

2020-2022 Multi Year Plan  
**FY 2020 ANNUAL IMPLEMENTATION PLAN**  
Area Agency on Aging Region III-A



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**Planning and Service Area**  
Kalamazoo County

**Area Agency on Aging Region III-A**  
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### County/Local Unit of Govt. Review

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi Year Plan (MYP) no later than July 1, 2019, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA) requesting their approval by August 1, 2019. For a PSA comprised of a single county or portion of the county, approval of the MYP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2019, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2019, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the MYP. To employ this option the area agency must do the following:

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

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

### County/Local Government Review

After the draft multiyear plan is presented at the public hearings, notification is sent via U.S. Mail with a signature confirmation to the 24 municipalities in Kalamazoo County, informing them that the draft is on the AAALIA website for their review and comment. The AAALIA also informs them that a hard copy of the plan may be mailed if requested and that staff is available if they would like a formal presentation of the plan. Instructions in the letter also review whom to contact with questions and how approval or disapproval of the plan can be provided.

### Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2020-2022. Please note there are separate text boxes for each response.

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

Area Agency on Aging IIIA has been the Older Adult Services Division of the Health & Community Services Department (HCS) of the Kalamazoo County since 1996. This unique opportunity provides partnerships within the department including: Clinical Health Services, Environmental Health, Maternal & Child Health, and Veterans Services. Together, this unique partnership operates with the foundation of the below mission, vision, and values for HCS noted below focusing on older adults in the region. AAA IIIA is a member of the National Association of Area Agencies on Aging, and is committed to their vision to "Build a society that values and supports people as they age".

**HCS: Mission:**

*·To improve health for all residents of Kalamazoo County*

**HCS: Vision:**

*·A community where equity in social, mental, physical, and environmental health is achieved for all county residents*

**HCS: Values:**

*·Equity: We will promote social justice and work to reduce inequities that affect the health and wellbeing of our community*

*Leadership: We will support an lead collaborations that promote improved public health outcomes with local, regional, and state partnerships as well as County residents*

*Professionalism: We will maintain highly trained and knowledgeable staff who will contribute specialized knowledge to the community*

*Quality: We will strive to achieve the highest quality standards for public health and community services by continually working to improve our programs and services.*

*Respect: We will embrace the diverse and unique talents and lives of individuals in our community and ensure we operate programs and services in a manner that values human dignity.*

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

**Geographic Area:** Kalamazoo County

**60-69:** 27,916

**70-79:** 14,103

**80-84:** 4,411

**85+:** 5,020

**Total Population of 60+:** 51,450

**Total County Population:** 259,830

**Percent of Population 60+:** 19.8%

(From US Census, ACS S0102 2017 – 5yr. and ACS S0101 – 5 yr.)

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43.2% of residents 60+ live alone. (US Census, ACS S0102 2017 – 5yr.)

7.8% of seniors below 100% poverty (US Census, ACS S0102 2017 – 5yr.)

7.1% of seniors between 100% and 149% poverty (US Census, ACS S0102 2017 – 5yr.)

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

Funded Services:

Assistive Devices and Technology, Care Management, Case Coordination & Support, Congregate Meals, Caregiver Supplemental Services, Counseling, Creating Confident Caregivers, Dementia Adult Day Care, Disease Prevention Health Promotion, Homemaking, Home Delivered Meals, Home Injury Control, Information & Assistance, Legal Assistance, Long-Term Care Ombudsman, Medication Management, Nutrition Education, Personal Care, Programs for Prevention of Elder Abuse, Respite Care, Senior Center Staffing, Transportation. The five services categories receiving the most funds: Home Delivered Meals, Care Management, Congregate Meals, Homemaking, Information & Assistance.

The five services categories with the greatest number of anticipated participants: Information & Assistance, Home Delivered Meals, Congregate Meals, Care Management, and Options Counseling.

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

This planning cycle will focus on:

Senior Millage Implementation: In fall of 2018, Kalamazoo county residents voted and approved a Senior Millage to supplement funding for services for older adults waiting for assistance on the AAA IIIA waiting list, outlined needs for expanded care management and case coordination, expanding Elder Abuse Prevention, expanding the Long Term Care Ombudsman program, Chronic Disease Programs, and community programming.

