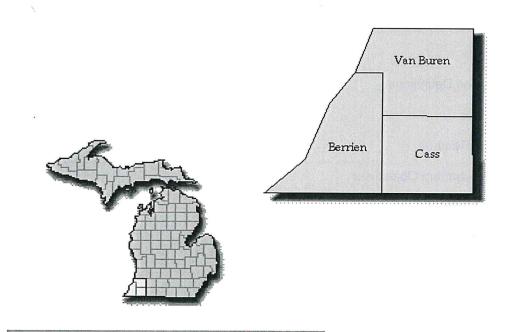
2023-2025 Multi Year Plan

FY 2023 ANNUAL IMPLEMENTATION PLAN REGION IV AREA AGENCY ON AGING



Planning and Service Area Berrien, Cass, Van Buren

Region IV Area Agency on Aging

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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 include a summary of your agency that touches on each of the items listed below.

- 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.
- 2. A description of planned special projects and partnerships.
- 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.
- 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.
- 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.
- 6. A description of the area agency's assessment of the needs of their service population. See Operating Standard for AAAs C-2, 4.

Brief history of the area agency and respective PSA that provides a context for the MYP/AIP.

Region IV Area Agency on Aging (RIV AAA) is a private not for profit organization formed in 1974 for the purpose of planning and developing a coordinated system of services to meet the needs of older adults, caregivers, and persons with disabilities. RIV AAA plays a major role in planning, funding, and delivery of a host of services with a primary focus on individuals with the greatest economic and social needs. Empowerment and independence of the consumer are driving themes behind its efforts.

RIV AAA is designated by the Bureau of Aging, Community Living, and Supports (ACLS Bureau) to plan, develop, and implement services as guided through the federal Older Americans Act (OAA) of 1965 and its subsequent amendments. The Older Michiganians Act (OMA) was enacted by the State of Michigan in 1981 to build upon the efforts of the aging network through state resources.

RIV AAA is governed by an independent board of directors and guided by an advisory council whose membership is reflective of the region's population. The mission and vision of RIV AAA is "Offering Choices for Independent Lives" (mission) so that "through choice and range of service, every aging adult lives a quality life" (vision). This is achieved through advocacy, community education, coordinating services, coalition building, business development, and using available resources and funding for supportive services.

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The RIV AAA Multi-Year Plan (MYP) for the period of October 1, 2022 through September 2025 has set forth a plan to continue to provide and improve upon a comprehensive coordinated system of services to assist aging adults in maintaining independence in their homes and communities.

The corporation manages an array of grants and contracts for service delivery in southwest Michigan. Its Planning and Services Area (PSA) includes Berrien, Cass, and Van Buren counties. According to 2020 US Census data, approximately 76,426 people over the age of 60 or 27% of Michigan's total population of 280,826 reside in this tri-county area. This is an increase from 2017 of 7.2%, and projections show that the number of adults over age 60 will continue to increase.

Berrien County has the largest population of adults over age 60 with 41,569 or 27%. Berrien County has a 14.7% 60+ minority population with 1.3% speaking English less than "very well". Among all persons in Berrien over age 60, 39.2% live alone, 3.2% live with grandchildren under the age of 18 for whom they are responsible, and another 1.1% are responsible for grandchildren with whom they do not reside. 14.8% are Veterans and 31.1% report living with a disability. 27.2% of Berrien County seniors are employed and 19.1% live at or below 150% of poverty.

While Berrien County has the largest total population of adults over age 60 in PSA 4, Cass County has the largest percentage with 29.3% or 15,120. 10.7% of Cass County 60+ adults are minority with the smallest population of the three counties speaking English less than "very well" at 0.4%. Among all persons in Cass over age 60, 33.6% live alone, 4.1% live with grandchildren under the age of 18 for whom they are responsible, and another 2.2% are responsible for grandchildren with whom they do not reside. Veterans comprise 16.1% of Cass 60+ adults and 29.2% report living with a disability. In Cass County, 30% of adults over age 60 are employed and 11.6% live at or below 150% of poverty.

Within Van Buren County, 19,737 persons are over the age of 60 which is 26.2% of the total population. While the minority population of Van Buren 60+ adults is smaller at 9.1%, it has a slightly larger Hispanic or Latino origin population of 2.8% compared to Berrien's 1.8% and Cass's 1%. In Van Buren, 1.8% of 60+ residents speak English less than "very well". In Van Buren, 38% of 60+ adults live alone, 3.5% live with grandchildren over the age of 18 for whom they are responsible and an additional 1.1% report they are responsible for grandchildren with whom they do not reside. 14.1% are Veterans and 29.3% report living with a disability. Finally, 27.4% of Van Buren County seniors are employed and 16.7% live at or below 150% of poverty.

Agency strengths include: the longevity and expertise of its staff; a diverse, effective, and highly engaged board of directors and advisory council; solid financial position; its reputation in the community as a trusted resource and innovative partner with demonstrated creative capital and expertise to plan, develop, and launch pilot programs to meet identified needs

Challenges include: software identification for internal staff usage to eliminate using multiple platforms and streamline efforts across the agency; over reliance on MI Choice Waiver; relationship with MI Health Link partners; securing sufficient direct care workers; and recruiting and retaining credentialed workforce in a highly competitive environment.

Opportunities include: diversifying funding through health care partnerships and expansion of existing and

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creation of new Medicare/Medicaid and private pay service lines; launch of a movement to create dementia friendly communities in southwest Michigan to reduce the fear, stigma and isolation associated with a dementia diagnosis; further development of the Campus for Creative Aging to reframe aging; launch of Trualta, a web-based caregiver training platform; and the exploration of the development of a Caregiver Resource Center.

Primary focus areas: direct care workforce development; community engagement to create dementia friendly communities; expanded partnerships with health care entities and community-based organizations to integrate social care and medical care creating a seamless community of care for older adults; the advancement of health equity for aging minority adults through a policy focused community-action approach; and continued support for and coordination with the Benton Harbor community in addressing the needs of older residents for safe, drinkable water while lead lines are replaced.

Description of planned special projects and partnerships.

The Remember Project: In partnership with the Remember Project and as a part of its strategy to create dementia friendly communities, RIV AAA is launching an arts and public health initiative aimed at reducing the fear, stigma, and isolation associated with a dementia diagnosis. Through collaboration with the Remember Project and the local arts community, RIV AAA will host virtual and in-person plays followed by facilitated community dialogue sessions to build community awareness and understanding. Local participating theater companies will embed dementia friendly practices and productions in their sustained efforts in 2023 and beyond.

<u>Foster Grandparents/Senior Companions:</u> In partnership with the National Corporation for Community Service (CNCS)/AmeriCorps Seniors, RIV AAA sponsors Foster Grandparent (FGP) and Senior Companion (SCP) programs with the dual purpose to engage persons 55 years and older with limited incomes, in volunteer service to meet critical community needs; and to provide a high-quality experience that will enrich the lives of the volunteers. FGP volunteers provide one-on-one support to children with special needs to improve their academic, social, or emotional development. Volunteers in this program help children learn to read and provide one-on-one tutoring. SCP volunteers provide supportive, individualized services to help older adults with care needs maintain their dignity and independence.

Dementia Minds: In partnership with the National Council of Dementia Minds, RIV AAA is one of five host sites to establish local Dementia Minds groups. National Council of Dementia Minds is led by people living with dementia whose vision is to transform the worldview of living with a Neurocognitive Disorders. Each Dementia Minds groups consists of 6-10 people living with dementia or mild cognitive impairments who, with the help of a Support Facilitator team, meet together to process and share their unique experiences of being diagnosed with and living with dementia. Project aims are to create opportunities for dialogue and education for persons living with dementia, families and caregivers, licensed health care professionals and workers in other community sectors, researchers, policymakers, and community members at large and to seed local Dementia Minds group(s) for project sustainability and broadened community impact.

<u>Chronic Care Management (CCM):</u> Evolving from the Interagency Care Team project included in the previous MYP, CCM is a contractual partnership with two primary care practices, one a House Calls Primary Care First model and the other a Rural Health Clinic. The partnership integrates social and medical teams in a holistic

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approach to delivering Medicare chronic care management services to adults with two or more chronic health conditions. By addressing the social needs of patients and caregivers and empowering patients to achieve their goals for health and quality of life, the integrated care team drives improved health outcomes and reduced emergency department and hospital utilization.

Community of Care (CoC): After a recently completed two-year planning process, the CoC partnership with Spectrum Health Lakeland works to further integrate social care and medical care. The CoC workplan builds a complex care ecosystem creating an infrastructure that integrates social care into the delivery of health care. Funded by Michigan Health Endowment Fund, the CoC creates a structurally connected community of care centered around the needs and desires of older adults and caregivers and addresses social determinants of health and clinical care needs leading to improved health outcomes and reduced overall costs.

Aging Health Equity Policy Planning Project: The Aging Health Equity & Policy Planning Project is a community-informed and data-driven plan development process to identify and address the root causes of disparate health outcomes among minority older adults living in Van Buren County. Developing an actionable strategic plan to build community capacity and connectedness to impact systems-level policy change thereby improving the health of older adults and reducing health care costs is a key project aim. RIV AAA and a network of community partners inclusive of, but not limited to, Van Buren/Cass District Health Department, InterCare Community Health Network, Bronson Health System, Van Buren Department of Health and Human Services, Senior Services of Van Buren County, and Van Buren Community Mental Health lead this two-year planning grant from Michigan Health Endowment Fund. Michigan State University, College of Human Medicine staff are under contract to provide Project Management services for the planning grant activities.

Direct Care Workforce Development: Partnerships with Michigan Rehabilitation Services and PACE of Southwest Michigan are underway to develop a training pipeline to address the shortage of direct care workers in the region. To retain currently employed direct care workers (DCWs), and address hardship needs that often result in DCWs leaving the workforce, RIV AAA created a Provider Employee Needs Fund. The fund is available to assist a direct care worker who is employed by a RIV AAA provider and experiencing a hardship which is preventing them from being able to meet the requirements of their position as a direct care worker. Some examples of needs met to date are car repairs/batteries, tire replacement, and cell phone minutes. The funds can also be used for a direct care worker who would benefit from the opportunity to receive additional job coaching; the coaching is tailored to the specific needs of the worker. Expenditure trends since program inception indicate transportation and communication needs as highest barriers to continued employment. Philanthropic support will be sought for future project sustainability.

<u>Enhanced Care:</u> Building on experiences gained through multiple health partnerships, RIV AAA will develop and implement an integrated, home-based delivery model of primary care, behavioral health counseling, medical nutrition therapy, and care management services through a seed grant provided by the United Way of Southwest Michigan. Enhanced Care will bridge gaps, increase health care access, and build capacity in the community to meet the health, social-emotional, and general well-being needs of older adults, people with disabilities, and their caregivers.

<u>Veteran Connector:</u> Partnering with the Michigan Veterans Affairs Agency to become designated as a Michigan Veteran Connector will bring increased visibility and reach to the work already performed by RIV AAA with and on behalf of Veterans and their families. RIV AAA proactively supports and connects service members,

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veterans, and their families to earned benefits. Through the partnership, RIV AAA will increase access to veteran centric resource materials and connection to Veteran Service Officers and DHHS Veteran Navigators.

MI Health Link (MHL): The MHL partnership with the two Integrated Care Organizations/health plans serving the region and AAA Region 3B continues to evolve as a demonstration to integrate care for adults dually eligible for Medicare and Medicaid. Health plan staff turnover and interest levels at the health plans have fluctuated considerably since the inception of the demonstration, which has resulted in continued change and evolution of the contractual relationships involved. It remains unclear as to whether the MHL goal to provide seamless access to services and support through a person-centered care coordination model has been successful. RIV AAA will continue to work with the two health plans involved.

Campus for Creative Aging: RIV AAA's efforts to laud age as a time of Purpose, Creativity, Growth and Learning will gain further momentum as a virtual campus movement that promotes expanded educational offerings and connectivity in areas such as technology, volunteerism, health, retirement, financial planning, and enrichment. Virtual and hybrid program offerings developed during the pandemic will be expanded and blended with a return to in-person programing to expand impact and reach. Organizational partners which range from established aging entities such as senior centers and councils on aging, to libraries, YMCA, financial institutions, arts organizations and beyond will expand.

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.

<u>AIRS Certification</u> – RIV AAA's Info-Line for Aging and Disability receives over 14,200 calls annually seeking information and resources for older adults, people with disabilities, and caregivers through online referral, direct dial, and referral as the 211-specialty patch for aging and disability for Southwest Michigan. Staff responding to requests for assistance receive comprehensive orientation and training in many areas of person-centered service delivery including, but not limited to, local, state, and federal home and community-based resources. As evidence of its exceptional service delivery, RIV AAA's Information & Access service line's first staff member achieved AIRS Certification in 2020 and will expand the number of individual AIRS certified staff throughout 2023-2025.

NCQA Accreditation – RIV AAA's Care Management staff provide person-centered assessment, care planning, long term supports and services arrangement and monitoring, and care transitions to over 1,400 older adults and people with disabilities annually. Demonstration to current and prospective customers and business partners of RIV AAA's excellence in customer service, operations efficiency, and continuous quality improvement through accreditation is underway and will be completed and maintained throughout 2023-2025.

<u>Horizontal Quality Assurance & Process Improvement</u> – RIV AAA is establishing a formal interdepartmental leadership team across middle management staff giving participants the opportunity to participate in collaborative problem solving, service innovation, and professional development. The intentionally horizontal structure fosters a supportive one-team culture. Drawing from the diversity, equity, and inclusion of skills and expertise from across the organization drives agile decision-making, informed rapid-cycle innovation, interdependency and shared ownership and accountability allowing teams to capitalize on synergistic opportunities to solve identified challenges in efficiency, effectiveness, and capacity. Through lean process

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mapping, the newly established Quality Assurance and Process Improvement Manager will work with subject-matter expert collaborators across the organization to eliminate inefficiencies and resource utilization that does not add value. Interdepartmental and cross-functional teams will work together to align roles and processes and optimize utilization of centers of expertise and job function across service lines for increased efficiency and scalability. Doing so will allow RIV AAA to tap into and capitalize on the diverse strengths, skillsets, and knowledgebases of all staff.

Tools, Technology, and Training – RIV AAA's strategic implementation and use of existing Office 365 applications ensures staff have timely and accurate access to information thereby driving data-informed service delivery, resource allocation, and quality process and performance improvement. SharePoint pages and lists, Power BI dashboards, and Power Automate flows help staff achieve efficiencies and shared success in outcomes by eliminating duplicative data-entry and wasted time spent searching for and looking up information that is now at their fingertips. Staff update and move work products along streamlined workflows that capitalize on centers of expertise across the organization and keep teammates updated on progress towards objectives, assign next action steps and reminders, geo-map participant addresses to coordinate service delivery, arrangement, and emergency response, and collaborate virtually in real-time. RIV AAA is also investigating options for a comprehensive web-based community resource database accessible to staff and the community which would reduce redundancies and the time burden of staff investigating resources known to be available.

Like many others, RIV AAA leaned into the use of new technologies during the pandemic. Platforms such as Teams, Zoom, and RingCentral allow video conferencing with customers across all service lines. Appropriately balanced with person-centered needs and provision of face-to-face community, in-home, and office service delivery, video conferencing also allows for improved efficiency, productivity, and quality. Evidence-based classes and other educational and social support programming can now be offered both in-person and virtually allowing for those who may not previously been able to travel to participate. RIV AAA is also furthering its paperless status through electronic document generation and signature collection.

RIV AAA also continues to pursue interoperability with local health systems' electronic health records (EHR). As a trusted key partner of the care team, RIV AAA was granted read access to its two major health systems' EHR: EPIC Carelink. Access to admission, discharge, and transfer (ADT) data and the medical assessment and treatment plan allows RIV AAA to intervene timely, arrange services and supports that address the social determinant of health barriers of participants and caregivers, and align community-based goals and interventions for more successful care transitions. In partnership with a local rural health clinic and home-based primary care provider, RIV AAA staff have full EHR access and contribute directly to a wholistic, comprehensive person-centered assessment and care plan. Next steps include continued pursuit of interoperability, analysis of ADT data aimed at establishing clinical protocols for improved chronic disease management and utilization reduction and prevention, and collection of data on gaps in resources and services available and utilized.

RIV AAA is also investing in the professional development of its staff to achieve efficiencies in service delivery. Information technology and operations staff co-host Office 365 Learning Collaborative sessions in which staff learn, with and from one another, how to leverage existing software applications, boost interoperability, and actively create solutions together that make workflows and access to information and tools more efficient and collaboration and communication more effective. To further enhance the training provided to its staff, RIV AAA invests in Relias and iSpring. Relias, a web-based learning management system that provides professional trainings for healthcare organizations, allows RIV AAA to create service line and learner-specific orientation

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and training plans and a platform on which to make staff and partner-developed in-services available on demand ensuring learning can be revisited and reinforced as needed. iSpring software allows RIV AAA to create its own dynamic, adult-learner friendly modules to enhance staff skills and knowledgebase. Finally, establishing an employee benefit to reimburse costs of classes and seminars, certification programs, and other learning mediums available fosters a culture of continual growth and development and equips staff with the knowledge and skills needed to improve their day-to-day work processes and align their personal goals with the roles and responsibilities critical to the organization's success.

<u>Program and Business Development Incubator</u> – RIV AAA is advancing its business knowledge, skills, and strategies to increase efficiency, expand service capacity, and strengthen financial operations. The recently created Business Analyst position helps interdepartmental and cross functional teams identify opportunities for program improvement and enhancement. RIV AAA was also selected by USAging to be one of fifteen community-based organizations nationwide to participate in a Financial Acumen Learning Collaborative. Members of senior management attend collaborative learning sessions with a curriculum that addresses costing services, pricing methodologies, and business case development. Knowledge is then transferred across the organization through internal collaborative learning and work application sessions.

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

In response to the COVID-19 pandemic, RIV AAA pivoted to deploy staff to work remotely. IT structure and internal processes were augmented to ensure service excellence, efficiency, and effectiveness were maintained or advanced during the pandemic. Collaborations with public health officials, health systems, emergency operations staff, and funders ensured the needs of older adults were understood and resources to meet those needs were secured to the greatest degree possible.

RIV AAA developed and deployed a targeted package of Rapid Response Home and Community Based Services (HCBS) to provide in-home supportive services to older adults allowing them to recover from COVID at home and avoid a hospital stay, or discharge home sooner with support, thereby avoiding decline associated with extended hospital length of stay. This also freed up scarce hospital capacity at the height of the multiple pandemic waves. Partnerships with funders, public health departments, and health systems were developed to launch the service during the pandemic and paved the way for sustained service delivery post-pandemic utilizing Medicare fee-for-service codes, value-based payments, and further philanthropic support. Referral development, communication tools, and outcome measurement mechanisms facilitate this work in a remote world.

A wide array of personal protective equipment (PPE) was procured and deployed. Masks, hand sanitizer, gloves, and face shields were distributed to older adults, caregivers, volunteers, and RIV AAA's vendor network and aging services provider organizations. Rapid test kits for clients, staff, and vendors were secured and deployed.

A postcard with vaccine access information and RIV AAA Information and Access phone number was directed by direct mail to all individuals over 60 years old within the PSA. RIV AAA collaborated with public health officials to draft postcard content in both English and Spanish. A mailing list was purchased with the addresses of Spanish-speaking households for targeted distribution. Additionally, RIV AAA collaborated with public health

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officials and health system staff to coordinate access to, and the delivery of, vaccines for homebound older adults.

