activities with other public and private organizations; and 6) assessing needs of older adults and adults with disabilities and linking them with home and community-based long term care services. We prioritize activities that allow people to maintain their independence with dignity and place a special emphasis on assistance to frail, low income, disadvantaged, cultural/minority elders and adults with disabilities.

The AAA 1-B's strengths include our staff's knowledge, skill sets and commitment to our agency mission, high customer satisfaction, and partnerships with local organizations. Weaknesses include our heavy reliance on state and federal funding. In the next three years, the AAA 1-B will focus on opportunities to expand on business development opportunities with healthcare entities to diversify our funding.

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

a. **Response:**

The AAA 1-B is involved in a variety of collaborations and development activities aimed at achieving its mission, identifying opportunities for increased efficiencies, diversifying funding sources, reducing wait lists, and filling the gaps resulting from the aging of the population without commensurate increases in funding. The AAA 1-B plans to strengthen existing partnerships with MI Health Link health plans, Veterans Administration, the region's transit authorities to support the myride2 program, and other key partnerships in the healthcare industry, including McLaren and Priority Health. By collaborating with our network of aging services providers and contractors, we plan to increase participation in social services, nutrition, and adult day programs.

The pandemic highlighted key gaps in aging services including family caregiver strain, health promotion, disease prevention, and disease management. We are focusing on family caregivers by providing training, education, and resources through a caregiver training & resource portal, caregiver coaching, and other supports. We are expanding the reach of health and wellness workshops to promote health and disease prevention, which will be achieved by offering in-person and virtual programming. The AAA 1-B will continue to provide leadership to the Silver Key Coalition, resulting in significant increases in state funding to support the highest priority services: in-home care and home delivered meals. The development of entrepreneurial activities that generate resources for services provided by AAA 1-B vendors and contractors will incorporate input from service provider agencies.

3. *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.*

a. Response:

- Continuously identify ways to optimize impact and efficiency through service delivery.
- The AAA 1-B will work with its provider network to identify service delivery techniques to minimize waitlists.
- Implementation of a new electronic medical record system (EMR) will increase efficiency in service delivery.
- The AAA 1-B will maintain National Committee for Quality Assurance (NCQA) accreditation.
- The AAA 1-B will maintain Alliance of Information and Referral Systems (AIRS) certification for all Resource Center staff who provide Information and Assistance services.

4. *Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.*

a. Response:

COVID-19 continues to have an impact on Region 1-B. At the start of the COVID-19 pandemic, the AAA 1-B quickly implemented a virtual work environment by providing current employees with additional equipment and adjusted processes to maintain operations. We also worked on several initiatives centered around employee engagement and reminded

employees of our Employee Assistance Program (EAP) support services. We are now facing considerable staff turnover due to the COVID-19 pandemic. To sustain personnel numbers, the AAA 1-B has developed additional recruiting strategies and is working on engagement and retention initiatives.

Throughout the pandemic, the AAA 1-B collaborated with local service providers to ensure older adults throughout Region 1-B had access to food and other necessities. The aging network response to COVID-19 in Region 1-B was successful thanks to the strong service providers that work with and alongside the AAA 1-B. A summary of key challenges and AAA 1-B operational changes, including challenges and ongoing needs, is provided below.

VACCINATIONS- In partnership with county health departments and local community organizations, the AAA 1-B connected older adults, caregivers, and direct care workers with information about the COVID-19 vaccine, including how to access in-home vaccination. Community partners offered targeted COVID-19 vaccine outreach to the various communities they serve. Vaccination information is updated regularly and is available from the AAA 1-B Resource Center, website, and social media platforms. The AAA 1-B clinical team contacted all of its in-home service participants and residents at adult foster care and homes for the aged in Region 1-B to provide support to register for vaccine and booster appointments and assistance in arranging transportation to and from vaccination sites. Outreach efforts attempt to address challenges related to misinformation about the COVID-19 vaccine and reaching individuals who are hesitant to receive the COVID-19 vaccine.