Community Needs Assessment: 2011 is the most recent Community Needs Assessment conducted in the AAA IIIA service area. Changes in aging populations, socioeconomic status, healthcare, technology, and more can be attributed to barriers to service for older adults. AAA IIIA will conduct an assessment of older adults specifically in this service area to expedite concise and impactful programming.

Quality Improvement: With growth, opportunity allows for reassessment of standard operating procedures, processes, and policies. AAA IIIA will focus on quality enhancement by standardizing service delivery.

Service Delivery: Caregiver Counseling and Options Counseling will be added to the AAA IIIA service line to streamline services, provide efficient and timely referrals and programming for enhancement of the continuum of care.

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

We are in the process of collaborating with the local hospital system to streamline the referral process to our program. This will include access to their electronic charting system, EPIC, for more direct referrals to this Area Agency as part of discharge planning from the hospital.

We are also developing more position specific training manuals to increase efficiency, productivity, and consistency in the training process of new staff members.

Information & Assistance Staff will also do more community outreach and engagement in order to provide education on programs and area resources. As well as to develop relationships with agencies that could be a

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source of client referrals.

Lastly, we are planning on increasing the coordination between other aging support services that provide community-based case management, PACE Programs, and Waiver Agents, in order to have more successful referrals, transitions, and continuity of care between agencies. This will take place in the form of AAA communication with program leadership, as well as meetings between care management staff.

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

Evaluation and improvement of operations is a priority for this planning cycle. Policies, procedures, and processes will be outlined, documented, and revised for standardization of training, service delivery, and quality improvement. This quality initiative will span the plan period, and address the standardization of:

1. Intake of client triage

1. Example: standardization of waiting list priorities

Service delivery procedures

1. Example: Completed procedure for Information & Assistance procedure.

Correlate procedures with larger agency entity:

1. Example: RFP procedure specific to AAA IIIA

Position standard operating procedures:

1.4. Playbooks of each team member role. A “playbook” is a manual written by the team member outlining their role, responsibilities, and frequent tasks and resources. All AAA IIIA team members will write and revise their playbooks together throughout this planning cycle.

Branding: Updating community education and marketing of programs

1. Website revision: AAA IIIA website will be evaluated for content, accessibility, navigation, resources, and older adult friendly features. It will be reviewed with the Older Adult Services Advisory Council, and revised throughout the plan year.

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

Older Adult Services Advisory Council (OASAC) – Kalamazoo County Government Board of Commissioners appoints volunteers to the advisory council to assist in review of AAA IIIA service delivery plan, outreach, advocacy, community needs assessment, service delivery, quality improvement initiatives and MYP plan review.

Michigan Senior Advocate Council: (MSAC) – AAA IIIA will recruit and train advocates to coordinate updates and education on legislative changes impacting older adults through the OASAC open meetings, and in community outreach and partnerships.

Healthy Living Class “Coaches” – recruitment, training, and retention of volunteer coaches allows for expansion of programming in both frequency and geographic planning of classes. With the expansion of programming through the support of the Senior Millage, volunteers will be vital to the success of this program.

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

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Program Development initiatives as noted above will be a focus this plan period. Additionally, AAA IIIA will address:

1. Re-branding and marketing AAAIIIA services while focusing on community collaborations
2. Senior Millage resources
3. Cross-training team and standardization of service delivery



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**Public Hearings**

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

At least two public hearings on the FY 2020-2022 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty-day period beginning when the summary of the MYP is made available.

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

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

Date	Location	Time	Barrier Free?	No. of Attendees
05/30/2019	Portage Senior Center, 320 Lil	10:00 AM	Yes	6
06/12/2019	Health and Community Service	03:30 PM	Yes	20
06/24/2019	Verbal response Letter- Munic	11:51 AM	Yes	1

On May 30, 2019, AAALIA held a public hearing for the 2020-2022 MYP at the Portage Senior Center in Portage, MI.

**Presenters:**

Director, Samantha Carlson



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Program Manager, Don Saldia

Quality Assurance and Planning, Brien Brockway

There were 6 attendees. The hearing lasted 1 hour

The presenters received the following questions and comments:

1. What is Pace?

Do seniors have to purchase the services provided by AAA at 100% cost to the seniors?

What are the qualifications for the staff that go into someone's home?

Elder Abuse is not caught until after the damage is done, what can be done about this?