A telephone reassurance program, Friendly Callers, was launched to address social isolation and loneliness for older adults impacted by the pandemic and public health orders.

Continued challenges include the shift from a fully remote workforce to a return to some version of hybrid work schedules. Efforts continue to coordinate vaccines and booster shots for home-bound clients. Navigating the return to in-person visits with clients and the general public that considers the comfort level of consumers served is a high priority challenge. A continuing need is the development of a direct care workforce trained and available to meet the needs of older adults and people with disabilities and securing the PPE and test kits vendor need to equip and support that workforce.

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.

The 2023-2035 MYP outlines plans to enhance support for caregivers and individuals impacted by a dementia diagnosis. OAA and state funding will support those priority areas through the following new initiatives:

The Remember Project: In partnership with the Remember Project and as a part of its strategy to create dementia friendly communities, RIV AAA is launching an arts and public health initiative aimed at reducing the fear, stigma, and isolation associated with a dementia diagnosis. Through collaboration with the Remember Project and the local arts community, RIV AAA will host virtual and in-person plays followed by facilitated community dialogue sessions to build community awareness and understanding. Local participating theater companies will embed dementia friendly practices and productions in their sustained efforts in 2023 and beyond.

<u>Dementia Minds:</u> In partnership with the National Council of Dementia Minds, RIV AAA is one of five host sites to establish local Dementia Minds groups. National Council of Dementia Minds is led by people living with dementia whose vision is to transform the worldview of living with a Neurocognitive Disorders. Each Dementia Minds groups consists of 6-10 people living with dementia or mild cognitive impairments who, with the help of a Support Facilitator team, meet together to process and share their unique experiences of being diagnosed with and living with dementia. Project aims are to create opportunities for dialogue and education for persons living with dementia, families and caregivers, licensed health care professionals and workers in other community sectors, researchers, policymakers, and community members at large and to seed local Dementia Minds group(s) for project sustainability and broadened community impact.

<u>Trualta:</u> RIV AAA is investing in Trualta, a web-based caregiver education platform that provides a personalized, skill-based learning experience to reduce caregiver burden, improves the quality of care provided, and extends aging in place. Through Trualta, caregivers access on-demand educational videos, articles, tip-sheets, and professional-level trainings on topics such as aging and brain health, care planning, injury and fall prevention, personal care tasks, managing the behavioral symptoms of dementia, medication management and more. RIV AAA staff, volunteers, partners, and providers recommend registration and education modules to caregivers for targeted learning to acquire the skills and knowledge to confidently manage care at home.

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American Rescue Plan (ARP) funds: Recognizing the one-time nature of ARP funds. RIV AAA will utilize ARP funds to invest in infrastructure, tools, and technology, to build capacity and efficiencies in the delivery of Older Americans Act (OAA) and Older Michiganians Act (OMA) funded services inclusive of call center technology/software and upgrades to its consumer satisfaction survey system to ensure the voice of the consumer continues to be primary in its service delivery enhancements. ARP dollars will be used to support the launch of a Dementia Friendly Community initiative in the PSA inclusive of The Remember Project; will support Trualta, an online caregiver education tool; and provide support for the launch of an in-home behavioral health counseling service and expansion of in-home medical nutrition therapy services. Transportation and minor home repair services are two high needs identified in RIV AAA's PSA. ARP funds will be used to explore the development of two volunteer programs to address those needs. Senior "lift", a volunteer corps to provide non-emergency medical/social transportation and a volunteer handyman service, such as the Tuesday Toolman model, will be explored. RIV AAA will utilize ARP nutrition funds to support congregate meals as well as provide sustained nutritional support to older adults added to the home delivered meal program during the pandemic. Additional ARP dollars will support the expansion of evidence-based classes in the region including Personal Action Toward Health (PATH), Matter of Balance (MoB) and Aging Mastery. A prioritization chart detailing RIV AAA budget planning for ARP funds is attached.

Description of the area agency's assessment of the needs of their service population.

As part of the multi-year planning process, RIV AAA completed a robust and comprehensive tri-county assessment of the needs of adults ages 60 and over and caregivers. RIV AAA's approach was both qualitative and quantitative and utilized both primary and secondary sources in its data collection and analysis.

From a primary source perspective, RIV AAA created and distributed two surveys throughout the PSA; one targeting adults ages 60 and over and one targeting caregivers. Online links to the surveys were widely distributed on the RIV AAA website, across RIV AAA social media, and were sent to print and online newspapers via press releases. The surveys were also emailed to caregiver and community partner distribution lists. RIV staff and members of the Board of Directors and Advisory Council were asked to widely distribute to their mailing lists as well. Advisory Council members with connections within minority populations were asked to assist in ensuring a diverse mix of older adults and caregivers had access to and were encouraged to complete the surveys.

RIV AAA held a total of eight focus groups/listening sessions using a blend of in-person and virtual formats. Four sessions focused on older adults and caregivers while the other four focused on the unique needs of kinship caregivers, older adults providing care for related children under the age of 18. Listening sessions/focus group attendance totaled 64 with residents from all three counties represented. RIV AAA also surveyed its staff and provider network. Information & Access, Senior Volunteer Program, and Care Management staff serve over 3,000 older adults, people with disabilities, and caregivers annually and RIV AAA's network of partners and providers serve numerous more; their identification of the unmet needs and gaps in community resources and services is crucial to a comprehensive assessment. Finally, RIV AAA engaged in direct outreach and conducted interview with key informants to ensure that the needs of LGTBQ+, Hispanic/Latinx, and Native American older adults and caregivers were included.

In addition to primary sources, RIV AAA engaged in a thorough collection, review, and analysis of secondary

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data sources. RIV AAA reviewed Community Health Needs Assessments from area partners including Spectrum Health Lakeland, Bronson Health System, Ascension Borgess-Lee Hospital, InterCare Community Health Network, Southwest Michigan Community Action Agency, and Tri-County Head Start. Additionally, in 2020, the Southwest Michigan Community of Care collaborative, a partnership of RIV AAA and Spectrum Health Lakeland, commissioned a comprehensive study of the demographics, community services, and gaps in access to care within Berrien, Cass, and Van Buren counties by Altarum, a leader in applied heath care research and analytics, which was also included as a source. Finally, RIV AAA also referenced and pulled in data from the 2020 US Census, the Eldercare Locator Data Report, and the Caregiving in the US 2020 Report. An area RIV AAA identified as an area of opportunity for future focus and effort is in the collection of local caregiver data.

Key themes and areas of focus include the following: transportation access, health care access, health behavior promotion, caregiver supports and services, and expansion and solidification of structural linkages with organizations within the community known and trusted for serving members of minority and underserved populations. Additional needs identified for older adults included access and in-home services, opportunities to continue to volunteer, learn, socialize, and be physically active, assistance with understanding and navigating financial, insurance, and legal issues, home adaptations, maintenance and repair, and employment and job training opportunities. The top needs of older adults identified through professional stakeholder input and review of local Community Needs Assessments include transportation, home adaptations, maintenance and repair, access to mental health and other healthcare services, social cohesion, affordable and accessible housing, food security and nutrition, and broadband access and technical support for computers and smart devices. The most common use of RIV AAA's regional service gap-filling special needs were financial assistance with utilities, home maintenance and repair, pest control, and assistive technology or appliances. Additional needs identified by caregivers were access services, in-home services, assistance with understanding and navigating financial, insurance, and legal issues, transportation, and caregiving education.

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County/Local Unit of Government Review

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final MYP/AIP by no later than June 24, 2022, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), requesting their approval by July 12, 2022. For a PSA comprised of a single county or portion of the county, approval of the MYP/AIP 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 July 14, 2022, the MYP/AIP is deemed passively approved. The area agency must notify their Bureau of Aging and Community Living Supports (ACLS Bureau) field representative by July 18, 2022, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP/AIP. The area agency may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the MYP/AIP. To employ this option, the area agency must:

Send a letter through the US Mail with delivery and signature confirmation or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP/AIP on the area agency's website. Instructions for how to view and print the document must be included. Offer to provide a printed copy of the MYP/AIP via US Mail or an electronic copy via email, if requested. Be available to discuss the MYP/AIP with local government officials, if requested. Request email notification from the local unit of government of their approval of the MYP/AIP, or their related concerns. Please describe the efforts, including the use of electronic communication, made to distribute the MYP/AIP and to gain support from the appropriate county and/or local units of government.

Region IV Area Agency on Aging (RIV AAA) sent a letter along with a printed copy of the MYP/AIP on June 24, 2022 to the chief elected official and administrator of Berrien, Cass and Van Buren County commissions. The letter was sent with delivery and signature confirmation receipt required. The letter informs county commissions RIV AAA staff are available to answer questions or address MYP/AIP related concerns if requested. The letter requests approval of the MYP/AIP by July 12, 2022 and informs the commission if no response is received, RIV AAA will assume passive approval.

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Public Hearings

The area agency must employ a strategy for gaining MYP/AIP input directly from the planned service population of older adults, caregivers, and persons with disabilities, along with 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 2023-2025 MYP/AIP must be held in the PSA. In-person hearings are preferred, but virtual hearings are acceptable if they follow Michigan's Open Meetings Act and the requirements of the area agency's governing authorities. The hearings must be accessible. When deciding between online and in-person meetings, consider limitations to internet access and other accessibility issues with the relevant populations in your region. In person, e-mail, and written testimony must also be accepted for at least thirty days beginning when the summary of the MYP/AIP 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 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, as well as news sources geared toward communities of color, people who are lesbian, gay, bisexual, transgender queer or other (LGBTQ+), immigrant communities and/or other underrepresented groups; 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. See Operating Standards for Area Agencies on Aging, Section B-2 #3. The public hearing notice should be available at least thirty days before the scheduled hearing. This notice must indicate the availability of a summary of the MYP/AIP at least fourteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP/AIP should be available for the public hearings.

Complete the chart below regarding your public hearing(s). 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.

A narrative description of the hearings and the public input strategy is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP/AIP. Tell us the strategy used specifically to inform communities of color, LGBTQ+, immigrant communities and/or other underrepresented groups. Describe all methods used to gain public input and the resultant impact on the MYP/AIP. Indicate whether the meeting(s) complied with the Michigan Open Meetings Act.

Date	Location	Time	Barrier Free?	No. of Attendees
04/04/2022	Hartford Public Library Vander	09:00 AM	Yes	4

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04/04/2022	Region IV Area Agency on Agi	02:00 PM	Yes	158	

RIV AAA employed a comprehensive strategy to gain MYP/AIP input directly from the planned service population. As part of the multi-year planning process, RIV AAA completed a robust and comprehensive tri-county assessment of the needs of adults ages 60 and over and caregivers. RIV AAA's approach was both qualitative and quantitative and utilized both primary and secondary sources in its data collection and analysis.

From a primary source perspective, RIV AAA created and distributed two surveys throughout its PSA; one targeting adults ages 60 and over and one targeting caregivers. Online links to the surveys were widely distributed on the RIV AAA website, across RIV AAA social media, and were sent to print and online newspapers via press releases. The surveys were also emailed to caregiver and community partner distribution lists. RIV staff and members of the Board of Directors and Advisory Council were asked to widely distribute to their mailing lists as well. Advisory Council members with connections within minority populations were asked to assist in ensuring a diverse mix of older adults and caregivers had access to and were encouraged to complete the surveys.

RIV AAA held a total of eight focus groups/listening sessions using a blend of in-person and virtual formats. Four sessions focused on older adults and caregivers while the other four focused on the unique needs of kinship caregivers, older adults providing care for related children under the age of 18. Listening sessions/focus group attendance totaled 64 with residents from all three counties represented. RIV AAA also surveyed its staff and provider network. Information & Access, Senior Volunteer Program, and Care Management staff serve over 3,000 older adults, people with disabilities, and caregivers annually and RIV AAA's network of partners and providers serve numerous more; their identification of the unmet needs and gaps in community resources and services is crucial to a comprehensive assessment. Finally, RIV AAA engaged in direct outreach and conducted interviews with key informants to ensure that the needs of LGTBQ+, Hispanic/Latinx, and Native American older adults and caregivers were included.

In preparation for hosting two public hearings for further input in the MYP planning process. RIV AAA selected a date for the public hearings aligned with its annual Legislative Forum to ensure maximum public visibility, interest, and attendance. Public hearings were held in accessible venues in two of the three counties served with the second public hearing livestreamed on Facebook and Zoom. Notices for the public hearings along with instructions for accessing the draft summary via RIV AAA's website and submitting oral, email and written testimony were sent to local news outlets and posted on the RIV AAA website on March 3, 2022. RIV AAA's draft summary of its MYP was made available both on its website and to the general public by request on March 21, 2022. Between March 3, 2022 and April 4, 2022, invitations to the public hearings and legislative forum were also widely distributed across RIV AAA social media, emailed to community partner distribution lists multiple times, and were spotlighted on WSJM Radio Station (March 18, 2022) and in the Generations column of the Herald Palladium (March 28, 2022). RIV AAA staff and members of the Board of Directors and Advisory Council were asked to widely distribute to their mailing lists, and Advisory Council members with connections within minority populations were asked to assist in ensuring a diverse mix of older adults and caregivers were encouraged to attend. RIV AAA continued to accept all forms of testimony through June 20, 2022; no email or written testimony was received. All oral testimony and public input were incorporated directly into the comprehensive community needs assessment and informed development across all sections of the MYP/AIP.

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<u>Public Hearing held at Hartford Public Library Vanderlyn Community Center – April 4, 2022</u>
In addition to RIV AAA staff, four members of the public were in attendance: three residents over age 60 who also identified as caregivers and one candidate for elected office.

There was discussion among attendees regarding how the older adult and caregiver needs identified locally align with those across the state. An attendee commented that technology interoperability and broadband access are needs in Van Buren county. A resident who volunteers at Senior Services of Van Buren County (SSVBC) noted that while transportation was identified as a need in survey responses, SSVBC provides transportation for people to medical appointments and the VA can provide transportation to the Battle Creek clinic. Upon inquiry, further explanation of Legal Assistance services available through the MYP was provided. The candidate for elected office noted that he felt the AAA's could benefit from designated funds for research specifically into barriers experienced by older adults in the management of their medications; he notes that seniors cut back on their meds when they cannot afford them which leads to greater health needs and costs. Attendees engaged in a shared discussion regarding local challenges in Hartford related to housing costs noting that rental properties are not well taken care of, outside companies are buying up existing stock to rent out at higher rates and expanding through building new is not possible due to water and sewer issues. Hartford Public Library Director noted that the library is trying with limited success to engage seniors by offering free internet, classes, and 1:1 assistance with technology, home delivery of materials including loans of hotspots and a laptop available; she notes that no one is interested or attends and has observed this firsthand at congregate meal sites as well. SSVBC Volunteer noted that SSVBC opened the congregate meal site at the local Methodist church and only have 4-5 attendees daily when attendance prior to the pandemic was closer to 20-30. He also noted an increase in ramps built by their volunteer handyman service noting 16 were completed last year and anticipation of at least that many this year with costs averaging about \$1,500 per ramp. Attendees also commented that the recent census showed a reduction of 400 residents in zip code 49057, and a comment was shared that Michigan had more people pass away than were born in 2021.

Public Hearing held at Region IV Area Agency on Aging Campus for Creative Aging – April 4, 2021

At least 49 members of the pubic attended in person with an additional 109 attending virtual via Facebook and Zoom livestream for a total attendance of 158. Stakeholders represented in attendance included older adults, people with disabilities, caregivers, annual contract providers, direct service purchase providers, direct care workers, community partners (representatives from local health systems, senior centers, transportation providers, Disability Network South West, PACE, etc), candidates for elected office, elected officials, and members of RIV AAA Board of Directors, Advisory Council, and staff.

John Weir, resident of Hagar Township in Berrien County, commented that RIV AAA services including meals and assistance with medication management and light housekeeping make it possible for his mother to remain living independently in the community with her physical limitations and memory problems. Transportation services make it possible for her to visit with her brother in Niles. "If those services weren't available, my mom would not be able to live at home. I take her to doctor appointments, but I know that the worst thing I could do would be to move her out of her home of 68 years. She's proud and independent." John shared that without the ability to cost share for her services, his mother would be in a nursing facility for which the state would pay significantly more; he encouraged the expansion of cost-effective services that save the state money while ensuring older adults like his mom are able to stay in their own homes and live their lives as

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they choose.

Bernie Williamson, resident of Cass County and Chair of RIV AAA Board of Directors, shared "Cass County Council on Aging and RIV AAA have done a phenomenal job in caring for my parents." She notes an issue they have no control over living on the state line is health care access as a lot of the accessible care providers are in Indiana. She encouraged support of House Bill 4355 that addresses telehealth visits across state lines noting this is a critical need for many older adults, people with disabilities and their caregivers.

Kim Jorgensen Gane, resident of Berrien County, provided comments on the voting record of legislators in attendance and no comments on the multi-year plan.

Melinda Gruber, resident of Van Buren County and Vice President Continuing Care Services Spectrum Health Lakeland, in talking about senior issues and the multi-year plan, thanked AAA for nimbly pivoting two years ago when the pandemic started in order to rapidly meet the social and home-based needs of people impacted by COVID-19. She noted that doing so helped reduce length of hospital and other institutional stays and kept people out of the hospital and in their own homes by providing services in the home where people wanted to receive care. She commented that by realizing an emerging community need and mobilizing partners and providers, RIV AAA acted as great partner to the health system and critical resource to the community.

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Regional Service Definitions

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

Service Name/Defin Special Needs Gap			
Rationale (Explain why activities cannot be funded under an existing service definition.) This service category allows for flexibility should an unforeseen unmet need present itself which is causing a barrier to the client's independence and no other resources are available.			
Service Category	Fund Source	Unit of Service	
□ Access	☑ Title III PartB □ Title III PartD □ Title III PartE	Purchase of one service	

Minimum Standards

Provision of a service requiring immediate attention that would alleviate a barrier crucial to the client's independence when no other resource is available to address the need.

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Access Services

Access services may be provided to older adults directly by the area agency without a Direct Service Provision Request. Approved access services are Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and Merit Award Trust Fund (MATF)/State-Caregiver-Support-Program-funded Transportation with specific attention to outreach with underserved populations. If the area agency is planning to provide any access services directly during FY 2023-2025, complete this section.

Select from the list of all access services the ones the area agency plans to provide directly during FY 2023-2025, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

<u>Direct service budget details for FY 2023 are to be included under the appropriate tab in the Area Plan Grant Budget.</u> 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.

Care Management

Starting Date

10/01/2022

Ending Date

09/30/2023

Total of Federal Dollars

\$0.00

Total of State Dollars

\$107,957.00

Geographic area to be served

Berrien, Cass, Van Buren (PSA4)

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

Goal: Provide comprehensive, person-centered Care Management to older adults that promotes independence and quality of life and enables them to continue living safely in their home.

Activities:

- Continue to implement a person-centered model of care coordination that allows Nurse and/or Social Worker Supports Coordinators the flexibility to provide care and services based on the unique needs and preferences of participants and their chosen or legal representative(s).
- Provide telephonic and in-person professional assessment, consultation, care planning, and service monitoring by licensed Nurse and/or Social Worker Supports Coordinators.
- Provide ongoing home and community-based services and supports to meet needs as identified during the person-centered planning process.
- Provide unbiased information and assistance in accessing community resources.
- Engage participants in person-centered emergency preparedness planning.
- Provide seamless transition of participants among programs as changes in eligibility allow.
- Offer opportunities for donation using a sliding scale cost-share model.
- Assure high quality service is being provided through annual participant surveys.
- Implement continuous quality improvement efforts to meet or exceed ALCS Bureau Quality Outcome Measures.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and

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understanding of the program and participants, and to improve skills in completion of job tasks.