DIRECT CARE WORKFORCE- Region 1-B continues to experience severe shortages in the direct care workforce due to COVID-19. Several factors, including fear of contracting COVID-19, lack of childcare options, and low wages, led to a shortage of workers. Premium pay was implemented for direct care workers providing approved services through September 2022. The AAA 1-B is working with colleagues across Michigan to address the challenges related to the direct care workforce.

SOCIAL ISOLATION- Social isolation has been a challenge throughout the COVID-19 pandemic as older adults have followed quarantine and social distancing guidelines and reduced contact with people outside of their

households. Social distancing requirements necessitated the closure of many programs that seniors rely on, including adult day centers, congregate meal sites, and senior centers. Many programs shifted to online formats, which posed additional issues for older adults who may not have access to technology or reliable internet connectivity. In addition to program closures and shift to online formats, many other facilities, including assisted living facilities, licensed care facilities, and nursing homes prohibited outside visitors, further limiting socialization. Social isolation has many negative health implications and can be especially difficult for individuals with dementia.

The AAA 1-B is evaluating the impact of technology to lessen social isolation among older adults through a grant from Michigan Health Endowment Fund and a private/public partnership with Oakland County, Amazon, and American House Senior Living Residences to connect quarantined residents virtually with family and friends utilizing ECHO Show devices.

DIGITAL DIVIDE- Difficulty using and obtaining technology is a significant challenge for older adults during the pandemic. Older adults without internet access face added difficulties registering for COVID-19 vaccines, obtaining health care services, and have fewer outlets to combat isolation during quarantine.

ACCESS TO CARE/CARE REFUSAL- In Region 1-B, some older adults have declined to seek care and canceled appointments out of fear of contracting the virus. This placed some older adults at risk who otherwise depend on in-home services. This issue was especially prevalent in the early phases of the pandemic; the agency has seen requests from participants to reinstate services that they had previously cancelled.

5. *Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.*

a. Response:

The AAA 1-B anticipates that it will be necessary to focus significant resources to continue responding to the COVID-19 pandemic outbreak and recovery in FY 2023 and beyond. The AAA 1-B will prioritize developing new business opportunities to diversify our revenue to support our mission. The AAA 1-B plans to shift funding for contracted Outreach

services, which is known locally as Community Liaison, to American Rescue Plan Act funding for FY 2023.

6. *A description of the area agency's assessment of the needs of their service population. See Operating Standard for AAAs C-2, #4.*

- a. **Response:**

The AAA 1-B hosted virtual listening sessions in November 2021 to obtain feedback from service providers and community members on their top priorities and needs of older adults, caregivers, and service providers. Participants identified additional priorities for seniors and caregivers in the community such as prevention of elder abuse and financial exploitation, kinship care support, housing, mental health and social isolation, and transportation as. The AAA 1-B developed and administered a service prioritization survey which is used to develop our service priority ranking. Respondents identified installation of home safety devices, minor home repair, public education about resources, and transportation for in-home service participants as top priorities.

SCOPE OF SERVICES

The COVID pandemic has highlighted the importance of the aging service network. People over age 65 comprised 75 percent of COVID deaths in the US, or one in 100 people in that age group by the end of 2021. Fear of contracting the virus has caused long-term social isolation, resulting in serious physical and emotional health effects. The growing availability of supports delivered remotely has been of great assistance. Maintaining adequate services for those who are homebound and their caregivers will continue to be essential. Burdens on family caregivers have increased due to the closure of some in-person services because of the pandemic as well as because of the direct care worker shortage.

Most people with dementia live at home, supported by family and friends. Evidence-based interventions are effective methods for supporting both the person living with dementia and their caregivers. Aging service providers can provide services and support to maintain independence with referrals to healthcare professionals as appropriate.