One of the main problems with elder abuse is that the family are the perpetrators. This is difficult to discover.

Is there a set plan for the Millage money?

Is the County creating a new Department of Aging?

There does not seem to be must transparency with the Millage money. This is an extra tax burden on seniors.

Do seniors get to use the new school facilities?

Is the government just growing with the millage?

There is a problem because people don't know about AAAIIIA.

Electronically transmitted documents are difficult for seniors, mail or paper form is better.

Electronics isolate the senior community.

Counseling in the home is good, but not for everyone because the caregiver may want to be away from the senior.

**The AAAIIIA website is a nightmare. This is key to communication and needs to be functional and user friendly.**

Outreach is Key, seniors need to know about services

MI Capable Program is a Fall Prevention Program out of John Hopkins. It is an in-home visitation program available with MI waiver program and Medicare Advantage

AAA is doing great even with people not knowing about the services.

On 6/12/19- Older Adult Services Advisory Council Public Hearing: On 6/12/19- Older Adult Services Advisory Council Public Hearing:

**Presenters:**

Director, Samantha Carlson, Program Manager, Don Saldia. 20 attendees

Review of Plan HCS vision/mission/values does not mention services to older adults.

Discussion of AAA national vision, and edit recommendation to include focus on older adults.

Discussion of expansion of collaborations in the community

AAA Director presented at Kalamazoo Professionals Focused on Aging was helpful in defining AAA services.

More speaking engagements in the community like that would be helpful.

Counseling options for support groups and/or home for caregivers would be beneficial given the family situation.

Some caregivers need privacy to discuss strain of caregiving for a loved one with memory loss.

AAA Creating Confident Caregivers social worker has been helpful to my family. AAA social workers know the aging population, and providing counseling seems to fit in the scope.

Options counseling sounds like it will address a lot of issues before they become extensive for some clients.

Glad to hear options counseling will help a large portion of the waiting list.

Transportation continues to be a barrier for many older adults in Kalamazoo County.

Discussion of AASA standards. Discussion of AIP and MYP. OASAC would like a copy of the AASA

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standards.

This plan is very comprehensive and shows progressive work in our community.

Format of OASAC meeting has changed to highlight programs since January of 2019. Please continue the new format for OASAC ability to understand programs and get the word out.

Review of ACCESS & SERVICES COORDINATION CONTINUUM

Glad to see AAA IIIA will be working with community collaboratives with other organizations to help older adults.

Community Needs Assessment is needed- the old one is from 2011. Glad to see it will take place this year.

While AAAIIIA is not a Waiver provider, if there are cuts, it could increase the waiting list. Something to consider.

Glad to see the expansion of the Healthy Living Programs - especially CCC and MOB.

6/24/19- Verbal telephone call from municipality city manager:

Thank you for your efforts and support for seniors. We would like to see a highlight on importance of socialization of seniors in the MYP. Portage Senior Center has plans for expansion, and a capital campaign coming soon. Support from AAA and the state on the importance of senior centers is critical to expanding efforts. Portage Senior Center Director is on the Older Adult Services Advisory Council for AAA IIIA, and has highlighted it, but we would like it written in the plan.

The plan should be able to be emailed out- not send in the mail. US Postal mail is slow, and websites can be difficult to navigate. In the future, please email it directly to us.

### Scope of Services

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

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

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

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

#### Scope of Services

#### Population of 60+ Kalamazoo County

60-69: 27,916

70-79: 14,103

80-84: 4,411

85+: 5,020

Total Population of 60+: 51,450

Total County Population: 259,830

Percent of Population 60+: 19.8%

(From US Census, ACS S0102 2017 – 5yr. and ACS S0101 – 5 yr.)

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**Population of 60+ in Kalamazoo County trends from 2010-2017**

Population	2010	2014	Current(2017)	%Change from 2010
Population 60+	41,604	46,988	51,450	+23.7%
Population 85+	4,203	5,097	5,020	+19.4%
Percent of				
Total Population	16.8%	18.4%	19.8%	+3.0%
Population 60+ Below 150%				
Povety	17.1%	17.0%	14.9%	-2.2%

(US Census, ACS S0102 2017 – 5yr., 2010 – 5yr., 2014 – 5yr. US Census, ACS S0101 2017 – 5 yr., 2014 – 5 yr., 2010 – 5yr.)