- Perform peer reviews of at least 10% of active caseload annually.

Number of client pre-screenings:	Current Year:	600	Planned Next Year:	650
Number of initial client assessments:	Current Year:	113	Planned Next Year:	113
Number of initial client care plans:	Current Year:	113	Planned Next Year:	113
Total number of clients (carry over plus	Current Year:	209	Planned Next Year:	208
new):				

Current Year: 1:35 Planned Next Year: 1:35 Staff to client ratio (Active and

maintenance per Full time care

Case Coordination and Support

Starting Date	10/01/2022	Ending Date	09/30/2023
Total of Federal Dollars	\$101,000.00	Total of State Dollars	\$40,063.00

Geographic area to be served

Berrien, Cass, Van Buren (PSA4)

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

Goal: Provide comprehensive, person-centered Case Coordination & Support to older adults that promotes independence and quality of life and enables them to continue living safely in their home.

Activities:

- Continue to implement a person-centered model of care coordination that allows Nurse and/or Social Worker Supports Coordinators the flexibility to provide care and services based on the unique needs and preferences of participants and their chosen or legal representative(s).
- Provide telephonic and in-person professional assessment, consultation, care planning, and service monitoring by licensed Nurse and/or Social Worker Supports Coordinators.
- Provide ongoing home and community-based services and supports to meet needs as identified during the person-centered planning process.
- Provide unbiased information and assistance in accessing community resources.
- Engage participants in person-centered emergency preparedness planning.
- Provide seamless transition of participants among programs as changes in eligibility allow.
- Offer opportunities for donation using a sliding scale cost-share model.
- Assure high quality service is being provided through annual participant surveys.
- Implement continuous quality improvement efforts to meet or exceed ALCS Bureau Quality Outcome Measures.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants, and to improve skills in completion of job tasks.
- Perform peer reviews of at least 10% of active caseload annually.

Information and Assistance

Starting Date	10/01/2022	Ending Date	09/30/2023
Total of Federal Dollars	\$83,000.00	Total of State Dollars	\$17,552.00

Geographic area to be served

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Berrien, Cass, Van Buren (PSA4)

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

Goal: Provide comprehensive, person-centered Information and Assistance that promotes independence and quality of life and empowers older adults and caregivers to make informed decisions and access community resources needed to support their long-term care choices.

Activities:

- Facilitate person-centered access to service for individuals (professional and community) by answering all requests timely and completely.
- Conduct screening, assessment, and intake for appropriate program referrals.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants, and to improve skills in completion of job tasks.
- Maintain MMAP counselor certification for all I&A staff. New staff will become MMAP certified within one year of hire.
- Continue staff development and training to expand the number of AIRS certified staff.
- Maintain a resource database to ensure individuals are provided with an array of current and accurate information to meet the needs of the aging and disability population in the service area.
- Assure high quality service is being provided by annually surveying participant satisfaction levels.
- Continue to extrapolate and analyze data from the I&A data system, WellSky, which documents approximately 1,000 contacts per month, to make outcome-driven decisions.
- Create I&A peer review documentation process.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.
- Provide education and outreach at senior centers, health fairs, housing complexes, and other professional agencies and events as requested.

Options Counseling

 Starting Date
 10/01/2022
 Ending Date
 09/30/2023

 Total of Federal Dollars
 \$0.00
 Total of State Dollars
 \$107,956.00

Geographic area to be served

Berrien, Cass, Van Buren (PSA4)

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

Goal: Provide comprehensive, person-centered Options Counseling to older adults that promotes independence and quality of life and empowers them to make informed decisions and access community resources needed to support their long-term care choices.

Activities:

- Continue to implement a person-centered model of care coordination that allows Nurse and/or Social Worker Supports Coordinators the flexibility to provide care and services based on the unique needs and preferences of participants and their chosen or legal representative(s).
- Provide telephonic and in-person professional assessment, consultation, care planning, and service monitoring by licensed Nurse and/or Social Worker Supports Coordinators.
- Provide immediate and short-term home and community-based services and supports to meet needs as

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identified during the person-centered planning process.

- Provide unbiased information and assistance in accessing community resources.
- Engage participants in person-centered emergency preparedness planning.
- Provide seamless transition of participants among programs as changes in eligibility allow.
- Assure high quality service is being provided through participant exit surveys.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants, and to improve skills in completion of job tasks.
- Perform peer reviews of at least 10% of active caseload annually.

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State of Michigan Michigan Department of Health & Human Services

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Direct Service Request

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, area agencies may ask to provide these services directly. Direct Service Provision Requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure 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 requesting approval to provide an in-home, community, 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 Provision Request for FY 2023-2025. 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 2023 are to be included under the Services Summary tab and Direct Service Budget tabs in the Area Plan Grant Budget. The funding identified should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget.

Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2023.

Respite Care

Total of Federal Dollars \$0.00

Total of State Dollars \$60,000.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

Goal: To provide respite for caregivers, reduce social isolation and loneliness among older adults in our three-county area and provide meaningful volunteer opportunities and training for low-income seniors. **Activities:**

- Volunteers will provide much needed respite for caregivers to alleviate the strain of caregiving.
- Volunteers will provide support, encourage and companionship to clients to reduce social isolation.
- SVP program will provide a positive volunteer environment for our volunteers to help increase their self-confidence, sense of self-worth and overall physical and emotion health.
- SVP program will provide opportunities for volunteers to receive training on Safety Preparedness, Alzheimer/Dementia, Independence, Confidentiality, and Communication Skills.
- Distribute annual client and volunteer surveys to inform program enhancement.

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

RIV AAA has previously requested submission of Request for Proposals to provide Volunteer Respite services but has never received a response which prompted RIV AAA to build the program internally. RIV AAA houses a multi-service volunteer department that coordinates the Senior Companion Program. As one of four volunteer programs, it shares administrative and clerical costs for efficiency in addition to being under the umbrella of RIV AAA. In addition, having the program housed internally has allowed both the Information & Assistance and Care Management staff to make quick and efficient referrals.

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

No comments were provided at the public hearings related to this request.

Friendly reassurance

Total of Federal Dollars \$8,000.00 <u>Total of State Dollars</u> \$0.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

Goal: To provide meaningful volunteer opportunities connecting trained volunteers and older adults in the three-county area to reduce social isolation and loneliness.

Activities:

- Program will provide training to volunteers that includes tasks and roles identification, active listening and communication skills, information on how to connect seniors to community resources, and relevant aging topics.
- Program will match volunteers with homebound or otherwise socially isolated and lonely older adults based on common first language and, when possible, common interests and hobbies.
- Volunteers make regular calls to provide socialization and friendly reassurance.

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- Create and administer annual participant and volunteer surveys to inform program enhancement.

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.
- (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.

RIV AAA's Friendly Callers program was developed in rapid response to the COVID-19 pandemic and the governor's stay at home order. RIV AAA invested in minimal staff to spur the rapid development and deployment of the service. The agency quickly trained and deployed staff and trained volunteers to conduct the work and executed a publicity campaign to inform older adults of this key service during the pandemic. Given the urgency of the issue and the nature of the stay-at-home order, RIV AAA did not undertake an effort to build capacity in existing providers to stand up this service. As such, RIV AAA is in a unique position to offer this direct service in combination with the existing volunteer and information and assistance programs in a cost effective and efficient manner by building on existing infrastructure.

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

No comments were provided at the public hearings related to this request.

Disease Prevention/Health Promotion

<u>Total of Federal Dollars</u> \$69,858.00 <u>Total of State Dollars</u> \$0.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

Goal: Provide evidence-based classes that reduce the fear of falling and increase the activity levels of older adults who have concerns about falling.

Activities:

- The Matter of Balance program currently has 2 Master Trainers and 6 Coaches trained to support the evidence-based program. The workshops are for eight sessions and are conducted in one 2 hour session

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each week. Each Coach must attend a 2-day Coaches training to become certified and facilitate at least one 8-week workshop every year to remain certified.

- Hold classes in-person or virtually via Zoom.
- Continue to participate in the Statewide Collaboration Project to create a consistency in branding for greater recognition through a shared logo, uniform marketing and promotion state-wide. The collaboration amongst the AAAs to share in the hosting of Zoom workshops has eased the burden of "filling" workshops within individual regions resulting in fewer workshop cancellation.
- Continue to build relationships with local healthcare facilities for referrals in addition to increasing the marketing of programs through social media and statewide collaboration.

Goal: Provide evidence-based classes that promote self-efficacy, increased physical activity, improved communication with physicians, and equip learners with techniques and strategies for the day-to-day improved symptom management of chronic health conditions.

Activities:

- The Personal Action Towards Health (PATH) program currently has 2 Master Trainers and 14 Leaders trained to support the evidence-based program. RIV AAA has Master Trainers and Leaders that are trained in Chronic Pain, Diabetes, Regular, and Workplace PATH. The workshops are for six weeks and are conducted in one 2 ½ session each week. Each Leader must attend a 4-day Leader training to become certified and facilitate at least one 6-week workshop every year to remain certified.
- Hold classes in-person, virtually via Zoom, and through a mailed toolkit with phone calls for 1:1 support.
- Continue to participate in the Statewide Collaboration Project to create a consistency in branding for greater recognition through a shared logo, uniform marketing and promotion state-wide. The collaboration amongst the AAAs to share in the hosting of Zoom workshops has eased the burden of "filling" workshops within individual regions resulting in fewer workshop cancellation.
- Continue to build relationships with local healthcare facilities for referrals in addition to increasing the marketing of programs through social media and statewide collaboration.

Goal: Provide opioid awareness and education program for older adults residing in senior housing complexes and/or served by senior centers and other community organizations.

Activities:

- Conduct outreach to a maximum of 50 community organizations serving older adults for interest in partnering with AAA to expand opioid education reach by displaying Deterra kits.
- Continue to modify existing opioid education curriculum to ensure information remains relevant and current using a variety of educational mediums such as in-person, virtual synchronous, or pre-recorded videos.
- Conduct outreach to community organizations serving older adults to present opioid education curriculum and/or provide education materials.
- Track and report program deliverables and outcomes.

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Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the 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.
- (B) Such services are directly related to the Area Agency's administrative functions.
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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.

The PATH program was implemented and coordinated as a function of RIV AAA when encouraged and funded by the ACLS Bureau through a grant to support RIV AAA's and build capacity to shift to evidence-based models of program delivery. RIV AAA set up the structure for a centralized hub from which volunteers and in-kind facilitators would be recruited and trained. A part-time Education Coordinator/Master Trainer is staffed by RIV AAA to oversee the PATH program including volunteer and in-kind facilitator recruitment and training. This structure maximizes resources and administrative efficiencies.

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

No comments were provided at the public hearings related to this request.

Long Term Care Ombudsman

Total of Federal Dollars \$13,359.00

Total of State Dollars

\$27,268.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

Goal: Ensure residents of licensed long-term care facilities receive quality, person-centered care and experience a quality life through advocacy and education.

Activities:

- Conduct outreach activities to resident councils, providing education on resident rights.
- Provide information and training on quality of care and person-centered planning to long-term care staff.
- Empower residents to communicate their concerns and preferences for care, activities, and other factors that promote quality of life.
- Assist in resolving resident concerns.

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- Investigate all complaints related to care, quality of life, and any potential violation of rights and work to achieve solutions focused on the resident's wishes and preferences.
- Promote community advocacy, awareness, and education regarding long-term care issues.
- Provide information to individuals and families to assist with selection of long-term care facilities.
- Conduct quarterly visits licensed facilities in service area.
- RIV AAA provides personnel management of local LTCO while State LTCO provides programmatic oversight.
- Maintain linkages with Legal Aid of Western Michigan and MMAP to assist residents in obtaining access to available services as necessary

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- (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.

Traditionally the LTCO Program and Elder Abuse Prevention (EAP) services were contracted to be provided by outside organizations. In 2015, when the existing service provider chose to immediately terminate their contract mid-fiscal year RIV AAA received approval from both the ACLS Bureau and the State LTCO to provide both services directly with the intent of putting out a Request for Proposal (RFP) the following fiscal year. RIV AAA put out an RFP for both services the following fiscal year as part of the multi-year plan but did not receive a response; RIV AAA chose to continue to provide both services directly (as did the majority of AAAs) to ensure the services continue to remain obtainable within our service area.

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

No comments were provided at the public hearings related to this request.

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$5,134.00

Total of State Dollars

\$0.00

Geographic Area Served

Berrien, Cass, Van Buren (PSA4)

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

Goal: Strengthen awareness and prevention of elder abuse, neglect, and exploitation.

Activities:

- Provide community education on how to recognize and respond to elder abuse, neglect, and exploitation.
- Strengthen relationships with local law enforcement through activities such as participation in TRIAD in Berrien County.
- Provide education and outreach at senior centers, health fairs, housing complexes, and other professional agencies and events as requested.

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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.

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

No comments were provided at the public hearings related to this request.

Kinship Support Services

Total of Federal Dollars \$10,000.00 Total of State Dollars \$0.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

Goal: To strengthen families of relatives 55+ who are providing care to a child under 18 through a kinship relationship.

Activities:

- Program will prepare and distribute a Quarterly newsletter, providing information, community resources, education, and other unique services to meet the needs of the kingship caregiver.
- Program will provide connection to available support groups.
- Program will conduct ongoing surveys of kinship caregivers to ensure resources and supports provided are meeting needs.
- Develop speaker series with Campus for Creative Aging that includes professionals in identified areas of interest and need.

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RIV AAA previously requested the submission of Request for Proposals to provide Kinship Support Services but did not receive any responses. The current program resides within the Senior Volunteer Department that houses other caregiver programs which lends itself well to shared administrative and clerical costs for efficiency and effectiveness under the umbrella of RIV AAA. RIV AAA also staffs a robust Information & Assistance Department which allows for mutual sharing of resources to support caregivers in various situations.

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

No comments were provided at the public hearings related to this request.

Creating Confident Caregivers

Total of Federal Dollars \$8,000.00 <u>Total of State Dollars</u> \$0.00

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Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

Goal: Provide evidence-based classes that empower caregivers with key skills, knowledge, and confidence needed to care for individuals with dementia.

Activities:

- Provide Creating Confident Caregivers® using the evidence-based model of meeting two hours, once per week for six weeks.
- Maintain Master Trainer certification for at least one RIV AAA staff person.
- Monitor program trainers for consistency and fidelity to the evidence-based model.
- Ensure participation evaluation is completed upon program completion.
- Continue to build relationships with local healthcare facilities for referrals in addition to increasing the marketing of programs through social media and statewide collaboration.

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Creating Confident Caregivers® was implemented and coordinated as a function of RIV AAA when encouraged and funded by ACLS Bureau through a grant to support the AAA's and build capacity to shift to evidence-based models of program delivery for dementia-specific caregiver education. The current structure maximizes resources and administrative efficiencies as RIV AAA provides marketing staff to promote the classes and respite for the caregivers to attend a class.

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

No comments were provided at the public hearings related to this request.

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Program Development Objectives

Please provide information for all program development goals and objectives that will be actively addressed for this multi-year period, including the diversity, equity and inclusion goal outlined here.

Diversity, Equity, and Inclusion Goal

Aging and Community Living Services Bureau (ACLS) Operating Standards for Area Agencies on Aging have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly. Please refer to Operating Standards for Area Agencies on Aging sections C-2 and C-4.

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60.

Please assess and summarize how well the area agency is currently addressing accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

- 1. Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.
- 2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.
- 3. Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.

Goal: Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, that some of the area agency's program development goals correspond to the ACLS Bureau'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. Additional instructions on completing the Program Development section can be found in the Documents Library.

Area Agency on Aging Goal

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A. Improve the accessibility of services to Michigan's communities and people of color, immigrants, and LGBTQ+ individuals.

State Goal Match: 0

Narrative

RIV AAA is committed to diversity, equity, and inclusion through improving the accessibility of services to minority populations in southwest Michigan inclusive of people of color, immigrants, and LGBTQ+ individuals by ensuring AAA staff and subcontractors are trained in diversity, equity and inclusion, including ability to recognize and address implicit bias, ensuring that programming and outreach is culturally sensitive and welcoming to all, and ensuring that culturally and linguistically appropriate outreach is directed to non-English speaking persons and that staff and providers are trained to adapt to the diverse cultural needs.

Objectives

1. Increase the number of area agency staff, providers, and caregivers trained in implicit bias, cultural competences, and root causes of racism.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Develop and execute a strategic diversity, equity, and inclusion orientation and training plan inclusive of RIV AAA staff, volunteers, and provider network.
- Expand access to diversity, equity and inclusion resources, education, and training available on topics such as implicit bias, cultural competence, root causes of racism.

Expected Outcome

Consumers will receive services provided by culturally competent professionals.

2. Increase availability of linguistic translation services and communications based on the cultural needs in Berrien, Cass, and Van Buren counties.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Expand linguistic translation of outreach and education materials across all mediums.
- Strengthen and utilize partnerships with organizations within the community known and trusted for serving members of minority and underserved populations for review and input on the development of outreach and education materials across all mediums to ensure cultural and linguistically appropriate service.
- Provide linguistic translation services to individual consumers for oral and written communication according to their person-centered needs.

Expected Outcome

Consumers will receive culturally and linguistically appropriate information and services.

3. Increase services provided to black, indigenous and people of color and the LGBTQ+ communities. Timeline: 10/01/2022 to 09/30/2025

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Activities

- Build structural linkages to organizations within the community known and trusted for serving members of minority and underserved populations.
- Collect and analyze local population health and participant data such as race, ethnicity, language preference, gender identify, sexual orientation, health outcomes, social determinant of health barriers and needs, and geography to execute a DEI data-informed approach to design, outreach, delivery, and continuous quality improvement of programs and services.

Expected Outcome

Increased service outreach, accessibility, and delivery to members of minority and underserved communities.

B. Expand the reach of information and awareness of aging network services, ensuring all older adults and caregivers can access culturally and linguistically appropriate information and have awareness of and access to quality services where and when they need them.

State Goal Match: 1

<u>Narrative</u>

Central to RIV AAA's mission and vision of Offering Choices for Independent Lives so that through choice and range of service, every aging adult lives a quality life is empowering older adults and caregivers with information needed to make informed decisions. Because navigating the complex continuum and web of health and human services is challenging for both community members and health and human service professionals, RIV AAA pursues a multi-faceted strategic approach to expanding outreach and awareness throughout the planning and service area.

Objectives

1. Promote awareness of and access to programs and services available for older adults and caregivers through RIV AAA and its network of providers and partners that expand their ability to make informed decisions and support quality of life and independence.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Build structural linkages to organizations within the community known and trusted for serving members of minority and underserved populations.
- Continue to develop and maintain strong working relationships with professional referral sources across the health and human services continuum of care.
- Develop and execute a strategic marketing and communications plan informed by the evolving needs of older adults and caregivers and analysis of local population health and participant data.

Expected Outcome

Older adults and caregivers will have access to and receive information and services that support informed decision-making, quality of life, and independence.

C. Promote social interaction and connectedness, including expanding access to technology and transportation.

State Goal Match: 2

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Narrative

According to a 2020 report by the National Academies of Science, Engineering, and Medicine on Social Isolation and Loneliness in Older Adults, approximately one-fourth of older adults living in the community are socially isolated and an even greater number experience loneliness despite having social connections. The report further indicates that individuals in immigrant and LGBTQ+ communities are at higher risk and outlines the resultant significant health risks. While contributing factors to social isolation and loneliness are likely different for older adults, people with disabilities and caregivers, the health risks are just as significant and the rates of incidence also high*. Developing and coordinating services and supports that reduce social isolation and loneliness will help improve quality of life, health, and independence of those in the planning and service area.