Though we have long known that racial and ethnic minorities, the LGBTQ+ community and other disadvantaged groups have higher rates of disease and early death, the factors that lead to discrimination have not been fully explored. Growing determination to address diversity, equity and inclusion are leading us to look holistically at discrimination concerns with an eye toward eliminating disparities and micro-aggressions.

*Constantly changing service demand challenges make it 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.*

Instructions

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

a. Response:

According to the 2020 American Community Survey, individuals aged 60 and older make up 24% of the 1-B Region's population, with 705,743 older adults living in Region 1-B. This represents a 5% population increase from the 669,351 older adults in the region at the start of the last MYP. The 60 and older population is up 29% from the 2010 census. SEMCOG estimates that the Region 1-B older adult population will reach 982,609 by 2045.

During this MYP, Region 1-B's 65+ population is predicted to grow by 154,402 seniors, an average of approximately 141 seniors per day. 2.2% of the older adult population is 85 and older.

The population of people 60 and older in Region 1-B is racially diverse. According to the 2020 American Community Survey, the minority population in Region 1-B increased from 13.7% in the previous MYP to 15.2% of the 60+ population. The largest non-white older adult populations in Region 1-B are Black or African-American (8.3%), Asian (3.2%), and Hispanic/Latinx* (1.4%).

Region 1-B has the largest population of Limited English Proficient older adults compared to other areas of the state. Region 1-B's 65+ Limited English Proficient (LEP) population is 5.3% (25,538), whereas there are 53,297 LEP older adults statewide.

The 2020 American Community Survey reveals that the poverty rate for the age 60 and over population in Region 1-B has remained consistent since the previous MYP, with 7.2% of older adults living below the poverty line, and 13.0% living below 150% of the poverty line.

By 2045, the population of people over the age of eighty in Region 1-B is projected to nearly triple, while concurrently the number of residents of caregiving age (ages 45-64) who can serve as a family caregiver are projected to decrease. By 2030 there will only be 3.6 AAA 1-B residents of caregiver age for every AAA 1-B resident age 80 and older.

Additional notable demographic statistics are that currently 28% of Region 1-B's older adult population has a disability, and nearly 26% of individuals aged 60+ live alone.

*We use the term Latinx because it is gender neutral.

2. *Identify the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.*

a. Response:

i. Service Categories Receiving Most Funds:

- Case Coordination & Support
- Congregate Meals
- Home Delivered Meals
- Homemaking
- Respite

ii. Service Categories with Greatest Anticipated Participants:

- Congregate Meals
- Home Delivered Meals
- Information & Assistance
- Long-Term Care Ombudsman
- Outreach

3. *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.*

a. Response:

Participants at AAA 1-B's November 2021 listening sessions identified top priorities and needs for older adults, caregivers, and service providers in the community. The 66 participants at the two listening sessions identified many areas of need, such as prevention of elder abuse and financial exploitation, kinship care support, housing, mental health and social isolation, and transportation as additional priorities for older adults and caregivers in the community.

The AAA 1-B requested feedback via a survey of listening session participants, as well as service providers and community members who did not attend the listening sessions. 277 individuals completed the survey, which is used to develop our service priority ranking. In addition to the needs stated above, respondents identified installation of home safety

devices, minor home repair, public education about resources, and transportation for in-home service participants as top priorities. When asked to identify key areas to focus on to serve older adults, the top themes were in-home services, homemaking, respite, and chore services.

A 2021 report from the Center for Health and Research Information (CHRT) estimates that 23% of adults in Michigan (1.7 million) provide unpaid care to another adult. AARP estimates there are approximately 377,000 family caregivers in Region 1-B. A 2019 Needs Assessment conducted by AAA 1-B found that approximately 27% of all respondents in Region 1-B provided unpaid care to an adult relative or friend. AAA 1-B continues to recognize the need to support and provide training to the growing caregiver community that extends throughout our six-county region.