**60+ Population By Race Kalamazoo Co. 2017**

	White	Black or African American	American Indian/Alaska Native	Asian
Hispanic or Latino	Two or more races	Some other race		
Percentage of 60+	90.0%	7.3%	0.2%	1.2%
1.6%	1.0%	0.2%		
Number	46,305	3,376	103	617
823	515	103		

(US Census, ACS S0102 2017 – 5yr.)

**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.**

Increasing needs of individuals over 60 years old and their caregivers can be identified by trends in services. Services to support informal caregivers, such as in-home respite and ADC continue to be commonly requested service among participants. Additionally, transportation assistance is another service that clients and their caregivers rely upon for continuity of care and appropriate follow up with their physicians. AAA IIIA will be conducting a Community Needs Assessment in this planning period to accurately assess the needs of the region. Both hospital systems have also conducted a Community Needs Assessment, and have agreed to share the findings by 2020 with AAA IIIA through the Health & Community Services Department of Kalamazoo County Government.

**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.**

Targeting Strategy: Priority for this planning period is the Community Needs Assessment, Community Partnerships, and addressing the AAA IIIA Waiting List.

·Community Needs Assessment will be conducted to evaluate socioeconomic barriers to older adults in the region.

Community Partnerships will continue to build upon existing partnerships as outlined in the Leveraging Partnerships section. Targeted partnerships with the acute healthcare settings for discharge coordination through the Post Acute Network Steering Committee with Bronson Hospital will be pivotal in identifying

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opportunities to enhance older adult services.

Waiting List will be evaluated based on priority level, and expansion of AAA services to include expanded case management through the Senior Millage funding; and adding Options Counseling to the service line.

AAAIIIA has extensive community outreach, professional networking, medical/clinic collaborations, healthy living programming, LTCO, I & A services, MDT teams. Community outreach in areas of socioeconomic vulnerability will be expanded.

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

AAA IIIA provided insightful analysis to evaluation of the continuum of services. AAA IIIA facilitates Creating Confident Caregivers programming, however overall evaluation and clinical assessment of cognitive deficits in clients is not standardized. During this planning period, AAA IIIA will evaluate opportunities to enhance assessment and services for the cognitively impaired.

**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 staff provide direct resource referral and navigation for both scenarios. For services not funded under the MYP, Information & Assistance staff will provide information off of a frequently updated resource database appropriate to the specific need. For services not available where they live, such as out of county, Information & Assistance staff can offer to call the appropriate Area Agency on Aging or Office of Aging services appropriate to the caller's location, or provide the direct phone number for said agency.

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

·New programming:

Options Counseling

Expansion of services:

·Healthy Living Programs

Long Term Care Ombudsman

Information & Assistance

Case Management

·Expansion of contracts with services PERs, HDM, etc.

**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.**

For clients waiting for services, a complete MI Choice Intake Assessment is used to determine the level of need. High risk clients at eminent risk of nursing home placement are considered a priority 1 individual on the waitlist. Additionally, an individual who is over 90 years old, or if the individual was referred by an Adult Protective Service Agent with an open case is also considered a priority 1 individual for enrollment.

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Individuals on the waitlist are called by Information & Assistance Staff to do a new MI Choice Intake assessment to evaluate ongoing need. Information & Assistance staff also make referrals to other resources in the service area when appropriate. Individuals with poor financial resources are also identified through the MI Choice Intake assessment to determine availability of private paying, or cost-sharing services when enrolled to program.

**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.**

In accordance with the Kalamazoo County Government Policies & Procedures for Advisory Councils the Older Adult Services Advisory Council (OASAC) serves in an advisory capacity for the Older Adult Services (OAS) Division of the Health & Community Services Department. In accordance with the bylaws OASAC members are interviewed and approved by Kalamazoo County Board of Commissioners to assist in implementing the Older Americans Act (OAA). The Kalamazoo County Older Adults Services Advisory Council meets monthly. The AAA seeks input on quality initiatives, community needs and feedback, program enhancement, and assistance with outreach.