- * Emerson, E., Fortune, N., Llewellyn, G., & Stancliffe, R. (2021). Loneliness, social support, social isolation and wellbeing among working age adults with and without disability: Cross-sectional study. *Disability and health journal*, *14*(1), 100965. https://doi.org/10.1016/j.dhjo.2020.100965
- * Hajek, A., Kretzler, B., & König, H. H. (2021). Informal Caregiving, Loneliness and Social Isolation: A Systematic Review. *International journal of environmental research and public health*, *18*(22), 12101. https://doi.org/10.3390/ijerph182212101

Objectives

 Expand access to and opportunities for virtual and in-person social and community engagement of older adults, people with disabilities, and caregivers.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Explore opportunities to build partnerships and contribute to collective impact strategies to improve and develop transportation solutions.
- Promote opportunity to become a friendly caller volunteer among older adults and people with disabilities reporting social isolation or loneliness.
- Explore user-friendly virtual platforms to promote social interaction and connectedness between older adults, people with disabilities, and caregivers.
- Promote awareness of and expand opportunities for creativity, learning, growth and purpose through the Campus for Creative Aging.
- Support advocacy efforts to expand broadband access.
- Establish local Dementia Minds group and explore partnerships for further expansion of Dementia Minds groups across Berrien, Cass, and Van Buren counties.
- Develop and conduct a comprehensive assessment of the characteristics, needs, and preferences of caregivers in Berrien, Cass, and Van Buren counties to execute a data-informed approach to design, outreach, delivery, and continuous quality improvement of programs and services.

Expected Outcome

Older adults, people with disabilities, and caregivers will have access to meaningful opportunities for social and community engagement.

D. Increase the number of well-trained, qualified, and supportive multicultural direct care workers through collaboration by elevating the workforce, improving retention, promoting its collective value, and supporting opportunities to increase wages.

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State Goal Match: 3

Narrative

The direct care workforce shortage is a national crisis that demands multi-level strategies and solutions. RIV AAA is committed to its roles in advocacy, convening community partners, building coalitions, and pursing innovative approaches to develop and support a robust and diverse direct care workforce.

Objectives

1. Enhance support of the direct care workers and employing providers through implementation of a comprehensive and multi-level strategy.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Explore opportunities to build partnerships and contribute to collective impact strategies to expand and support the direct care workforce including, but not limited to, advocacy efforts.
- Design and implement a collaborative direct care workforce development strategy to support the recruitment, training, job placement, and retention of direct care workers to impact quality of life for older adults, people with disabilities, caregivers, and direct care workers.
- Support retention of direct care workers employed by AAA provider network through the provision of the Provider Employee Needs Fund to cover costs associated with mentoring newer workers and/or resolving immediate hardships that threaten workers' ability to meet job requirements.
- Promote use of online caregiver education platform Trualta across provider network to foster professional development and skill building of direct care workers.
- Develop and implement AAA staff training focused on partnering with providers in person-centered care plan development and implementation.
- Reorganize Provider Relations Committee to promote collaboration within AAA to support and enhance the provider network.

Expected Outcome

The direct care workforce of Southwest Michigan will receive the support needed to meet the complex challenges it faces in recruitment, professional development, and retention.

E. Inspire a dementia friendly community movement throughout Southwest Michigan.

State Goal Match: 0

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Narrative

Alzheimer's disease and other forms of dementia represent an emergency public health crisis for individuals, families, and caregivers impacted by a dementia diagnosis. With the Alzheimer's Association's 2019 Alzheimer's Disease Facts and Figures Report indicating that 3% of individuals aged 65-74 years, 17% of individuals aged 75-84 years old, and 32% of individuals ages 85 and over have a diagnosis of Alzheimer's dementia, an estimated 5,903 residents of Berrien, Cass, and Van Buren counties have Alzheimer's dementia. While Alzheimer's disease is the most common type of dementia, representing 60-80% of all cases, there are still many more residents in the service area impacted by other forms of dementia, and current projections indicate these numbers will increase by 15.8% from 2020-2025. In response to this increasing challenge, RIV AAA will explore strategies to expand awareness of and access to local dementia resources, supports, and services and build partnerships to inspire and work towards a dementia friendly Southwest Michigan that fosters quality of life and inclusion for people living with dementia and their care partners.

Objectives

1. Expand and deepen community respect, awareness, and inclusion of individuals living with a dementia diagnosis.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Host local Dementia Minds events in which people with neurocognitive disorders share and answer questions about their personal experiences of receiving and living with a dementia diagnosis.
- Convene partners to co-host Remember Project and/or locally produced theater events that bring to life real issues connected to the care, diagnosis and lived experience of those impacted by dementia and provide an opportunity for facilitated conversation about the themes depicted.
- Explore opportunities to build partnerships to embed dementia friendly practices, services, and supports across a variety of community sectors.

Expected Outcome

Organizations and businesses across the community will have expanded awareness of and implement dementia friendly strategies resulting in greater community cohesion and inclusion for those impacted by dementia.

2. Reduce the fear, stigma, and isolation associated with a dementia diagnosis.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Establish local Dementia Minds group and explore partnerships for further expansion of Dementia Minds groups across Berrien, Cass, and Van Buren counties.
- Explore and implement strategies to expand awareness of and access to local dementia resources, supports, and services.
- Convene partners to co-host Remember Project and/or locally produced theater events that bring to life real issues connected to the care, diagnosis and lived experience of those impacted by dementia and provide an opportunity for facilitated conversation about the themes depicted.

Expected Outcome

Individuals impacted by dementia will experience community inclusion and cohesion.

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Supplemental Documents

The Supplemental Documents listed below must be included if marked "Required" or if they are applicable to your area agency. Fillable copies of documents A through F can be found in the list on the left below. Select the applicable document(s) from the list and provide all requested information for each. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

Membership Documents

- A. Policy Board Membership Required
- B. Advisory Council Membership Required

Documents Requiring Special Approval by the CSA

- C. Proposal Selection Criteria only include if there are new or changed criteria for selecting providers.
- D. Cash-In-Lieu-Of-Commodity Agreement only include if applicable
- E. Waiver of Minimum Percentage of a Priority Service Category only include if the area agency is requesting to use local resources to meet part of the minimum required expenditure for a priority service category
- F. Request to Transfer Funds only include if applicable

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SUPPLEMENTAL DOCUMENT A Board of Directors Membership

_	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	4	0	1	0	6	13
Aged 60 and Over	0	3	0	1	0	5	8

Board Member Name	Geographic Area	Affiliation	Membership Status
Bernie Williamson	Member-At-Large	Citizen	Appointed
Donald Hanson	Van Buren County	County Government	Elected Official
Honorable Mabel Mayfield	Member-At-Large	Justice System	Appointed
Don Radde	Member-At-Large	Financial	Appointed
Jim Everett	Member-At-Large	Financial	Appointed
Gail Patterson-Gladney	Van Buren County Alt.	County Government	Elected Official
Gladys Peeples-Burks	Member-At-Large	Citizen	Community Representative
Melinda Gruber	Member-At-Large	Healthcare	Appointed
David Vollrath	Berrien County	County Government	Elected Official
Kenley Penner	Member-At-Large	Financial	Appointed
Jason Lovero	Member-At-Large	Healthcare	Appointed
Mary Middleton	Member-At-Large	Healthcare	Appointed
Jeremiah Jones	Member-At-Large	County Government	Elected Official

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SUPPLEMENTAL DOCUMENT B Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	4	1	2	0	10	15
Aged 60 and Over	0	4	1	1	0	7	11

Board Member Name	Geographic Area	Affiliation
Ray Cruse	Van Buren County	Healthcare
Charles Fillbeck	Berrien County	Dept of Health & Human Services
Lee Lull	Berrien County	Veterans
Debra Johnson	Berrien County	Healthcare
Jeannette Ahmed	Berrien County	Foster Grandparent Program
Art Fenrick	Regional	Community Action Agency
Ruth Newton	Cass County	Foster Grandparent Program
Patty Klug	Berrien County	Foster Grandparent Program
Chris Flood	Van Buren County	Healthcare
Paola Hernandez	Van Buren County	Dept of Health & Human Services
Bertha Carsen-King	Berrien County	National Diversity Presenter
Jim Roberts	Berrien County	Jim Roberts Enterprises
Linda Cook-McDonald	Van Buren County	MSAC Delegate
Debbie Lull	Berrien County	Healthcare
MaryJo Schnell	Berrien County	The Out Center

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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 wholistically 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.

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.

According to the American Community Survey, since the last multi-year plan, the PSA has continued its aging trajectory. While the total population of the PSA declined 0.3% from 2017 to 2020, the population of adults 60 years and older increased 7.2% (Berrien 6.4%, Cass 8.3%, Van Buren 8.3%). As of 2020, older adults comprised 27.2% of persons residing in Berrien, Cass, and Van Buren counties (Berrien 27%, Cass 29.3%, Van Buren 26.2%). Comparatively, only 24.1% of persons in Michigan and 22.3% of persons in the United States are over the age of 60. Meanwhile, the median age of older adults has not changed significantly at 69 in 2015 and 69.2 in 2020.

A closer look at the 27% of residents in Berrien, Cass, and Van Buren who are over the age of 60 reveals some shifts in their demographics. With only a 1% increase to the male population since 2017, men comprise 47% compared to women's 53% of older adults though it's important to note that census data does not presently exist for non-binary gender identification. While racial and ethnic demographic shifts may initially appear small, given the large increase overall in adults over 60, some populations of older adults in minority

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racial and ethnic groups have seen large increases in numbers. The population of older adults identifying as not White alone/non-Hispanic/Latinx grew 38% and now comprises 12.5% of the population of older adults in the PSA compared to 9.7% in 2017. Of this group, the American Indian population grew 30% now comprising 0.4% or approximately 318 PSA residents (245 in 2017). While the percentage of older Black or African American adults declined by 0.1% (6.8% in 2020, 6.9% in 2017), the number of older Black or African American residents actually grew 6% (5,234 in 2020, 4,925 in 2017). The Asian older adult population of the PSA has remained very stable at 0.8% of the older adult population. The Hispanic or Latinx older adult population has grown 13% though still only comprises 1.9% of the older adult population (1.8% in 2017). Overall, the population of adults over 60 who speak English less than "very well" has declined from 1.41% to 1.25% as compared to 3.1% in Michigan and 8.7% in the United States. The percentage of older adults who are Veterans or have a disability has also declined. There are approximately 924 Veterans over the age of 60 in the PSA, a 2% decline. The number of older adults reporting a disability has declined from 13,328 or 18.7% to 11,369 or 14.9%.

The increase in the older adult population has resulted in a greater number of older adults living alone and living in poverty. Though the rate of increase has slowed from the previous multi-year plan (2014 to 2017 saw a 15% increase), it was still 5% from 2017 to 2020 resulting in 28,890 older Michiganders living alone in Berrien, Cass, and Van Buren counties. While living alone does not necessarily equate to social isolation, it is a predisposing factor as social contacts tend to decrease as an individual ages for a variety of reasons, many of which revolve around a shrinking of the natural contacts available to someone outside of their home including retirement, the death of friends and family, and lack of mobility. Living alone may also result in fewer natural informal supports to assist with in-home care needs as a person's physical or cognitive functioning may decline.

Economic factors such as lower income can also have a substantial impact on health, quality of life, and need for and access to health care and home and community-based services. With an increase from 8.7% to 8.8% of older adults living 100% below poverty between 2017 and 2020, 6,694 older Michiganders in Berrien Cass, and Van Buren county now reside at below 100% poverty, an increase of 8% from 2017 to 2020.

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.

Transportation continues to be the most cited need in the service area by all stakeholder groups and its importance is further evidenced by its inclusion in several of the local Community Health Needs Assessments. Ongoing barriers noted for older adults and people with disabilities include high cost, lengthy wait times, lack of door-to-door and door-through-door providers, and limited and uncoordinated routes. Lack of affordable and accessible transportation impacts many aspects of independence and quality of life. Given the predominantly rural nature of the PSA, older adults, people with disabilities and their caregivers often must travel long distances to see primary, specialty, and mental health care providers, access grocery stores, retain employment, and participate in civic and social activities. Transportation challenges also make it more difficult to staff the in-home care needs of older adults and people with disabilities; direct care workers must travel long distances from home to home and cannot rely on lower cost public transportation due to the same barriers outlined above.

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While lack of transportation is a contributing factor, improved overall access to health care services is a significant need of older adults and people with disabilities. Access to healthcare was an identified priority across all local Community Health Needs Assessments and, specifically, in-home access to health care services such as primary care, mental health, nutrition counseling, nursing and medication management, and podiatry services provided in the home was cited among the highest three unmet needs of older adults among local professional stakeholders. Many older adults and people with chronic health and mental health conditions are unable to or have great difficulty leaving their homes and/or traveling long distances. Further, of those able to do so even with difficulty, many require the assistance of a caregiver to do so which then results in strains on informal caregivers, the majority of whom already report not having enough time to complete other caregiving demands and/or to take adequate care of themselves and others they may also be responsible to such as other dependents or employers.

Both stakeholder input and analysis of local Community Health Needs Assessments highlighted the ongoing need for services targeted toward improving personal health behaviors. Findings demonstrate high prevalence of multiple chronic conditions among adults ages 65 and older and leading causes of death among older adults include many chronic health conditions and acute health crises, the worsening and risk of which can be lessened through adoption of healthy behaviors including heart disease, chronic respiratory disease, stroke, and diabetes. Caregivers are also in dire need of services aimed at helping them engage in personal health behaviors to improve their physical, mental, and emotional resilience and health. Expansion, innovation, and targeted outreach efforts are needed to increase awareness of access services including ongoing care management and case coordination and support to help individuals establish and work towards person-centered health goals, in-home services that provide individuals with the supports and assistance needed to take healthy action steps, and community services including health promotion and disease prevention programs and classes.

An ongoing need arising from key informant interviews is to continue to expand and further solidify structural linkages between RIV AAA and organizations within the community known and trusted for serving members of minority and underserved populations. Deliberate action at individual and systemic levels is necessary to ensure consistent input from black, indigenous, and people of color and members of the LGBTQ+ community in the design, implementation and delivery of RIV AAA programs and services.

As individuals age and when health conditions worsen, access and in-home services such as personal care and homemaking tend to be those sought out first. Additional needs identified by older adults to help them live and age healthy, safely, and independently in the community include opportunities to continue to volunteer, learn, socialize, and be physically active, assistance with understanding and navigating financial, insurance, and legal issues, home adaptations, maintenance and repair, and employment and job training opportunities. The top needs of older adults identified through professional stakeholder input and review of local Community Needs Assessments include transportation, home adaptations, maintenance and repair, access to mental health and other healthcare services, social cohesion, affordable and accessible housing, food security and nutrition, and broadband access and technical support for computers and smart devices. The most common use of RIV AAA's regional service gap-filling special needs were financial assistance with utilities, home repair, pest control, and assistive technology or appliances.

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Expansion, innovation, and efforts to increase awareness of caregiver supports and services is also a priority need in the service area. Caregivers reported significant strains and impacts from the caregiving role on their finances (36%), employment (44%), health and physical functioning (64%) and emotional strain and stress (91%). Many caregivers have been in this role for over 5 years (36%) and most provide over eight hours of care weekly with at least one out of three caregivers (36%) providing more than 40 hours of care per week. The top five needs identified by caregivers were access services, in-home services, assistance with understanding and navigating financial, insurance, and legal issues, transportation, and caregiving education.

According to a 2019 Kaiser Family Foundation Health Care Coverage report, as many as 20% of adults between ages 60 and 64 are on Medicaid in the service area, and 8% are uninsured. The majority of older adults age 65 and older in the service area have health insurance, with less than 1% of adults aged 65+ reporting having no health insurance.

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.

RIV AAA's targeting strategy continues to focus on outreach to the most vulnerable and underserved populations as required by the Older Americans Act (OAA). The OAAA requires AAAs to target services to eligible persons with the greatest social and/or economic need, with particular attention to low-income minority individuals.

RIV AAA's targeting strategy includes:

- Ensuring Data Collection, Stratification, and Use: RIV AAA will collect and analyze local population health and participant data to execute a data-informed approach to targeted outreach.
- Community Events: RIV AAA staff host and participate in a variety of events held throughout the year including, but not limited to Veteran events, TRIAD events, health and information fairs, forums, and panels, Annual Senior Expo.
- Accountability of Downstream Providers: Annual service contracts require that awarded organizations have processes and procedures for targeting service delivery to eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals. Contracted organizations are also required to provide demographic data for individuals served with OAA funds demonstrating application and implementation of their targeting processes and procedures.
- Culturally and Linguistically Appropriate Outreach Materials: RIV AAA is increasing its accessibility and visibility to Hispanic/Latinx communities by expanding its inventory of Spanish translated print outreach and marketing materials. RIV AAA also collaborates with and seeks input from its Advisory Council (inclusive of community leaders representing minority communities), Spectrum Health Lakeland Population Health, and key informants to ensure print and electronic outreach and marketing materials are representative of vulnerable and underserved populations.
- Culturally and Linguistically Appropriate Service Delivery: RIV AAA subscribes to and utilizes a "Language Line" and contracts with DEAFLink for interpretation services to ensure the delivery of services meets the linguistic needs of participants. RIV AAA contracts for Spanish translation of person-centered print materials such as letters, care plans, and other individualized documents as needed to serve participants. RIV AAA also requires all staff, volunteers, Board and Advisory Council members to complete training on topics of diversity, equity, and inclusion. Ensuring culturally and linguistically appropriate service delivery for those served will

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increase the likelihood of word-of-mouth sharing of positive experiences and interactions in shared social communities which in turn will increase awareness and engagement of RIV AAA services.

- Strengthening Community Partnerships: RIV AAA hosts Aging Network Partner and Provider Meetings in which community organizations across all sectors of health and human service delivery are invited to learn about current advocacy issues, state and federal updates, and AAA offerings, engage in networking and discussions aimed at opportunities for collective impact, and share resources and information. RIV AAA will increase the frequency of meetings to bi-monthly. RIV AAA will also expand outreach to community organizations serving vulnerable and underserved populations for participation in partner and provider meetings and collaboration for expanded outreach through on-site access service delivery. RIV AAA staff are also members of Berrien, Cass, and Van Buren Counties' Health and Human Services Coordinating Councils and Transportation Advisory Councils, TRIAD, both Spectrum Health Lakeland's Population Health Committee and Post-Acute Care Consortium, Bronson Health's Care Coordination Committee, Healthy Berrien Consortium, and Van Buren Aging Health Equity & Policy Planning Project. Through strong and expansive community partnerships, RIV AAA ensures that professionals serving vulnerable and underserved communities throughout the service area are knowledgeable of and able to assist in access to services.

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

Alzheimer's disease and other forms of dementia represent an emerging public health crisis for individuals, families, and caregivers impacted by a dementia diagnosis. With the Alzheimer's Association's 2019 Alzheimer's Disease Facts and Figures Report indicating that 3% of individuals aged 65-74 years, 17% of individuals aged 75-84 years old, and 32% of individuals ages 85 and over have a diagnosis of Alzheimer's dementia, an estimated 5,903 residents of Berrien, Cass, and Van Buren counties have Alzheimer's dementia. While Alzheimer's disease is the most common type of dementia, representing 60-80% of all cases, there are still many more residents in the PSA impacted by other forms of dementia, and current projections indicate these numbers will increase by 15.8% from 2020-2025.

