

2023-2025 Multi Year Plan
FY 2023 ANNUAL IMPLEMENTATION PLAN
Area Agency on Aging Region III-A



Planning and Service Area
Kalamazoo County

Area Agency on Aging Region III-A
Kalamazoo County Health & Community
Services Department
311 E. Alcott St.
Kalamazoo, MI 49001
269-373-5147 (phone)
269-373-5173 (Info-line)
269-373-5227 (fax)
Don Saldia, Interim Director
www.kalcounty.com/aaa

Field Representative Lacey Charboneau
charboneauL3@michigan.gov
517-241-4100

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Executive Summary

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.

The Area Agency on Aging Region IIIA (AAAIIA) is a vital and important part of Public Health in Kalamazoo County. As only one of two Area Agencies in Michigan attached to a County Government Health Department, AAAIIA is in a unique position to serve the Aging Community. As part of Kalamazoo County Health and Community Services (KCHCS), our Mission is to *Improve health for all residents of Kalamazoo County*; with the vision of *A community where equity in social, mental, physical, and environmental health is achieved for all county residents*. As Kalamazoo County is a diverse PSA of urban, suburban, and rural communities, the people benefit from the AAAIIA's person-centered approach to meeting individual needs. AAAIIA meets these needs and builds upon the KCHCS mission and vision by serving the aging population through services, advocacy, and empowering the community.

As a direct result of the COVID-19 Pandemic, three important elements have been ingrained into the work ethics of each individual AAAIIA staff member: Foundation Building, Service Focus, and Programmatic Inventiveness. As the COVID 19 Pandemic caused a massive disruption to day-to-day operations, a strong **foundation** of internal processes and procedures needed to be built, assessed, and modified as the public health emergency continued. Though the changes were frequent, a **service focused** mind set was needed to remain consistent to ensure person-centeredness remained in the delivery of all services. Lastly, **inventiveness** was a cornerstone of driving AAAIIA to meet the needs of the community, from programmatic processes and procedures to day-to-day problem solving, inventiveness was key to solving complex scenarios brought forth by the Pandemic. These ethics were paramount in the success of AAAIIA pandemic response and will continue to be implemented on a broader scale over the next three-year period. AAAIIA plans on highlighting these three elements during each year of the MYP to drive the ongoing progression of goals and objectives:

Year One: Foundation Building

The COVID-19 Pandemic naturally caused a shift processes and procedures. This shift was necessitated by the ongoing changes of pandemic related restrictions, requirements, and recommendations, as well as unforeseen staffing shortages of licensed workers. Year one's focus will be to strengthen and solidify the program following the effects of the COVID-19 Pandemic: To be conscientious of the needs of the community, and how AAAIIA meets those needs. Goals and Objectives were identified to allow flexibility to implement actions appropriate to community needs and in consideration to programmatic capacity.

Year Two: Service Focus

Upon completion of Year 1, a strong foundation will naturally increase the efficiency and implementation of a service-focused agency. AAAIIA plans to continue building upon its service focus with further developing and adjusting actions to meet MYP Objectives. As already applied in year 1, this will include further considerations of the utilization of ARP Funding and Local Senior Millage funding to supplement traditional State and Federal OAA funds.

Year Three: Inventiveness

By applying and evaluating the successes and outstanding needs identified from year 1 and year 2, AAAIIA can start adjusting and planning for the future. As highlighted in the day-to-day programmatic response of the

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COVID-19 Pandemic, inventiveness will be highlighted on the last year of the MYP to ensure service delivery following the end of ARP funding, and to take into consideration the availability of the Local Senior Millage following its renewal process. Actions will focus on long-term sustainment and implementation of the MYP Goals and objectives.

A description of planned special projects and partnerships.

AAAIIA plans to focus on community connections over the next three-year period to strengthen, rebuild, and reconnect face-to-face with the aging community following the COVID-19 Pandemic. The strategic focus will include the delivery of high-quality programs and services, strengthening engagement in our community, and building upon a relationship-focused culture. Examples of planned special projects include:

- Creation of satellite offices for more walk-in/face-to-face access of information and support.
- Increasing number of aging-related community health programs.
- Updating of staffing positions and roles to provide a more person-centered and continuous provision of services and trust.
- Expansion of access-modalities for each program, including the continuation and refinement of digital methods of service delivery.
- Staffing retention and supportive services.

In addition to special projects, AAAIIA will continue to build upon partnerships with local agencies to further meet the needs of the entire aging population in the PSA. Partnership to continue and extend with:

- Hospital Systems
- Aging-Care Providers
- Community and neighborhood organizations
- Religious organizations
- LGBTQ+ organizations
- Latin & Hispanic organizations
- Disability related services

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.

During the next Multi-Year Period, AAAIIA plans to increase quality of care and service delivery by beginning the NCQA Case Management for Long-Term Services and Supports Accreditation process. Upon accreditation, AAAIIA will increase operational efficiency through the evaluation of assessment and implementation procedures, care transitions, and quality improvement initiatives. As part of KCHCS, AAAIIA will also assist with the local accreditation process of health departments. Lastly, AAAIIA plans on providing information and supportive data to local organizations that will support the renewal of the Kalamazoo County Senior Millage, which currently extends through the 2023 levy.

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

AAAIIA was able to provide direct assistance to KCHCS through the pandemic while also adjusting service delivery to support the aging community. AAAIIA staff provided leadership in the County COVID-19 Response in the Planning and Equity Committees, staffing for vaccine sites and local call centers, and providing home-bound vaccinations. Care Management services were transitioned to digital methods. Through these changes, AAAIIA worked even closer with community partners to establish professional and trusting

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relationships with individuals served, as well as developed new processes and procedures to increase service efficiency during and post pandemic. However, an identified ongoing challenge of the pandemic is the effects of hiring and retaining licensed staff. Since April 2021, AAAllIA has had a steady turnover of staff resignations and vacancies of Registered Nurses and Licensed Social Workers - both essential positions in service delivery. Reasons for staff departures included low pay, on-site work requirements (no remote work), and decreased scheduling flexibility as compared to similar/competing organizations. Additionally, remote work options and higher salaries available nation-wide has decreased the candidacy pool of local applicants.

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.

With the availability of ARP funding, AAAllIA plans to pilot new services and positions. Ultimately, these pilot programs can be used as a stepping stone for future services to be funded long-term by the local Senior Millage. These include the possibility of piloting:

- Support services for local Veterans over the age of 60
- A Healthy Living Educator to focus on community health for individuals over the age of 60

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

See *Operating Standard for AAAs C-2, 4.*

AAAllIA completes multiple targeted surveys to identify the needs of the PSA. An extensive Senior Needs Assessment is completed once every 2-3 years. The last Senior Needs Assessment was completed in 2020 and assisted in the identification of needs and funding allocations. This extensive survey will be repeated, with a target date of Summer 2022 for implementation and collection of data. Smaller surveys were also completed to further support the 2020 Needs Assessment during the interim years of completion. A provider specific survey was completed in early 2022 to collect data from professional agencies that serve the senior population in the PSA. This survey assisted in identifying services, waitlists, and estimated cost allocations for senior-specific needs. Additionally, an AIP Community Planning Survey was also completed in early 2022, which was sent to individuals 60 and over and their caregivers. In comparison to the 2020 Senior Needs Assessment, this smaller survey collected demographic data as well as information on service needs.

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County/Local Unit of Government Review

AAAIIA's draft MYP will be presented at 2 public hearings. Notification of these hearings and a welcome for community participation is advertised on AAAIIIA's Facebook page and on Kalamazoo County Government's Public Meeting Notices webpage. Additionally, notice of these public hearings will be published by the largest media organization in Kalamazoo County, MLive Media Group, in the Kalamazoo County Gazette and on their webpage.

AAAIIA also submits a draft MYP to Kalamazoo County's Board of Commissioners for review, input, and approval/disapproval. Additional government support is sought as AAAIIIA sends each elected official of Kalamazoo County's 24 municipalities a certified letter (requires delivery and signature confirmation) via USPS advising them that the draft MYP is available on AAAIIIA's website for their review, comment, and approval/disapproval. Instructions on how to access and print the draft MYP online are included, as well as how to request a hard copy via USPS from AAAIIIA. The Kalamazoo County Board of Commissioners and each municipality is also informed that a formal presentation of the MYP can be requested of AAAIIIA. AAAIIIA can receive feedback, answer questions, and address any concerns via USPS, email, a phone call, or in-person meeting.

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Public Hearings

Date	Location	Time	Barrier Free?	No. of Attendees

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Regional Service Definitions				
Service Name/Definition				
Rationale (Explain why activities cannot be funded under an existing service definition.)				
Service Category	Fund Source			Unit of Service
Access In-Home Community	Title III PartB Title VII State In-home Other _____	Title III PartD State Alternative Care State Respite	Title III PartE State Access	

Minimum Standards

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Access Services

Care Management

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$164,881.00	Total of State Dollars	\$174,490.00
Geographic area to be served			
Kalamazoo County			

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

GOAL 1: Incorporate new measures to ensure continuity of care.

ACTION: Increase modalities of outreach in hiring process to ensure pool of qualified and diverse applicants.

ACTION: Continued standardization and review of onboarding and ongoing trainings with new and current staff members to ensure quality and consistency of service implementation.

ACTION: Update internal procedures to streamline programmatic funding sources and reporting practices to increase continuity of care with participants.

ACTION: Review and update internal procedures to facilitate Care Manager access to multiple funding sources.

ACTION: Decrease staff-to-client ratio to allow for trending increased case acuity and complexity.

ACTION: Complete bi-annual review of 10% of Care Management participant files.

Number of client pre-screenings:	Current Year:	220	Planned Next Year:	220
Number of initial client assessments:	Current Year:	31	Planned Next Year:	44
Number of initial client care plans:	Current Year:	31	Planned Next Year:	44
Total number of clients (carry over plus new):	Current Year:	165	Planned Next Year:	209
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:45	Planned Next Year:	1:40

Case Coordination and Support

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$800.00	Total of State Dollars	
Geographic area to be served			
Kalamazoo County			

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

GOAL 1: Incorporate new measures to ensure continuity of care.

ACTION: Increase modalities of outreach in hiring process to ensure pool of qualified and diverse applicants.

ACTION: Continued standardization and review of onboarding and ongoing trainings with new and current staff members to ensure quality and consistency of service implementation.

ACTION: Update internal procedures to streamline programmatic funding sources and reporting practices to increase continuity of care with participants.

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ACTION: Review and update internal procedures to facilitate Care Manager access to multiple funding sources.

ACTION: Complete bi-annual review of 10% of Case Coordination and Support participant files.

Information and Assistance

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
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Total of Federal Dollars	\$55,900.00	Total of State Dollars	
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Geographic area to be served

Kalamazoo County

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

GOAL 1: Incorporate new measures to ensure continuity of care.

ACTION: Increase modalities of outreach in hiring process to ensure pool of qualified and diverse applicants.

ACTION: Continued standardization and review of onboarding and ongoing trainings with new and current staff members to ensure quality and consistency of service implementation.

ACTION: Update internal procedures to streamline programmatic funding sources and reporting practices to increase continuity of care with participants.

ACTION: Update internal procedures to streamline resource vetting for additions to I&A resource database.

GOAL 2: Incorporate more outreach activities to Information & Assistance duties.

ACTION: Identify community organizations in the community that specifically target underserved populations and provide aging related information.

ACTION: Establish consistent times and dates with local community organizations for on-site outreach and professional relationship building.

Options Counseling

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
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Total of Federal Dollars		Total of State Dollars	\$1,200.00
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Geographic area to be served

Kalamazoo County

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

GOAL 1: Incorporate new measures to ensure continuity of care.

ACTION: Increase modalities of outreach in hiring process to ensure pool of qualified and diverse applicants.

ACTION: Continued standardization and review of onboarding and ongoing trainings with new and current staff members to ensure quality and consistency of service implementation.

ACTION: Update internal procedures to streamline programmatic funding sources and reporting practices to increase continuity of care with participants.

ACTION: Complete bi-annual review of 10% of Options Counseling participant files.

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Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars \$14,146.00

Total of State Dollars

Geographic Area Served

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

Historically, AAALIA had a Healthy Living Program Coordinator Position to implement Disease Prevention/Health Promotion Clases. This position was funded by federal and local state dollars. During the COVID-19 Pandemic, it was decided to contract out the millage funding for this position. The remaining Title III-D funding was used to purchase a virtual, online, evidenced-based program for health promotion.

Goal: AAALIA will evaluate current staffing and community needs for health promotion and implement appropriate interventions.

Action: Evaluate need and expansion of Healthy Living Classes.

Action: Evaluate possible return of the Healthy Living Coordinator position to implement direct programs.

Action: Utilize 2022 Senior Needs Assessment to identify Disease Prevention/Health Promotion needs.

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

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

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

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

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

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

AAALIA has been a focal point for Healthy Living Programs in the past, including PATH and Matter of Balance. By implementing new programs and services, AAALIA would be able to supplement the needs of the community, leveraging it's already established reputation and network of providers for referrals. AAALIA also plans on utilizing ARP Funding to supplement any unmet healthy education needs in the community .

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

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Long Term Care Ombudsman

Total of Federal Dollars \$13,389.00 Total of State Dollars \$43,485.00

Geographic Area Served Barry/Branch/Calhoun/Kzoo/St. Joe

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

Goal: The Long-Term Care Ombudsman will continue high-quality programmatic implementation and resident advocacy:

Action: Advocate and strive to improve the quality of care and quality of life experienced by residents who reside in licensed long-term care facilities.

Action: Make frequent visits to licensed long-term care facilities and work directly with residents to help resolve their problems and concerns.

Action: Provide long-term care resources to residents and their families through advocacy and education.

Action: Educate policy makers and the public to promote improvements in the the long-term care system.

Action: Continued implementation of resident-centered approach to advocacy.

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This program has been serving Barry, Branch, Calhoun, Kalamazoo, and St. Joseph counties since 1997. AAAIIIA is unique in the ability to administer this program. AAAIIIA is not a Waiver agency, therefore is able to continue programming without conflict of interest. With additional support from the Kalamazoo Senior Millage, the program has expanded with one additional full-time employee.

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

N/A

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$8,594.00

Total of State Dollars

Geographic Area Served

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

In addition to the Long-Term Care Ombudsman work with prevention of elder abuse, neglect, and exploitation, AAALIA participates in extended programming through the Investigative Teams/Lead Care Consultant position. Historically, this position created and facilitated the development of the local Elder Abuse Coalition, Elder Death Review Multi-Disciplinary Team, and the Elder Abuse Multi-Disciplinary Team. The Lead Care Consultant will continue to have an active part of these now community-established groups, participating and representing the Aging Network and AAALIA.

Goal: Continued support of interdisciplinary investigative teams and prevention of elder abuse at a local level.

Action: Utilize funding to ensure staffing for two Lead Care Consultant Positions, in supplementation of local millage funding.

Action: Streamline referral process to Multi-Disciplinary Teams through an online portal.

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

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

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

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

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

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

Though each of the Elder Abuse Prevention Groups are established in the community, the Lead Care Consultant is still an integral part of each group. The Lead Care Consultant is well positioned to be a liaison

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between numerous local organizations, agencies, and resources to further support and coordinate with the Elder Death Review Team and the Elder Abuse Prevention Multidisciplinary Team (MDT). Furthermore, the Lead Care Consultant will be the primary coordinator for the Elder Death Review Team. AAALIA involvement and funding will increase communication and coordination, further supporting the PSA in the decrease and prevalence of Elder Abuse - ensuring that each MDT can remain in the PSA.

Continued direct funding will allow for the continuation of the following previously reported deliverables:

- Ongoing operational support and facilitation of the identified MDTs.
- Facilitation of the Elder Abuse Prevention Coalition.
- Provide opportunities for professionals to attend training and receive education on the identification of elder abuse and mandated reporting laws. Participating professionals include medical staff, law enforcement, providers of in-home and community based services, waiver agencies and social services staff.

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

Counseling Services

Total of Federal Dollars \$1,800.00

Total of State Dollars

Geographic Area Served Kalamazoo County

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

Historically, counseling was a service AAALIA contracted to an external provider. In 2018, the provider retired, and an RFP was posted twice without bids or interest from the counseling community. In 2021, after conducting a careful analysis and developing an implementation plan, AAALIA successfully implemented a 3-month pilot program to directly provide counseling services to program clients. It was found that providing counseling services internally expedited services and reduced referral time and coordination for the client. Unfortunately, this program was unable to expand and eventually ceased due to unforeseen severe staffing shortages. With counseling services in such high demand because of the COVID-19 pandemic, AAALIA believes retaining counseling as a direct service would assure access to such services for program clients who are in need.

Goal:

With adequate staffing, AAALIA will re-implement the counseling program and provide counseling services efficiently, economically, and with expertise in the aging population.

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

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As noted above, the provider for contracted services retired, the RFP was posted twice without any noted interest from community providers. Though this occurred in 2018, AAALIA believes it to be very realistic if a RFP was posted presently, there would be little-to-no interest due to mental health providers being in such high demand across the country. It is well known that because of the COVID-19 pandemic, the mental health of many individuals in our communities has been negatively impacted. Coupling this with the detrimental impacts of increased social isolation many older adults have endured, AAALIA feels it necessary to offer counseling as a direct service. Clinical masters-level social workers internal to AAALIA, using standardized Brief Integrative Therapy techniques, will allow for support of clients and caregivers, as well as provide elder abuse prevention, referrals to the Creating Confident Caregiver program, and additional external resources to expedite supportive care in a timely manner.

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

N/A

Creating Confident Caregivers

Total of Federal Dollars \$2,500.00

Total of State Dollars

Geographic Area Served Kalamazoo County

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

Goal:

Determine additional locations for classes throughout the PSA to increase accessibility to those in need .

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Goal:

Continue marketing efforts to assure the maximum number of participants in each class , anticipating serving 50 participants per year of planning period.

Goal:

Train additional staff for continued support and expansion of this program .

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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.

Creating Confident Caregivers has been offered via AAAIIIA since 2011 . AAAIIIA has a master trainer on staff who offers classes regularly throughout the year . Marketing efforts have increased community participation so much so that training additional staff is planned to assist in expansion and support of this program . Community collaborations and partnerships are also essential to the ongoing success of this program.

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

N/A

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Regional Direct Service Request

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

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Program Development Objectives

Area Agency on Aging Goal

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

State Goal Match: 1

Narrative

As part of Kalamazoo County Government Health Department, AAALIA shares the **Mission** to improve health for all county residents; shares the **vision** where equity in social, mental, physical, and environmental health is achieved for all County residents; and shares the **values** of equity, leadership, professionalism, quality, and respect. AAALIA seeks to further support and implement these elements to the aging population to ensure accessibility for all people of color, immigrants, and LGBTQ+ individuals.

Objectives

1. Ensure staff training on diversity, equity, and inclusion (DEI) to ensure effective outreach and interactions with all communities.

Timeline: 10/01/2022 to 09/30/2023

Activities

- 1) Complete annual staff training on DEI initiatives.
- 2) Complete annual all-staff meeting Kalamazoo County DEI Director.
- 3) Participate in community events and partnerships promoting DEI and AAALIA services.
- 4) Increase partnerships with community organizations that support People of Color, Immigrants, and LGBTQ+ individuals.
- 5) Translate printed material to frequently used languages within the service area.