There are approximately 1.4 million persons with disabilities in Michigan and in Region 1-B alone there are 370,014. This is 26% of the total Michigan disabled population. Of the 60+ population in Region 1-B, 28% are a person with a disability.

Diabetes is a prevalent chronic health condition within the 1-B Region. The MDHHS' 2020 Behavioral Risk Factor Survey reports that state diabetes rates are higher than the national median rate, with an estimated 12.3% of adults and more than 23.9% of adults age 75 and older receiving a diabetes diagnosis. AARP's 2018 Disrupting Disparities Report found that two-thirds of Michigan older adults say they have one or more health conditions. The most common health conditions were high blood pressure, diabetes, heart disease, and mental health issues such as depression. Twelve percent of these individuals reported having gone without necessary care due to cost, lack of transportation, or lack of available timely appointments. These findings suggest a need for increased health and wellness programming focused on healthy eating and physical activity.

The 2017 American Community Survey shows high levels of health insurance coverage for those over age 65; only 0.4% of Region 1B's 65+ population is uninsured.

A continuing concern identified during both the listening sessions and the service prioritization survey is the direct care workforce shortage and inability to meet the demands of the rapidly growing older adult population

in the region. Older adults are concerned about their ability to find and keep well-trained in-home care workers when they need them. These concerns reinforce the need for the AAA 1-B to work with partners, maximize efficiency and continue advocating for solutions to this problem.

4. *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/AIP cycle, including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.*

a. Response:

The AAA 1-B is privileged to serve a racially, ethnically, religiously, and otherwise diverse older adult community in our six-county region. While the AAA 1-B and the aging network serve all older individuals, the AAA 1-B emphasizes outreach and service to traditionally underserved low-income minority populations. Over the next three years, the AAA 1-B will continue improving and expanding services to low-income, racial/ethnic minority, limited English proficient, and LGBTQ older adults a priority.

Contracted service providers are expected to analyze the demographic composition of the areas they serve, select one underserved/priority population group for focused outreach, and develop tactics to serve this population. The provider network is also encouraged to target outreach and services to the LGBTQ older adult and caregiver population, who traditionally are underserved and isolated.

5. *Describe the area agency's efforts to ensure diversity, equity, and inclusion, including how the agency ensures that staff at their agency and subcontracting agencies is diverse, equitable, inclusive and knowledgeable of the harms of implicit bias?*

a. Response:

All AAA 1-B employees receive diversity, equity & inclusion (DEI), and Implicit Bias (IB) training in addition to various topics annually for professional development. Diversity, Equity & Inclusion, and Implicit Bias trainings are provided biennially for non-clinical employees, and annually for clinical employees (next all Agency DEI & IB training to be conducted approximately Q2 2023). New Hires will be enrolled in our LGBTQIA training within the first 6 months of employment. Attending employees will receive continuing education credits for their attendance (if available), and/or a certificate of completion.

AAA 1-B will provide live online training with interactive discussions and learning to its subcontracting agencies, which will include diversity, equity, and inclusion and knowledge of the harms of implicit bias.

6. *Describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers.*

- a. **Response:**

The AAA 1-B has several protocols in place to identify and meet the needs of persons living with dementia and their caregivers. When individuals or caregivers contact the AAA 1-B information and assistance resource center seeking dementia-specific resources, they are provided relevant services and resources from the AAA 1-B's resource database. The resource database contains hundreds of dementia-specific resources that meet the AIRS criteria.

If an individual enrolled in the AAA 1-B Community Living Program has cognitive challenges noted during enrollment or follow-up assessments, the participant and their caregiver may be provided with dementia-specific resources, as needed. The AAA 1-B's clinical staff (supports coordinators and case workers) receive quarterly trainings on various topics for professional development, which at least annually include dementia-related topics.