In response to this increasing challenge, RIV AAA addresses both the individual needs of people served and the collective needs of the community to grow and become more inclusive of all its members.

RIV AAA assures that individuals, families, and caregivers receive services from highly trained, professional staff with dementia-specific knowledge of both care techniques and interventions and community resources. RIV AAA staff are trained to conduct dementia-informed, person-centered screenings, assessments, information and assistance, options counseling, and care planning across all service lines.

RIV AAA is also partnering with Dementia Friendly America and numerous local partners to work towards becoming a dementia friendly community to support individuals living with dementia and their caregivers to help foster quality of life and inclusion and become a thriving community for all.

The Dementia Friendly Community effort will: 1) raise awareness of and develop respect and inclusion for people living with dementia diagnoses, 2) foster services and resources embedded in all areas of community to ensure meaningful access and promote quality of life, 3) support and educate people living with dementia, their care partners, and families from diagnosis through disease progression and 4) promote social cohesion and meaningful engagement in community life for people impacted by dementia diagnoses. Strategies to accomplish this aim include:

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Education and Health Promotion: RIV AAA continues to provide Developing Dementia Dexterity, Creating Confident Caregivers, and Powerful Tools for Caregivers both directly and in partnership with others. RIV AAA also recently launched Trualta, a web-based caregiver education platform providing personalized, skill-based learning. Caregivers, health care professionals, and individuals with mild cognitive impairments can use the site to access on-demand educational videos, articles, tip-sheets, and professional-level trainings on topics such as aging and brain health, care planning, injury and fall prevention, personal care tasks, managing the behavioral symptoms of dementia, medication management and more including an entire series of modules featuring leading dementia expert, Teepa Snow. RIV AAA service line staff and volunteers receive education and training to ensure provision of dementia-informed support and services.

The Remember Project: In partnership with the Remember Project and as a part of its strategy to create dementia friendly communities, RIV AAA is launching an arts and public health initiative aimed at reducing the fear, stigma, and isolation associated with a dementia diagnosis. Through collaboration with the Remember Project and the local arts community, RIV AAA will host virtual and in-person plays followed by facilitated community dialogue sessions to build community awareness and understanding. Local participating theater companies will embed dementia friendly practices and productions in their sustained efforts in 2023 and beyond.

<u>Dementia Minds:</u> In partnership with the National Council of Dementia Minds, RIV AAA is one of five host sites to establish local Dementia Minds groups. National Council of Dementia Minds is led by people living with dementia whose vision is to transform the worldview of living with a Neurocognitive Disorders. Each Dementia Minds groups consists of 6-10 people living with dementia or mild cognitive impairments who, with the help of a Support Facilitator team, meet together to process and share their unique experiences of being diagnosed with and living with dementia. Project aims are to create opportunities for dialogue and education for persons living with dementia, families and caregivers, licensed health care professionals and workers in other community sectors, researchers, policymakers, and community members at large and to seed local Dementia Minds group(s) for project sustainability and broadened community impact.

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

RIV AAA, through its MYP request for proposal and direct service request process, assures that all services funded under the MYP/AIP are available throughout the entire PSA. RIV AAA staff are trained professionals and experts in conflict-free, unbiased information and assistance and options counseling. When a customer requests a service not funded under the MYP/AIP, RIV AAA staff engage in a person-centered assessment and planning process to identify needs, strengths, and resources, and assist the customer with establishing a plan that can include strategies to leverage education, informed decision-making, informal supports, personal funds, and referral to and assistance with accessing other community resources to meet the identified needs; these resources may be subsidized in whole or in part or may require private payment.

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

RIV AAA's priority for addressing identified unmet needs are to meet them by simultaneously employing individual and systemic strategies. On an individual level, when unmet needs are identified, RIV AAA first attempts to connect individuals to existing community resources. If, after exhausting other resources available throughout the community, the identified need remains unmet in whole or in part, RIV AAA may utilize its regional service definition Gap Filling Special Needs and/or its Unmet Needs Fund (funded by employee

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donations and agency reserves) to meet the need or wrap around funds provided by the customer, informal supports, or other community organizations to help resolve or alleviate the impact of the unmet need. On a systemic level, RIV AAA tracks identified unmet needs and utilizes a data-informed approach to close gaps in services available in the PSA through advocacy, community education, coordinating services, coalition building, business development, and using available resources and funding to enhance and expand service availability and accessibility.

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.

As funding to home and community-based aging services has not kept pace with increases to the population and increasing costs of service delivery, waiting lists continue to exist and are likely to grow. Individuals placed on waiting lists for services are prioritized to ensure that the most vulnerable are served first. Using a person-centered approach, those who qualify for services are assessed for their social, functional, and economic needs. Individuals with no other financial means to pay for needed care and who have at least three social and/or functional limitations such as impaired decision-making, lack of informal supports, frequent falls, or frequent or recent emergency department, hospital, or nursing home utilization may be prioritized. While waiting for services, participants are provided with information and assistance and options counseling to connect them with any available community resources that may help alleviate their needs. In order to maximize the limited funding available for services, participants receiving eligible services are offered an opportunity to contribute through cost share donations.

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.

RIV AAA's Advisory Council is highly engaged and effective in providing input and recommendations on all aspects of service design, implementation, and delivery in order to best meet the needs of the population served. RIV AAA staff highly value Advisory Council members' knowledge and expertise and continuously seek their input on implementation of the Multi-Year Plan.

The Advisory Council reviews each request for proposal, as well as the MYP, and makes recommendations to the Board of Directors for final approval. In the current round of proposals, the contracts for congregate meals and home delivered meals were split between two providers, one serving Berrien and Van Buren counties and the other serving Cass county. The Advisory Council recommended that a formula be used to allocate the categorical funds based on Census data of adults ages 60 and over below 150% of poverty with consideration made for the number of participants already being served through Cass county's millage. Council members further recommended that meal providers continue efforts to offer and expand the variety of choices available to ensure service delivery is person-centered and informed by the cultural needs and preferences of underserved and minority members of the community. The Advisory Council also recommended a review of annual contract boilerplate language to assure its inclusivity of LGBTQ+ individuals in language identifying minority populations.

The Advisory Council also hosts and provides input directly on the draft summary of the MYP at one of the public hearings each MYP/AIP cycle; this year, the Advisory Council hosted the public hearing at RIV AAA's Campus for Creative Aging on April 4th. Finally, the Advisory Council is also instrumental in helping to widely disseminate the Older Adult and Caregiver Surveys and invitations to listening sessions, focus groups, and public hearings, ensuring that these pivotal opportunities for input and feedback in the development of the MYP

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reach members of minority and underserved communities.

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.

RIV AAA, through information, education, and prevention programs, offers a robust and comprehensive variety and continuum of options in order to delay the need for additional services and to ensure every aging adult lives a quality life.

RIV AAA staff are experts in aging and provide professional, person-centered information, access, options counseling, and care planning so that every older adult, person with a disability, and caregiver becomes an informed decision-maker empowered to utilize community supports and services available as well as their personal resources, strengths, and natural supports to their fullest. Staff may also provide one-on-one health coaching, as appropriate and within their scope of practice, to encourage healthy behaviors that will help aging adults better manage their chronic diseases and maintain and even improve their functioning and health outcomes.

Through its Senior Volunteer Program and Campus for Creative Aging, RIV AAA offers opportunities for older adults to remain engaged physically, mentally and socio-emotionally and learn about how to manage and improve their health and functioning through group classes virtually and in-person. Volunteer programs like Senior Companions, Foster Grandparents, and Friendly Callers keep aging adults active and engaged. Through the Campus, individual classes and educational series from computer learning to disease prevention and health promotion including, but not limited to, healthy nutrition, opioid education, Aging Mastery Program, Matter of Balance, Personal Action Towards Health (chronic disease, chronic pain, diabetes), Creating Confident Caregivers, and Developing Dementia Dexterity, older adults, people with disabilities, and caregivers acquire skills and knowledge to manage symptoms and adopt healthy behaviors that improve quality of life and delay need for additional services.

RIV AAA and its Campus for Creative Aging also widely promotes information, education, and prevention programs from RIV AAA's vast network of community partners and providers. RIV AAA staff also independently promote and encourage engagement with the resources and programs available throughout the community through its network by means of direct service provision, an evolving marketing and communication strategy, and dissemination of outreach materials and information through its partner and provider meetings and participation on various groups, boards, and committees through the tri-county area.

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

Five Service Categories Receiving the Most Funds:

- 1. Home Delivered Meals
- 2. Adult Day Services
- 3. Congregate Meals
- 4. Respite Care
- 5. Homemaking

Five Service Categories with the Greatest Number of Anticipated Participants

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- 1. Information & Assistance
- 2. Home Delivered Meals
- 3. Congregate Meals
- 4. Legal Assistance
- 5. Long Term Care Ombudsman
- 11. 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?

Region IV Area Agency on Aging (RIV AAA) is committed to the core principles of diversity, equity, and inclusion in its workplace, service delivery, community development, contracting processes, and provider network development activities. RIV AAA will continue to embed these values in Agency polices, practices, and procedures ensuring the provision of equitable access to opportunities and resources for all including people who might otherwise be excluded or marginalized. While RIV AAA has more work to do to advance diversity, equity, and inclusion; RIV AAA is investing in DEI activities and strategies to move the organization and the community forward.

Four members of RIV AAA staff attended the MDHHS Advancing Equity Through Systems Change training series in FY 2022. A larger staff-led Diversity, Equity, and Inclusion (DEI) Committee comprised of staff from all service lines has been established to discuss and coordinate DEI efforts and lead systems change from a cross-agency perspective. The DEI committee meets quarterly and spearheads project-specific activities in identified areas of advancement in addition to those quarterly sessions.

DEI and implicit bias training is provided for staff, Board, providers, and volunteers to establish a common language and understanding of systemic racism and assure cultural competency in agency efforts.

RIV AAA added staff from the OutCenter in Benton Harbor to its Advisory Council to ensure consistent input from the LGBTQ+ community into the desicgn, implementation, and delivery of AAA programs and services.

RIV AAA continues to foster an inclusive organizational culture that encourages, supports, and celebrates the diverse voices of its staff and volunteers and creates an environment where everyone, from any background, can do their best work in advancement of the agency mission. To further diversify its workforce, RIV AAA collaborates with organizations who have been successful at attracting and retaining a diverse workforce to learn and implement best practices. DEI language has been added to job postings and recruitment materials for staff, board, and volunteers.

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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.

	Access	In-Home	Community
Funded by Other Sources	Disaster Advocacy and Outreach Program		
Local Millage Funded	 Information and Assistance * Outreach * Transportation * Options Counseling * 	Chore * Home Injury Control * Homemaking * Home Delivered Meals * Personal Care * Respite Care * Friendly Reassurance *	 Adult Day Services * Dementia Adult Day Care * Congregate Meals * Home Repair * Senior Center Operations * Caregiver Education, Support and Training *
Participant Private Pay	Care Management Case Coordination and Support Transportation Options Counseling	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 Health Screening Assistance to the Hearing Impaired and Deaf Home Repair Legal Assistance Vision Services Counseling Services
Provided by Area Agency	Care Management Case Coordination and Support Information and Assistance Options Counseling	Respite Care Friendly Reassurance	Disease Prevention/Health Promotion Long-term Care Ombudsman/Advocacy Programs for Prevention of Elder Abuse, Neglect, and Exploitation Creating Confident Caregivers Kinship Support Services

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Contracted by Area	Transportation	Chore	Adult Day Services
Agency		Home Injury Control	Congregate Meals
	-	Homemaking	Nutrition Counseling
		Home Delivered Meals	Nutrition Education
		Medication Management	Home Repair
		Personal Care	Legal Assistance
		Assistive Devices &	Counseling Services
		Technologies	Creating Confident
1		Respite Care	Caregivers
		 Special Needs Gap Filling 	Caregiver Supplemental
	-	Funds	Services
1	*		Caregiver Education,
			Support and Training

^{*} Not PSA-wide

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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.

RIV AAA determines the services funded under the MYP/AIP by analyzing input from local and regional stakeholders including older adults and caregivers, annual contract and direct service purchase providers, community partners, members of RIV AAA staff, Board of Directors, and Advisory Council and data from RIV AAA Aging and Disability Info Line, local and regional community health needs assessments, the 2020 Census, the Eldercare Locator Data Report, and the Caregiving in the US 2020 Report. While categorical funding requirements prescribe some funding determinations, RIV AAA selects additional services to assure that the needs identified through its comprehensive community needs assessment are met through a combination of funding through the MYP and leveraged grants and partnerships.

Services funded under the MYP are provided either directly by RIV AAA, contracted, or directly purchased; the services funded are essential to older adults and caregivers, especially those with the greatest social and economic needs and are services that are not otherwise available or available but insufficient to meet the need throughout Berrien, Cass, and Van Buren counties.

Access services provided directly by RIV AAA are used to assist individuals in navigation through the complex and varied systems of services that are available to them throughout the PSA in order to assist them in meeting their person-centered needs and preferences. Being a resource for these individuals is an integral part of the process that RIV AAA has developed to ensure individuals are connected to services available regardless of whether or not the services are contracted by RIV AAA or funded through other sources, including private pay.

In-Home services provided directly by RIV AAA through its Senior Volunteer Program include Respite Care and Friendly Reassurance. RIV AAA also has agreements with a pool of fully vetted and credentialed network providers in which services are directly purchased as needed. In-Home services are one of the largest unmet needs, so it is imperative that the services continue to be available throughout the PSA especially in areas of the counties where services are not funded by local millages.

Community services provided directly by RIV AAA include Disease Prevention and Health Promotion, Long-Term Care Ombudsman/Advocacy, Programs for Prevention of Elder Abuse, Neglect, and Exploitation, Creating Confident Caregivers, and Kinship Support Services. RIV AAA provides a centralized structure for the Evidence-Based Programs offered and the opportunity to build capacity and maximize resources by contracting and collaborating with providers and partners throughout the PSA to teach the programs. RIV AAA started providing the LTC Ombudsman and Elder Abuse Prevention in FY2016 when the existing provider terminated their contract; a request for proposal was initiated for the service, but there were no responses. These services were previously provided throughout the PSA and in order to ensure the services continued, RIV AAA contracted to provide the service directly. RIV AAA also has annual contracts with community

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organizations for the provision of Legal Assistance, Congregate Meals, and Adult Day services and has agreements with a pool of fully vetted and credentialed network providers in which community services are directly purchased as needed.

Each of the counties within the PSA receive local millage funding, though each county distributes the funds uniquely which has required RIV AAA to strategically address each county individually within the MYP to ensure the needs of the older adult population with the greatest economic and social needs are being met. RIV AAA has direct contracts with some of the community organizations in each county that receive millage funding to enhance and grow their existing services. RIV AAA will continue to analyze and evaluate the needs of the older adult population and the resources available within the PSA with the intent to continue to develop and modify services funded through the Multi Year Plan to offer choice and a range of services to the aging population.

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Strategic Planning

Strategic planning is essential to the success of any area agency on aging 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 ACLS Bureau. Agencies must be proactive in establishing safeguards in case of internet failure, hacking, or other connectivity issues. The increasing frequency of climate-related disruptions make emergency planning a priority.

All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP.

1. Describe your process to analyze your agency's strengths, weaknesses, opportunities and threats.

As a part of its analysis of internal and external forces that may create opportunities or risks for the organization, Region IV Area Agency on Aging utilizes a myriad of inputs, including board and staff retreat sessions, advisory council and consumer feedback, community needs assessment data, market trends and public policy analysis. Internal factors are analyzed to identify areas where the organization has a competitive advantage, or disadvantage, over its peers and competitors. External factors such as market opportunities and competitive threats are examined to identify potential growth or improvement opportunities to maximize mission impact.

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.

Operation of the MI Choice Home and Community Based Services (HCBS) waiver as a managed care Prepaid Ambulatory Health Plan [PAHP] by RIV AAA and AAAs in general is a tremendous success in efficiency and customer service both locally and for the state overall. In RIV AAA, similar care management access, consultation, and service arrangement services are presented to the public seamlessly from Medicaid to private pay, with use of Older Americans Act and state funds, coupled with cost share, to bridge across those worlds. Expansive HCBS are provided through the waiver, and further augmented by a host of caregiver, training, housing specialists, MMAP counselors and community support collaborations.

RIV AAA participated in a successful multiyear demonstration funded by multiple private foundations to link disparate care management services (hospital, Federally Qualified Health Center, behavioral health & AAA) around complex care. This resulted in the execution of Medicare-based contracts to allow physicians to pull in AAA care management staff for their more complex patients. Two fee-for-service contracts to provide Chronic Care Management services for Medicare patients with complex care needs have been executed and services implemented. This level of integration and collaboration has spiked interest and commitment in furthering integrated social care and health care systems through structural linkages, particularly around older adults with complex care needs. Expansion of the AAA's role in HCBS waiver services would allow sufficient capacity for scaled integration with health systems and contracts with heath care payors. It's important to note however, that expansion through any means will only compound provider capacity

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dependent on availability of direct care workers, as well as limited transportation options. Sufficient dollars need to be allotted to increase service capacity at the provider level.

The structure is also poised for positive collaborations with health plans working to expand their HCBS footprint. However, existing contracts and relationships with health plans have demonstrated little interest from the health plans in tapping AAA's HCBS core competency of assessing needs in the home. Duals are once again passively (automatically) enrolled and may or may not receive critical thorough assessment for expanded long term supports and services (LTSS). Use of expanded HCBS services and care manager relations available to enrollees in MI Health Link managed care appear to be very limited compared to MI Choice managed care as delivered by Area Agencies on Aging. A lesser AAA role to accommodate a shift of MI Choice to health plans would be disastrous at this juncture and significantly affect AAA's ability to meet the needs of the growing aging population.

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

Funding to home and community-based aging services has not kept pace with increases to the population and increased costs of service delivery including, but not limited to, increased cost of living to support direct care worker wages and increased costs for gas, food, infrastructure development, and other factors driving administrative overhead. Current State Grant Award limitations make maintaining existing services at current levels and expanding services to meet growing needs challenging. RIV AAA, therefore, engages in efforts aligned with its mission and vision to increase and diversify funding through strategic partnerships, grants, and entrepreneurial activities in order to support programs and services that meet identified needs and provide meaningful impact and outcomes to older adults and caregivers but are not wholly supported by the funding provided.

In the circumstance of a 10% reduction in funding from the ACLS Bureau, RIV AAA's planned process for establishing service priorities and modifying service delivery is as follows:

- Continue emphasis on cost share/donation across all applicable services to contribute to maintenance of service delivery at current levels
- Continue assessment and monitoring of service delivery prioritization to ensure those in greatest social and economic need are served.
- Reduce ACLS funded services as needed and assure funds are allocated to the largest unmet needs in the service area.
- Reduce RIV AAA staff hours allocated to ACLS funded programs provided directly by RIV AAA.
- Continue strategic efforts to expand and diversify funding sources to assist with sustaining services.
- 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

<u>AIRS Certification</u> – RIV AAA's Info-Line for Aging and Disability receives over 14,200 calls annually seeking information and resources for older adults, people with disabilities, and caregivers through online referral, direct dial, and referral as the 211-specialty patch for aging and disability for Southwest Michigan. Staff responding to requests for assistance receive comprehensive orientation and training in many areas of person-centered service delivery including, but not limited to, local, state, and federal home and

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community-based resources. As evidence of its exceptional service delivery, RIV AAA's Information & Access service line's first staff member achieved AIRS Certification in 2020 and will expand the number of individual AIRS certified staff throughout 2023-2025.