Expected Outcome

- 1) All AAALIA staff are trained to be effective advocates, implementers, and promoters of DEI topics to community members; as evidenced by one DEI specific training per year, at minimum.
 - 2) AAALIA leadership has regularly scheduled meetings with County DEI Director.
 - 3) Important programmatic documents are translated into at least three frequently spoken languages in the service area.
 - 4) Translator services are available for all AAALIA services within the Health Department.
-
2. Ensure internal policies and procedures support the outreach and delivery of services for People of Color, Immigrants, and LGBTQ+ individuals.
- Timeline: 10/01/2022 to 09/30/2023

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Activities

- 1) Have all client-facing AAALIA processes and procedures reviewed by DEI Director to ensure ease of access and quality of care for People of Color, Immigrants, and LGBTQ+ individuals.
- 2) Create an ongoing feedback loop and annual review of services with organizations that support People of Color, Immigrants, and LGBTQ+ individuals.
- 3) Create opportunities for outreach and partnerships with organizations that serve People of Color, Immigrants, and LGBTQ+ individuals.
- 4) Update RFQ and RFP documents to include questions on DEI training, outreach, and vendor implementation.
- 5) AAALIA will provide to the community (included Vendors) classes or resources for DEI training.

Expected Outcome

- 1) AAALIA services are deemed accessible to all People of Color, Immigrants, and LGBTQ+ individuals through ongoing internal and external reviews.
- 2) AAALIA will see an increased number of People of Color, Immigrants, and LGBTQ+ individuals accessing services.
- 3) AAALIA RFP's, RFQ's, and Vendor Assessments will have increased questions and screening criteria related to DEI.

B. Maintain and increase staffing to support the Aging Community.

State Goal Match: 3

Narrative

AAALIA seeks to implement interventions and actions that support appropriate and effective staffing of vital positions related to the Aging Services workforce.

Objectives

1. Support external staffing needs of community partners and services (Direct Care Workers).
Timeline: 10/01/2022 to 09/30/2025

Activities

- 1) Provide education to contracted providers and community agencies to create well-trained Direct Care Workers (DCWs).
- 2) Distribute information to the public to increase knowledge and awareness of the importance of DCW Roles.
- 3) Streamline contract process to ensure payment rates to Direct Care Workers can be updated to ensure appropriate reimbursement.
- 4) Participate in activities that advocate for appropriate Direct Care Worker compensation.

Expected Outcome

- 1) Increase of well-trained DCWs available to meet the needs of seniors and their caregivers in the PSA.
 - 2) AAALIA will be part of initiatives that support the DCW profession as a viable, essential, long-term career for workers.
 - 3) Direct Purchase of Service Contracts can be updated on a yearly basis.
2. Increase and maintain internal staffing of AAALIA to ensure delivery of services and community support.
Timeline: 10/01/2022 to 09/30/2025

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Activities

- 1) Implement hiring practices and outreach that supports a diverse workforce.
- 2) Work with County Leadership to ensure a competitive work environment.
- 3) Work with County Leadership to ensure competitive wages.
- 4) Continued implementation of person-centered leadership.
- 5) Completion of quarterly surveys to inquire of staff job satisfaction.
- 6) Provide ongoing opportunities for internal growth and development for all staff.

Expected Outcome

- 1) All vacant positions will be filled by end of Fiscal Year.
- 2) Position wages will be appropriate to current market.
- 3) 90% of reporting staff will report positive job satisfaction.

C. Empower community with Aging resources and knowledge.

State Goal Match: 4

Narrative

In direct coordination with the Local Health Department response to the COVID-19 Pandemic, the need to empower already established community resources with accurate, effective, and accessible information was paramount to the County's success in COVID-19 support and vaccine distribution. To further empower older adults in the county so they can make decisions and age safely in place, AAAIIIA seeks to improve internal policies and procedures to further support the aging community and the entities that support them.

Objectives

1. Increase methods in which Aging resources can be accessed.

Timeline: 10/01/2022 to 09/30/2023

Activities

- 1) Streamline and simplify AAAIIIA website to further facilitate ease of use and access to aging information.
- 2) Increase partnerships with community organizations that support the aging community.
- 3) Provide information and assistance for the awareness and prevention of elder abuse.
- 4) Release recurring newsletter to community providers with aging related news, resources, information, and events.
- 5) Continue with caregiver related supportive programs, including a caregiver support day.
- 6) Increase number of face-to-face and virtual aging events.

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Expected Outcome

- 1) List of community partners increases by end of Fiscal Year.
- 2) Creation of digital referral portal to access a community-driven Elder Abuse Prevention Coalition and Multi-Disciplinary team.
- 3) AAAIIIA hosts and/or participates in at least 4 outreach events in the Fiscal Year.
- 4) AAAIIIA has a strong virtual presence, with easily accessible online education programs.
- 5) Internal supportive programs may be accessed through at least 2 methods (virtual, in-person, and/or telephonic).

D. Ensure continuity of care across all services and funding sources.

State Goal Match: 1, 2, 4

Narrative

As AAAIIIA continues to navigate the effects of the COVID-19 Pandemic and plans for the renewal of a local senior millage, focus will be to ensure the community feels connected to and supported by available services. By ensuring continuity of care, the availability of services can be relevant and sustained long-term.

Objectives

1. Review and update internal processes and procedures to ensure services received are accessible, continuous, and effective.

Timeline: 10/01/2022 to 09/30/2023

Activities

- 1) Review internal funding and time reporting procedures to ensure clients have minimal interruptions to care or professional relationships.
- 2) Review and update enrollment process to Choices for Independence Care Management Programs.
- 3) Update enrollment procedures ensuring accessibility to appropriate services.

Expected Outcome

- 1) Enrolled Care-Managed clients will be able to work with the same Care Consultant regardless of funding source, maintaining continuity of care and services received.
- 2) Enrolled Care-Managed clients will be able to access appropriate funding sources according to their needs.
- 3) AAAIIIA Waitlist is decreased.

E. Expand supportive and advocacy related services.

State Goal Match: 1, 4

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Narrative

In consideration to the effects of the COVID-19 Pandemic, AAALIA seeks to expand supportive services and advocacy efforts to the service area, ensuring that all funding sources are efficiently utilized in serving the community. This involves supporting, at minimum, individuals that have been isolated, informal caregivers that have provided a majority of care during the pandemic, and individuals that have been subjected to past and ongoing situations of elder abuse. Internal efforts will focus on developing current and new programs to meet - and advocate for - these needs.

Objectives

1. Review staffing needs to support new programmatic initiatives.

Timeline: 10/01/2022 to 09/30/2023

Activities

- 1) AAALIA will evaluate current Position Descriptions and duties, to identify areas where modifications would better assist in service delivery and expansion.
- 2) Assess for and implement services and/or staffing for Veteran related supportive services.
- 3) Assess for and implement services and/or staffing for Healthy Living and Disease Prevention classes.
- 6) Assess for and implement services and/or staffing related to new needs identified through Senior Needs Assessment.

Expected Outcome

- 1) AAA will have updated PD's accurately reflecting daily duties and responsibilities.
2. Review and update advocacy efforts to be in line with ACLS expectations.
Timeline: 10/01/2022 to 09/30/2022

Activities

- 1) Review advocacy requirements and expectations with ACLS and local County Government.
- 2) Identify areas of local and state advocacy efforts for AAALIA participation.

Expected Outcome

- 1) AAALIA advocacy strategy will be approved by ACLS and local County Government.
- 2) AAALIA will participate in local and state advocacy efforts.
3. Complete a new Senior Needs Assessment for the Service Area to identify needs, gaps in services, and available providers.
Timeline: 10/01/2022 to 09/30/2023

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Activities

- 1) AAAIIIA will identify gaps in services, and work with internal and external organizations to meet the identified needs.
- 2) AAAIIIA will utilize the local Senior Millage to supplement ACLS grant funding to meet the identified needs.
- 3) AAAIIIA will ensure that current programs (contracted and direct) remain appropriate to the updated Senior Needs Assessment.
- 4) AAAIIIA will ensure that all possible providers identified from the Senior Needs Assessment are aware of the RFP/RFQ process to be a contracted provider.

Expected Outcome

- 1) AAAIIIA will expand services accordingly to the Senior Needs Assessment.
- 2) AAAIIIA will expand list of available contracted providers.

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Supplemental Documents

DRAFT

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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	2	0	1	0	6	11
Aged 60 and Over	0	0	0	0	0	1	6

Board Member Name	Geographic Area	Affiliation	Membership Status
Tami Rey	District 1	Kalamazoo County Commissioner	Elected Official
Monteze Morales	District 2	Kalamazoo County Commissioner	Elected Official
Tracy Hall	District 3	Kalamazoo County Commissioner	Elected Official
Jen Strebs	District 4	Kalamazoo County Commissioner	Elected Official
Veronica McKissack	District 5	Kalamazoo County Commissioner	Elected Official
Jeff Heppler	District 6	Kalamazoo County Commissioner	Elected Official
Roger Tuinier	District 7	Kalamazoo County Commissioner	Elected Official
John H. Gisler	District 8	Kalamazoo County Commissioner	Elected Official
Dale Shugars	District 9	Kalamazoo County Commissioner	Elected Official
Mike Quinn	District 10	Kalamazoo County Commissioner	Elected Official
Fran Bruder Melgar	District 11	Kalamazoo County Commissioner	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	1	0	0	0	8	12
Aged 60 and Over	0	1	0	0	0	3	7

Board Member Name	Geographic Area	Affiliation
Kelly Quardokus	Portage, MI	OASAC Chair, Q Elder Law
Tim Charron	Kalamazoo, MI	OASAC Vice-Chair
Mike Quinn	Kalamazoo, MI	OASAC Member, Kalamazoo County Commissioner
Fran Bruder Melgar	Kalamazoo, MI	OASAC Member, Kalamazoo County Commissioner
Dr. Daniel Brauner	Portage, MI	OASAC Member, Western Michigan University
Dr. Margaret Hale-Smith	Kalamazoo, MI	OASAC Member
Kimberly Middleton	Kalamazoo, MI	OASAC Member, Portage Community Senior Center
Danna Downing	Vicksburg, MI	OASAC Member, MSAC Delegate
Abby Finn	Portage, MI	OASAC Member, Milestone Senior Services
Stan Runyon	Portage, MI	OASAC Member
Ruth Bates-Hill	Galesburg, MI	OASAC Member, Western Michigan University
ReElla Burrell	Kalamazoo, MI	OASAC Member, AFC Owner

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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 2020 United States Census Bureau, the approximate 55,150 older adults (aged 60 and over) currently living in Kalamazoo County make up 20.86% of the County's total population. Historically, in 2010, Kalamazoo's older adults represented 16.8% of the population, 18.4% in 2014, and 19.8% in 2017. Since the start of AAALIA's last FY 2020-2022 Multi-Year Plan (MYP), Kalamazoo has seen a 1.06% increase in this demographic. According to the Michigan Policy Academy State Profile Report by the Administration for Community Living, "The U.S. Census Bureau estimates that 24 percent of Michigan's population will be 60 and older by the year 2030" and Kalamazoo is projected to meet this trend.

The racial diversity of Kalamazoo's older population has seen minimal variance since the start of AAALIA's last MYP. The American Indian/Alaska Native population increased from 0.2% to 0.3%, as did the Asian population from 1.2% to 1.5%. The Hispanic or Latino population also increased from 1.6% to 1.9%, and individuals reporting being of two or more races increased from 1.0% to 1.6%. AAALIA's Black or African American community, however, decreased from 7.3% to 7.0%, along with the White population down from 90.0% to 89.3%. As mentioned, variances are minimal.

Additional key demographic observations according to the 2020 U.S. Census include that the majority of Kalamazoo's older population is female at 55.1% while only 44.9% are male. Also, 26.9% are living with a disability. Lastly, it is significant to note that a vast 43.4% of older adults report living alone. This warrants close monitoring to ensure services that address social isolation, safety, and independence, etc. are easily attainable to these individuals.

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.

AAALIA's 2020 Needs Assessment summarized the eligible service population within Kalamazoo County and AAALIA's PSA. This survey of over 700 respondents supplemented national Census Data.

Housing and Living Arrangements:

49.4% of survey respondents reported living alone, while 40.1% live with a spouse or partner. More than half of survey respondents live in a single-family home, with 29.4% living in an apartment, condominium, or townhouse.

Use of Existing Services:

Between 30% and 40% of survey respondents currently use, have used, or expect to use ongoing older adult education programs, Matter of Balance fall prevention classes, transportation services, personal emergency response buttons, homemaking or home care services, or in-home support. Some services with lower rates of current use have higher levels of expected participation in the next 12 months, including the Personal Action Towards Health chronic disease self-management programming, Creating Confident Caregivers®, legal assistance, in-home respite care, and respite adult day services.

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General Health:

The majority of survey respondents (80.4%) reported their overall health as good or better, and just under 20% rated it as fair or poor (Exhibit 19). This is slightly lower than Michigan's reported health status, where 24% of adults 55 and older rated their health as fair or poor (MDHHS 2019). Those with annual incomes of at least \$25,000 reported being in good or better health than those with incomes under \$25,000 (Exhibit 20). Nearly all (95.7%) respondents with incomes between \$50,001 and \$100,000 said their overall health was good or better. More white or Caucasian respondents (81.2%) reported their overall health as good or better than African American or black respondents (74.5%) (Exhibit 21).

Insurance Coverage:

Most individuals in Kalamazoo County older than 55 have health insurance (93.9%), and more than 99% of those over 65 have health insurance coverage as well (U.S. Census Bureau 2018a). This aligns with community survey responses, where 98.9% reported having health insurance. The majority of respondents (57%) have Medicare as their primary source of coverage, with another 21.3% having an employer-sponsored plan.

Provider Access:

During the community input sessions, participants highlighted a shortage of geriatricians (professionals focused on older adults) and geriatric-focused behavioral health services and providers, including assessments. Participants highlighted that a local hospital closed, which decreased in-person access for many in that rural community. Others shared that those with Medicaid coverage may have more difficulty finding a primary care provider or dentist and that they may need to wait longer for appointments. They also reported that many dental providers are not taking new patients, and it can be difficult to find a dentist within one's insurance network. Based on the community survey, the vast majority of respondents (97.2%) reported having a primary care physician, and most also had dental (83.3%) and vision care (86.9%) providers (Exhibit 24). Less than a third of all respondents have an audiologist or hearing specialist, and just below a quarter have a mental health provider.

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.

During the COVID-19 Pandemic, great effort was taken by AAALIA and the Health Department to do outreach to community partners. This was done for the purpose of empowering already trusted community agencies with the data needed for individuals to make safe and informed decisions for vaccine safety and access. AAALIA plans to further build upon this network through increased communication of aging related services and issues. As a part of County Government, AAALIA naturally has a "stigma" associated with service access from various community demographics. To address this, AAALIA staff are working closely with the County Diversity, Equity, and Inclusion (DEI) Director to ensure programmatic processes and procedures are appropriate, equitable, and accessible to all in the community.

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

AAALIA has a strong history of serving individuals living with dementia and their caregivers. This was done through training, community outreach, and educational classes. AAALIA staff focus trainings on chronic

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illnesses that affect aging individuals, including dementia. In general, AAALIA staff exceed the minimum of two trainings required by ACLS. Outreach is another primary component of service: Historically, I&A staff frequently attended community-based educational events specifically for caregivers and individuals with dementia, though this has been on hold due to the COVID-19 pandemic. AAALIA plans to resume this practice within the planning period as the public health emergency allows. Additionally, a local Senior Millage helps support these individuals by supplementing much needed respite services. Lastly, caregivers are supported by two very well received classes led by AAALIA staff: Creating Confident Caregivers (CCC) and Developing Dementia Dexterity (DDD). CCC focuses on informal caregivers and provides them with information and a support network as they care for individuals with dementia. DDD focuses on formal caregivers and provides more education and understanding of the needs of people living with dementia, and how to better serve them.

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

Information & Assistance (I&A) is supplemented by AAALIA's local Senior Millage, which funds an additional full-time staff member to assist with navigating community needs. When a service is not funded under the MYP or is unavailable, I&A staff refer to an internally maintained database of alternative services, which includes access and eligibility requirements, and works with each caller to find alternative services in the area. Additionally, Options Counseling is available for short-term care management to provide more hands-on assistance for callers seeking services not funded by AAALIA.

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

AAALIA has a local Senior Millage available through the majority of the 2023-2025 MYP. Funding from the Senior Millage can be allocated to provide support for unmet needs within the PSA. Identification of needs will involve yearly needs assessments to identify needs and plan for supportive services. As the MYP progresses, should a need for a Regional Service Definition and subsequent funding be needed to supplement the Senior Millage, a formal request will be made with the ACLS Bureau.

Priority as follows:

1. Address identified unmet need with local Senior Millage.
2. Address identified unmet need through partnerships or support of community agencies.
3. Address identified unmet need through Regional Service Definition and reallocation of ACLS Bureau grant funding.

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.

Internal Purchased Services and external Contracted services all have a requirement for prioritizing clients should demand increase and a waitlist to occur.

Internally, the following are taken into consideration for prioritization:

- Social: Client has no social supports to supplement needs.
- Functional: Client has functional limitations that affect safety.
- Economic: Client is under 200% Federal Poverty Guideline.
- In addition to the above, a MiChoice Intake Guideline (MIG) Screening is done prior to enrollment and as-needed to assist in identifying priority and needs.

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Externally, all contracts have a question requesting an outline of their prioritizing services policy should a waitlist occur. Qualified bidders are required to outline their policy and procedures regarding the social, functional, and economic factors in which the service is prioritized.

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.

The Older Adult Services Advisory Council (OASAC) serves as an advisory body to AAALIA and the Kalamazoo County Board of Commissioners. With meetings held monthly, OASAC actively assists AAALIA in determining annual planning goals and agency priorities to best meet the needs of Kalamazoo's older adult population. AAALIA looks to OASAC for input on community needs, quality initiatives, program enhancement and improvement, feedback, outreach assistance, advocacy strategies, etc. AAALIA's allocation of Federal Older Americans Act, state, and local senior millage funding is also monitored by OASAC.

The Council acts in accordance with Kalamazoo County Government Policies & Procedures for Advisory Councils and adheres to standards set forth by the Michigan Bureau of Aging, Community Living, and Supports (ACLS Bureau). Currently, the council consists of 11 members, two of which are Kalamazoo County Commissioners. As required by ACLS Bureau standards, each member diversely represents a different demographic, profession, and/or service need, and are appointed by the Kalamazoo County Board of Commissioners.

In addition to their own experiences, OASAC members often make recommendations based on data collected from community needs assessments, surveys, etc. Most recently, AAALIA released a small Community Needs Survey postcard which collected basic demographic, income, and needs information. As of 06/01/2022, 335 older adults and caregivers had participated in the survey. The top reported needs are as follows:

- #5 37.09% need corrective lenses/frames
- #4 40.07% need homemaker & chore service
- #3 44.37% need transportation
- #2 44.70% need access to nutritional food
- #1 47.68% need dental care

The majority of responses are as expected and follow state and national trends. However, OASAC was surprised to see dental care rating so highly as a need. OASAC and AAALIA will collaboratively work on addressing this need. When asked if any OASAC member had comments to be included in the FY 2023-2025 MYP, all declined.