The AAA 1-B provides several education and support programs for caregivers of persons living with dementia. The Caregiver Coaching program provided one-on-one peer support for family and informal caregivers, several of whom are dementia caregivers. The volunteer caregiver coaches are regularly provided information on supporting dementia caregivers. The AAA 1-B offers an on-line training and education platform with several dementia-specific resources.

The AAA 1-B provides Dementia Friends information sessions to its staff and community. Dementia Friends is an informational program that aims to increase awareness of dementia and encourage community members to work toward the creation of a dementia-friendly community.

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

a. **Response**

Any older adult or caregiver seeking services through the AAA 1-B generally accesses services by speaking with an AAA 1-B Resource Specialist in the call center or working through a partner agency. Resource Specialists assess what programs or services a person may need or is eligible to receive. While AAA 1-B is fortunate to offer a wide variety of services through ACLS bureau funds, local match, senior millages, grants, and other fund sources in the area, in circumstances where the person needs an unfunded service then all attempts are made to provide the person with a list of options. The AAA 1-B's Resource Center database contains thousands of resources to help older adults and caregivers obtain the services they need. The AAA 1-B's data system also tracks unmet needs and we use this data as part of our program development activities.

Individuals on the waiting list for the Community Living Program are contacted annually and offered the options counseling service to identify needs and develop strategies to meet these needs using any available community resources. Individuals currently enrolled in the Community Living Program who need additional resources work with community health workers and/or supports coordinators to identify options.

8. *Describe the area agency's priorities for addressing identified unmet needs within the PSA for the FY 2023-2025 MYP/AIP.*

a. **Response:**

The AAA 1-B uses a variety of means to determine unmet needs, including but not limited to: advisory council input, community listening sessions, stakeholder surveys with advocates and providers, satisfaction surveys with participants, regular feedback from service providers, Ad Hoc study committees, waitlist data, information and assistance caller needs data, Census data, SEMCOG population trend and projection data, as well as national, regional, and local research and other data sources. Many of these data sources are available on the AAA 1-B website for public review.

The AAA 1-B recognizes that unmet needs exist within the region, and takes the following actions to address them:

- 1) Maintains relationships with service providers who may be able to meet the needs, and makes appropriate referrals;
- 2) Works with contract and direct purchase providers to encourage innovation in delivery and programs to meet these needs;
- 3) Allocates program development dollars to implement pilot projects that ultimately will meet these needs;
- 4) Uses leveraged partnerships and grants to meet these needs.

The AAA 1-B is committed to funding nutritious meals to individuals eligible for the older adult nutrition program. Older Americans Act funding for nutrition services is allocated to home-delivered and congregate meal programs. Each year, as allowed by the Older Americans Act, the AAA 1-B requests and receives approval from ACLS Bureau to transfer congregate meal funds to the home-delivered program to avoid creating a wait list for this most vital of services.

The AAA 1-B hosted two community listening sessions and issued a survey in November 2021 to collect feedback and input on community needs and service prioritization for the FY 2023-2025 Multi-Year Plan. Installation of home safety devices, minor home repairs, public education about resources, and transportation were ranked as top priorities in the survey. The most cited unmet needs and priority service areas mentioned at the community listening sessions were social isolation and mental health, transportation, support for grandparents raising grandchildren, affordable and accessible housing, and help preventing and reporting elder abuse and financial exploitation.

Funded services are informed by the community listening sessions and priority survey when there is additional funding to allocate toward services or when funding cuts are required. This information is used by the AAA 1-B when planning for grant-funded pilot programs. In some cases, there is insufficient funding available to address the unmet need. Transportation is a persistent unmet need and satisfying all the transportation demands within the AAA 1-B's broad geographic serving area would deplete much of the AAA 1-B's public funding. At this time, the AAA 1-B funds limited transportation for eligible Community Living Program participants, subject to the ACLS Bureau transportation service definition. To address this unmet need, the AAA 1-B devotes considerable leveraged resources to advocate for transportation options for those who cannot or do not drive. Individuals are also directed to the AAA 1-B's myride2 mobility

management service. Mobility specialists are able to identify low-cost options and assist callers with making transportation arrangements.