NCQA Accreditation – RIV AAA's Care Management staff provide person-centered assessment, long term supports and services arrangement and monitoring, care transitions, and care planning to over 1,400 older adults and people with disabilities annually. Demonstration to current and prospective customers and business partners of RIV AAA's excellence in customer service, operations efficiency, and continuous quality improvement through accreditation is underway and will be completed and maintained throughout 2023-2025.

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.

RIV AAA continuously evaluates emerging technology to support efficiency and drive effective service delivery, performance, and quality improvement while optimizing application and utilization of existing tools.

RIV AAA's strategic implementation and use of existing Office 365 applications ensures staff have timely and accurate access to information thereby driving data-informed service delivery, resource allocation, and quality process and performance improvement. SharePoint pages and lists, Power BI dashboards, and Power Automate flows help staff achieve efficiencies and shared success in outcomes by eliminating duplicative data-entry and wasted time spent searching for and looking up information that is now at their fingertips. Staff update and move work products along streamlined workflows that capitalize on centers of expertise across the organization and keep teammates updated on progress towards objectives, assign next action steps and reminders, geo-map participant addresses to coordinate service delivery, arrangement, and emergency response, and collaborate virtually in real-time. Throughout 2023-2025, RIV AAA will continue to build out and optimize the virtual collaboration environment of SharePoint and Teams for maximum impact across the organization.

To extend successes even further, RIV AAA expands its investment in technology beyond traditional methods by engaging staff across the organization in acquiring and applying technology-based knowledge and skills so that every team member is empowered to contribute to and lead design and implementation of technology solutions. Information technology and operations staff co-host Office 365 Learning Collaborative sessions in which staff learn, with and from one another, how to leverage existing software applications, boost interoperability, and actively create solutions together that make workflows and access to information and tools more efficient and collaboration and communication more effective.

RIV AAA is also investigating options for a comprehensive web-based community resource database accessible to staff and the community which would reduce redundancies and the time burden of staff investigating resources known to be available.

RIV AAA is also enhancing the training provided to its staff through the use of technology, RIV AAA invests in Relias and iSpring. Relias, a web-based learning management system that provides professional trainings for healthcare organizations, allows RIV AAA to create service line and learner-specific orientation and training plans and a platform on which to make staff and partner-developed in-services available on demand ensuring learning can be revisited and reinforced as needed. iSpring software allows RIV AAA to create its own dynamic, adult-learner friendly modules to enhance staff skills and knowledgebase leading to more

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efficient operations, effective service delivery and performance, and quality improvement.

Like many others, RIV AAA leaned into the use of new technologies during the pandemic. Platforms such as Teams, Zoom, and RingCentral allow video conferencing with customers across all service lines. Appropriately balanced with person-centered needs and provision of face-to-face community, in-home, and office service delivery, video conferencing also allows for improved efficiency, productivity, and quality. Evidence-based classes and other educational and social support programming can now be offered both in-person and virtually allowing for those who may not previously been able to travel to participate. RIV AAA is also furthering its paperless status through electronic document generation and signature collection.

RIV AAA also continues to pursue interoperability with local health systems' electronic health records (EHR). As a trusted key partner of the care team, RIV AAA was granted read access to its two major health systems' EHR: EPIC Carelink. Access to admission, discharge, and transfer (ADT) data and the medical assessment and treatment plan allows RIV AAA to intervene timely, arrange services and supports that address the social determinant of health barriers of participants and caregivers, and align community-based goals and interventions for more successful care transitions. In partnership with a local rural health clinic and home-based primary care provider, RIV AAA staff have full EHR access and contribute directly to a wholistic, comprehensive person-centered care plan. Next steps include continued pursuit of interoperability, analysis of ADT data aimed at establishing clinical protocols for improved chronic disease management and utilization reduction and prevention, and collection of data on gaps in resources and services available and utilized.

RIV AAA recently invested in and plans to expand promotion of Trualta, a web-based caregiver education platform accessed through RIV AAA's website. Trualta provides efficient and effective delivery of caregiver education through personalized, skill-based learning experiences that reduce caregiver burden, improve the quality of care provided, and extends aging in place. Through Trualta, caregivers access on-demand educational videos, articles, tip-sheets, and professional-level trainings on topics such as aging and brain health, care planning, injury and fall prevention, personal care tasks, managing the behavioral symptoms of dementia, medication management and more. RIV AAA staff, volunteers, partners, and providers recommend registration and education modules to caregivers for targeted learning to acquire the skills and knowledge to confidently manage care at home.

Finally, continuing to expand use of technology tools including RIV AAA's website and social media channels further improves the effectiveness of service outreach and delivery. Through these mediums, consumers are informed of services and programs available, upcoming events, and opportunities to get involved in collective impact and advocacy.

6. Describe your agency's emergency planning system, how planning is updated and whether back-up systems are adequate to maintain services during potential disruptions.

RIV AAA works with the local Emergency Operations Councils (EOC) to register older adults who may need assistance in the case of emergency on the Functional Needs Registry and/or provide older adults with contact information for local emergency services. RIVAAA's Compliance Officer is the primary designee to the local EOCs, which are comprised of the Berrien County Emergency Consortium, and the Van Buren and Cass County EOC. Withing the Agency, the Compliance Officer is the main point of contact for emergency messaging and communication.

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RIV AAA participates in all county-level EOC drills and trainings, and acts in a support role for the EOC by providing information on the clients that it serves to the EOC. Within the Agency, the Care Management Director (or her/his designee) is able to produce a report of enrollments in the HASA and MI Choice Waiver programs, including services they have been authorized to receive and their need for assistance in the event of an emergency that can be communicated directly to the EOCs by the RIV AAA EOC point person when needed.

As outlined in RIVAAA's *Direct Service Operational Guidelines*, all service providers are required to develop contingency emergency plans to account for any situation that pose a serious threat to participant health and welfare, including natural disasters or disruptions to services. In developing these plans, providers must utilize an individual client's service needs as established by RIVAA and prioritize individuals with the highest needs first. Adult Foster Care homes are additionally required to submit an evacuation plan for their property along with the emergency plans. All providers are required to review their emergency plans and update them as necessary based on changes of client level of needs, or their own current staffing levels. Region IV's nutrition providers, Senior Nutrition Services (SNS), provide all clients when enrolled, with three shelf stable meals to keep on hand in case of disruptions in services and routinely replenish them as the need arises. Senior Nutrition Services has contracts with three area kitchens to prepare meals and can move meal production in case of emergency. If SNS is unable to supply meals, ready to heat meals will be purchased from a bulk distributor such as Gordon Food Services to ensure continued service.

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Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2023-2025. Describe how the area agency's advocacy efforts will improve the quality of life of older adults within the PSA. Also give an update on current advocacy efforts. See *Operating Standards for Area Agencies on Aging* section C-6.

Include initiatives, if any, the area agency is pursuing regarding recruitment, training, wages, diversity and inclusion, credentialing, etc. related to the direct care workforce shortage. Also identify area agency best or promising practices, if any, that could possibly be used in other areas of the state. Enter your advocacy strategy in the dialogue box.

RIV AAA's advocacy strategy continues to focus on the development of a comprehensive long-term care (LTC) service system to allow older adults to live a quality life in the setting of their choice. A further strategy is the development of local, state, and federal policies that foster and facilitate older individuals' ability to be valued and engaged members of their community across the lifespan. A new strategy is the identification of policies that impact the health inequities experienced by older minority individuals and incorporating policy recommendations to address those disparities in RIV AAA advocacy strategies. Empowering consumers, creating efficiencies, and addressing social determinates of health continues to be the driving themes of RIV AAA's advocacy strategy.

Policy priorities and objectives are determined with input from RIV AAA Advisory Council, RIV AAA Board of Directors, a broad coalition of community, state, and national partners, and in response to local, state and federal legislative activity.

Strategies to achieve those objectives include:

- 1. Improving Access/Information about long-term care: Access to all options and services is enhanced through the implementation of I&A staff presence at the Campus for Creative Aging and co-location with Disability Network of Southwest Michigan and PACE of Southwest Michigan at RIV AAA's main office.
- 2. Use of Technology: Expanded use of technology tools including RIV AAA website and social media channels to inform consumers about public policy issues will inform and empower older adults to self-advocate.
- 3. Public Awareness: RIV AAA works with varied public and private entities to increase awareness of issues facing older adults. This includes taking an advocacy role when participating on collaborative bodies that may be able to influence the direction of resource use. Those collaborative bodies include three county-level Human Services Collaborative Councils and regional Strategic Leadership Council. RIV AAA is also represented on the Advisory Council of each of the public transportation systems within its PSA.
- 4. Policy Analysis: Key legislation at both the national and state level is analyzed for scope and seriousness of impact. The ongoing analysis of needs and barriers to independence translates into an evolving and fluid course for advocacy analysis and public policy.
- 5. Grassroots Advocacy (consumer engagement): RIV AAA Advisory Council focuses on consumer advocacy issues and engages in activities to empower seniors to self-advocate. Activities include participating in advocacy groups such as the Michigan Senior Advocates Council, Silver Key Coalition, Senior Action Week/Older Michiganians Day, and AARP. Further, RIV AAA takes a leadership role in the Silver Key Coalition and the annual development of Older Michiganians Day, a statewide consumer advocacy event. RIV AAA hosts

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an annual legislative forum attended by state legislators and federal constituent services personnel giving older adults an opportunity to self-advocate on policy issues important to them. In addition, an Ask the Experts table is provided at RIV AAA's annual Senior Expo where older adults and caregivers can obtain public policy information and dialog with their elected officials, veteran's affairs, and social security staff.

6. Informing Legislators: RIV AAA staff conduct regular face-to-face contact with elected officials and their staff to inform them of the impact of pending legislation on older adults in the service area. Additionally, RIV AAA staff provides direct testimony before elected officials, legislative committees and others on issues of concern to older adults.

Some of the efforts RIV AAA is engaged in include:

- 1. Participation in the Aging Health Equity Planning project to identify and address the root causes of disparate health outcomes among minority older adults living in Van Buren County. Developing an actionable strategic plan to build community capacity and connectedness to impact systems-level policy change thereby improving the health of minority older adults.
- 2. Creation of a Provider Employee Needs Fund to assist direct care workers who are experiencing hardship and preventing them from being able to meet the requirements of their position.
- 3. Partnership with Michigan Rehabilitation Services (MRS) and PACE of Southwest Michigan to create an education and career pipeline for MRS clients who are not yet ready for the Certified Nursing Assistant training. MRS clients will participate in a 6-week training program to build job-readiness soft skills and the technical training needed to be successful as a direct care worker/home health aide. Job placement assistance will be provided by engagement of RIV AAA vendor network.
- 4. Representation of AAA staff on the Berrien County TRIAD which focuses on the safety and wellbeing of seniors.
- 5. Allocating a large portion of allowable funding to senior centers for transportation to medical appointments and participation in congregate meals.
- 6. Representation of AAA staff on all three county public transportation committees.
- 7. Representation of AAA staff on Michigan's Great Southwest Strategic Leadership Council.

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Leveraged Partnerships

Describe the area agency's strategy for FY 2023-2025 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service 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

Councils on Aging

Region IV has only one traditional Council on Aging operational in the region, in Cass County. That entity is a primary vendor and partner of AAA and holds annual contracts in adult day care, transportation and caregiver education. Additionally, they are a direct service purchase vendor for several services to be purchased through MIChoice, ACLS care management, and MI Health Link. Region IV recognizes that a variety of types of organizations can be hubs of service to the older population. Those entities are being linked as organizational partners in AAA's Campus for Creative Aging initiative and vary from the Council on Aging in Cass County to libraries, robust senior centers, YMCA, art groups, financial institutions, higher education, and more.

Health Care Organizations/Systems

Considerable time and support in program/service development is leveraged through the local health system(s) and federally qualified health clinics. Examples of AAA interaction include:

Board and Advisory Council Memberships-Spectrum/Lakeland, Bronson, & Intercare (FQHC) have representation on RIV AAA's Board; RIV AAA on Spectrum/Lakeland Board.

Community of Care Initiative – Spectrum/Lakeland, InterCare, Riverwood Mental Health, Berrien County Health Department represent core collaborators for the Interagency Care Team testing, evaluation, and scaling with RIV AAA resulting in the Community of Care initiative.

Healthy Berrien Consortium (HBC) – data-drive consortium for trend analysis and collective impact strategies; Spectrum/Lakeland, InterCare, Cass Family Clinic (FQHC), Riverwood Mental Health (CMH), Berrien Health Dept, Southwest Michigan Planning Commission, and AAA are all represented. Collective impact strategies related to trauma related mental health & age friendly community issues are in development with many of the consortium members.

Post-Acute Care – AAA is represented on Bronson Post-Acute Steering Committee and Spectrum Health Lakeland's Post-Acute Care Consortium and Care Management Practice Council.

Health Plan(s)

RIV AAA partners with one of the health plans operating as an Integrated Care Organization providing MI Health Link services in the PSA. RIV AAA provides service arrangement and vendor management services under contract with the ICO. Discussions regarding additional services to be provided in partnership with this, and other health plans, are ongoing.

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Public/Mental Health

AAA is represented, along with public health and mental health, on each of the three counties Human Services Coordinating Councils. Additionally, AAA is a partner with Van Buren Cass District Health Department on the Aging Health Equity & Policy planning project to identify and address the root causes of negative health outcomes and inequities among minority older adults by identifying and developing a plan to rectify the underlying policies, practices, beliefs and behaviors that drive those inequities.

Community Action Agencies (CAA)

The CAA is a member of RIV AAA's Advisory Council and information on CAA available services is distributed regularly through RIV AAA's Info-Line for Aging & Disability and through its partner network. CAA is an active partner with RIV AAA in collaborating to meet emergent needs of older adults. Examples include water distribution for home bound older adults in Benton Harbor, coordination and distribution of q-boxes and fresh produce during the pandemic to home bound seniors, and other special projects.

Centers for Independent Living

Disability Network Southwest Michigan (DNSWM) has been co-located with Region IV AAA since 2006. DNSWM's offices are strategically located close to AAA's Info-Line call center, which field an estimated 1,000 calls per month. Synergy and information sharing between the staff is common; both entities are strengthened by this relationship.

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.

Currently, Region IV AAA provides three Evidence-Based Disease Prevention/Health Promotion programs: (1) A Matter of Balance (MoB); (2) Personal Action Towards Health (PATH); and Creating Confident Caregivers (CCC). RIV AAA is committed to continuing to offer these programs with a goal of giving individuals the skills they need to coordinate all that is needed to manage their health, as well as to keep them active and living independently, and support caregivers in their caregiving journey. RIV AAA has PATH leaders trained in various disciplines: chronic pain, diabetes, regular, and workplace PATH. The agency has a part-time Education Coordinator on staff who provides oversight of RIV AAA EBDP programs.

Partnerships with network providers, including the Avenue Family Network and Cass County Council on Aging extend the reach and impact of CCC and PATH evidence-based classes within the PSA.

RIV AAA evidence-based programs currently have an appropriate number of Master Trainers and Leaders/Coaches to meet the existing demand for classes. As demand rises and/or as the programs experience attrition of current trainers/coaches, RIV AAA will recruit, train and deploy additional volunteers. With limited funding available to support the MoB, PATH and CCC classes, Region IV instituted a small charge (\$20/person) for the MoB classes with scholarships available to anyone in need to ensure open access to the classes. The PATH classes do not have a fee, but donations are accepted. Additionally, the PATH books are free to use as are part of a lending library to keep costs down, although participants can purchase for \$25/book if they would like to keep the book.

RIV AAA has already been successful in marketing both the Chronic Pain and Diabetes PATH classes to area Clinics for their patients, these classes tend to have some of the highest participation rates.

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Region IV AAA will continue to participate in the statewide PATH meetings to foster communication and collaboration with other agencies to meet the common goal of program sustainability.

3. Describe the agency's strategy for developing non-formula resources and use of volunteers to support implementation of the MYP and increased service demand.

RIV AAA develops non-formulary resources through multiple strategies including private pay service line development, cost-share, grants, fundraising activities, advocacy and support for expanded senior millages, and other fund development activities. RIV AAA staff conduct internal fundraising activities to further augment resources to address identified unmet needs when no other service resource exists. RIV AAA engages a large corps of volunteers in a myriad of programs including its home-based caregiver respite program (Senior Companions), school-based mentoring program (Foster Grandparents), computer and technology training volunteers (coaches and teachers), evidence-based class trainers including Matter of Balance and Personal Action Toward Health, Michigan Medicare/Medicaid Assistance Program (MMAP) counselors, Campus for Creative Aging class teachers, and numerous corporate volunteers to assist with episodic projects such as home delivered holiday kits.

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Community Focal Points

Community Focal Points are visible and accessible points within communities where participants learn about and gain access to available services. Communit Focal Points are defined by region. Please review and update the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note if 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 established to encourage the maximum collaboration and coordination of services for older adults. The focal point draws individuals from the community in which they are located. The sense of community varies considerably depending on the subject being considered. Therefore, the AAA is compelled to take the broadest possible interpretation of a community. A community is a group of people bound by common interests and goals. It would be challenging to list all the possible focal points that exist in southwest Michigan. However, for the purpose of this document, partial recognition is made to those focal points that are known for their involvement with the public on issues affecting older adults. Recognized for their contribution(s) but excluded from the list are those churches, support groups, and retiree associations that are important but too numerous to mention. Those chosen to be focal points are done so on the basis of referrals to the AAA, assessments and on-site visits, and ability to collaborate on efforts affecting older adults. The sites listed below are deemed to be effective and remain an important focal point in their service area.

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.

Benton Harbor/Benton Twp. Sr. Ctr. Name:

225 Colfax Avenue, Benton Harbor, MI 49022

Address:

Website: N/A

269-927-2497 Telephone Number:

Thelma Branch, Director Contact Person:

Service Boundaries: **Berrien County**

41,569 No. of persons within boundary:

Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone

Reassurance, Transportation, Commodities, Congregate Meals

Name: Berrien County Department of Human Services

401 8th St., Benton Harbor Address:

www.michigan.gov/ Website:

269-934-2000 Telephone Number:

Kathleen Valdes, Director Contact Person:

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Berrien County

No. of persons within boundary:

41,569

Services Provided:

Service Boundaries:

Adult Protective Services, Adult Services, Home Help, Emergency

Funding, Public Assistance, Utility Assistance

Name:

Buchanan Area Senior Center

Address:

810 Rynearson Rd., Buchanan, MI 49103

Website:

www.buchananareaseniorcenter.com

Telephone Number:

269-695-7119

Contact Person:

Adam Burck, Director

Service Boundaries:

Berrien County

No. of persons within boundary:

41,569

Services Provided:

Congregate Meals, Transportation, MMAP, Recreation, Commodities,

Support Groups, Health Screenings

Name:

Cass County Council on Aging

Address:

60250 Decatur Road, Cassopolis, MI 49031

Website:

www.casscoa.org

Telephone Number:

800-323-0390

Contact Person:

Marty Heirty, Executive Director

Service Boundaries:

Cass County

No. of persons within boundary:

15,120

Services Provided:

Adult Day Services, Home Delivered and Congregate Meals, In-Home Services, Transportation, MMAP, Commodities, Recreation, Fitness, Caregiver Library, Support Groups, Home Modifications, Educational

Offerings

Name:

Cass County Dept. of Human Services

Address:

325 M-62, Box 277, Cassopolis, MI 49031

Website:

www.michigan.gov

Telephone Number:

269-445-0200

Contact Person:

Charles Rose, Director

Service Boundaries:

Cass County

No. of persons within boundary:

15,120

Services Provided:

Adult Protective Services, Adult Services, Home Help, Emergency

Funding, Public Assistance, Utility Assistance

Name:

Central County Center for Senior Citizens

Address:

4083 E. Shawnee, Box 252, Berrien Springs, MI 49103

Website:

N/A

Telephone Number:

269-471-2017

Printed On: 6/24/2022

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FY2023-2025 Multi Year Plan

Contact Person:

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FY 2023

Region IV Area Agency on Aging, Inc.