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.

Traditionally, the Area Agency on Aging IIIA (AAALIA) has been very involved with community outreach throughout the Division to broaden community understanding and awareness of services in efforts to delay penetration of eligible target populations into the service system. The COVID-19 pandemic has impacted AAALIA's ability to provide the level of outreach we are used to; however, we continue to creatively provide several outreach opportunities and hope to re-implement additional traditional opportunities as the pandemic continues into the recovery phase. AAALIA provides community outreach through social media, Information &

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Assistance, Elder Abuse Awareness and Prevention, Michigan Medicare/Medicaid Assistance Program (MMAP), and Healthy Living Programs. We are hopeful to resume our annual Senior Expo within the multi-year planning period.

Social Media:

AAAIIA's website is host to a wealth of information, including area resources, programs available via AAAIIA, and resources specific to caregivers. AAAIIA also updates their Facebook page regularly with information specific to older adults within the PSA.

Information & Assistance:

Free, unbiased assistance in accessing resources for older adults and their caregivers. Clinical social workers answer inquiries and assist with determining needs, finding resources, facilitating referrals, and frequently network in the community with professionals and older adults alike.

Elder Abuse Awareness and Prevention Initiatives:

Working together with healthcare, law enforcement, banking, medical examiner, mental health, environmental health, adult protective services, and more; this initiative evaluates serious issues facing older adults in the region through:

- Elder Death Review Team;
- Elder Abuse Multidisciplinary Team (*anticipated to resume within multi-year planning period*);
- Elder Abuse Prevention Coalition (*anticipated to resume within multi-year planning period*);
- Awareness: Community education and trainings;
- Providing outreach opportunities at community events.

Michigan Medicare/Medicaid Assistance Program:

This free service provides education through counseling on Medicare and Medicaid benefit intricacies and fraud. This empowers older adults and their caregivers to make informed health benefit decisions.

Healthy Living Programs:

Creating Confident Caregivers: This evidence-based program utilizes tested and effective training methods from the University of Minnesota's Savvy Caregiver Program, with the goal of increasing caregiver skill, knowledge, and confidence. Results also indicate feelings of increased caregiver well-being.

Senior Expo:

Historically, this free annual event has been held on the first Tuesday in October at the Kalamazoo County Expo Center and is organized by AAAIIA. This event has been on hold due to the COVID-19 pandemic, though AAAIIA is hopeful we can resume within the multi-year planning period, depending on the status of the pandemic and/or Public Health Emergency. Traditionally, there have been approximately 2,000 attendees, including older adults, their family members, caregivers, and professionals. Over 100 vendors of various relevance to the aging population exhibit every year and make this one of the largest and most popular events of its kind in the state.

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

Based on current data, the five identified service categories receiving the most funds are below. Please note,

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1 denotes the highest amount, 5 denotes the lowest amount.

1. HDM (\$424,930)
2. Congregate Meals (\$274,786)
3. In-Home Respite Services (\$242,600)
4. Homemaking Services (\$150,000)
5. USDA (\$126,863)

Based on historical data, the five identified service categories with the greatest number of anticipated participants are below. Please note, 1 denotes the highest amount, 5 denotes the lowest amount.

1. HDMs
2. Congregate Meals
3. Legal Aid
4. PERS
5. In-home Respite

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?

In recent years the County has conducted outside studies to evaluate the County's Diversity , Equity and Inclusion (DEI) efforts. The outcome of those evaluations provided an opportunity to create a new position, DEI Director, to address the gaps found within Kalamazoo County Government. With the creation of the DEI Director position, the AAALIA is excited to partner with the new Director to ensure that our agency and subcontracting agencies are trained and knowledgeable on the harms of implicit bias. Moving forward, AAALIA is planning to implement annual trainings for staff on various topics related to DEI and aging , as well as working with the DEI Director to create and implement implicit bias trainings for our contracted vendors.

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Planned Service Array			
	Access	In-Home	Community
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Case Coordination and Support • Information and Assistance • Outreach • Options Counseling 		<ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Long-term Care Ombudsman/Advocacy • Counseling Services • Creating Confident Caregivers
Contracted by Area Agency	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Home Injury Control • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Dementia Adult Day Care • Congregate Meals • Home Repair • Legal Assistance
Participant Private Pay		<ul style="list-style-type: none"> • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Dementia Adult Day Care
Funded by Other Sources	<ul style="list-style-type: none"> • Care Management 		
Local Millage Funded	<ul style="list-style-type: none"> • Care Management • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Chore • Home Injury Control • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Dementia Adult Day Care • Congregate Meals • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Long-term Care Ombudsman/Advocacy • Senior Center Operations • Senior Center Staffing • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services

* Not PSA-wide

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Planned Service Array Narrative

AAAIIA utilizes a mix of federal, state, and local Senior Millage funding to support Access, In-Home, and Community Services. Following the approval of a local Senior Millage in 2018, the funding has supplemented federal and state grants for service provision. The local Senior Millage is available through the 2023 levy, with a planned renewal for continuation. The Senior Millage expanded ACLS Bureau services to assist more aging individuals and their caregivers in the community. The development and implementation of millage related services will evolve to address newly identified needs and any waitlists resulting from decreased service access during the COVID-19 Pandemic.

To highlight unique services: Outreach is done through Information and Assistance, including speaking engagements, professional relationship building, health fairs, and dissemination of digital and printed material. Veteran-Directed Care Management is a supplemental program funded through VA reimbursements of services and is considered an *other* funding source.

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Strategic Planning

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

As AAALIA is uniquely under County Government as a Division of the Local Health Department (LHD), a SWOT Analysis can highlight both strengths and weaknesses uncommon to other AAAs.

AAALIA Strengths:

- AAALIA has the advantage of program collaboration with other LHD programs including: Clinical Services (vaccinations, etc.), Emergency Preparedness, Veterans Services, etc.
- Being a part of the LHD allows AAALIA insider access to the public health network. When emergencies arise, AAALIA staff are an integral part of the LHD's response.
- AAALIA is centrally located and next door to several other community organizations. This creates a resource campus where community members can centrally obtain more than one needed service.
- Kalamazoo County residents voted yes to AAALIA funding via the local Senior Millage.
- AAALIA gained the Michigan Medicare/Medicaid Assistance Program (MMA) in-house.
- AAALIA staff gained the knowledge and skill-set to work remotely while maintaining productivity and quality standards.
- AAALIA is supported by our Older Adult Services Advisory Council and other community advocacy groups.
- According to the 2019 Kalamazoo County Government Strengths, Challenges, and Recommendations Report, the following strengths were identified:
 - Benefits - specifically retirement/pension and health care.
 - Opportunities to change roles within the organization.
 - Good people to work with who are dedicated to their work.
 - Work-life balance.
 - Meaning in the work that County employees do - they feel their work makes a difference and is important to the community.

AAALIA Weaknesses:

Prior to the COVID-19 Pandemic, a 2019 Diversity, Equity, and Inclusion report outlined strengths, challenges, and recommendations for Kalamazoo County Government. As AAALIA is a Division of the Public Health Department, the challenges reported can be associated to identified programmatic weaknesses. The full report of *Kalamazoo Strengths, Challenges, and Recommendations* (SCR report) is attached in this MYP.

- Organizational Communication: As stated in the SCR report: *"...misunderstanding and miscommunication are having a serious impact on employee productivity. Employees feel a lack of open, honest, transparent communication"*. Though internal communication within the Division (AAALIA) is a strength, communication between County Departments can be improved to increase programmatic efficiency.
- Organizational Process/Procedure Development: The SCR reports concerns of *"top-down"* policy creation and a *"siloed"* organizational structure. This has affected AAALIA in the ongoing development of detailed policies and procedures related to the local Senior Millage and the millage fund balance. Because County policies and procedures are not readily available, this has created transparency concerns reported by community members and employees.

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- AAALIA has experienced high management turnover and has had 4 different Directors since 2017.
- AAALIA continues to have a wait list for Care Management programs, which has been exacerbated by the COVID-19 Pandemic and decreased staffing.
- As compared to other Area Agencies on Aging, AAALIA is more limited in advocacy efforts due to being part of County Government. This extends to the AAALIA Advisory Council, which is also limited in its advocacy capabilities.

AAALIA Opportunities:

- AAALIA's local Senior Millage is young with a lot of potential to expand. When on the ballot, it was popular and well received in the community.
- New AAALIA management and leadership is collaborative in their perspectives and motivation to advance the program, including a County DEI Director to assist in addressing concerns outlined in the SCR report.
- Continued growth within the LHD's emergency response program.
- AAALIA is well established with several community organizations. AAALIA works to expand partnerships.
- AAALIA is seeking to further develop online resources. Trualta, a web-based caregiver training platform, is being explored.
- Kalamazoo County hired their first DEI Director, with whom AAALIA has established a productive relationship.

AAALIA Threats:

- A decreasing direct care workforce has some providers limited in the services they can provide.
- Kalamazoo County's employee pay rate is considerably low compared to market values. This has created a cycle of experienced staff leaving for better opportunities, and vacant positions generating little applicant interest.
- Kalamazoo County and AAALIA is less competitive than similar organizations due to salary/wage restrictions and a national increase in remote work for licensed Nurses and Social Workers. This affects both retention and hiring, as departing staff have sought higher pay or remote work, and new hires need to be local for in-office work.
- The potential of AAALIA's local Senior Millage not passing when next up for vote.

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.

Currently AAALIA is not a holder of Waiver or Managed Health Care Services. Changes, policies, and procedures associated with Home and Community Based Services (HCBS) Waiver and Managed Care do not directly affect the functioning of the program.

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

At this time, AAALIA is also supported by a local Senior Millage. Per the ballot language, yearly revenue is at least \$2.8 million dollars. Should there be a 10% reduction in ACLS funding, Senior Millage funding can be realigned to fill any voids from state/federal grants. In a situation where both ACLS grants and Senior Millage funding decrease (such as millage failing to renew), AAALIA would need to apply for alternative grant funding from private institutions or rely on and partner with local community organizations to fill gaps in services.

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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

During this multi-year planning period, AAALIA plans to start the National Center for Quality Assurance (NCQA) accreditation process. This accreditation process will be important to ensure programmatic efficiency, person-centeredness, service delivery, and contractual quality.

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

Technology has been an integral part of how AAALIA has been able to continue to provide effective service delivery and performance as well as efficient operations, and quality improvement throughout the pandemic. Moving forward, the AAALIA continues to plan to utilize current technology systems as well as research new models to improve and centralize systems in the following ways:

- Continue to utilize Microsoft Teams and Zoom to allow for staff to increase efficiency, not only with clients and caregivers, but with contracted vendors and other staff members. This technology has allowed flexibility for staff members to work in different environments that are more accommodating to the situation at that time.
- Continue to have staff attend more virtual trainings that may not have been possible if they were in person.
- Continue partnerships with virtual platforms providing caregiver education, resources, and support, such as Active Daily Living (ADL) and Trualta.
- Continue to provide virtual sessions to the community, such as Creating Confident Caregivers classes, caregiver counseling, and Medicare/Medicaid appointments and webinars. AAALIA hopes are to expand virtual trainings and outreach to the community with a focus on hard-to-reach individuals.
- Partner with Western Michigan University's Cybersecurity College to provide trainings to older adults in the community on how to stay safe online.

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.

As AAALIA is under the County Government umbrella, in the event of internet failure or a cyber threat, we have the advantage of working with our County's Information & Technology (IT) Department and our Office of Emergency Management (OEM) if needed. IT works from an extensive "Cyber Incident Response Plan" which is uploaded for reference. The Local Health Department also has an Emergency Preparedness Coordinator on site. IT, OEM, and the Emergency Preparedness Coordinator all focus on planning for and responding to emergencies whether cyber, public health, natural disasters, etc. Under emergency conditions, AAALIA would look to them for guidance and would support our local vendors, clients, and older adult community accordingly. Recent collaborations included responding to PFAS contaminated water, the mosquito Eastern Equine Encephalitis (EEE) response, the COVID-19 pandemic, etc. If appropriate, AAALIA Care Consultants would make contact with clients to ensure their well-being. IT has also been actively ensuring all networks and systems are up to date, and sometimes replaced, to provide the best cyber and hacking defense.

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Advocacy Strategy

AAAIIA has strong relationships and partnerships within the community to promote advocacy regarding older adult needs. Historically, AAAIIA has focused on the education and coordination of elder abuse prevention. This has been done through active participation in an Elder Abuse Prevention Coalition (EAPC) and Elder Abuse Multi-Disciplinary Team (MDT) - both programs initially funded by grants, but are now self-sustaining groups. Both the EAPC and MDT involve partnering with members from financial institutions, local government and law enforcement agencies, State Ombudsman, advocacy groups (Kalamazoo County Advocate for Senior Issues) and Elder-Law attorneys. Though currently in the process of re-staffing the position that coordinated with these groups, AAAIIA plans to continue participation and active education/outreach to Kalamazoo County.

Though an active participant with Elder Abuse Prevention, AAAIIA's affiliation with County Government and the adherence to the Federal Hatch Act limits direct involvement (communication or participation in events) with local, state, and federal elected officials. During the FY 2023-2025 MYP Period, AAAIIA seeks to gain a better understanding of our advocacy rights, and also the rights of our advisory council, OASAC. AAAIIA will seek guidance from the ACLS Bureau, and insight from Kalamazoo's Health Officer and Deputy Health Officer. Kalamazoo County enforces internal employee policy 2.05 *Political Activity Policy* (attached for reference), and AAAIIA hopes to work with Kalamazoo County to ensure AAAIIA staff and OASAC are meeting ACLS Bureau advocacy expectations and requirements.

Having a clearer understanding of our advocacy rights will allow AAAIIA to develop a long-term plan and better advocacy strategies for:

- Supporting the Direct Care Workforce;
- Rebalancing of community-based long-term services and supports;
- Expanding access for high-needs individuals through the expansion of the MiChoice Waiver Program;
- Increase access to home and community-based services;
- Bridging the digital divide for older adults.

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Leveraged Partnerships

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**

The listed partnerships below involve a wide array of advocacy, networking, referrals, and collaborations. This coordination is done through multiple staff and programs of the AAAIIIA. The maintenance of these partnerships is done through the Director, Program Manager, Quality Assurance & Compliance Coordinator, Ombudsman, Information & Assistance Staff, Support Staff, and Care Managers. AAAIIIA and its staff will continue to expand partnerships for community wide coordination of care for older adults in the region.

Commissions Councils and Departments on Aging: Though there are no commissions on aging within AAAIIIA's PSA, AAAIIIA continues to work with aging-specific organizations and councils in the area. This includes the Kalamazoo Older Adult Services Advisory Council (OASAC) and the Kalamazoo County Government Board of Commissioners. AAAIIIA can promote aging initiatives and encourage community collaborations through these groups.

Health Care Organizations/Systems (e.g., hospitals, health plans, Federally Qualified Health Centers): AAAIIIA has a strong partnership with the local Health Care Systems Bronson Hospital and Borgess/Ascension Hospital. AAAIIIA actively participates with these systems through community health education classes, care management meetings, and community needs assessment coordination. Additional partnerships include Homer Stryker WMU Medical School, WMU School of Nursing, WMU School of Social Work, VA Administration of Battle Creek, Bureau of Services to Blind Persons, and Kalamazoo County Family Health Center.

Public Health: As part of County Government and housed within the Local Health Department, AAAIIIA is directly involved with Public Health. This involvement includes assistance and advocacy for the aging population during public health crisis (previous assistance included PFAS, COVID-19 Pandemic, and EEE). In addition, AAAIIIA can directly leverage the following County Government departments and divisions for a wholistic view of care for the aging community: Vaccination Clinics, Family Services (WIC, Healthy Babies Healthy Start for multigenerational households), Environmental Health, Clinical Services (Vaccines, STD's), Office of Medical Examiner, Sheriff's Department, Kalamazoo Code Compliance, Animal Control, and Veteran Services.

Mental Health: AAAIIIA has worked with local community agencies to ensure appropriate training and knowledge of Mental Health resources. This includes coordination of complex cases and participation in Mental Health Summits, Recovery Oriented Systems of Care (ROSC), and Gryphon Place.

Community Action Agencies: AAAIIIA coordinates with the local Community Action Agency (CAA) for the

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referral of participants to needed services. The local CAA was a Division previously housed within the LHD, and AAALIA was able to create and maintain a strong working relationship with the agency following its move to an external agency.

Centers for Independent Living: AAALIA has a strong working relationship with the local Center for Independent Living, Disability Network. AAALIA's partnership with Disability Network focuses on the coordination of care including state initiatives, updating of information and referral databases to ensure availability of resources, and community education sessions.

Other: AAALIA continues to collaborate with numerous community partners to meet the needs within the service area. These include the following:

Professional Networking & Advocacy Groups: Kalamazoo County Advocates for Senior Issues, an advocacy groups for Kalamazoo County residents; Professionals Focused on Aging, a monthly networking and information group; the Statewide Elder Abuse and Prevention Coalition; Aging Roadmap, an aging resource education group; and Milestone Senior Services, the local MiChoice Waiver Agent.

Nonprofit Collaborations/Coalitions: Lending Hands of Michigan, an organization that does local advocacy for the needs of seniors and provides rental services for Durable Medical Equipment; Northside Ministerial Alliance, a coalition of church organizations that support the Northside community of Kalamazoo; Emergency Response Consortium, a coalition of organizations that focus on the preparation and support of organizations during local or state emergencies.

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.

AAALIA has developed a recurring community feedback loop to assess for needed or unmet services. Every 3 years a Community Needs Assessment is completed, followed by an annual AIP planning survey. Starting on the last quarter of the 2021-2023 FY, an ongoing needs assessment survey will be available throughout the year with information consolidated quarterly. This ongoing survey will assist AAALIA in planning for additional services or modifying current services or funding to address unmet needs. A focus on utilization of funding will include the delivery of Title III-D Evidenced Based programs to the community through both in-person or virtual options. As programs develop, AAALIA will continue to assess for the need of contracting (RFP) funding to community entities or adjusting staffing levels to provide staffing for the EBDP programs.

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.

AAALIA has - and will continue to utilize - internal resources, external resources, and volunteers to support new programmatic initiatives. AAALIA is part of an active community of aging resources in the service area. These well-established external resources (as listed above) frequently pool information, staff, and services to supplement current and new initiatives that benefit the aging population: New classes and education sites are identified through the *Aging Roadmap* group, monthly meetings for service updates and networking are done at *Professionals Focused on Aging*, and newsletters are frequently received and sent for ongoing digital updates. Additionally, traditional internal initiatives will be expanded in partnership with community entities. These includes the Senior Expo for FY 2022-2023 and annual Christmas Baskets. AAALIA recognizes that to serve the aging community, the agency must be a part of the community - including the support and coordination with community partners. AAALIA also utilizes a pool of volunteers to assist with programmatic

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implementation. This includes the utilization of the Health and Community Services Volunteer Department that can assist in programmatic tasks and projects, further supporting division or ACLS needs. Additionally, the Michigan Medicare/Medicaid Assistance Program (MMAP) housed within AAAIIIA utilizes a significant pool of 20 volunteers for implementation.