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

a. Response:

Due to the inability to meet the demand for in-home services offered through its Community Living Program (CLP), the AAA 1-B has implemented a prioritization strategy using a star ranking system that is based on social, functional, and economic needs. Individuals enrolled in CLP are assigned stars depending on their individual circumstances and need. The fewer the stars, the higher they rank on the queue to be served. The ACLS Bureau services plan is included below.

ACLS Bureau Services Targeting Plan

Per the ACLS Bureau Operating Standards for Service Programs, "Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs."

Definitions per the Operating Standards

- Social Need: isolation, living alone, age 75+, minority, non-English speaker
- Functional Need: handicap per Americans with Disabilities Act (ADA), activities of daily living (ADL) limitation, mental/physical inability to perform specific tasks, acute or chronic health conditions
- Economic Need: eligible for income assistance programs, self-declared income below 125% of poverty

If a participant meets the following criteria, they will automatically receive the highest priority for service: *Active Adult Protective Services (APS) case, Hospice, Regional Transfers, Caregiver Burnout.*

In AAA 1-B contracted service programs, when program resources are insufficient to meet the demand for services, each service program must establish and utilize written procedures for prioritizing participants wanting to receive services, based on social, functional and economic needs. Indicating factors are included for:

- Social Need – isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.
- Functional Need – disabled (as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.
- Economic Need – eligibility for low-income assistance programs, self-declared income at or below 125% of the poverty threshold, etc.

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

The AAA 1-B Advisory Council reviewed feedback from AAA 1-B MYP Community Listening Sessions and the FY 2023-2025 Service Prioritization survey results during their February 2022 meeting. Advisory Council members emphasized the importance of the Home Delivered Meal program as a core service provided by aging network providers in Region 1-B. Personal Care services were also identified as an essential service providing care and connection for older adults.

Unmet needs identified by Advisory Council members included the need for additional information about the value of Hospice care in the community. For the Home Delivered Meal program, rising food costs were identified as a concern for providers. Social Isolation was identified as an ongoing need in the community, with concern for senior mental health and suicide rates during the COVID-19 pandemic.

Council members recommended utilizing Home Delivered Meal volunteers to identify individuals at risk for social isolation. Training for Home Delivered Meal drivers could include information about identifying signs of social isolation. Future opportunities could include partnerships with local food banks to provide additional food for older adults. Strategies to address social isolation and suicide among older adults could include providing information about proper prescription drug disposal and connecting older adults socially through technology.

11. *Summarize how the area agency uses information, education, or prevention programs to delay the need for additional services by the eligible target populations.*

a. **Response:**

AAA 1-B Resource Specialists provide comprehensive information and assistance, which consists of person-centered referrals to help support older adults, and/or their family caregivers, to remain living as independently as possible. The Resource Specialists encourage individuals to call back if their needs change and they may benefit from additional services. For callers that would benefit from additional support provided by referral organizations, a Resource Specialist will, with permission of the individual, initiate a warm transfer call to ensure the older adult or caregiver connects with a key referral. The Resource Specialists will make follow-up calls to older adults or family caregivers who they feel may be at risk for not following through on the information provided.

The AAA 1-B offers several evidence-based wellness programs that provide health education and prevention strategies. Programs include A Matter of Balance, on strategies for fall prevention, Aging Mastery Program, PATH (Personal Action Toward Health), Diabetes PATH, and Chronic Pain PATH self-management workshops. Educational wellness programs increase self-efficacy and can delay participants' need for further services.

The AAA 1-B provides several trainings for family and informal caregivers, including the Aging Mastery Program for Caregivers, Powerful Tools for Caregivers, Caregiving Survival seminar(s) with Jill Gafner, and a new on-line training and education platform for caregivers. The Caregiver Coaching program provides caregivers with one-on-one peer support from trained, vetted volunteers. The AAA 1-B is also providing Dementia Friends for staff and the community to bring more awareness to the needs of persons with dementia living in our communities.