Roles and responsibilities include providing constructive insight for:

- Advocacy
  - Michigan Senior Advocates Council Report (link to brochure)  
Annual Implementation Plan
- Host public hearing
- Review service plan in relation to community need
- Community Needs Assessment
  - Evaluate areas of unmet needs
- Quality Improvement Initiatives
  - Process Improvement
- Service Delivery
- Networking and Community Communication

OASAC membership is comprised of nine members appointed by the Kalamazoo County Board of Commissioners meeting the below criteria:

- 50% OASAC members Kalamazoo County residents 60 years or older
  - Representing individuals eligible for services through the Division
- 50% OASAC members serving the eligible population in the social, medical, or non-profit sector of aging services.

For a list of schedule of meetings, OASAC bylaws, members and previous minutes (I [http://www.kalcounty.com/hcs2/advisory\\_board.php](http://www.kalcounty.com/hcs2/advisory_board.php))

**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.**

AAA utilizes community outreach throughout the division to broaden the community understanding and awareness of services through Information & Assistance, Elder Abuse Awareness and Prevention, Healthy Living Programs, and Senior Expo.



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Information & Assistance: Free, unbiased assistance in accessing resources for senior citizens and their caregivers. Clinical social workers answer the call to determining needs, finding resources, facilitating referrals and frequently networking in the community with professionals and older adults alike.

Community Outreach Elder Abuse Awareness & 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

Hoarding Multidisciplinary Team

Suicide Death Review

Financial Fraud Investigators Team

Awareness: Community Education & Trainings:

Facilitating in-service trainings for mandated reporters

Providing outreach opportunities at community events

Healthy Living Programs allow class attendees to learn about AAA IIIA through the aging continuum. While providing preventive education, it exposes older adults to the larger span of services available through the AAA IIIA.

- Matter of Balance

- A Matter of Balance (MOB) acknowledges the risk of falling but emphasizes practical coping strategies to reduce this fear. Individuals can sign up and attend free of charge.

Personal Action Towards Health

- Empowering older adults to live beyond chronic medical conditions; and regain quality of life!

Individuals and caregivers can sign up and attend free of charge.

Creating Confident Caregivers

- This evidence based program utilizes tested and effective training methods from the University of Minnesota's Savvy Caregiver Program.

Senior Expo:

- This free annual event held on the first Tuesday of October at the Kalamazoo County Expo Center. This event is organized by the Area Agency on Aging IIIA. Approximately 2,000 attendees include older adults, their family members, caregivers, and professionals. Over 100 vendors of various relevance to the aging population exhibit every year make this one of the largest and most popular events of its kind in the state.



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**Planned Service Array**

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

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

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<b>Participant Private Pay</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support</li> </ul>	<ul style="list-style-type: none"> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Dementia Adult Day Care</li> <li>• Congregate Meals</li> <li>• Nutrition Education</li> </ul>
<b>Funded by Other Sources</b>	<ul style="list-style-type: none"> <li>• Care Management</li> </ul>		

\* Not PSA-wide

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**Planned Service Array Narrative**

**Describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA wide. Utilize the provided text box to present the planned service array narrative.**

Veteran directed case management is an additional program in AAA IIIA.

Services outlined in the Planned Service Array have been significantly expanded through the Kalamazoo Senior Millage of 2018. This funding has been allocated to expand direct and in-direct/contracted services for older adults in the region. Throughout this planning period, the development and implementation of the program expansion will evolve to address the AAA IIIA waiting list, and unmet needs identified in the area. Community partnerships will also assist in addressing gaps in the community. See Leveraging Partnership section.

### Strategic Planning

Strategic planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP. (For Item No. 3, please include specific details about the area agency's planned process for establishing service priorities, modifying service delivery and any other contingency planning methods for handling a potential 10% funding reduction from AASA).

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

1. SWOT analysis of AAA IIIA was reviewed by department leadership and noted below.

##### 1. Strengths

- Experienced and Professional Staff

Longevity of staff

Central location in the service area

Involvement in numerous community collaborative groups

Housed within County Health and Community Services of Kalamazoo County Government

Kalamazoo Senior Millage 2018

Older Adult Services Advisory Council

##### 1. Weaknesses

- Limited capacity to begin new areas of service

Limited structure of standardized procedures internal to AAA IIIA

Limited community awareness of AAA and outdated website

Limited volunteers

Large period of growth in a short period of time (2019)

Restrictions and requirements of working within government policy

Transitions of leadership within AAA IIIA (Two retired Directors since last MYP).

##### Opportunities

- Standardization of policies, procedures, and processes internal to AAA.