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Community Focal Points

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.

By the Multi-Year Plan definition, Community Focal Points “are visible and accessible points within communities where participants learn about and gain access to available services”. AAALIIA continues to define “community” as a group of people within a larger society, bound together by common characteristics and interests, located within a nearby geographic area. Due to the effects of the COVID-19 pandemic, our community focal points are required to provide at least two of the following in order to maintain the designation:

- Congregate meal site (on-premises or dining out program in area);
- Evidence-based disease prevention programs;
- Volunteer opportunities;
- Information and referral to AAALIIA;
- Classes or programs providing information on health, safety, and services available to older adults;
- Have trained Michigan Medicare/Medicaid Assistance Program (MMAAP) staff or have access to volunteers trained as MMAAP counselors available for appointments.

Considering areas with the greatest number of older persons with economic and/or social need, the existing service delivery system, and location of multi-purpose senior centers, the AAALII has named six community focal points.

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

Name:	Charles & Lynn Zhang Portage Community Senior Center
Address:	203 E. Centre Ave., Portage, MI 49002
Website:	https://www.portagemi.gov/266/Senior-Center
Telephone Number:	269-329-4555
Contact Person:	Kim Phillips
Service Boundaries:	Kalamazoo County and beyond (no specific boundary limits)
No. of persons within boundary:	261,670 (Kalamazoo County)
Services Provided:	Senior center activities, health and wellness programs, socialization, volunteer programs, transportation

Name:	Comstock Community Center
Address:	6330 Kings Highway, Comstock, MI 49048
Website:	https://comstockcc.com/
Telephone Number:	269-345-8556
Contact Person:	Lorie Peterson
Service Boundaries:	City of Galesburg and Charleston, Comstock, and Ross Townships

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No. of persons within boundary:	24,035
Services Provided:	Senior center activities, youth development programs, volunteer opportunities, on-site lunch
Name:	Coover Center (Milestone Senior Services)
Address:	918 Jasper St., Kalamazoo, MI 49001
Website:	https://milestoneseniorservices.org
Telephone Number:	269-382-0515
Contact Person:	Abby Finn
Service Boundaries:	Allegan, Branch, Barry, Calhoun, Kalamazoo, St. Joseph, and Van Buren Counties
No. of persons within boundary:	699,354
Services Provided:	Senior center activities, exercise, transportation
Name:	Ecumenical Senior Center
Address:	702 N. Burdick St., Kalamazoo, MI 49007
Website:	https://www.ecumenicalsc.com
Telephone Number:	269-381-9750
Contact Person:	Lou Bilancio
Service Boundaries:	Kalamazoo County
No. of persons within boundary:	261,670
Services Provided:	Congregate meals, senior center activities, transportation
Name:	Richland Area Community Center
Address:	9400 East CD Ave., Richland, MI 49083
Website:	http://www.richlandareacc.org/
Telephone Number:	269-629-9430
Contact Person:	Lucy Escandon
Service Boundaries:	Kalamazoo County and beyond (no specific boundary limits)
No. of persons within boundary:	261,670 (Kalamazoo County)
Services Provided:	Health and wellness programs, restaurant dining program, socialization, youth development programs
Name:	South County Community Services
Address:	606 Spruce St., Vicksburg, MI 49097
Website:	https://southcountycs.com/
Telephone Number:	269-649-2901
Contact Person:	Drew Johnson
Service Boundaries:	Brady, Climax, Pavilion, Schoolcraft, Prairie Ronde, and Wakeshma Townships

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No. of persons within boundary: 26,089

Services Provided: Emergency assistance, health and wellness programs, restaurant dining program, transportation

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Other Grants and Initiatives

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

Michigan Medicare and Medicaid Assistance Program:

Creating Confident Caregivers (CCC): CCC classes empower caregivers caring for a loved one with dementia. At minimum, three sessions are offered each year - funded by Title III-D funding. As part of the support to caregivers, funding is also allocated for professional respite services, either in-home or at a contracted Adult Day Center. This additional service allows the caregiver to be fully present (either in-person or virtual) for each support class. As part of the success of this class, CCC has grown and AAALIA has supplemented services with the Developing Dementia Dexterity (DDD) program, which focus on professional caregivers, and also a caregiver support group.

Kalamazoo County Senior Millage: In 2018, Kalamazoo County residents approved a Senior Millage to support older adults in the Service Area. This millage was approved for a 6 year period.

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

Michigan Medicare and Medicaid Assistance Program:

Creating Confident Caregivers (CCC): CCC supports the unique - and vital - needs of individuals with Dementia by supporting their informal caregivers. When caregivers are supported and trained on the complexities of dementia, the older adult and caregiver both experience increased quality of life. CCC also assists in the long-term sustainment of informal caregiving by encouraging self-care and collaboration with other family members or professional agencies.

Kalamazoo County Senior Millage: The Kalamazoo County Senior Millage allows for a local fund to provide education, safety, dignity, independence, home services, and healthy living programs to Kalamazoo County residents age 60 and older (seniors) using the Kalamazoo County Health & Community Services Department to improve the quality of living for our seniors. Millage funding has supported and expanded programs traditionally funded by ACLS OAA Grants. This has empowered local agencies to increase their capacity to provide more assistance to seniors, allowing them to age safely in place. These included: Home Delivered Meals, MMAP, Transportation Services, Adult Day Services, Respite Services, Homemaking, Personal Care, Emergency Response Buttons, Senior Center Support, Home Injury Control, Community Services, Legal Assistance, and expansion of AAALIA's Care Management Program to serve more high-risk residents.

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

Michigan Medicare and Medicaid Assistance Program:

Creating Confident Caregivers (CCC): CCC is a key component of meeting State and Local Goals for the next MYP Cycle. CCC expands reach of information and awareness through the development of support

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groups within the informal caregiver community; prioritizes resources to promote social interaction by encouraging caregiver support, independence, and connectedness; increases caregiver knowledge, which indirectly supports the formal caregiver community and direct care workers; and supports older adults to enable safe aging in place while in the care of the identified caregiver.

Kalamazoo County Senior Millage: The Kalamazoo County Senior Millages provides more services, more support, and more accessibility to vital services. The Senior Millage directly supports State and Federal ACLS OAA grants and programs by allowing more individuals to be served through the following: Ensuring more accessibility for programs, expansion of access to technology and transportation, increased contracted provider retention of DCW's, increased number of services to support older adults to age in place.

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 3	Level 4	Level 5
	<i>Least Intensive</i>				<i>Most Intensive</i>
Program	Information & Assistance				Care Management
Participants					
What Is Provided?					
Where is the service provided?					

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2023

Funded Under Disease Prevention Health Promotion Service Definition

Provide the information requested below for Evidence-Based Programs (EBDP) to be funded under Title III-D.

Title III-D funds can only be used on health promotion programs that meet the highest-level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the “List of Approved EBDP Programs for Title III-D Funds” in the Document Library. Only programs from this list will be approved beginning in FY 2023. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under “Funding Amount for This Service”.

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount for Service
<i>Example</i> Arthritis Exercise Program	<i>Example: List each provider offering programs on a single line as shown below.</i> 1) Forest City Senior League Program 2) Grove Township Senior Services 3) Friendly Avenue Services	<i>Example: Total participants for all providers</i> 80	<i>Example: Funding total for all providers</i> \$14,000
Creating Confident Caregivers	Direct: Provided by Area Agency on Aging	50	\$2,500

FY 2023 AREA PLAN GRANT BUDGET

Rev. 10/8/21

Agency: Kalamazoo County Health & Community Services Dept

Budget Period:

10/01/22

to

09/30/23

PSA: Region IIIA

Date: 05/25/22

Rev. No.: 0

Page 1 of 3

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	221,162		221,162
2. Fed. Title III-C1 (Congregate)		272,064	272,064
3. State Congregate Nutrition		5,050	5,050
4. Federal Title III-C2 (HDM)		176,235	176,235
5. State Home Delivered Meals		251,849	251,849
8. Fed. Title III-D (Prev. Health)	16,646		16,646
9. Federal Title III-E (NFCSP)	105,181		105,181
10. Federal Title VII-A	10,089		10,089
10. Federal Title VII-EAP	8,594		8,594
11. State Access	15,074		15,074
12. State In-Home	268,760		268,760
13. State Alternative Care	59,239		59,239
14. State Care Management	137,109		137,109
15. St. ANS	23,507		23,507
16. St. Nursing Home Ombs (NHO)	30,216		30,216
17. Local Match			
a. Cash	398,914	78,359	477,273
b. In-Kind	6,000	-	6,000
18. State Respite Care (Escheat)	51,949		51,949
19. MATF	63,046		63,046
19. St. CG Support	7,779		7,779
20. TCM/Medicaid & MSO	22,269		22,269
21. NSIP		127,259	127,259
22. Program Income	1,000	45,000	46,000
TOTAL:	1,446,534	955,816	2,402,350

BGP Allocation Amount 2,020,599

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.

Denise Ulrich
Signature

Financial Operations Manager
Title

05/25/22
Date

ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	87,921	107,598	195,519
State Administration	15,197		15,197
MATF Administration	6,235		6,235
St. CG Support Administration	769	951	1,720
Other Admin	37,400		37,400
Total AIP Admin:	147,522	108,549	256,071

Expenditures

	FTEs
1. Salaries/Wages	127,100
2. Fringe Benefits	46,300
3. Office Operations	82,671
Total:	256,071

Cash Match Detail

Source	Amount	In-Kind Match Detail	Amount
Federal Admin	105,909	Source	
State Admin	1,689		
St CG Support Match	951		
	-		
	-		
	-		
	-		
	-		
Total:	108,549	Total:	-

FY 2023 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Kalamazoo County Health & Oc

PSA: Region IIIA

Budget Period:

Date:

10/01/22

Rev. No.: 0

09/30/23

Rev. 10/8/21

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*Operating Standards For AAAs

Op	SERVICE CATEGORY	Title III-B	Title III-D	Title III-E	Title VII-A	State Access	State In-Home	State Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Esc/leat)	MATF	St. CG Suppl	MSC Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	Access Services																		
A-1	Care Management	112,100		52,781		15,074			135,909		23,507				9,000	-	249,906	-	598,177
A-2	Case Coord/Supp	800		-		-			-		-				-	-	5,986	-	5,986
A-3	Disaster Advocacy & Outreach Program															-	-	-	-
A-4	Information & Assis	11,400		44,500												-	32,943	-	88,843
A-5	Outreach			-		-					-					-	-	-	-
A-6	Transportation	6,000		-							-					-	687	-	6,687
A-7	Options Counseling	-		-		-			1,200		-					-	4,851	-	6,051
B	In-Home															-	-	-	-
B-1	Chore	-														-	-	-	-
B-2	Home Care Assis	-														-	-	-	-
B-3	Home Injury Cntrl	3,000		-												-	718	-	3,718
B-4	Homemaking	7,062		-			119,398	22,040			-					-	16,501	-	165,001
B-6	Home Health Aide	-		-				-			-					-	889	-	8,889
B-7	Medication Mgt	8,000		-				-			-					-	889	-	8,889
B-8	Personal Care	-		-				8,000			-					-	2,778	-	27,778
B-9	Assistive Device&Tech	-		-				25,000			-					-	23,687	-	258,822
B-10	Respite Care	7,000		800			149,362	4,189			-	43,949	28,046	2,779		-	-	-	-
B-11	Friendly Reassure	-		-												-	-	-	-
B-12	Legal Assistance	14,700		-												-	-	-	-
C	Community Services															500	2,152	5,000	22,352
C-1	Adult Day Services	-		600				-			-	-	35,000	5,000		-	67	-	40,667
C-2	Dementia ADC	-		-				-			-	8,000	-	-		-	-	-	8,000
C-6	Disease Prevent/Health Promtion	-		-				-			-	-	-	-		-	1,572	-	15,718
C-7	Health Screening	-		14,146				-			-					-	-	-	-
C-8	Assist to Hearing Impaired & Deaf Cmty	-		-				-			-					-	-	-	-
C-9	Home Repair	-		-				-			-					-	-	-	-
C-11	LTC Ombudsman	3,300		-				-		30,216	-					-	-	-	-
C-12	Sr Ctr Operations	-		-				-			-					-	39,635	-	96,509
C-13	Sr Ctr Staffing	3,000		-				-			-					-	634	-	3,634
C-14	Vision Services	-		-				-			-					-	-	-	-
C-15	Prevnt of Elder Abuse,Neglect,Exploitation	-		-				-			-					-	-	-	-
C-16	Counseling Services	600		1,200				-			-					-	-	-	-
C-17	Creat.Cnfrt.CGB CCC	-		-				-			-					-	-	-	-
C-18	Caregiver Support Services	-		5,300				-			-					-	589	1,000	10,408
C-19	Kinship Support Services	-		-				-			-					-	-	-	8,889
C-20	Caregiver E.S.T	-		-				-			-					-	-	-	-
*C-8	Program Develop	44,200		-				-			-					-	4,911	-	48,111
	Region Specific															-	-	-	-
	Critical Urgent Unmet Needs	-		-				-			-					-	-	-	-
	Nursing Services	-		-				-			-					-	-	-	-
	c. Ombudsman 3B & 3C	*4437		-				-			-					-	-	-	-
	d.	-		-				-			-					-	-	-	-
	7. CLP/ADRC Services	-		-				-			-					-	-	-	-
Sp Co	8. MATF Adm	-		-				-			-					-	-	-	-
Sp Co	9. St CG Sup Adm	-		-				-			-					-	-	-	-
	SUPPRT SERV TOTAL	221,162	16,646	105,181	8,594	15,074	288,760	59,299	137,109	30,216	23,507	57,949	69,281	769	22,269	1,000	399,865	6,000	1,454,489

FY 2023 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 10/8/21

Agency: Kalamazoo County Health & Corr Budget Period: 10/01/22 to 9/30/23
 PSA: Region IIIA Date: 05/25/22 Rev. Number 0

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FY 2023 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	271,064		5,050		41,259	22,000	30,681	-	370,054
B-5	Home Delivered Meals		176,235		251,849	86,000	23,000	47,566	-	584,650
C-4	Nutrition Counseling	-	-	-	-	-	-	-	-	-
C-5	Nutrition Education	1,000	-	-	-	-	-	112	-	1,112
	AAA RD/Nutritionist*	-	-	-	-	-	-	-	-	-
	Nutrition Services Total	272,064	176,235	5,050	251,849	127,259	45,000	78,359	-	955,816

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by AASA.

FY 2023 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	3,300	10,089	-	30,216	13,269	-	39,635	-	96,509
C-15	Elder Abuse Prevention	-	-	8,594	-	-	-	-	-	8,594
	Region Specific	-	-	-	-	-	-	-	-	-
	LTC Ombudsman Ser Total	3,300	10,089	8,594	30,216	13,269	-	39,635	-	105,103

FY 2023 AREA PLAN GRANT BUDGET-RESPITE SERVICE DETAIL

Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore	-	-	-	-	-	-	-	-	-
B-4	Homemaking	-	-	-	-	-	-	-	-	-
B-2	Home Care Assistance	-	-	-	-	-	-	-	-	-
B-6	Home Health Aide	-	-	-	-	-	-	-	-	-
B-10	Meal Preparation/HDM	-	-	-	-	-	-	-	-	-
B-8	Personal Care	-	-	-	-	-	-	-	-	-
	Respite Service Total	-	-	-	-	-	-	-	-	-

FY 2023 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only						
C-18	Caregiver Sup. Services	-	5,300	-	589	1,000	6,889
C-19	Kinship Support Services	-	-	-	-	-	-
C-20	Caregiver E,S,T	-	-	-	-	-	-
	Kinship Services Total	-	5,300	-	589	1,000	6,889

Planned Services Summary Page for FY 2023			PSA: Region IIIA		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 598,177	24.82%			X
Case Coordination & Support	\$ 5,866	0.24%			X
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 88,843	3.69%			X
Outreach	\$ -	0.00%			
Transportation	\$ 6,667	0.28%	X		
Option Counseling	\$ 6,051	0.25%			X
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ 3,718	0.15%		X	
Homemaking	\$ 165,001	6.85%	X		
Home Delivered Meals	\$ 584,650	24.26%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 8,889	0.37%	X		
Personal Care	\$ 8,889	0.37%	X		
Personal Emergency Response System	\$ 27,778	1.15%	X		
Respite Care	\$ 259,822	10.78%	X		
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 40,667	1.69%	X		
Dementia Adult Day Care	\$ 8,000	0.33%	X		
Congregate Meals	\$ 370,054	15.35%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ 1,112	0.05%		X	
Disease Prevention/Health Promotion	\$ 15,718	0.65%			X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 22,352	0.93%		X	
Long Term Care Ombudsman/Advocacy	\$ 96,509	4.00%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ 3,634	0.15%		X	
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 8,594	0.36%			X
Counseling Services	\$ 4,951	0.21%			X
Creating Confident Caregivers® (CCC)	\$ 10,408	0.43%			X
Caregiver Supplemental Services	\$ 6,889	0.29%		X	
Kinship Support Services	\$ -	0.00%			
Caregiver Education, Support, & Training	\$ -	0.00%			
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 49,111	2.04%			X
REGION-SPECIFIC					
Critical Urgent Unmet Needs	\$ -	0.00%			
Nursing Services	\$ -	0.00%			
c. Ombudsman 3B & 3C	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES					
	\$ 2,402,350				
MATF & ST CG ADMINISTRATION					
	\$ 7,955	0.33%			
TOTAL PERCENT					
		100.00%	21.93%	41.05%	37.02%
TOTAL FUNDING					
	\$ 2,410,305		\$528,491	\$989,631	\$892,183