Heidi Abele, Director

Service Boundaries: Berrien County

No. of persons within boundary: 41,569

Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone

Reassurance, Transportation, Congregate Meals, Support Groups,

Commodities

Name: Greater Niles Senior Center

Address: 1109 Bell Road, Niles, MI 49120

Website: www.nilesseniorcenter.org

Telephone Number: 269-683-9380

Contact Person: Jennifer Krueger, Director

Service Boundaries: Berrien County

No. of persons within boundary: 41,569

Services Provided: Recreation, Fitness, Health Screenings, Telephone Reassurance,

Congregate Meals, Transportation, Commodities, MMAP

Name: Greater Niles-Buchanan Committee on Aging

Address: 1109 Bell Road, Niles, MI 49120

Website: www.nilesseniorcenter.org

Telephone Number: 269-683-9380

Contact Person: Kathy Ender, Director

Service Boundaries: Berrien County

No. of persons within boundary: 41,569

Services Provided: Recreation, Fitness, Health Screenings, Telephone Reassurance,

Congregate Meals, Transportation, Commodities, MMAP

Name: Kinexus

Address: 499 W. Main, Benton Harbor, MI 49022

Website: www.kinexus.org

Telephone Number: 269-927-1064

Contact Person:

Service Boundaries: Berrien, Cass, and Van Buren Counties

No. of persons within boundary: 76,426

Services Provided: Employment, Training

Name: North Berrien Senior Center

Address: 6658 Ryno Road, PO Box 730, Coloma 49038

Website: www.northberrienseniorcenter.org

Telephone Number: 269-468-3366

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Website:

FY 2023 Annual Implementation Plan

agion IV Area Agency on Aging Inc	EV 2022
egion IV Area Agency on Aging, Inc	
Contact Person:	Debbie Ziemke, Director
Service Boundaries:	Berrien County
No. of persons within boundary:	41,569
Services Provided:	Recreation, MMAP, Fitness, Health Screenings, Telephone Reassurance, Transportation, Congregate Meal Site, Commodities
Name:	Region IV Area Agency on Aging
Address:	2900 Lakeview Avenue, St. Joseph, MI 49085
Website:	www.areaagencyonaging.org
Telephone Number:	800-442-2803
Contact Person:	Information & Assistance
Service Boundaries:	Berrien, Cass, and Van Buren Counties
No. of persons within boundary:	76,426
Services Provided:	Information and Assistance, Care Management, MMAP, Senior Employment, Foster Grandparent Program, Senior Companion Program, Grandparents Raising Grandchildren, Custom Care, Care Management, SeniorNET Computer Training, Evidence-Based Programs
Name:	River Valley Senior Center
Address:	PO Box 275, Harbert, MI 49115
Website:	www.RVSeniorCenter.org
Telephone Number:	269-469-4556
Contact Person:	Tim Hawkins, Director
Service Boundaries:	Berrien County
No. of persons within boundary:	41,569
Services Provided:	Recreation, MMAP, Fitness, Health Screenings, Telephone Reassurance, Transportation, Commodities, Congregate Meal Site
Name:	Senior Nutrition Services Meals on Wheels of SW MI
Address:	1708 Colfax Avenue, Benton Harbor, MI 49022
Website:	www.snsmeals.org
Telephone Number:	269-925-0137
Contact Person:	Linda Strohl, Executive Director
Service Boundaries:	Berrien and Van Buren Counties
No. of persons within boundary:	61,306
Services Provided:	Congregate Meals, Home Delivered Meals, Transportation to Meal Sites
Name:	Senior Services of Van Buren County
Address:	1635 76th Street, South Haven, MI 49090

Printed On: 6/24/2022

www.seniorservices-vbc.org

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Telephone Number:

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Region IV Area Agency on Aging, Inc.

269-637-3607

Contact Person: Diane Rigozzi, Director

Service Boundaries: Van Buren County

No. of persons within boundary: 19,737

Services Provided: MMAP, Information, Referral, Transportation, Commodities, Recreation,

Health Screenings, Fitness, Care Management, Friendly Reassurance,

In-Home Services

Name: South Haven Housing Commission

Address: 220 Broadway Street
Website: South-Haven.com

Telephone Number: 269-637-5755
Contact Person: Chuck Fuller

Service Boundaries: Van Buren County

No. of persons within boundary: 19,737

Services Provided: Subsidized Senior Apartments, Congregate Meal Site

Name: Southwest MI Community Action Plan

Address: 185 E. Main St., Benton Harbor, MI 49022

Website: www.smcaa.com
Telephone Number: 269-925-9077

Contact Person: Kim Smith Oldham, Executive Director
Service Boundaries: Berrien, Cass, and Van Buren Counties

No. of persons within boundary: 76,426

Services Provided: Commodities, Utility Assistance, Rental Assistance

Name: St. Joseph-Lincoln Senior Center

Address: 3271 Lincoln Avenue, St. Joseph, MI 49085

Website: www.sjlsc.org
Telephone Number: 269-429-7768

Contact Person: Cindi McLaughlin, Director

Service Boundaries: Berrien County

No. of persons within boundary: 41,569

Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone

Reassurance, Transportation, Commodities, Congregate Meal Site

Name: The Avenue Family Network, Inc.

Address: 2450 M-139 Benton Harbor, MI 49023

Website: www.theavenue.ngo

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Region IV Area Agency on Aging, Inc.

Telephone Number:

269-925-1725

Contact Person:

Nancy Dubois, Executive Director

Service Boundaries:

Berrien and Van Buren County

No. of persons within boundary:

61,306

Services Provided:

Adult Day Services, In-Home Services, Guardianship, Support Groups

Name:

Van Buren Department of Human Services

Address:

57150 C.R. 681, Hartford, MI 49057

Website:

www.michigan.gov

Telephone Number:

269-621-2800

Contact Person:

Tracy Fountain, interim Director

Service Boundaries:

Van Buren County

No. of persons within boundary:

19,737

Services Provided:

Adult Protective Services, Adult Services, Home Help, Emergency

Funding, Public Assistance, Utility Assistance

Name:

Van Buren Mental Health

Address:

801 Hazen St., Paw Paw, MI 49079

Website:

vbcmh.com

Telephone Number:

800-922-1418

Contact Person:

Debra Hess, CEO

Service Boundaries:

Van Buren County

No. of persons within boundary:

19,737

Services Provided:

Adult Day, Counseling, 24-Hr. Crisis Line, Elder Services

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Region IV Area Agency on Aging, Inc.

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Other Grants and Initiatives

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

- -- Tailored Caregiver and Referral® (TCARE)
- -- Creating Confident Caregivers® (CCC)
- -- Evidence Based Disease Prevention (EBDP) Programs (see Doc Library for listing)
- --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)
- -- Care Transitions Project

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

The Remember Project: In partnership with the Remember Project and as a part of its strategy to create dementia friendly communities, RIV AAA is launching an arts and public health initiative aimed at reducing the fear, stigma, and isolation associated with a dementia diagnosis. Through collaboration with the Remember Project and the local arts community, RIV AAA will host virtual and in-person plays followed by facilitated community dialogue sessions to build community awareness and understanding. Local participating theater companies will embed dementia friendly practices and productions in their sustained efforts in 2023 and beyond.

Foster Grandparents/Senior Companions: In partnership with the National Corporation for Community Service (CNCS)/AmeriCorps Seniors, RIV AAA sponsors Foster Grandparent (FGP) and Senior Companion (SCP) programs with the dual purpose to engage persons 55 years and older with limited incomes, in volunteer service to meet critical community needs; and to provide a high-quality experience that will enrich the lives of the volunteers. FGP volunteers provide one-on-one support to children with special needs to improve their academic, social, or emotional development. The volunteers in this program help children learn to read and provide one-on-one tutoring. SCP volunteers provide supportive, individualized services to help older adults with special needs maintain their dignity and independence.

<u>Dementia Minds:</u> In partnership with the National Council of Dementia Minds, RIV AAA is one of five host sites to establish local Dementia Minds groups. National Council of Dementia Minds is led by people living with dementia whose vision is to transform the worldview of living with a Neurocognitive Disorders. Each Dementia Minds groups consists of 6-10 people living with dementia or mild cognitive impairments who, with the help of a Support Facilitator team, meet together to process and share their unique experiences of being diagnosed with and living with dementia. Project aims are to create opportunities for dialogue and education

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for persons living with dementia, families and caregivers, licensed health care professionals and workers in other community sectors, researchers, policymakers, and community members at large and to seed local Dementia Minds group(s) for project sustainability and broadened community impact.

Chronic Care Management (CCM): Evolving from the Interagency Care Team project included in the previous multi-year plan, CCM is a contractual partnership with two primary care practices, one a House Calls Primary Care First model and the other a Rural Health Clinic. The partnership brings social and medical teams together for a holistic approach to delivering Medicare chronic care management services to adults with two or more chronic health conditions. By addressing the social needs of patients and caregivers and empowering patients to achieve their goals for health and quality of life, the integrated care team drives better health outcomes and reduced emergency department and hospital utilization.

Community of Care (CoC): After a recently completed two-year planning process, the CoC partnership with Spectrum Health Lakeland works to further integrate social and medical care. The CoC workplan builds a complex care ecosystem creating infrastructure that integrates social care into the delivery of health care. Funded by Michigan Health Endowment Fund, the CoC creates a structurally connected community of care centered around the needs and desires of older adults and address social determinants of health and clinical care needs leading to improved health outcomes and reduced overall costs.

Aging Health Equity Policy Planning Project: The Aging Health Equity & Policy Planning Project is a community-informed and data-driven plan development process to identify and address the root causes of disparate health outcomes among minority older adults living in Van Buren County. Developing an actionable strategic plan to build community capacity and connectedness to impact systems-level policy change thereby improving the health of older adults and reducing health care costs is a key project aim. RIV AAA and a network of community partners inclusive of, but not limited to, Van Buren/Cass District Health Dept., InterCare Community Health Network, Bronson Health System, Van Buren DHHS, Senior Services of Van Buren Co., and Van Buren Community Mental Health lead this two-year planning grant from Michigan Health Endowment Fund. Michigan State University, College of Human Medicine staff are under contract to provide Project Management services for the planning grant activities.

<u>Direct Care Workforce Development:</u> Partnerships with Michigan Rehabilitation Services and PACE of Southwest Michigan are underway to develop a training pipeline to address the shortage of direct care workers in the region. To retain currently employed direct care workers (DCWs), and address hardship needs that often result in DCWs leaving the workforce, RIV AAA created a Provider Employee Needs Fund. The fund is available to assist a direct care worker who is employed by a Region IV AAA provider and experiencing a hardship which is preventing them from being able to meet the requirements of their position as a direct care worker. Some examples of needs met to date are car repairs/batteries, tire, and cell phone minutes. The funds can also be used for a direct care worker who would benefit from the opportunity to receive additional job coaching; the coaching is tailored to the specific needs of the worker. Expenditure trends since program inception indicate transportation and communication needs as highest barriers to continued employment. Philanthropic support will be sought for future project sustainability.

Enhanced Care: Building on experiences gained through multiple health partnerships, RIV AAA will develop

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and implement an integrated, home-based delivery model of primary care, behavioral health counseling, and care management services through a seed grant provided by the United Way of Southwest Michigan. Enhanced Care will bridge gaps, increase health care access, and build capacity in the community to meet the health, social-emotional, and general well-being needs of older adults, people with disabilities, and their caregivers.

<u>Veteran Connector</u>: Partnering with the Michigan Veterans Affairs Agency to become designated as a Michigan Veteran Connector will bring increased visibility and reach to the work already performed by RIV AAA with and on behalf of Veterans and their families. RIV AAA proactively supports and connects service members, veterans, and their families to earned benefits. Through the partnership, RIV AAA will make veteran centric resource materials and connection to Veteran Service Officers and DHHS Veteran Navigators even more accessible.

MI Health Link (MHL): The MHL partnership with the two Integrated Care Organizations/health plans serving the region and AAA Region 3B continues to evolve as a demonstration to integrate care for people dually eligible for Medicare and Medicaid. Health plan staff turnover and interest levels at the health plans have fluctuated considerably since the inception of the demonstration, which has resulted in continued change and evolution of the contractual relationships involved. It remains unclear as to whether the MHL goal to provide seamless access to services and support through a person-centered care coordination model has been successful. RIV AAA will continue to work with the two health plans involved.

Campus for Creative Aging: RIV AAA's efforts to laud age as a time of Purpose, Creativity, Growth and Learning will gain further momentum as a virtual campus movement that promotes expanded educational offerings and connectivity in areas such as technology, volunteerism, health, retirement, financial planning, and enrichment. Virtual and hybrid program offerings developed during the pandemic will be expanded and blended with a return to in-person programing to expand impact and reach. Organizational partners which range from established aging entities such as senior centers and councils on aging, to libraries, YMCA, financial institutions, arts organizations and beyond will expand.

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

Funding to aging services has not kept pace with increases to the older adult population and increased costs of services delivery and categorical funding restrictions make maintaining and expanding existing services and developing new services to meet growing and changing needs challenging. RIV AAA, therefore, engages in efforts aligned with its mission and vision to increase and diversify funding through the strategic partnerships, grants, and initiatives outlined above, each of which produces meaningful impact and outcomes that improve the quality of life of older adults and their caregivers. Collectively, RIV AAA's grants and initiatives provide information, education, support, and opportunities for social engagement, improve access to and delivery of physical and mental healthcare, and convene community organizations for collective impact around identified needs and community gaps for which funding in part or in whole is otherwise not available.

3. Briefly describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2023-2025.

RIV AAA's planned program development efforts are guided by its mission and vision of Offering Choices for

BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

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FY 2023

Independent Lives" (mission) so that "through choice and range of service, every aging adult lives a quality life" (vision). Each grant and initiative expand capacity for and supports RIV AAA's efforts to offer choices in the resources and services available to meet the evolving needs of older adults within the PSA providing information, education, support, and opportunities for social engagement, improving access to and delivery of physical and mental healthcare, and convening community organizations for collective impact around identified needs and community gaps for which funding in part or in whole is otherwise not available.

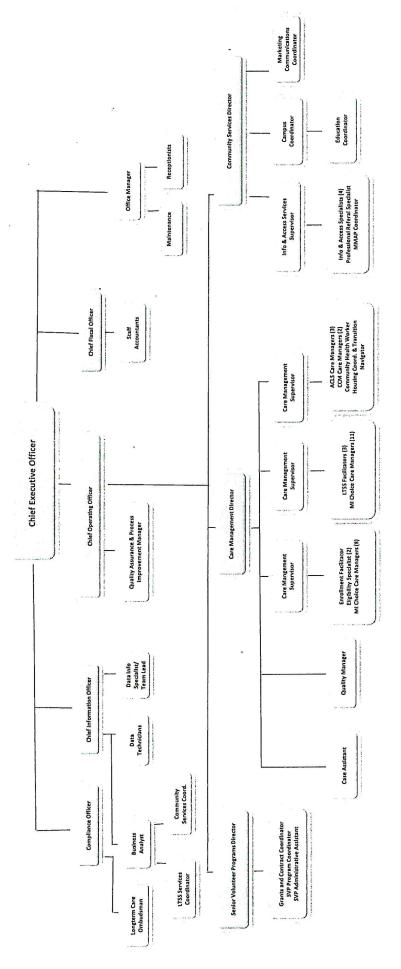
ACCESS AND SERVICE COORDINATION CONTINUUM

It is essential that each PSA have an effective access and service coordination continuum. This helps participants to get the right service mix and maximizes the use of limited public funding to serve as many persons as possible in a quality way.

Instructions
The Access and Service Coordination Continuum is found in the Documents Library as a fillable pdf file. (A completed sample is also accessible there). Please enter specific information in each of the boxes below that describes the range of access and service coordination programs in the area agency PSA.

	Level 1 Level 2	Level 2	Level 4 Level 4	Level 4	A.
	Least Intensive				Most Intensive
Program	Information & Assistance	Informance & Assistance/Options Counseling	Options Counseling	Case Coordination and Support	Care Management
Participants	All persons inquiring about services and resources for those over the age of 60.	Individuals needing additional guidance on meeting long term support needs and/or addressing an immediate non-recurrent barrier hindering independence	Individuals who were screened for program eligibility and would benefit from a home-visit.	Individuals eligible (per guidelines and standards) for ongoing services who do not meet Nursing Facility Level of Care.	Individuals that are at risk of or meet Nursing Facility Level of Care (per guidelines and standards) for ongoing services.
What Is Provided?	Resources that are in the community that meet the request of the individual and how to connect with the resource.	Guidance/options on meeting long term care needs Screen for program eligibility, if appropriate Financial assistance for a non-recurrent unmet need	Offered home-visit to assess the participants needs and collect basic information. Development of person-centered service plan. Connection to and assistance in accessing community resources. May receive funded service(s) to address immediate or short-term need(s). Regular follow-up provided as directed by participant need and preference. Transition to Case Coordination and Support or Care Management if ongoing need determined.	Completion of COMPASS IHC assessment for NAPIS requirements and person-centered strengths and needs, by RN, SW, or Care Manager with at least 2 years of experience in field of aging. Development of person-centered plan. Connection to and assistance in accessing community resources. May receive minimal level of ongoing home and community-based services. Re-assessments conducted every six months. Ongoing bi-monthly monitoring.	Completion of full COMPASS IHC assessment by team composed of an RN/SW or RN/Care Manager with at least 2 years of experience in field of aging. Development of person-centered plan. Connection to and assistance in accessing community resources. May receive higher level of ongoing home and community-based services to meet multiple complex needs. Re-assessments conducted in 3 months and then 6 months thereafter. Ongoing monthly monitoring.
Where is the service provided?	Phone/Virtual/In-Office by Walk-In	Phone/Virtual/In-Office by Walk-In	Phone/Virtual/In-Office by Appointment, In-Home	In-Home	п-Номе