Increased ability to eliminate the waiting list with funding for expansion of team through the Kalamazoo Senior Millage

Increased contracting to address unmet needs such as home delivered meals, case management, transportation, and more.

Increasing population of older adults in the region.

##### Threats

- Uncertain Federal and State funding

**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.**

2. AAA3A is not a Waiver Agent we would not be impacted by a reduction in those funds. However, if

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changes to waiver occur, AAA IIIA can anticipate an increase in referrals and needs of older adults.

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

3. AAA IIIA is working closely with the Kalamazoo County Government department of finance to evaluate budget opportunities for potential funding issues. Additional local, regional, and federal funding will be evaluated for financial support of programming. Kalamazoo County Senior Millage approved in 2018 will span six years, lending potential support to direct care costs should funding fluctuate from AASA. AAA IIIA is applying for the PREVNT Grant again for 2020 to diversify funding.

**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**

N/A

**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.**

·I&A Line is switching to a more efficient system of documentation provided by the State.  
Coordination with the acute healthcare system through the Connect2 Care.  
Local health care initiative of Post Acute Care Coordination for hospitalized clients in progress.

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**Regional Service Definitions**

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

**Service Name/Definition**

Caregiver Supplemental Support

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

AAA IIIA evaluated MYP 2017-2019, noting unmet needs for support for caregivers and resource within specific geographic areas of Kalamazoo County. Caregiver support will be expanded within the guidelines of the AASA standards, to assist with home safety resources.

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input type="checkbox"/> In-Home <input type="checkbox"/> Community	<input type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input checked="" type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	One good, one service, or one hour purchased

**Minimum Standards**

Caregiver Supplemental Services - Service Number C -18

Service Definition: A program intended to provide goods and services to support caregivers (including kinship caregivers) in response to needs that cannot otherwise be met.

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Access Services

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

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

Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Care Management

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2022
Total of Federal Dollars	\$149,564.00	Total of State Dollars	\$123,190.00

Geographic area to be served  
Kalamazoo County

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

Goal 1: Increase collaboration with community partners in regards to transitions to and from case management program.

Activities:

1. Collaborate with local hospital system to streamline referral process to AAA3A as part of discharge planning from the inpatient setting; as well as to streamline communication for inpatient hospital stays.

Collaborate and facilitate bi-annual meetings with case managers from PACE and Waiver case managers

Goal 2: Meet AASA Standards for providing care management.

Activities:

1. Bi-Annual internal peer reviews on 10% of cases

External peer reviews completed once during the year for 10% of cases

Annual survey with clients and caregivers to determine level of satisfaction with program and contracted service providers

Enrollment Number Goals: Staff to client ratio; 1:45,

Number of client pre-screenings:	Current Year:	99	Planned Next Year:	150
Number of initial client assessments:	Current Year:	26	Planned Next Year:	50
Number of initial client care plans:	Current Year:	26	Planned Next Year:	50



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Total number of clients (carry over plus new):	Current Year: 187	Planned Next Year: 225
Staff to client ratio (Active and maintenance per Full time care)	Current Year: 1:45	Planned Next Year: 1:45

**Case Coordination and Support**

Starting Date 10/01/2019 Ending Date 09/30/2022

Total of Federal Dollars \$800.00 Total of State Dollars \$0.00

Geographic area to be served  
Kalamazoo County

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

Goal: Meet AASA standards for providing Case Coordination and Support.

Activities:

- 1. Bi-annual internal peer review on 10% of the cases
- External peer review will be completed once during the year on 10% of the case files
- Survey clients and caregivers annually to determine level of satisfaction with program and contracted service providers.

**Information and Assistance**

Starting Date 10/01/2019 Ending Date 09/30/2022

Total of Federal Dollars \$50,352.00 Total of State Dollars \$0.00

Geographic area to be served  
Kalamazoo County

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

Goal: Utilize information & assistance staff for community outreach and education on available services in service area; including but not limited to services directly provided by Area Agency on Aging.

- 1. Yearly meetings with CFI intake staff with frequent referral sources (Clinical case managers, Adult Protective Services, Senior Housing Coordinators).
- Attendance at community and professional meetings
- Redeveloping online presence for ease of programmatic information availability as well as ease of email communication for information inquires.