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

FY 2023 BUDGET REVIEW SPREADSHEET

Rev. 10/8/21

Agency:	Kalamazoo County	3A		Fiscal Year:	FY 2023
Date of SGA:	1/6/2022	SGA No.	CAP 2022-468	Date Reviewed by AASA:	
Date of Budget:	05/25/22	Revision No.	0	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 87,921	\$ -	\$ 87,921	Transfers budgeted include \$20,000 from C1 to C2	
State Administration	\$ 15,197	\$ -	\$ 15,197		
Title III-B Services	\$ 221,162	\$ -	\$ 221,162		
Title III-C-1 Services	\$ 272,064	\$ -	\$ 272,064		
Title III-C-2 Services	\$ 176,235	\$ -	\$ 176,235		
Federal Title III-D (Prev. Health)	\$ 16,646	\$ -	\$ 16,646		
Title III-E Services (NFCSP)	\$ 105,181	\$ -	\$ 105,181		
Title VII/A Services (LTC Ombuds)	\$ 10,089	\$ -	\$ 10,089		
Title VII/EAP Services	\$ 8,594	\$ -	\$ 8,594		
St. Access	\$ 15,074		\$ 15,074		
St. In Home	\$ 268,760		\$ 268,760		
St. Congregate Meals	\$ 5,050		\$ 5,050		
St. Home Delivered Meals	\$ 251,849		\$ 251,849	AASA COMMENTS	
St. Alternative Care	\$ 59,239		\$ 59,239		
St. Aging Network Srv. (St. ANS)	\$ 23,507	\$ -	\$ 23,507		
St. Respite Care (Escheats)	\$ 51,949	\$ -	\$ 51,949		
Merit Award Trust Fund (MATF)	\$ 69,281		\$ 69,281		
St. Caregiver Support (St. CG Sup.)	\$ 8,548		\$ 8,548		
St. Nursing Home Ombuds (NHO)	\$ 30,216		\$ 30,216		
MSO Fund-LTC Ombudsman	\$ 13,269		\$ 13,269		
St. Care Mgt.	\$ 137,109		\$ 137,109		
NSIP	\$ 127,259	\$ -	\$ 127,259		
			\$ -		
SGA TOTALS:	\$ 1,974,199	\$ -	\$ 1,974,199		
Administrative Match Requirements					
ADMINISTRATION	BUDGET	SGA	DIFFERENCE	Minimum federal administration match amount	\$29,307
Federal Administration	\$ 87,921	\$ 87,921	\$ -	Administration match expended (State Adm. + Local Match)	\$123,746
State Administration	\$ 15,197	\$ 15,197	\$ -	Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
Sub-Total:	\$ 103,118	\$ 103,118	\$ -	Does state administration budget equal SGA?	Yes
MATF	\$ 6,235				
ST CG Supp	\$ 769				
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ 108,549			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
Local In-Kind Match	\$ -			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 108,549			Amount of MATF Funds budgeted on Adult Day Care	\$ 35,000
Other Admin	\$ 37,400	AIP TOT ADMIN	DIFFERENCE	Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
Total Administration:	\$ 256,071	\$ 256,071	\$ -	Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA	% BUDGETED	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Federal Title III-B Services	\$ 221,162	\$ 221,162	100.0000%		
Fed. Title III C-1 (Congregate)	\$ 272,064	\$ 272,064	100.0000%	[note: see TL #369 & TL#2007-141]	
State Congregate Nutrition	\$ 5,050	\$ 5,050	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
Federal C-2 (HDM)	\$ 176,235	\$ 176,235	100.0000%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
State Home Delivered Meals	\$ 251,849	\$ 251,849	100.0000%	Amount required from Transmittal Letter #2020-431. (see cell L 42)	\$3,000
Federal Title III-D (Prev. Health)	\$ 16,646	\$ 16,646	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$3,300
Federal Title III-E (NFCSP)	\$ 105,181	\$ 105,181	100.0000%	Is required maintenance of effort met?	Yes
St. Access	\$ 15,074	\$ 15,074	100.0000%		
St. In Home	\$ 268,760	\$ 268,760	100.0000%		
St. Alternative Care	\$ 59,239	\$ 59,239	100.0000%	Service Match Requirements	
St. Care Mgt.	\$ 137,109	\$ 137,109	100.0000%	Minimum service match amount required	\$178,127
State Nursing Home Ombs (NHO)	\$ 30,216	\$ 30,216	100.0000%	Service matched budgeted: (Local Cash + In-Kind)	\$483,273
St. ANS	\$ 23,507	\$ 23,507	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
Sub-Total:	\$ 1,582,092	\$ 1,582,092	100.0000%		
Local Service Match				Miscellaneous Budget Requirements / Constraints	
Local Cash Match	\$ 477,273			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 6,000			Access:	\$130,300
				In-Home:	\$25,062
				Legal:	\$14,700
Sub-Total:	\$ 483,273			Total Budgeted for Priority Services:	
Title VII/A Services (LTC Ombuds)	\$ 10,089	\$ 10,089	100.0000%	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EAP Services	\$ 8,594	\$ 8,594	100.0000%	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
NSIP	\$ 127,259	\$ 127,259	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 51,949	\$ 51,949	100.0000%	(Actual % of Legal)	6.65%
MATF	\$ 63,046	\$ 63,046	100.0000%		
St. CG Support	\$ 7,779	\$ 7,779	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$221,162
MSO Fund-LTC Ombudsman	\$ 13,269	\$ 13,269	100.0000%	Amount budgeted for Program Development:	\$44,200
TCM-Medicaid / CM	\$ 9,000			% of Title III-B Program Development (must be 20% or less):	19.0%
Program Income	\$ 46,000			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$16,646
Total Services:	\$ 2,402,350			Amount budgeted for EBDP Activities, per TL#2012-244:	\$16,646
Grand Total: Ser.+ Admin.	\$ 2,658,421			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$112,100
b. Case Coord/supp	\$800
c. Disaster Advocacy	\$0
d. Information & Assis	\$11,400
e. Outreach	\$0
f. Transportation	\$6,000
g. Options Counseling	\$0
Access Total:	\$130,300

(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$0
b. Home Care Assis	\$0
c. Home Injury Cntrl	\$3,000
d. Homemaking	\$7,062
e. Home Health Aide	\$0
f. Medication Mgt	\$8,000
g. Personal Care	\$0
h. Assistive Device&Tech	\$0
i. Respite Care	\$7,000
j. Friendly Reassure	\$0
In Home Services Total:	\$25,062

(AAA Regional In-Home Service)
(AAA Regional In-Home Service)

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	\$5,300
2. Kinship Support	\$0
3. Caregiver E,S,T - Kinship Amount Only	\$0
0	\$0
Kinship Services Total:	\$5,300

(Other Title III-E Kinship Service)
(Other Title III-E Kinship Service)

Title III-B Transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$221,162
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$221,162

(Use ONLY if SGA Reflects Transfers)

(Always Enter Positive Number)
(Always Enter Positive Number)

NOTE: AoA Title III Part B award for the current FY means total award from AoA without carryover or transfers.

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: Kalamazoo County Health & Community Services Department

FISCAL YEAR: FY 2023

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	95,143	5,193	100,687		144,148			345,171
Fringe Benefits	34,714	1,895	36,737		52,594			125,940
Travel	256	14	271		388			929
Training	256	14	271		388			929
Supplies	1,461	80	1,547		2,213			5,301
Occupancy	5,640	308	5,969		8,546			20,463
Communications	3,538	193	3,744		5,360			12,835
Equipment	0	0	0		0			0
Other:	0	0	0		0			0
Service Costs	23,873	1,303	25,264		36,169			86,609
Purchased Services (CM only)								0
Totals	164,881	9,000	174,490	0	249,806	0	0	598,177

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

If yes, please describe:

Yes ☐ No ☒

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time						
Local Resources		249,806				
Totals		249,806	0	0	0	

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #2**

FISCAL YEAR: FY 2023

AAA: Kalamazoo County Health & Community Services Dept

SERVICE: Long Term Care Ombudsman

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	1,817	5,554	23,938		21,818			53,127
Fringe Benefits	666	2,035	8,773		7,996			19,470
Travel	15	46	197		181			439
Training	3	9	41		36			89
Supplies	12	37	160		145			354
Occupancy	99	304	1,310		1,194			2,907
Communications	87	267	1,150		1,050			2,554
Equipment	0	0	0		0			0
Other:	0	0	0		0			0
Service Costs	601	1,837	7,916		7,215			17,569
Purchased Services (CM only)								0
Totals	3,300	10,089	43,485	0	39,635	0	0	96,509

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe:

Yes ☐ No ☒

Explanation for Other Expenses:

FY 2023

SCHEDULE OF MATCH & OTHER RESOURCES #2

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Local Resources		39,635				
Totals		39,635	0	0	0	

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: Kalamazoo County Health & Community Services Dept

FISCAL YEAR: FY 2023

SERVICE: Disease Prevention

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies	14,146				1,572			15,718
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
Totals	14,146	0	0	0	1,572	0	0	15,718

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe:

Yes No

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES			Explanation for Other Expenses:
		VALUE		VALUE			
		Cash	In-Kind		Cash	In-Kind	
Local Resources		1,572					
Totals		1,572	0	0	0	0	

OK

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**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #4**

AAA: Kalamazoo County Health & Community Services Department

FISCAL YEAR: FY 2023

SERVICE: Information & Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	31,523				18,577			50,100
Fringe Benefits	11,514				6,786			18,300
Travel	0				0			0
Training	126				74			200
Supplies	2,076				1,224			3,300
Occupancy	1,888				1,112			3,000
Communications	1,321				779			2,100
Equipment	0				0			0
Other:	0				0			0
Service Costs	7,452				4,391			11,843
Purchased Services (CM only)								0
Totals	55,900	0	0	0	32,943	0	0	88,843

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? If yes, please describe:

Yes ☐ No ☒

SCHEDULE OF MATCH & OTHER RESOURCES #4

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	Cash	VALUE	Cash	VALUE	
Local Resources					
Totals	32,943	32,943	0	0	Insurance
Difference					
	OK	0	OK	0	OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #5**

AAA: Kalamazoo County Health & Community Services Dep

FISCAL YEAR: FY 2023

SERVICE: Case Coordination & Support

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	218				1,382			1,600
Fringe Benefits	82				518			600
Travel	0				0			0
Training	0				0			0
Supplies	0				0			0
Occupancy	14				86			100
Communications	14				86			100
Equipment	0				0			0
Other:	0				0			0
Service Costs	472				2,994			3,466
Purchased Services (CM only)								0
Totals	800	0	0	0	5,066	0	0	5,866

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe:

Yes No

SCHEDULE OF MATCH & OTHER RESOURCES #5

FY 2023

		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
SOURCE OF FUNDS		Cash	In-Kind	Cash	In-Kind	
Local Resources			5,066			
Totals		5,066	0	0	0	0
Difference		OK	0	OK	0	OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #6**

AAA: Kalamazoo County Health & Community Services Department

FISCAL YEAR: FY 2023

SERVICE: Creating Confident Caregivers

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	1,278			256	3,787			5,321
Fringe Benefits	473			95	1,402			1,970
Travel	24			5	70			99
Training	24			5	70			99
Supplies	190			38	561			789
Occupancy	47			9	140			196
Communications	47			9	140			196
Equipment	0			0	0			0
Other:	0			0	0			0
Service Costs	417			83	1,238			1,738
Purchased Services (CM only)								0
Totals	2,500	0	0	500	7,408	0	0	10,408

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? If yes, please describe:

Yes ☐ No ☒

SCHEDULE OF MATCH & OTHER RESOURCES #6

FY 2023

		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
SOURCE OF FUNDS		Cash	In-Kind	Cash	In-Kind	
Local Resources		7,408				
Totals		7,408	0	0	0	

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #7**

AAA: Kalamazoo County Health & Community Services Dep

FISCAL YEAR: FY 2023

SERVICE: Options Counseling

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries			555		2,245			2,800
Fringe Benefits			198		802			1,000
Travel			0		0			0
Training			0		0			0
Supplies			198		802			1,000
Occupancy			40		160			200
Communications			20		80			100
Equipment			0		0			0
Other:			79		321			400
Service Costs			110		441			551
Purchased Services (CM only)								0
Totals	0	0	1,200	0	4,851	0	0	6,051

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe:

Yes No

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Local Resources		4,851				

OK

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OK

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0

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #8**

AAA: Kalamazoo County Health & Community Services Dep

FISCAL YEAR: FY 2023

SERVICE: Elder Abuse Prevention

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries		4,731						4,731
Fringe Benefits		1,734						1,734
Travel		40						40
Training		8						8
Supplies		30						30
Occupancy		259						259
Communications		228						228
Equipment		0						0
Other:		0						0
Service Costs		1,564						1,564
Purchased Services (CM only)								0
Totals	0	8,594	0	0	0	0	0	8,594

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe:

Yes No

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Totals		0	0	0	0	0

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #9**

AAA: Kalamazoo County Health & Community Services Dept

FISCAL YEAR: FY 2023

SERVICE: Caregiver Counseling

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	701				1,099			1,800
Fringe Benefits	273				427			700
Travel	0				0			0
Training	39				61			100
Supplies	0				0			0
Occupancy	39				61			100
Communications	39				61			100
Equipment	0				0			0
Other:	0				0			0
Service Costs	109				171			280
Purchased Services (CM only)								0
Totals	1,200	0	0	0	1,880	0	0	3,080

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe:

Yes No

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
SOURCE OF FUNDS		Cash	In-Kind	Cash	In-Kind	
Local Resources		1,880				
Totals		1,880	0	0	0	

OK

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**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #10**

AAA: Kalamazoo County Health & Community Services Department

FISCAL YEAR: FY 2023

SERVICE: Counseling

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	321				679			1,000
Fringe Benefits	128				272			400
Travel	0				0			0
Training	0				0			0
Supplies	0				0			0
Occupancy	32				68			100
Communications	32				68			100
Equipment	0				0			0
Other:	32				68			100
Service Costs	55				116			171
Purchased Services (CM only)								0
Totals	600	0	0	0	1,271	0	0	1,871

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe:

Yes ☐ No ☒

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
SOURCE OF FUNDS		Cash	In-Kind	Cash	In-Kind	
Local Resources		1,271				
Totals		1,271	0	0	0	

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #11**

AAA: Kalamazoo County Health & Community Services Dep

FISCAL YEAR: FY 2023

SERVICE: _____

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	0	0	0	0	0	0	0	0

SERVICE AREA: _____

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe: _____

Yes No

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	

FY 2023 Annual Implementation Plan
Direct Service Budget Detail #12

FISCAL YEAR: FY 2023

100

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
Totals	0	0	0	0	0	0	0	0

SERVICE AREA:
(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? Yes ☐ No ☐

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
	Totals	0	0	0	0	0

Difference

OK

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**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #13**

AAA: Kalamazoo County Health & Community Services Dep

FISCAL YEAR: FY 2023

SERVICE: _____

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	0	0	0	0	0	0	0	0

SERVICE AREA: _____

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe: _____

Yes No

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	

OK

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FY 2023 Annual Implementation Plan
Direct Service Budget Detail #14

AAA: Kalamazoo County Health & Community Services Dep

FISCAL YEAR: FY 2023

SERVICE:

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
Totals	0	0	0	0	0	0	0	0

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe:

Yes No

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Totals	0	0	0	0	0

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #15**

AAA: Kalamazoo County Health & Community Services Dep

FISCAL YEAR: FY 2023

SERVICE: _____

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
Totals	0	0	0	0	0	0	0	0

SERVICE AREA: _____

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe: _____

Yes ☐ No ☐

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	

OK OK OK

Fundable Services Matrix - Updated attachment to TL #2019-384

Attachment

ACCESS SERVICES

Op Std	Federal Funds				State Funds						
	Title III-B	Title III-D **	Title III-E	Title VIIA ----- Title VII EAP	St. Access	St. Care Management	St. Respite Care (Escheats)	St. In- Home	St. Merit Award Trust Fund (MATF)	St. Caregiver Support (St. CG Sup.)	St. Aging Network Services (St. ANS)
A-1 Care Management	X		X		X	X					X
A-2 Case Coordination & Support	X		X		X	X					X
A-3 Disaster Advocacy & Outreach Program	X										
A-4 Information & Assistance	X		X		X						X
A-5 Outreach	X		X		X						X
A-6 Transportation (For MATF & St. CG Sup. only) - adult day service and respite related transport of service recipients including related medical and shopping assistance is allowed.	X		X						X		
A-7 Options Counseling	X		X		X	X					X

IN-HOME SERVICES

Op Std	Federal Funds				State Funds						
	Title III-B	Title III-D **	Title III-E	Title VIIA ----- Title VII EAP	St. Access	St. Alternative Care	St. Respite Care (Escheats)	St. In- Home	St. Merit Award Trust Fund (MATF)	St. Caregiver Support (St. CG Sup.)	St. Aging Network Services (St. ANS)
B-1 Chore	X										
B-2 Home Care Assistance	X					X		X			X
B-3 Home Injury Control	X		X								
B-4 Homemaking	X					X		X			X
B-6 Home Health Aide	X					X		X			X
B-7 Medication Management	X					X		X			X
B-8 Personal Care	X					X		X			X
B-9 Assistive Devices & Technologies (PERS)	X		X			X		X			X
B-10 Respite Care (may also include chore, homemaking, home care assistance, home health aide, meal prep./HDM & personal care serv. as a form of respite care)	X		X			X		X		X	X
B-11 Friendly Reassurance	X										

COMMUNITY SERVICES

		Federal Funds					State Funds						
Op Std	Community Services	Title III-B	Title III-D **	Title III-E	Title VIIA *****	St. Nursing	St. Alternative	St. Respite Care	IVT State Ombuds	St. Merit Award	St. Caregiver	St. Aging Network	
C-1	Adult Day Service	X		X			X	X		X	X	X	
C-2	Dementia Adult Day Care	X		X			X	X		X	X	X	
C-6	Disease Prevention/Health Promotion	X	X	X									
C-7	Health Screening	X											
C-8	Assistance to Hearing Impaired & Deaf	X											
C-9	Home Repair	X											
C-10	Legal Assistance	X		X									
C-11	Long Term Care Ombudsman	X			Title VII A X	X			X				
C-12	Senior Center Operations	X											
C-13	Senior Center Staffing	X											
C-14	Vision Services	X											
C-15	Prevention of Elder Abuse, Neglect & Exploitation	X			Title VII A & EAP								
C-16	Counseling Services	X		X									
C-17	Creating Confident Caregivers® (CCC).	X	X	X									
C-18	Caregiver Supplemental Services	X		X									
C-19	Kinship Support Services	X		X									
C-20	Caregiver Education, Support & Training	X		X									

NUTRITION SERVICES

Op Std	Nutrition Service	Title III-C1 & State Congregate	Title III-C2 & State Home Delivered Meals	Title III-E	*NSIP	Requirements from AASA Transmittal letters that establish Fundable Service Categories Replaces: TL 367, 2005-102 & 2007-142 See TL343 & TL2006-111 for guidance re St. MATF See TL 2012-244 for guidance re Title D See TL 2012-256 for guidance re St. ANS Rev Date 7/26/17
C-3	Congregate Meals	X			X	
B-5	Home Delivered Meals		X	X	X	
C-4	Nutrition Counseling	X		X		
C-5	Nutrition Education	X	X	X		

** Note for Title III D – All funds have to be used for Evidence-Based programs.

TL #2019-384 Fundable Services Matrix, revised 2/15/2019, replaces TL #2015-301

Full Program Title Name

Title III Administration
 State Administration
 Title IIIB Supportive Services
 Title IIIC-1 Services Congregate Meals
 Title IIIC-2 Services Home Delivered Meals
 Title IIID Services (Preventive Health)
 Title IIIE Services (NFCSP) National Family Caregiver Support
 Title VII/A Services (LTC Ombudsman)
 Title VII/EAP Services Elder Abuse Prevention
 State Access Services
 State In-Home Services
 State Congregate Meals
 State Home Delivered Meals
 State Alternative Care
 State Aging Network Services (St. ANS)
 State Caregiver Support
 State Respite Care
 State Merit Award Trust Fund (MATF)
 State Nursing Home Ombs
 Michigan State Ombudsman (MSO)
 State Care Management
 Nutrition Services Incentive Program (NSIP)

Federal
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Program Title on SGA

Title III Administration
 State Administration
 Title IIIB Supportive Services
 Title IIIC-1 Congregate Meals
 Title IIIC-2 Home Delivered Meals
 Title IIID Preventive Health
 Title IIIE Natl. Family Caregiver
 Title VII/A LTC Ombudsman
 Title VII/EAP Eld Abuse Prevention
 State Access Services
 State In-Home Services
 State Congregate Meals
 State Home Delivered Meals
 State Alternative Care
 State Aging Network Services (St. ANS)
 State Caregiver Support
 State Respite Care
 State Merit Award
 State Nursing Home Ombs
 Michigan State Ombudsman (MSO)
 State Care Management
 Nutrition Services Incentive Program (NSIP)

MATCHING REQUIREMENTS

Revision date 1/26/2016

Page 2

Revision to Transmittal Letter #2016-320

FEDERAL ADMINISTRATION TOTAL - MATCH REQUIRED: 25%

STATE 15%^[2] (AASA)

LOCAL 10% (AAAs)

FEDERAL & STATE SERVICES TOTAL - MATCH REQUIRED: 15%

STATE 5% (AASA)

LOCAL 10% (AAAs)

Table 1 below describes these requirements by source of funds.