Region IV Area Agency on Aging Organizational Chart/Lines of Authority



Rev. 05/03/2022

Planned Service	es	Summary	Page for	FY 2023	PSA:	4
,	E	Budgeted	Percent	Met	hod of Provi	sion
	1		of the			
Service		Funds	Total	Purchased	Contract	Direct
ACCESS SERVICES						
Care Management	\$	150,498	3.93%			X
Case Coordination & Support	\$	151,825	3.97%			X
Disaster Advocacy & Outreach Program		- 440 004	0.00%		1.2	
Information & Assistance		113,391	2.96%			X
Outreach		04 700	0.00%			
Transportation Option Counseling		84,723 119,952	2.21% 3.13%		Х	
Option Counseling	\$	119,952	3.13%			Х
IN-HOME SERVICES	┢					
Chore	\$	10,024	0.26%	X		
Home Care Assistance		-	0.00%			
Home Injury Control	_	16,673	0.44%	x		
Homemaking		244,338	6.38%	х		X
Home Delivered Meals		910,278	23.78%	x /	X	
Home Health Aide			0.00%			
Medication Management	\$	778	0.02%	X		
Personal Care	\$	96,060	2.51%	X		r ²
Personal Emergency Response System	\$	16,561	0.43%	X	-	
Respite Care	\$	258,715	6.76%	X	X	X
Friendly Reassurance	\$	8,889	0.23%	4.1.1.1.1	24 11 11	X
	_				7	A Service Consequence Assessor Service
COMMUNITY SERVICES	Ļ		47.050/			
Adult Day Services		683,424	17.85%	X	X	
Dementia Adult Day Care		- E0E E10	0.00%			1000
Congregate Meals Nutrition Counseling		585,519 100	15.29% 0.00%		X	
Nutrition Counseling Nutrition Education	\$	100	0.00%	X X		
Disease Prevention/Health Promotion		79,919	2.09%		x	X
Health Screening		75,515	0.00%			^
Assistance to the Hearing Impaired & Deaf			0.00%			
Home Repair		111	0.00%	x		
Legal Assistance		78,973	2.06%		×	
Long Term Care Ombudsman/Advocacy		45,141	1.18%		16.1	X
Senior Center Operations			0.00%			
Senior Center Staffing		-	0.00%			
Vision Services		-	0.00%			
Neglect, & Exploitation	\$	5,705	0.15%	3 1 1 1 1 1		Х
Counseling Services		111	0.00%	х		
Creating Confident Caregivers® (CCC)	\$	14,889	0.39%		X	X
Caregiver Supplemental Services		16,682	0.44%	X		, , , , ,
Kinship Support Services		11,112	0.29%	12a 1 1,	* "	X
Caregiver Education, Support, & Training		17,778	0.46%		X	
AAA RD/Nutritionist	_	12,617	0.33%	X		
PROGRAM DEVELOPMENT	\$	73,392	1.92%			X
REGION-SPECIFIC	No.					
Gap Filling Needs	\$	9,778	0.26%	X		
b.	\$	-	0.00%			
C.	\$		0.00%			_•
d.	\$		0.00%		<u> </u>	<u> </u>
CLP/ADRC SERVICES	\$		0.00%			· · · · · · · · · · · · · · · · · · ·
SUBTOTAL SERVICES	\$	3,818,056				
			0.070/		<u> </u>	
MATF & ST CG ADMINSTRATION	\$	10,460	0.27%	11.000′	00.040/	00 770
TOTAL PERCENT			100.00%	41.02%	38.21%	20.77%
TOTAL FUNDING	\$	3,828,516		\$1,570,270	\$1,462,898	\$ 795,348

						FY 2023 A	REA AGENCY	GRANT FUN	JS - SUPPOR	FY 2023 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL	TAIL								
	Agency: PSA:	Agency: Region IV, Area Agency on Agii	Agency on Agi	.=							Budget Period: Da	eriod: Date:	1	10/01/22		to to Rev. No.:	09/30/23	Rei	Rev. 10/8/21
*Operal	Operating Standards For AAA's								- 4						- 1				
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₩ -	Chare	9,022	明 在	· · · · · · · · · · · · · · · · · · ·	Total Bridge	Special Special	報を記れる	を表を表	新華 田村田	東京の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	は 日本の日本の	は大きない	· · · · · · · · · · · · · · · · · · ·	STATE OF THE PARTY	できる からない			1,002	10,024
B-2	Home Care Assis		TO THE REAL PROPERTY.	· · · · · · · · · · · · · · · · · · ·	Service of the last	A CANADA	を できる		港高	The party of the last of the l		South States	A CHESTINE		語のである。				
P3	Home Injury Cntrl	10,450	A STATE OF THE PARTY OF THE PAR	4,556	Character a	というない	S. C. S. Special St.	September 188	である	The state of the s	· · · · · · · · · · · · · · · · · · ·	10.10.10.00 B	中国 医红色性	SALESTINES.	報 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯 湯			1,667	16,673
8-4	Homemaking	3,728	最後の	をおいている。	THE STATE OF SEC.	は大きを	Section of the second	168,658	47,518	King philips phi	725	and a strong	September 1	改善ない	の記録のお客か			24,434	244,338
9-e			の変ないのの	· · · · · · · · · · · · · · · · · · ·	The Party of the P	の多いないから	はないない			SALES SPECIAL	<i>7</i> 6		STATE OF THE PARTY	MENTALS S	BANK TANK				•
B-7	Medication Mgt	200	SACTOR SERVING	Sugnifications	大田の一大田田	· · · · · · · · · · · · · · · · · · ·	をはない		100000	LATER SCHOOL		Section of the second	SAMESTER IN	The State of	Same and			78	778
B-8	B-8 Personal Care	378		日本 大学	Supplemental Sales	はいれた。	120000000	60,152	25,924	STATE OF STREET	.8		はいません	No. Action	The second			909'6	090'96
B-9	B-9 Assistive Device&Tech	3,557	Control of the Control		A PRODUCE DE	語が新聞	Mark World	11,348	072	STATE AND PARTY.	40	CO. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	A CONTRACTOR	STATISTICS.	STREET, STREET			1,656	16,561
B-10	B-10 Respite Care	2,334	PERSONAL PROPERTY.		TO THE PARTY OF	The State of the S	SAN SANDERS	161,190	The state of the s	ALCOHOL: STATE OF THE PARTY OF	- 1	42,860		5.51	Edward Co.	006	28,500	22,931	258,715
B-11	B-11 Friendly Reassure	8,000	STATE OF STATE OF	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	を との	STATE OF THE PARTY OF THE	19 NO. 6 SEC. 19	THE REAL PROPERTY.	要品を行っ	TO SEE SEE	A PERSONAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PER		A CHARLES	野田 大の祖	報告: 12 mm			883	8,889
C-10	C-10 Legal Assistance	25,000	33800 SS 0438		Name and	A CONTRACTOR	26日五五二二	Washington of	Section March	SHEW AREA SHE	1000年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の		Carlotte in	Section 2	September 1		49,473	4,500	78,973
ပ	Community Services		SALES RAIN	10/2012	S. P. S. S. S.	S. Salle S. Salle	A STATE OF THE PARTY OF THE PAR	· 1000000000000000000000000000000000000	Contract Section	卡莱尔特别 3000	Salar Sa		Section 8	のはいいのであ	A STREET, STRE	を を できる	12 のないのでは、	THE REAL PROPERTY AND ADDRESS OF THE PERTY	1000
C-1	C-1 Adult Day Services	1,212	STATISTICS OF STREET		1895-2007	されない	SECOND I	100 March 200	15,022	Section Section		22,383	94,149	11,616	And the second	3,000	520,000	16,042	683,424
C-2	Dementia ADC		1000		建筑原料	日本の大学の大学	STATE OF THE PARTY		100	THE STATE OF	100				高い出土工作				
9-0	C-6 Disease Prevent/Health Promtion	000'6	24,858	36,000	San San Line	September 1	ALTERNATIVE A		のでは、一方の	Section and sections	图 40 20 86 11	を の の の の の の の の の の の の の の の の の の の	Partition.	Contract Block	Contract of	300	2,000	1,761	79,919
C-7	C-7 Health Screening		TOTAL PARTY	いないあるない	のできるいる	Mary Comment	日本の大学の大	· · · · · · · · · · · · · · · · · · ·	1. 2. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	STATE AND ASSESSED.	OF PERSONS	Statistics of	21/W17/2019	AGE STATES	S. 1995				
8- -5	C-8 Assist to Hearing Impaired & Deaf Cmty		10000000000000000000000000000000000000	Total Control	121 SECTOR	· · · · · · · · · · · · · · · · · · ·	が 事業のはなる	を できる	芸芸	STATE BELLEVIEW	The Branch of the Parket of th		NEW TRANSPORT	Security .	September 1995				
6-5	C-9 Home Repair	100		をおけるのはない	TAX SECTION S	が 対対な 元前・	のなっなのない	THE PERSON NAMED IN	THE PERSON	To go of the least of	El Machael Spirit	The Control of the last	Shares:	はないのは	Action of the			11	111
C-11	LTC Ombudsman	5,735	特別和		を 日本	7,624	16.00 Early 18.00	1000年	Little of the Control	18,004	14 (2.00 th 0.00 to	1 Co. 1 Co. 1 Co. 1	A SECTION S	92 N. B. C. C. C. C.	9,264			4,514	45,141
C-12	C-12 Sr Ctr Operations		外部的国际特别	Sale has the	C. Change Service	2000年の日本	建筑等距	The state of the s	三年至日	SAST BEST LANS	S. S	の大学を開発	William Street	大学 のない	STATE OF STREET				i i
C-13	C-13 Sr Ctr Staffing		の対象を行うの対象を	September 1	の の の の の の の の の の の の の の の の の の の	· · · · · · · · · · · · · · · · · · ·	Sample of	Section of	部の場 報の報	STATE DESCRIPTION	A STANSON SERVICE	State of the state of	2000年200日	STATE STATE	新新的				
C-14	C-14 Vision Services		STANKE STANK	The State of the S	の大変ないない	の変化がある	多数的工程数据	A STATE OF	では、世界の大	だけるは CM35	Market Charles	2000年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	Sandana .	STATE STATE	the Protest				٠
C-15	C-15 Prevnt of Elder Abuse, Neglect, Exploitation		SAME DE LA COMPANSION D	問題なる政治	5,134	のはないのは	Transfer of	· 对别是对	なる様を記述	TO SE LIBERARE SE	が 大学 ない	THE PERSON NAMED IN	September 1	STATE OF THE PARTY	(本) 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15			571	5,705
C-16	C-16 Counseling Services		のないのではない	100	おいないない	STORY STORY	STATE OF STATE OF	· · · · · · · · · · · · · · · · · · ·	北京縣 新江		東京教徒	1 C. C. C. C. C.	Salar Salar	The state of the s	を から と と と と と と と と と と と と と と と と と と			=	111
C-17	C-17 Creat Conf.CG@ CCC			13,400	S. S. S. Marke	のないないない	三個東京	· · · · · · · · · · · · · · · · · · ·	記述を	STATE STATES	Section of the section of	STATE OF STREET	The State of the S	Section Section	医器压阻 3.			1,489	14,889
C-18	C-18 Caregiver Supplmt Services	8,000	State Street	7,014	The solutions	A SECTION AND A	14 15 15 14 15	· 一年の大学	京日本 からこ	がある。 は は は は は は は は に に に に に に に に に に に に に	THE REPORT OF	S. S. Sandarana	在	Addison the said	· · · · · · · · · · · · · · · · · · ·			1,668	16,682
C-19	Kinship Support Services		ののないない	10,000	対応が設めま	を との	1年19年19日日	SAME AND ADDRESS OF	10 12 10 10 10 10 10 10 10 10 10 10 10 10 10	以外,以外,	S. A. C. S.	A STATE OF THE PARTY OF	\$ -445.50	18 000 CE	· · · · · · · · · · · · · · · · · · ·			1,112	11,112
C-20	C-20 Caregiver E,S,T		CHARLES AND	16,000	STREET, STREET	The Party of the	· · · · · · · · · · · · · · · · · · ·	STEPPEN CO.	の機能を	TOWN THE PARTY	SE STEASTERS	S. C. Carlotte	10000000000000000000000000000000000000	Park Strain	ALC: LOS			1,778	17,778
*C-8	*C-8 Program Develop	66,053	化學 医治疗机	東京の大学	160,000,000	を は ない	三 解析 经营业	語は吸煙気	京の報告 はない		· 医心脏性性缺乏	1000年の日本	STEER STATES	Wegge Straff	Design Schales			7,339	73,392
	Region Specific	建筑等等的	SERVICE SECTION AND ADDRESS OF THE PERSON AN	4年の日本の日本の	14 12 12 18 18 18 18 18 18 18 18 18 18 18 18 18	S-556 62 8 12	STATES IN	Not the Color of the	というない	年8年 金属公司	をなるのできる	の日本の 日本の日本	SAME OF STREET	SELECTION SERVICES	Sec. 2742, 1455.	24.00 ALCOHOLY	STATE OF STREET		
	Gap Filling Needs	8,000								Mark Tank	St. Shannan	. 259		ASSESSED.	東京 から 対象			1,778	9,778
_	Đ.									100	THE REPORT OF THE PERSON NAMED IN	53	40	SPECIAL SPECIA	ではない かながら				٠
	ŭ									State of the state	M. Credition			The state of the s	2000年				,
_										Section of the	TOTAL DESIGNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	100	- 18		のあっておいる				
	7. CLP/ADRC Services		South Children		15 Car 15	The state of the s		(1) (1) (1) (1) (1) (1) (1) (1)	1000		- 15 AA		12,000,000	THE PROPERTY.					
ပိ တွ	8. MATF Adm	SCHOOL PERCE	は記録を記され	Edit or Card	THE PERSONAL PROPERTY.	で の の の の の の の の の の の の の の の の の の の	Section 1	は一般を表が	TO SERVE BEINE	の特別の情報の数は	A STATE OF STATE OF	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	9,311	W. Stations	Springer of the Springer	Manual Co.			9,311
Sp Co	9. St CG Sup Adm	C. Name C.	NAME AND PARTY OF	456	Saltage	(を行うないない)	St. setteral	OA.	13	3	のからから	Factores	100	1,149	A STATE WATER	A ANTERDAY		П	1,149
	SUPPRT SERV TOTAL	340,269		157,070	5,134	7,624	22,511	401,348	88,464	215,913 18,004	35,104	4 65,243	103,460	12,765	9,264	47,445	600,773	164,653	2,319,902

22,694 9,311 1,149 10,460 11,017 152,366 11,017 Page 1of 3 Rev. 10/8/21 Amount **Total** 34,300 52,499 98,721 09/30/23 -ocal In-Kind MATF Administration Match In-Kind Match Detail St CG Support Match Total: 10,054 2.00 Rev. No.: 1. Federal Admin 2. Federal Admin 3. Federal Admin Local Cash FTES 2 Source ADMINISTRATION 10/01/22 131,295 22,694 9,311 1,149 174,909 10,054 10,460 10,054 Amount Total: FY 2023 AREA PLAN GRANT BUDGET Revenues Expenditures 02/23/22 Office Operations 1. Salaries/Wages 2. Fringe Benefits **Budget Period:** St. CG Support Administration **MATFF Administration Match** -ederal Administration MATF Administration St CG Support Match State Administration **Cash Match Detail** Total AIP Admin: Federal Admin Federal Admin Federal Admin Total: Date: Other Admin Source 284,442 94,149 11,616 7,542 376,094 24,858 157,070 5,134 401,348 215,913 35,104 634,876 65,243 9,264 120,233 233,311 7,624 22,511 88,464 18,004 TOTAL Agency: Region IV, Area Agency on Aging, Inc. 426,148 7,542 120,233 ,508,614 233,311 376,094 34,103 119,789 191,394 NUTRITION SERVICES SERVICES SUMMARY 401,348 94,149 11,616 340,269 24,858 5,134 88,464 215,913 35,104 18,004 600,773 164,653 65,243 9,264 47,445 2,309,442 22,511 157,070 7,624 SUPPORTIVE SERVICES 4 TOTAL: 16. St. N ursing Home Ombs (NHO) 18. State Respite Care (Escheat) 2. Fed. Title III-C1 (Congregate) 5. State Home Delivered Meals 8. Fed. Title III-D (Prev. Health) 3. State Congregate Nutrition 9. Federal Title III-E (NFCSP) 1. Federal Title III-B Services 4. Federal Title III-C2 (HDM) 14. State Care Management FUND SOURCE 20. TCM/Medicaid & MSO 13. State Alternative Care Federal Title VII-EAP 10. Federal Title VII-A 22. Program Income 19. St. CG Support 12. State In-Home 11. State Access Local Match 15. St. ANS b. In-Kind a. Cash 19. MATF

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.

2,834,808

BGP Allocation Amount

Jeremy Franks

SFO

02/23/22

ARPA Budget

Priority Request	Funding	Budget	et	FY2022	ш.	FY2023	ш	FY2024	_	Total	ACLS Bureau Service
Access Services											
Access Services Technology	III-B/III-E	\$	45,000)E \$	30,000	\$ 15,	15,000	\$	1	\$ 45,000	CC&S/OC/I&A
Senior Lift	III-B/III-E	\$	14,488	\$	1	\$	1	\$	1	· \$	Transportation
CC&S Staff (12 mo)	III-B/III-E	\$	147,600	\$ 147	147,600	\$	1	\$,	\$ 147,600) cc&s
I&A Staff (12 mo)	III-B/III-E	\$	76,200	\$ 76	76,200	\$	1	\$,	\$ 76,200	76,200 I&A
In-Home Services							ŀ		-		
Home Delivered Meals	C-2	\$	406,117	\$ 306	309,199	\$ 96	96,918	\$	1	\$ 406,117	406,117 Home Delivered Meals
AmeriCorps VISTA Volunteer-Handyman	111-B/111-E	\$	5,000	Ş	t	\$ 5,	5,000	\$	1	\$ 5,000	5,000 Home Injury Control
Behavior Health Counselor	III-B/III-E	\$	100,000	\$		\$	1	\$	1	- \$	Counseling
Community Services											
Remember Project	III-B/III-E	\$	20,000	\$ 50	20,000	\$	1	\$		\$ 20,000	20,000 Health Promotion
Trualta	3-III-B/III-E	\$	63,180	\$ 23	23,400	\$ 21	21,060	\$ 18,	18,720	\$ 63,180	63,180 Caregiver Education
Congregate Meals	C-1	\$	170,744	99 \$	66,443	\$ 104	104,301	\$	1	\$ 170,74	170,744 Congregate Meals
Registered Dietician	C-1	\$	100,000	\$,	\$	ı	\$	-	- \$	Nutrition Education
PATH/MoB/Aging Mastery	Q-111	٠	44,107	\$		\$	ı	\$		- \$	Health Promotion
LTCO-staffing/supplies	VII/III-B	\$	17,102	\$ 17	17,102	\$,	\$	1	\$ 17,102	2 LTC Ombudsman
Program Development	111-8	\$	83,000	\$ 83	83,000	\$	ı	\$	-	\$ 83,000	0
Service Admin	Admin	\$	159,511	\$ 159	159,511	\$	1	\$		\$ 159,511	1
	1										
Total Obligated ARPA Funds		\$	1,452,049	\$ 93.	932,455	\$ 242	242,279	\$ 18,	18,720	\$ 1,193,454	t
Total ARPA Funds		\$	1,452,049							\$ 100,000	0 BHC
Total Unobligated ARPA Funds		\$	-							\$ 100,000	O RD
6/24/2022	22			п.							44,107 PATH/MoB/AMP
										\$ 14,488	8 Senior Lift
									l ,		1,452,049 Total ARPA Funds
									1		II

the Elderly

SIGNATURES

This document covers Fiscal Year 2023. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

The signatories below acknowledge that they have reviewed the entire document including all budgets, assurances, and appendices and they commit to all provisions and requirements of this Annual Implementation Plan.

Signature of Chairperson, Board of Directors	Date
Betrie Williamson	6-23-2022
Print Name	
Bernie Williamson	
Signature of Area Agency on Aging Director	Date
Min din Vandan din Mand	6:23-2022
Print Name	
Christine Vanlandingham	
omioune variationignam	
Area Agency on Aging	
Region IV Area Agency on Aging	
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Documents referenced by the signature page:	
FY 2023 Area Plan Grant Budget	
FY 2023 Direct Service Budgets	
Request to Transfer Funds	
Waiver for Direct Service Provision	
 Assurances and Certifications Assurance of Compliance with Title VI of Civil Rights Act of 19 	64
- Assurance of Compilance with Title VI of Civil Rights Act of 15	УТ

Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for

Waiver of Minimum Percentage for a Priority Service Category