To increase the effectiveness of funding, the AAA 1-B systematically prioritizes services that encourage independence and aging in place including: home delivered meals, community living program (in-home services), information & assistance, home injury control, elder abuse prevention, and adult day health services (including dementia adult day care). Prioritization is determined by a combination of assessed community needs and input from our community members. The AAA 1-B prioritizes service delivery to best reach participants most in need of assistance, maximizing services to low-income participants, participants age 75 and over, participants that need assistance with multiple activities of daily living (ADLs), and participants in other circumstances that make them, especially in need of services. These dual prioritization systems allow us to maximize the impact of our limited funds.

The agency focuses on various aspects of outreach including community and workplace presentations, event participation, building and maintaining a comprehensive website, social media, public and media relations, in addition to a monthly newsletter, producing a bi-annual resource guide and targeted emails and direct mail campaigns. Building awareness of the agency and the services we directly provide and fund in the community is vital to helping family caregivers and older adults learn and access these programs and services when the need is identified. We are focused on eliminating the phrase “I wish I had known about your agency when...”.

PLANNED SERVICE ARRAY

Complete the FY 2023-2025 MYP/AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

A. Response:

	Access	In-Home	Community
Provided by Area Agency	Care Management Case Coordination & Support Information & Assistance Options Counseling Outreach		Disease Prevention/Health Promotion Long-Term Care Ombudsman Caregiver Education, Support, and Training
Contracted by Area Agency	Transportation Outreach**	Chore Home Injury Control Homemaking Home-Delivered Meals Medication Management Personal Care Assistive Devices & Technology Respite Care	Adult Day Services Dementia Adult Day Care Congregate Meals Disease Prevention/Health Promotion Assistance to the Hearing Impaired and Deaf Community Legal Assistance Prevention of Elder Abuse, Neglect, and Exploitation Kinship Supplemental Services – Grandparents Raising Grandchildren Caregiver Education, Support, and Training

Local Millage Funded	Care Management* Outreach* Transportation* Options Counseling*	Chore* Home Care Assistance* Home Injury Control* Homemaking* Home Delivered Meals* Personal Care* Respite Care* Friendly Reassurance*	Adult Day Services* Dementia Adult Day Care* Congregate Meals* Nutrition Education* Assistance to the Hearing Impaired and Deaf Community* Home Repair* Legal Assistance* Senior Center Operations* Senior Center Staffing* Counseling Services* Kinship Support Services*
Participant Private Pay	Care Management Transportation	Chore Home Care Assistance Home Injury Control Homemaking Home Delivered Meals Home Health Aide Medication Management Personal Care Assistive Devices and Technologies Respite Care Friendly Reassurance	Adult Day Services Dementia Adult Day Care Nutrition Counseling Nutrition Education Disease Prevention/Health Promotion Health Screening Assistance to the Hearing Impaired and Deaf Home Repair Legal Assistance Vision Services Counseling Services

*Not PSA-Wide

**Funded using American Rescue Plan Act funding in FY 2023

PLANNED SERVICE ARRAY NARRATIVE

Describe the area agency’s rationale/strategy for selecting the services funded under the MYP/AIP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.

Instructions

Use the provided text box to present the Planned Service Array narrative.

a. Response

The AAA 1-B determines the services funded by analyzing: 1) input from local and regional stakeholders, including AAA 1-B program participants, service providers, Board of Directors members, Advisory Council members, advocacy groups, county commissioners, and human service collaborative bodies; 2) program participants' demand for services; 3) call center data; 4) regional, state and national data on aging services, program needs, and waitlists; 5) impact of services on health and medical outcomes; 6) availability of services throughout the region; and 7) direct feedback from community members at local community listening sessions and through an online service prioritization survey. Two out of six counties and several municipalities in Region 1-B have a senior millage that support services in their area, allowing a more comprehensive array of services available in the areas supported by senior millage funding. We work closely with our partners at the local level to ensure the funding is utilized to provide the highest priority services.