Table 1 AAA Local Matching Requirement by Fund Source

Funding Source	Fund Source Name	AAA Local Match Requirement	Reference
Federal	Title III Administration	15% (a)	OAA of 1965 (d)
Federal	Title IIIB Supportive Services	10%	OAA of 1965
Federal	Title IIIC-1 Congregate Meals	10%	OAA of 1965
Federal	Title IIIC-2 Home Delivered Meals	10%	OAA of 1965
Federal	Title IIID Preventive Health	10%	OAA of 1965
Federal	Title IIIE Natl. Family Caregiver	10%	OAA of 1965
Federal	Title VII/EAP Eld Abuse Prevention	No Match Required	ACL CFDA
Federal	Title VII/A LTC Ombudsman	No Match Required	AoA Fiscal Guide (b)
Federal	Nutrition Services Incentive Program	No Match Required	AoA Fiscal Guide
State	State Administration	No Match Required	AASA
State	State Access Services	10%	AASA
State	State In-Home Services	10%	AASA
State	State Congregate Meals	10%	AASA
State	State Home Delivered Meals	10%	AASA
State	State Nursing Home Ombudsman	10%	AASA
State	State Alternative Care	10%	AASA
State	MI State Ombudsman Funds (MSO)	10%	AASA
State	State Merit Award Trust Fund	No Match Required	AASA TL #1006 (7/28/09)
State	State Caregiver Support	10%	AASA
State	State Respite Care	No Match Required	Public Act 171 of 1990
State	State Care Management	10%	AASA
State	State Aging Network Services	10%	AASA

(a) 15% is an approximate amount and may vary slightly after applying the state match amount.

(b) AoA is the acronym for the federal Administration on Aging

(c) Michigan Office of Long Term Care Supports and Services (OLTCSS)

(d) OAA is the acronym for the Older Americans Act

Per AoA requirements, if the required non-federal share is not provided by the completion date of the funded project period, to meet the match percentage, AoA will reduce the Federal dollars awarded when closing out the award, which may result in a requirement to return Federal funds. AASA verifies compliance with local matching requirements based upon a review of AAA FSRs.

[2] The exact percentage amount may vary slightly in order to meet the federal requirement.

EMERGENCY MANAGEMENT AND PREPAREDNESS

Minimum Elements for Area Agencies on Aging FY 2023 Annual Implementation Plan

After each general and nutrition minimum element for emergency preparedness, provide a brief description regarding how the AAA Emergency Preparedness Plan for FY 2023 will address the element.

Area Agency on Aging
A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).
1. Does your agency have an Emergency Preparedness Plan? If so when was the latest update and was it sent ACLS? If not, please sent to albrechtc@michigan.gov
2. Does your agency work with local emergency management? If yes please provide a brief description of how you are working with them. If no Why.
3. ACLS does have expectations during a State or locally declared emergency/disaster to have staff person (the area agency director or their designee) available for communication with ACLS staff to provide real time information about service continuity (status of aging network service provider's ability to provide services). Please provide ACLS with any updated contact information on staff listed as emergency contact. Including drills.
4. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency.
5. What barriers have you had with emergency/disaster drills or with man-made or natural disaster such as flooding, pandemic, flu, and extreme weather? What can ACLS do to assist the AAAs with emergency/disasters? Can include funding, communication issues and PPE for example.

B. Nutrition providers shall work with the respective area agency to develop a written emergency plan. The emergency plan shall address, but not be limited to the following elements:

1. All the congregate meal sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.
2. Have agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups.
 - Agreements shall include plans for coordination of services related to food acquisition, meal preparation and delivery of meals. The agreements may include options for contracting meals that includes company name, types of meals, financial agreement, timeline for providing meal service and logistical information. [Options for Contracting Meals during COVID-19 \(acl.gov\)](#) *
3. Short, intermediate, and long-term plans for uninterrupted delivery of meals to home-delivered meals participants:
 - due to inclement weather, power outages, flooding, etc.
 - including, but not limited to use of families and friends, volunteers, shelf-stable meals, and informal support systems.
 - Backup plan for food preparation if usual kitchen facility is unavailable.
4. Provision of at least two, preferably more, shelf-stable meals and instructions on how to use for home delivered meal participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines.
5. A fluid system for shifting from congregate meal site service to alternative methods of delivery and/or pickup, including situations in which participants are unable to access congregate meals due to an emergency (e.g., Grab and Go, Curbside pickup, volunteer delivery, etc.).
6. A plan to ensure appropriate infection control measures, including contactless delivery, social distancing practices, use of personal protective equipment (PPE) and other appropriate measures.
7. Have provisions for an effective communications system to alert congregate and home-delivered meals participants of changes in meal sites/delivery.
8. Be reviewed and approved by the respective area agency and submitted electronically via AMPS document upload. Enter date sent to ACLS Bureau below.

Date:



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SECTION 1	1500-0200			
1.01	CYBER INCIDENT RESPONSE PLAN			
Approved by BOC on:		Effective Date:		Issued Date:
Revision Date:		Reviewed Date:		Next Review:

PURPOSE

APPLIES TO

POLICY

Cyber Incident Response Plan

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SUMMARY

The elements of a traditional Information Security effort continue to be important and useful. Two trends necessitate the establishment of a Cyber Incident Response Plan:

1. Information Technology is widespread throughout Kalamazoo County Government; Kalamazoo County Government relies heavily on Information Technology and cannot afford denial of service.
2. Kalamazoo County Government IT systems and networks are at much higher risk to threats such as computer viruses, intrusions, and exposures.



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The following examples of cyber security incidents are now commonplace:

1. A ransomware attack renders a municipality's systems inoperable until systems can be restored from backups (if available) or ransom is paid.
2. A computer virus is copied to a LAN server; within minutes hundreds of other computers are infected; recovery takes several people and several days.
3. Backups infected with viruses result in re-infected systems, requiring more time and expense.
4. Vulnerabilities in software are discovered that permit unauthorized entry; explicit instructions on how to exploit the vulnerability become quickly known.
5. System intruders copy password files and distribute them throughout large networks.
6. Break-ins through international networks require cooperation of different government agencies.
7. Outbreaks of viruses or system penetrations appear in the press, causing embarrassment and possible loss of public confidence.

These situations can cause Kalamazoo County Government to face unnecessary expense in productivity, significant damage to systems, and damage to our reputation. Clearly, the need now exists to take action prior to suffering the consequences of a serious IT security problem.



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Kalamazoo County Government CYBER INCIDENT RESPONSE PLAN

1.0 Introduction

1.1 Purpose of the Cyber Incident Response Plan

A Cyber Incident Response Plan is required in order to bring needed resources together in an organized manner to deal with an adverse event related to the safety and security of Kalamazoo County Government Information System Resources. This adverse event may be malicious code attack, unauthorized access to Kalamazoo County Government systems, unauthorized use of Kalamazoo County Government services, denial of service attacks, general misuse of systems, and accidental loss or hoaxes.

1.2 General Purpose of the Cyber Incident Response Team

The purpose of Kalamazoo County Government's Cyber Incident Response Team is to:

1. Protect Kalamazoo County Government's Information assets
2. Provide a central organization to handle incidents
3. Comply with requirements
4. Prevent the use of Kalamazoo County Government's systems in attacks against other systems (which could cause us to incur legal liability)
5. Minimize the potential for negative exposure.

1.3 Operational Objectives of the Cyber Incident Response Team

The objectives of Kalamazoo County Government's Cyber Incident Response Team are to:

1. Limit immediate incident impact to customers and partners
2. Recover from the incident
3. Determine how the incident occurred
4. Find out how to avoid further exploitation of the same vulnerability
5. Avoid escalation and further incidents
6. Assess the impact and damage in terms of financial impact, loss of image etc.
7. Update policies and procedures as needed
8. Determine who initiated the incident
9. Document all information, events, and efforts to provide to law enforcement.

2.0 Incidents

2.1 Incident Categories

An incident will be categorized as one of four severity levels. These severity levels are based on the impact to Kalamazoo County Government and can be expressed in terms of financial impact, impact to services and/or performance of our mission functions, impact to Kalamazoo County Government's image or impact to trust by Kalamazoo County Government's customers, etc. Table 1 provides a listing of the severity levels and a definition/description of each severity level.



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Severity Level	Description
(Low)	Incident where the impact is minimal. Examples are e-mail SPAM, isolated Virus infections, etc.
(Medium)	Incident where the impact is significant. Examples are a delayed ability to provide services, meet Kalamazoo County Government's mission, delayed delivery of critical electronic mail or data transfers, etc.
(High)	Incident where the impact is severe. Examples are a disruption to the services, and/or performance of our mission functions. Kalamazoo County Government proprietary or confidential information has been compromised, a virus or worm has become wide spread, and is affecting over 1% of employees, Public Safety systems are unavailable or Kalamazoo County Government Executive management has been notified.
(Extreme)	Incident where the impact is catastrophic. Examples are a shutdown of all Kalamazoo County Government network services. Kalamazoo County Government proprietary or confidential information has been compromised and published on a public site. Public safety systems are unavailable. Executive management must make a public statement.

Table 1: Severity Levels

3.0 Responding to an incident

There are generally six stages of response:

1. Preparation—one of the most important facilities to a response plan is to know how to use it once it is in place. Knowing how to respond to an incident BEFORE it occurs can save valuable time and effort in the long run.
2. Identification—identify whether or not an incident has occurred. If one has occurred, the response team can take the appropriate actions.
3. Containment—involves limiting the scope and magnitude of an incident. Because so many incidents observed currently involve malicious code, incidents can spread rapidly. This can cause massive destruction and loss of information. As soon as an incident is recognized, immediately begin working on containment.
4. Eradication—removing the cause of the incident can be a difficult process. It can involve virus removal, conviction of perpetrators, or dismissing employees.
5. Recovery—restoring a system to its normal business status is essential. Once a restore has been performed, it is also important to verify that the restore operation was successful and that the system is back to its normal condition.
6. Follow-up—some incidents require considerable time and effort. Often once the incident appears to be terminated there is little interest in devoting any more effort to the incident. Performing follow-up activity is, however, one of the most critical activities in the response procedure. This follow-up can support any efforts to prosecute those who have broken the



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law. This includes changing any company policies that may need to be narrowed down or be changed altogether.

3.1 Organization

To adequately respond to an intrusion or incident, predetermined teams will participate depending on the incident characteristics. As the situation develops and the impact becomes more significant, the various teams will be called to contribute. Figure 1 depicts the Cyber Incident Response organization.

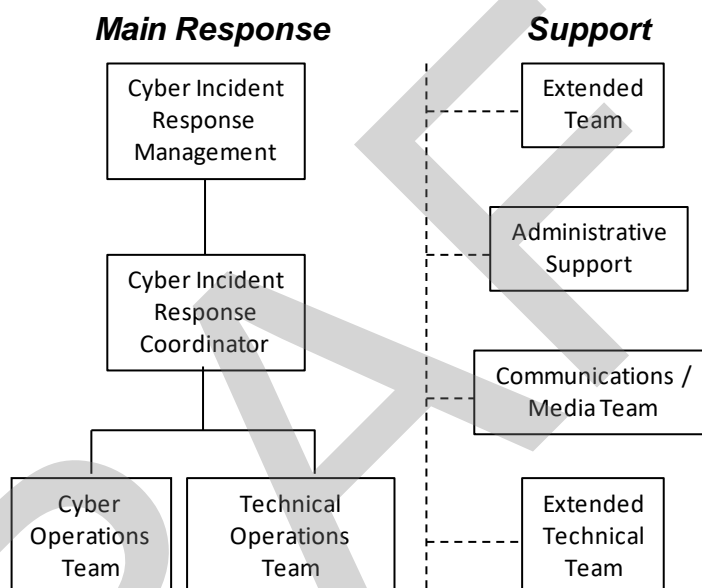


Figure 1: Cyber Incident Response Organization

Role	Responsibilities	Primary/Alternate(s)
Cyber Incident Response Management	Will have overall responsibility for directing activities in regard to the incident at High Severity Level and above. Will serve in advisory capacity for incidents at Medium Severity Level.	IT Director/IT Manager
Cyber Incident Response Coordinator	Provides oversight to incident response. Requests resources as required to effectively contain and manage an incident response. Documents incident for purposes of law enforcement, lessons learned, and insurance.	IT Manger/Sr. Analyst
Cyber Operations Team / Technical Operations Team	Provide technical aspects of incident response.	Sr. Analyst/Analyst
Communications / Media Team	Responsible for internal, external and media communications	IT Director/ IT Manager



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Extended Technical Team	Provides additional technical skill and capability to the Technical Operations team as required (ie. outside vendor or agency)	Sr. Analyst/Analyst
Admin Support	Provides requested administrative support.	
Extended Team	Provide additional visibility and support to incident response as required. Provide specific HR, legal, finance, etc. skills as required.	

Table 2: Roles and Responsibilities

3.2 Escalation Levels

Severity Level	Main Response			Support			
	Technical Ops Team, Cyber Ops Team	Cyber Incident Response Coordinator	Cyber Incident Response Mgmt	Comms / Media Team	Extended Technical Team	Admin Support	Extended Team
Low	X						
Medium	X	X	X				
High	X	X	X	X	X		
Extreme	X	X	X	X	X	X	X

Table 3: Severity Level Matrix

The escalation process will be invoked to involve appropriate resources as the incident has more impact (severity level increases). Incidents should be handled at the lowest escalation level that is capable of responding to the incident with as few resources as possible in order to reduce the total impact, and to keep tight control. Table 4 defines the escalation levels with the associated team involvement.

Escalation Level	Affected Team(s)	Description
Low	1. Technical Operations Team 2. Cyber Operations Team	Normal Operations. Engineering and cyber groups monitoring for alerts from various sources.
Medium	1. Technical Operations Team 2. Cyber Operations Team 3. Cyber Incident Response Coordinator 4. Cyber Incident Response Management	Kalamazoo County Government has become aware of a potential or actual threat. Determine defensive action to take. Message employees of required actions if necessary.
High	1. Cyber Incident Response Management 2. Cyber Incident Response Coordinator 3. Technical Operations Team 4. Cyber Operations Team 5. Extended Technical Team 6. Communications / Media Team	A threat has manifested itself. Determine course of action for containment and eradication. Message employees of required actions if necessary.



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Extreme	<ol style="list-style-type: none">1. Cyber Incident Response Management2. Cyber Incident Response Coordinator3. Extended Team4. Technical Operations Team5. Cyber Operations Team6. Extended Technical Team7. Communications / Media Team8. Administrative Support Team	Threat is wide spread or impact is significant. Determine course of action for containment, mitigation and eradication. Message employees. Prepare to take legal action. Prepare to make public statement.
----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Table 4: Escalation Levels

3.3 Escalation Considerations

Cyber Incident Response Management will consider several characteristics of the incident before escalating the response to a higher level. They are:

1. How wide spread is the incident?
2. What is the impact to business operations?
3. How difficult is it to contain the incident?
4. How fast is the incident propagating?
5. What is the estimated financial impact to Kalamazoo County Government?
6. Will this affect Kalamazoo County Government's image negatively?

3.4 The Cyber Incident Response Process

The Cyber Incident Response Process is an escalation process where as the impact of the incident becomes more significant or wide spread, the escalation level increases bringing more resources to bear on the problem. At each escalation level, team members who will be needed at the next higher level of escalation are alerted to the incident so that they will be ready to respond if and when they are needed.

Appendix B depicts the overall process, while paragraph 3.5 outlines the roles and responsibilities of individual teams. Team membership is contained in Appendix A.

In cases where Criminal Justice Information (CJI) is involved, Kalamazoo County Government will contact the MSP ISO and fill out and submit the CJIS 016 document if the incident significantly endangers the security or integrity of CJIS data. (reference CJIS Security Policy section 5.3 and the Michigan Addendum)

3.5 Cyber Incident Response Team Roles and Responsibilities

3.5.1 Escalation Level Low Severity

1. Technical Operations Team / Cyber Operations Team
 1. Monitors all known sources for alerts or notification of a threat.
 2. Take appropriate defensive actions per known issues.
 3. Escalate to Cyber Incident Coordinator if determined that Severity level may be greater than Level Low Severity.



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2. Cyber Incident Coordinator

1. Escalate Cyber Incident Response to Level Medium Severity if information is received that the incident is likely greater than Level Low Severity.

3.5.2 *Escalation Level Medium Severity*

Kalamazoo County Government has become aware of a potential or actual threat.

1. Technical Operations Team / Cyber Operations Team

1. Determine initial defensive action required.
2. Notify the Cyber Incident Coordinator.
3. Determine appropriate course of action.

4. Cyber Incident Coordinator

1. Receive and track all reported potential threats.
2. Start a chronological log of events.
3. Escalate Cyber Incident Response to Level High Severity if a report is received indicating that the threat has manifested itself.
4. Determine relevant membership of the Technical Operations and Extended Technical teams.
5. Alert other IT personnel and applicable support organizations of the potential threat and any defensive action required.
6. Alert Cyber Incident Response Management of the potential threat. Seek advisory inputs as appropriate.
7. Alert Communications Team

5. Cyber Incident Response Management

1. Provide advisory inputs as appropriate.

2. Communications Team

1. If employee action required, message employees of required action.

3.5.3 *Escalation Level High Severity*

The threat has manifested itself.

1. Cyber Incident Coordinator

1. Notify Cyber Incident Response Management of the manifestation of the threat,
2. Receive status from the Technical Operations Team and report to Cyber Incident Response Management,
3. Start a chronological log of events.

Note: The chronological log will be used to support possible follow on



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legal action as determined by Kalamazoo County Government's General Counsel and Executive Directors.

2. Technical Operations Team

1. Determine best course of action for immediate containment of the incident,
2. Notify the Technical Support Team of any action that is required,
3. Report actions taken and status to the Cyber Incident Response Coordinator.

4. Cyber Incident Response Management

1. Assume responsibility for directing activities in regard to the incident,
2. Coordinate discussion and analysis to determine best course of resolution,
3. Alert the Administrative Support Team of the incident,
4. Alert the Extended Team as applicable,
5. Determine whether Escalation Level High Severity is appropriate or escalate to level 3,
6. Determine when the risk has been mitigated to an acceptable level.

7. Extended Technical Team

1. Take whatever action as determined by the Technical Operations Team
2. Report actions taken, number of personnel involved etc. to Incident Coordinator for the chronological log

3. Communications Team

1. Message Kalamazoo County Government employee population informing them of the incident if deemed appropriate by Cyber Incident Response Management,
2. Message Kalamazoo County Government employee population of any action they need to take as determined by the Technical Operations Team and directed by Cyber Incident Response Management.

3.5.4 Escalation Level 3

The threat has become widespread or has become a high severity level.

1. Cyber Incident Response Management

1. Direct the response team to:
 1. Set up communications channels between all teams.
 2. Assume occupancy of the command center if exists.
 3. Open a teleconference bridge for ongoing communications and team interaction or Initialize an incident voice mail box where status messages can be placed to keep Kalamazoo County Government personnel statused
2. Organize scheduled team meetings. Define specific status update



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schedule.

3. Authorize initial communications to employees and executives. Use Smart Message system as desired.
4. Alert the Extended Team of the incident notifying them of the Severity Level.
5. Status Executive Management as appropriate.
6. Determine when the risk has been mitigated to an acceptable level.

7. Extended Team

1. Contact local authorities if deemed appropriate,
2. If local authorities are called in, make arrangements for them to be allowed into the building,
3. Ensure that all needed information is being collected to support legal action or financial restitution.

1. Cyber Incident Response Coordinator

1. Continue maintaining the Chronological Log of Event,
2. Continue to manage incident response per direction of Cyber Incident Response Management.

1. Communication Team

1. Message Kalamazoo County Government population and external media as directed by Cyber Incident Response Management.

2. Technical Operations Team

1. Continue to monitor all known sources for alerts looking for further information or actions to take to eliminate the threat,
2. Continue reporting status to the Cyber Incident Response Coordinator for the chronological log of events,
3. Monitor effectiveness of actions taken and modify them as necessary,
4. Provide status to Cyber Incident Response Coordinator and Cyber Incident Response Management on effectiveness of actions taken and progress in eliminating the threat.

5. Extended Technical Team

1. Continue actions to eradicate the threat as directed by Cyber Incident Response Coordinate and Cyber Incident Response Management and the Technical Operations team.
3. Continue to report actions taken, number of personnel etc. to the Cyber Incident Response Coordinator for the chronological log.

4. Administrative Support Team

1. Provide administrative support to all persons and teams involved in incident



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3.6 Special Circumstances

1. **Email Communications are compromised or otherwise unavailable**
 1. There could be a cyber security incident that compromises the ability to communicate via email. In this case, the backup will be communications via desk phone or cell phone. A phone directory of key persons on the response teams is given in Appendix A.
2. **Personal Identification Information / HIPAA or other Confidential Information is leaked via Internal Source**
 1. The process defined above can also apply to the circumstance where information is leaked via an internal source by accident or maliciously. In this case, the steps in the response process would be very similar to the above process but would also include early determination of the type and quantity of data leaked, the source of the leak and the potential impact of the leak to the County or to the public at large.

4.0 Post incident

4.1 Cyber Incident Coordinator and Response Management

1. Report on:
 1. Estimate of damage/impact,
 2. Action taken during the incident (not technical detail),
 3. Follow on efforts needed to eliminate or mitigate the vulnerability,
 4. Policies or procedures that require updating,
 5. Efforts taken to minimize liabilities or negative exposure.
 6. Provide the chronological log and any system audit logs requested by the Extended Team,
 7. Document lessons learned and modify the Cyber Incident Response Plan accordingly.

4.2 Extended Team

1. Legal and Finance work with the local authorities as appropriate in the case that the incident was from an external source,
2. HR and IT work with Kalamazoo County Government management to determine disciplinary action in the case that the incident was from an internal source.
3. Homeland Security leveraged to support as necessary.



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Appendix A. Cyber Incident Response Team

Team	Leadership / Members	Contact Information
Cyber Incident Response Management	CISO, IT Manager, Section Manager/Supervisor, manager of section where IT reports	Aasim Turk – IT Director – aturk@kalcounty.com Jasen Webster – IT Manager – jlwebs@kalcounty.com Joanne Sloan – IT Manager – jksloa@kalcounty.com Scott Adams – IT Manager – saadam@kalcounty.com
Cyber Incident Response Coordinator	Security Operations or Designee	Jasen Webster – IT Manager – jlwebs@kalcounty.com
Administrative Support Team	Administration	
	General	
Technical Operations Team	Infrastructure	Scott Adams – IT Manager – saadam@kalcounty.com
	Technical support	Jasen Webster – IT Manager – jlwebs@kalcounty.com
	Applications	Joanne Sloan – IT Manager – jksloa@kalcounty.com
Cyber Operations Team	Operations	Jasen Webster – IT Manager – jlwebs@kalcounty.com
	Operations - Assigned technician	Sr. Analyst
Extended Technical Team	Trusted Vendor(s)	
	External Infrastructure and Applications personnel as needed	
	Trusted Peer	
Communications / Media Team	Communications	
Extended Team	Legal	
	Risk Management	
	HR	
	Finance	
	Local Law Enforcement	
	Department Managers (for communications and business continuity)	



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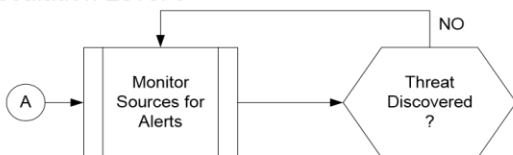
	Cyber Insurance Provider	
	Michigan Cyber Command Center	MC3@michigan.gov 877-MI-CYBER
	Other	
	Other	
	Other	
Executive Management		



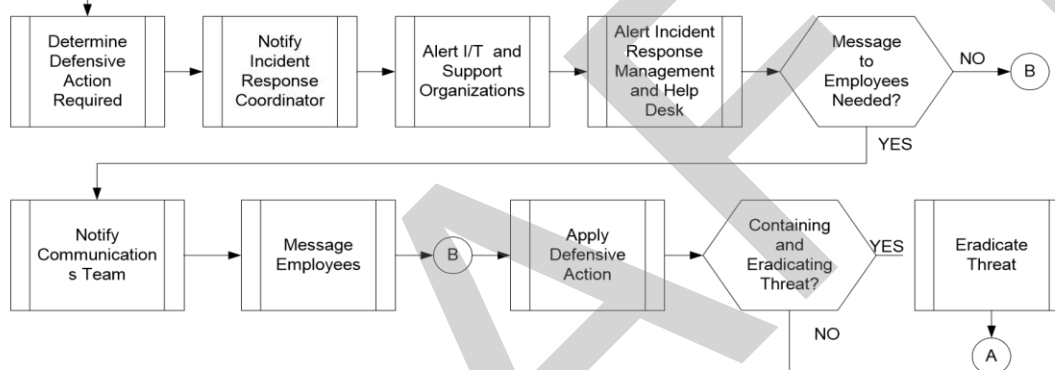
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Appendix B: Incident Response Diagram and Examples

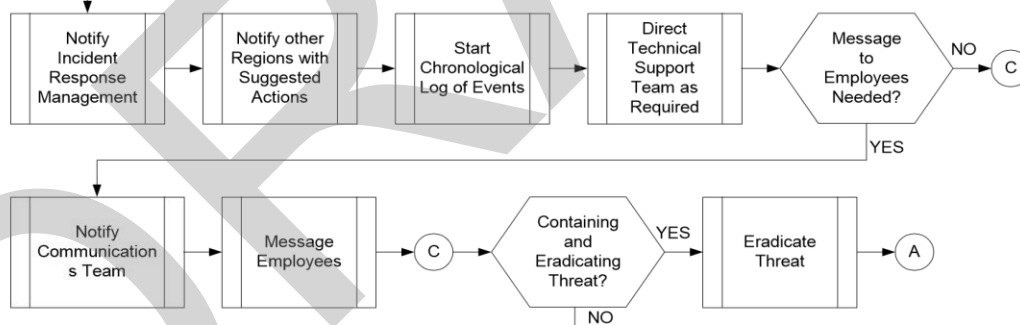
Escalation Level 0



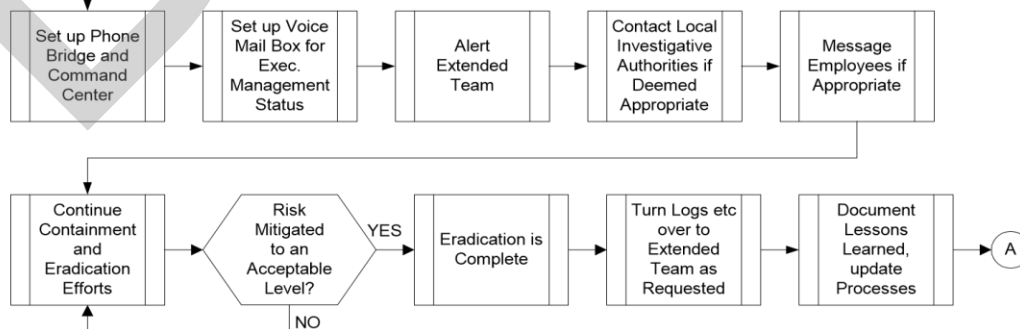
Escalation Level 1



Escalation Level 2



Escalation Level 3





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Threat Example 1: Server Software Vulnerability

Escalation Level Low Severity

TECHNICAL OPERATIONS TEAM

1. A critical *zero-day* (discovered by its use in the wild) software vulnerability affects the operating system on a widely-used production server. The vulnerability allows for an unauthorized privilege escalation and therefore unauthorized data access. The threat is escalated to Level Medium Severity.

Escalation Level Medium Severity

TECHNICAL OPERATIONS TEAM

1. Determines that the defensive action required is a patch of the operating system from the vendor.
2. Notifies the Incident Coordinator of the vulnerability.
3. Determines that employee action is not required.

INCIDENT COORDINATOR

1. Receives and tracks the status of the vulnerability.
2. Does not escalate the threat to Level High Severity, since the vulnerability has not manifested itself.
3. Determines relevant membership of the Technical Operations and Extended Technical team.
4. Alerts IT organizations and applicable support organizations of the vulnerability. The action required to contain the threat is a patch of the operating system from the vendor. This patch must be applied and tested on a development server before being propagated to the production server.
5. Alerts Cyber Incident Response Management of the vulnerability.
6. Alerts the Communications Team.

COMMUNICATIONS TEAM

1. Since employee action is not required, no message to employees is necessary.

Post Incident

CYBER INCIDENT RESPONSE MANAGEMENT

1. Prepare a report for Kalamazoo County Government Executive Management to include:



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1. Estimate of the impact of addressing the vulnerability and the potential cost of not doing so,
 2. Action taken during the vulnerability's assessment,
 3. Follow on efforts needed to eliminate or mitigate the vulnerability,
 4. Policies or procedures that may require updating (if applicable), and
 5. Efforts taken to minimize the liabilities of negative exposure of the vulnerability.
2. Provides the chronological log and any system audit logs requested by the Extended Team.
 3. Documents any lessons learned and modifies the Cyber Incident Response Plan accordingly.

EXTENDED TEAM

1. Not needed, because there was no manifestation of the vulnerability.



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Threat Example 2: Ongoing Phishing Attack on Employees

Escalation Level Low Severity

TECHNICAL OPERATIONS TEAM

1. Emails have been circulating to Kalamazoo County Government employees that link users to a fraudulent website designed specifically to gather user authentication credentials from Kalamazoo County Government employees. The threat is escalated to Level Medium Severity.

Escalation Level Medium Severity

TECHNICAL OPERATIONS TEAM

1. Determines that the initial defensive action required is to notify employees of the phishing scam and educate them on avoiding these types of attacks.
2. Notifies Incident Coordinator.
3. Determines that employee action will be required, notifies Service Center.

CYBER INCIDENT COORDINATOR

1. Receives and tracks the phishing attack.
2. Escalates the threat to Level High Severity, since it has manifested itself.
3. Determines relevant membership of the Technical Operations and Extended Technical Team.
4. Alerts IT organizations and applicable support organizations of the phishing. The organizations begin modifying internal firewalls to block the offending website as well as initiating a system-wide password reset.
5. Alerts Cyber Incident Response Management of the phishing threat.
6. Alerts the Communications Team.

COMMUNICATIONS TEAM

1. A message is composed to all employees and sent system-wide. Additionally, all departmental managers are alerted to the phishing scam and asked to notify all employees in person immediately.

Escalation Level High Severity

CYBER INCIDENT COORDINATOR

1. Notifies Cyber Incident Response Management of the phishing attack.
2. Alerts the Cyber Incident Response Support Team of the phishing attack.



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3. Alerts the Extended Team.
4. Receives status from the Technical Operations Team regarding the status of employee education. Reports the status to the Cyber Incident Response Management.
5. Starts a chronological log of the events, including logs of emails and, if possible, logs of users accessing the offending website.

TECHNICAL OPERATIONS TEAM

1. Determines that the best course of action for containing the attack is educating all employees about the attack and blocking any further emails from arriving on mail servers. Additionally, concludes that blocking the fraudulent website from being accessed internally. Finally, decides that a system-wide user password reset is necessary, since email is accessible from outside of Kalamazoo County Government's network and merely blocking the offending site will not be sufficient and the emails have been circulating for an unknown amount of time to only select employees.
2. Notifies the Extended Technical Team team of the above actions that are required.
3. Reports actions taken and status to the Cyber Incident Response Coordinator.

CYBER INCIDENT RESPONSE MANAGEMENT

1. Assumes responsibility for directing activities in regard to the phishing attack.
2. Determines that the attack does not need to be escalated to Level 3.
3. Determines when the risk has been mitigated to an acceptable level.

EXTENDED TECHNICAL TEAM

1. Takes the actions required by the Technical Operations Team.
2. Reports the actions taken, the number of personnel involved etc. to Cyber Incident Coordinator for the chronological log.

COMMUNICATIONS TEAM

1. Carries out the education of Kalamazoo County Government employees by informing them of the incident and making sure everyone is aware of the scam as deemed appropriate by Cyber Incident Response Management.
2. Messages the Kalamazoo County Government employees about the system-wide password reset, and how the employees must go about regaining access to their user accounts as determined by the Technical assessment team and directed by Cyber Incident Response Management.



KALAMAZOO COUNTY GOVERNMENT INFORMATION TECHNOLOGY POLICIES

Post Incident

CYBER INCIDENT RESPONSE MANAGEMENT

1. Prepare a report for Kalamazoo County Government Executive Management to include:
 1. Estimate of the impact of addressing the phishing attack and the potential cost of not doing so,
 2. Action taken during the attack's assessment,
 3. Follow on efforts needed to eliminate or mitigate the vulnerability presented by the phishing attack,
 4. Policies or procedures that may require updating, such as password change rules and procedures, and
 5. Efforts taken to minimize the liabilities of negative exposure of the attack.
2. Provides the chronological log and any system audit logs requested by the Extended Team.
3. Documents any lessons learned and modifies the Cyber Incident Response Plan accordingly.

EXTENDED TEAM

1. Legal works with the authorities to present any information relating to the phishing party.
2. No disciplinary action will need to be taken.
3. Executive Management Team (EMT) leveraged to communicate to employees about the threat of phishing attacks and to be vigilant.



KALAMAZOO COUNTY GOVERNMENT INFORMATION TECHNOLOGY POLICIES

Threat Example 3: Stolen Asset, Leaked Confidential Information

Escalation Level Low Severity

TECHNICAL OPERATIONS TEAM

1. An Kalamazoo County Government employee has his or her laptop stolen, which contains unencrypted confidential personal information of Kalamazoo County Government residents, including names, addresses, Social Security numbers, etc. The information has been found and posted on the public Internet. The threat is escalated to Level Medium Severity.

Escalation Level Medium Severity

TECHNICAL OPERATIONS TEAM

1. Determines that the attack has already taken place and that there is no initial technical defense possible in this circumstance. However, an internal data security practices audit is necessary to keep a data leak from happening again.
2. Notifies the Cyber Incident Coordinator.
3. Determines that employee action required to secure confidential data in the future through education. Contacts Service Center to arrange for instructions.

CYBER INCIDENT COORDINATOR

1. Receives and tracks the stolen data event.
2. Escalates to Level High Severity, because the threat has manifested itself.
3. Determines relevant membership of the Technical Operations and Extended Technical teams.
4. Alerts IT organizations and applicable support organizations of the situation. Defensive action that must be taken involves an audit of information security practices internally to ensure further data breaches do not occur.
5. Alert Cyber Incident Response Management of the data leak.
6. Alert the Communications team.

COMMUNICATIONS TEAM

1. Employee action is going to be required for the internal information security practices audit. The Communications Team notifies employees of the data breach and the actions that are going to be taken to prevent such a leak in the future.



KALAMAZOO COUNTY GOVERNMENT INFORMATION TECHNOLOGY POLICIES

Escalation Level High Severity

CYBER INCIDENT COORDINATOR

1. Notifies Cyber Incident Response Management of the data leak.
2. Alerts the Cyber Incident Response Support Team of the data leak.
3. Alerts the Extended Team.
4. Receives status of the information security audit from the Technical Assessment Team and reports to Cyber Incident Response Management.
5. Starts a chronological log of events from the origin of the data to determine how the data ended up in a situation where it could be leaked. The chronological log will be used to support possible follow on legal action as determined by Kalamazoo County Government's General Counsel and Executive Directors.

TECHNICAL OPERATIONS TEAM

1. Determines that containment of the incident is going to be legal in nature, but that information security practices will need to be overhauled.
2. Notifies Extended Technical Team of the plan to audit and augment data security practices internally, including any technical measures that will need to be put into place to that end.
3. Reports actions taken and status to the Cyber Incident Response Coordinator.

CYBER INCIDENT RESPONSE MANAGEMENT

1. Assumes responsibility for directing activities in regard to the incident.
2. Determines that escalation Level High Severity is not sufficient and escalates the incident to Level 3.
3. Determines when the risk has been mitigated to an acceptable level.

EXTENDED TECHNICAL TEAM

1. Takes action to begin comprehensive information security practices audit internally, as determined by the Technical Operations Team.
2. Reports actions taken, number of personnel involved etc. to Incident Coordinator for the chronological log.

COMMUNICATIONS TEAM

1. Messages Kalamazoo County Government employee population informing them of the information leak and the ensuing legal action, as deemed appropriate by Cyber Incident Response Management.



KALAMAZOO COUNTY GOVERNMENT INFORMATION TECHNOLOGY POLICIES

2. Messages Kalamazoo County Government employee population of the forthcoming comprehensive information security practices audit and the organization-wide practices that will be augmented as determined by the Technical Operations team and directed by Cyber Incident Response Management.

Escalation Level 3

CYBER INCIDENT RESPONSE MANAGEMENT

1. Directs the Cyber Incident Response Support team to:
 1. Set up communications between all Cyber Incident Response Team Managers, and the Extended Support Team in the field,
 2. Assume occupancy of the command center, and
 3. Initialize an incident voice mail box where status messages can be placed to keep Kalamazoo County Government personnel statused.
2. Alerts the Extended Team of the incident notifying them of the Severity Level.
3. Determines when the risk has been mitigated to an acceptable level after the comprehensive information security data protection audit and overhaul.
4. Statuses Executive Management as appropriate.

EXTENDED TEAM

1. Contacts local, state, and federal authorities.
2. Makes arrangements for authorities to be allowed into the command center.
3. Ensures that all needed information is being collected to support legal action against the leaker and financial restitution for those affected by the breach of their personal information by Kalamazoo County Government personnel.