DRAFT

		FY 2023 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL																						
		Agency: Area Agency on Aging										Budget Period: 10/01/22					to 09/30/23		Rev. 10/8/21					
		PSA: 1B										Date: 04/08/22					Rev. No.: 1		page 2 of 3					
*Operating Standards For AAA's																								
Op	Std	Service Category	Title III-B	Title III-D	Title III - E	Title VII/EAP	Title VII A	State	State	St. Alt.	State Care	State	St. ANS	St. Respite	MATF	St. CG Suppt	TCM - Medicaid	Program	Cash	In-Kind	TOTAL			
						OMB	Access	In-Home	Care	Mgmt	NHO			(Escheat)			MSO Fund	Income	Match	Match				
A		Access Services																						
A-1		Care Management	340,484		140,855								240,000						68,000	43,260	1,112,599			
A-2		Case Coord/supp	345,334		387,801								623,653						40,000	111,977	1,519,765			
A-3		Disaster Advocacy & Outreach Program																			-			
A-4		Information & Assis	432,030		325,300			20,000												86,370	863,700			
A-5		Outreach	233,334		178,000			166,610												64,216	642,160			
A-6		Transportation													15,000						15,000			
A-7		Options Counseling	15,000		45,000															6,667	66,667			
B		In-Home																						
B-1		Chore	300,000															10,000		33,334	343,334			
B-2		Home Care Assis																			-			
B-3		Home Injury Cntrl	16,500		90,000															11,834	118,334			
B-4		Homemaking											2,250,000					50,000		250,000	2,550,000			
B-6		Home Health Aide																			-			
B-7		Medication Mgt											18,000							2,000	20,000			
B-8		Personal Care											750,000					40,000		83,334	873,334			
B-9		Assistive Device&Tech											215,000							23,889	238,889			
B-10		Respite Care											94,050	549,830				358,605	312,342	96,294	65,575	1,476,696		
B-11		Friendly Reassure																			-			
C-10		Legal Assistance	205,000		50,000															28,334	283,334			
C		Community Services																						
C-1		Adult Day Services														183,511				453,122	70,737	707,370		
C-2		Dementia ADC																			-			
C-6		Disease Prevent/Health Promtion			206,062																22,896	228,958		
C-7		Health Screening																			-			
C-8		Assist to Hearing Impaired & Deaf Cmty	47,500																		5,278	52,778		
C-9		Home Repair																			-			
C-11		LTC Ombudsman	137,884										18,728							73,035	27,308	26,470	283,425	
C-12		Sr Ctr Operations																			-			
C-13		Sr Ctr Staffing																			-			
C-14		Vision Services																			-			
C-15		Prevnt of Elder Abuse,Neglect,Exploitation	47,445										42,555								5,272	95,272		
C-16		Counseling Services																			-			
C-17		Creat.Conf.CG@ CCC																			-			
C-18		Caregiver Supplmt Services																			-			
C-19		Kinship Support Services			65,103																7,234	72,337		
C-20		Caregiver E,S,T	70,000		20,000																10,000	100,000		
*C-8		Program Develop	547,316																		60,813	608,129		
		Region Specific																						
		Critical Urgent Unmet Needs																				-		
		Nursing Services																				-		
		c.																				-		
		d.																				-		
		7. CLP/ADRC Services																				-		
Sp Co		8. MATF Adm													77,188							77,188		
Sp Co		9. St CG Sup Adm														9,524						9,524		
		SUPPRT SERV TOTAL	2,737,827	206,062	1,302,059	42,555	18,728	186,610	3,327,050	733,341	863,653	73,035	291,000	358,605	857,652	105,818	27,308	100,000	108,000	1,019,490	12,358,793			