CYBER INCIDENT RESPONSE COORDINATOR

1. Continues maintaining the Chronological Log of the event.
2. Posts numbered status messages in the incident voice mail box for statusing Kalamazoo County Government Executive Management Team (if applicable).

COMMUNICATION TEAM

1. Messages Kalamazoo County Government population as directed by Cyber Incident Response Management regarding the status of the information security data practices audit and any forthcoming changes to be made to policy.



KALAMAZOO COUNTY GOVERNMENT INFORMATION TECHNOLOGY POLICIES

TECHNICAL OPERATIONS TEAM

1. Continues to monitor all known sources for alerts looking for further information or actions to take to eliminate the threat of further data being lost in any way, both internally and externally.
2. Continues reporting status to the Cyber Incident Response Coordinator for the chronological log of events.
3. Monitors effectiveness of the information security practices audit and subsequent changes and modifies them as necessary.
4. Statuses Cyber Incident Response Management on effectiveness of actions taken and progress in eliminating the threat of further information leakage.

EXTENDED SUPPORT TEAM

1. Continues the information security practices audit and changes to eradicate the further threat of data leaks as directed by Cyber Incident Response Management and the Technical Operations team.
2. Continues to report actions taken, number of personnel etc. to the Cyber Incident Response Coordinator for the chronological log.

Post Incident

CYBER INCIDENT RESPONSE MANAGEMENT

1. Prepare a report for Kalamazoo County Government Executive Management to include:
 1. Estimate of the impact of addressing the data leak and the potential cost of not doing so,
 2. Action taken during the comprehensive information security practices audit and assessment,
 3. Follow on efforts needed to eliminate or mitigate any and all vulnerabilities that exist in terms of confidential data security,
 4. Policies or procedures that may require updating to ensure strict oversight of sensitive data within Kalamazoo County Government,
 5. Efforts taken to minimize the liabilities of negative exposure of the attack.
2. Provides the chronological log and any system audit logs requested by the Extended Team.
3. Documents any lessons learned and modifies the Cyber Incident Response Plan accordingly.



KALAMAZOO COUNTY GOVERNMENT INFORMATION TECHNOLOGY POLICIES

EXTENDED TEAM

1. Legal works with the authorities to present any information relating to the leaking party that may lead to prosecution.
2. Human Resources and Information Services work with Kalamazoo County Government management to determine disciplinary action for the negligent employee.
3. Executive Management Team leveraged to communicate to employees about the seriousness of keeping data safe and the costs of not doing so, as exemplified in this case.



KALAMAZOO COUNTY GOVERNMENT INFORMATION TECHNOLOGY POLICIES

Appendix C: ACIS Security Incidents Reporting Template*

Incident Detector's Information				
Date/Time of Report				
First Name				
Last Name				
Department/Division				
Title/Position				
Work Email Address				
Contact Phone Numbers	Work	Mobile	Pager	Other
Reported Incident Information				
Incident Location				
Incident Point of Contact (if different than above)				
Priority	Level Medium Severity / Level High Severity / Level 3			
Data Breach?	Yes / No			
Breach Category				
Incident Type				
US-CERT Category	DoS / Malicious Code / Probes and Scans / Unauthorized Access / Other			
US-CERT Number				
Description				
Additional Support Action Requested				
Method Detected	IDS/Log Review/ A/V Systems/ User Notification/ Other			
Configuration Item(s) Affected				
Department/ Division Impact				
Information Sharing	Entities with which ACIS can share incident data			
System for Sharing				
Status	Ongoing/ Resolved/ Etc.			
Attacking Computer(s) Information				
IP Address / Range	Host Name	Operating System	Ports Targeted	System Purpose
Victims Computer(s) Information				
IP Address / Range	Host Name	Operating System	Ports Targeted	System Purpose
Action Plan				
Action Description				
Requestor				
Assignee				
Time Frame				



KALAMAZOO COUNTY GOVERNMENT INFORMATION TECHNOLOGY POLICIES

Status	
Conclusion / Summary	
Entities Notified	
Resolution	<i>Include whether lost materials recovered as part of the solution</i>

DRAFT



KALAMAZOO COUNTY GOVERNMENT INFORMATION TECHNOLOGY POLICIES

CJIS Reporting Template

Other?

POLICY HISTORY

POLICY CREATED:

REVISIONS:

DRAFT

Organizational Chart: Leadership

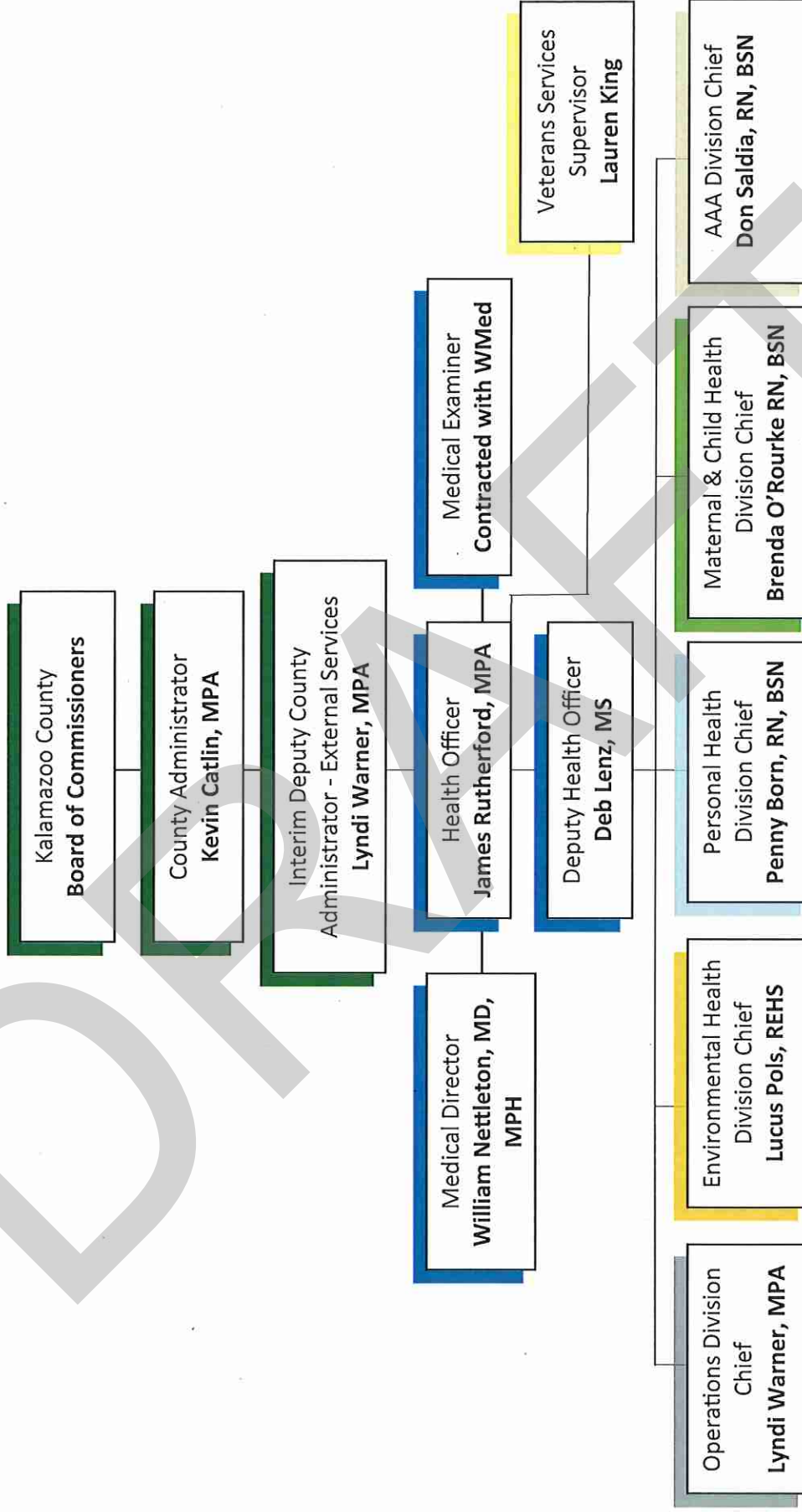
Last Revision: May 2022



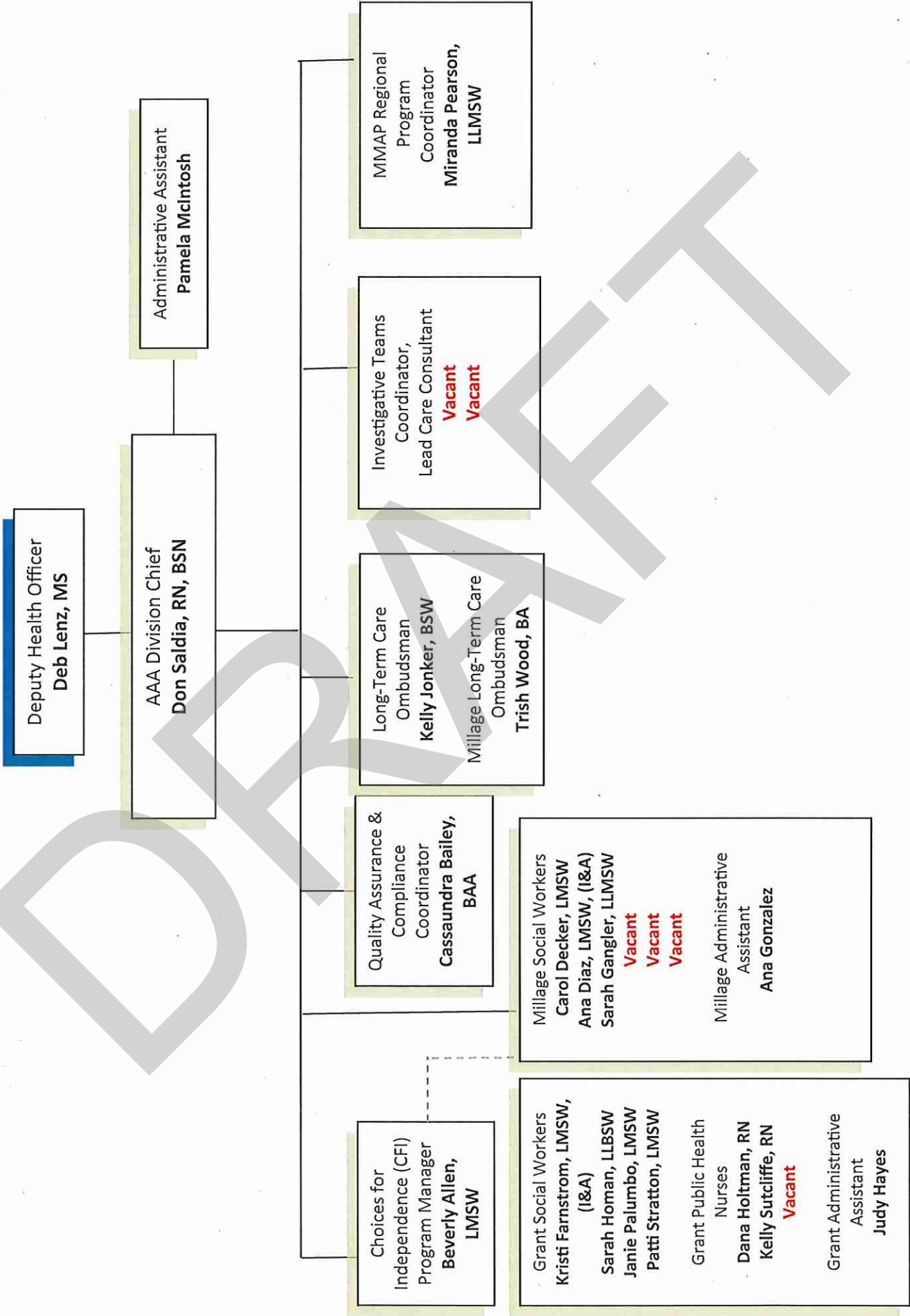
KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance

Health and Community Services Department



Area Agency on Agency IIIA Division





Kalamazoo County Strengths, Challenges, and Recommendations

July 23, 2019

Prepared by:

**deep
SEE**
Consulting

Kalamazoo County Strengths, Challenges, and Recommendations

This report distills and presents in an abbreviated format the findings from the EEO analysis, Focus Group findings, Stakeholder interviews, Intercultural Development Inventory results, and Diversity & Inclusion (D&I) survey analysis. The separate Strategic Plan document should be read as an expansion upon the Recommendations section at the end of this report.

Strengths

- Overall, there is expressed support for D&I work at the county. No groups outwardly expressed resistance. In addition, the support expressed by leadership—the Board of Commissioners as well as Administrative Department Heads—appears sincere and open. This support is crucial to the success of future work.
- Another strength is that female representation in upper-level leadership has increased, and, while disparities still exist for both women and people of color across all of leadership, women filling the roles of Board Chair, Vice-Chair, County Administrator, and Deputy Administrators provide an important and visible shift that is noted throughout the organization.
- At all levels, employees mentioned the same strengths and consistent reasons they work for the county:
 - Benefits—specifically retirement/pension and health care
 - Opportunities to change roles within the organization
 - Good people to work with who are dedicated to their work
 - Work-life balance
 - Meaning in the work they do—they feel their work makes a difference and is important to the community

Challenges

The county faces significant D&I challenges on a number of fronts.

Board Culture

- Board of Commissioner members exhibit a lack of understanding of their role as public servants, tending to act more as individual politicians than stewards of the public sector. Decisions appear to be made, as well as avoided, for political reasons as opposed to overall county welfare or effective Board leadership practice.
- The county, like most organizations of its size, has distinct levels of leadership, each with distinct roles: Supervisors, Managers, Directors, Administrators, and Board. The role of Board members is to serve as executive-level leaders, setting the strategy and vision for the county. Instead, the Board has a tendency to operate at the level of Supervisor or Manager based on individual needs and political goals. This not only leaves the organization without strategic Board leadership, but it also undermines the role and work of the leaders who are at that level—and every level in between—undermining their credibility and authority.
- The Board consistently demonstrates a lack of trust in Administration and upper-level organizational leadership. Instead of functioning as a role model for the organization and staff, some Board members demonstrate an extreme lack of respect toward each other, toward Administrators, and toward county employees in general. The terms “toxic” and “dysfunction” were used to describe the Board of Commissioners by multiple people, numerous times.
- This environment cascades down to the next level of leadership. The obvious divide between Elected Officials, Courts, and Administrative department heads manifests to create a culture where Elected Officials and Courts lack accountability, which in turn, contributes to demonstrations of disrespect, distrust, and fear.
- Reflecting Board leadership, employees are emboldened to treat each other with disrespect, adding growing interpersonal conflict to an overall atmosphere of fear. It cannot be stated strongly enough that employees, while individuals, as a whole look to Board leadership for the boundaries and parameters of a workforce culture.

Employees

- Out of the reported Kalamazoo County annual payroll of \$43,985,311.24, employees report losing 15.4%, or 72 minutes per day, to miscommunication and misunderstandings. This equals a yearly loss of \$6,703,361.43.
- This loss amounts to approximately 420 work-hours (8 hours/day, 5 days/week) per employee. Multiplied by 871 total employees, this suggests a loss of 365,820 work-hours to miscommunication annually.
- Many employees believe that they support D&I, but that their coworkers and the system at large do not.
- Employees do not generally see or experience the organization and its senior leaders, as a whole, supporting D&I.
- Employees do not have a good understanding of bias and privilege—how it plays out in both words and behaviors and the resulting implications on interpersonal, decision-making, and systemic levels, from micro-inequities to both obvious and “hidden” disparities.
- Self-identified employees of color specifically call out racism as an organizational blind spot—no other employee demographic mentioned this. Experiences range from clueless micro-inequities to outright, bluntly racist behaviors.
- Another source of stress mentioned by employees of color is being “the one and only” representative of their self-identified demographic. Current research suggests this situation has real mental and physical consequences.
- Employees of color also reference the difficulty white employees seem to have in even understanding why a focus on D&I “matters” at all—they don’t see a problem and therefore aren’t motivated to do anything about it.

Structure, Systems, and Processes

- From a cultural competence viewpoint, the organization overall is currently in a mindset indicative of positive intent when interacting across differences. However, it is still an ineffective stage that minimizes differences to focus on commonalities. With that focus, the rich complexities of differences are missed, leading to missed opportunities and unintentional misunderstandings and even conflict.
- Both individual and organizational decisions can easily be biased since at this stage individuals are still unaware of the power and influence of their unconscious mind when it comes to making judgments. This mindset can lead to unintentional ineffectiveness, at best, and discrimination and bias, at worst.
- Departments are not allowing enough expert human resources (HR) input into hiring, promotion, and subsequent compensation. Hiring managers with little or no experience in HR are making decisions far removed from accepted best practice. The fallout from this structure is exacerbated by a silo culture where departments led by elected officials and the Courts make whatever personnel decisions seem appropriate, with little or no HR-centered checks or balances.
- The professional logic of the current compensation system and how it creates a competitive advantage for the county for purposes of recruiting and retention is unclear, at best.
- In a multilingual county, there are no translators on staff. There is a lack of understanding of what goes into quality translation—both interpersonally and with printed and web-based materials. Staff members who speak a second language are expected to translate “on the fly.”
- No official individual or department in the county exists to direct D&I efforts, set a best-practices standard, provide training, or consult with HR on accountability.
- There is no advisory body in the county composed of a cross-section of roles and departments tasked with providing insight on, and a motivating force for, employee D&I experiences.
- As mentioned, misunderstanding and miscommunication are having a serious impact on employee productivity. Employees feel a lack of open, honest, transparent communication.
- Policy is created top-down, with no real employee input gathered or respected. Addressing any issues from an employee point-of-view is further frustrated by the siloed, inconsistent nature of the organization itself.

Recommendations

Overall

- Move from a transactional approach to a strategic, transformational D&I approach. Our strategy at deepSEE is a proven, step-by-step approach, but for it to have the greatest chance of success, it's essential to:
 - Create an organization-wide comprehensive strategy to engage and actively support D&I.
 - Create and support a central role and/or department focused on D&I issues.
 - Create and support an Executive Inclusion Council.
 - Develop skills to reduce implicit bias and increase cultural competence.

Board Leadership

- Hire an outside consultant to work with the Board of Commissioners in an ongoing advisory capacity. The focus will be on developing cultural awareness and competence, thereby transforming current behaviors into mindsets and actions that recognize and value all staff and encourage dialogue around and solutions for issues of equity and cultural competence.
- Provide comprehensive cultural competence and implicit bias training to improve communication skills and reduce miscommunication due to misunderstanding.

Employees

- As with Board leadership, provide comprehensive cultural competence and implicit bias training to improve communication skills and reduce miscommunication due to misunderstanding.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING & ADULT SERVICES AGENCY

FY 2023-2023 Multi Year Plan

FY 2023 Annual Implementation Plan

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
Print Name	
Signature of Area Agency on Aging Director	Date
Print Name	
Area Agency on Aging	
<p>Documents referenced by the signature page:</p> <ul style="list-style-type: none">▪ 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 1964▪ Regional Service Definitions▪ Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly▪ Waiver of Minimum Percentage for a Priority Service Category	