**Options Counseling**

Starting Date 10/01/2019 Ending Date 09/30/2022

Total of Federal Dollars \$0.00 Total of State Dollars \$52,500.00

Geographic area to be served  
Kalamazoo County

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

Goal: Bring back options counseling as part of Area Agency on Aging continuum of care in service area. Anticipated utilization of Options Counseling is X given priorities 1 & 2 of WL as of 5/14/19.

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1. Meet standards of AAASA for the development of Options Counseling as a provided service.

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Direct Service Request

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, an area agency direct service provision request may be approved by the State Commission on Services to the Aging. Direct service provision is defined as “providing a service directly to a participant.” Direct service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency’s administrative functions; or (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any Direct Service Request for FY 2020-2022. Specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2020-2022.

Disease Prevention/Health Promotion

Total of Federal Dollars     \$15,095.00                      Total of State Dollars     \$0.00

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.**

Expansion of evidence based healthy living programs is an objective for community outreach through AAA IIIA. The Master Trainer on staff for PATH (Personal Action Towards Health) and Matter of Balance (MOB) participates in ongoing training, continues to expand professional networks and partnerships in rural and urban portions of the service area. General Personal Action Towards Health (PATH), Chronic Pain PATH, DM PATH, as well as Matter of Balance (MOB) have been identified as in need in the community.

Community outreach, expansion, collaborations and networks within the local aging network will assist with expansion of programming.

This program serves as an opportunity to highlight all AAA IIIA services for eligible clients. Partnerships with health care systems will be initiated and fostered this MYP.

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

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

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

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

The AAA IIIA will provide MOB and PATH programs directly for "provision of such services by the AAA 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.**

AAA IIIA has been the main provider for PATH, Diabetes PATH, Pain PATH and MOB in the region since 2012. Loss of grant funding caused decrease in staff, and a period of not providing services. With the assistance of the Senior Millage, this program has resumed with a full time social worker/Master Trainer facilitating the program. Reconnecting the community partnerships and collaborations for sites in both rural and urban settings is ongoing. Volunteer recruitment to expand the volume of classes is ongoing.

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

6/12/19 3:30pm

It was noted the OASAC (Older Adult Services Advisory Council) was pleased to see the return and expansion of these programs.

**Long Term Care Ombudsman**

Total of Federal Dollars      \$12,488.00                      Total of State Dollars      \$43,484.00

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.**

Serving Barry, Branch, Calhoun, Kalamazoo, and St. Joseph counties

Goal: The Long Term Care Ombudsman will continue to maintain and establish new relationships with older adults in facilities, their caregivers, and providers to:

1. Promote respect, safety and patient centered care
2. Investigate violations of rights and risk of harm
3. Provide client and caregiver education and advocacy
4. Provide involvement in resident councils

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

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

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

This program has been serving Barry, Branch, Calhoun, Kalamazoo, and St. Joseph counties since 1997. Area Agency on Aging is unique in the ability to administer this program. AAA IIIA is not a waiver agency, therefore 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.

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

NA

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

Total of Federal Dollars      \$8,551.00                      Total of State Dollars      \$0.00

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.**

In addition to the Long Term Care Ombudsman work with prevention of elder abuse, neglect, and exploitation, AAA IIIA als facilitates extended programming through the Investigative Teams Coordinator. For more than six (6) years, the Kalamazoo County Elder Abuse Prevention Coalition, facilitated by the Area Agency on Aging IIIA, has been working to identify and address the systemic and social barriers that prevent elder abuse victims from engaging in services and supports. As previous recipients of two PREVNT grants, we have been able to secure an Investigative Teams Coordinator (ITC), who has been instrumental in assisting the coalition members in establishing three multi-disciplinary teams (MDTs). (1) Elder Abuse MDT, (2) Hoarding MDT and (3) Elder Death Review MDT. These MDTs have been well established over the past 2 years. The Kalamazoo Elder Death Review Team is the only one in the state at this time. The review teams have lead to increased system coordination, research opportunities to support and develop best practices in the field of elder abuse prevention, policy and procedure changes across

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multiple agencies, and many opportunities for community education and awareness trainings on elder abuse, neglect, and exploitation. The implementation of the multidisciplinary teams (MDT's) has highlighted the need for increased coordination of services within the community and identified many systems challenges that interfere with optimal coordinated service delivery for the older adult who has been victimized. Many individuals who are victims of abuse often have very complex needs, and may be receiving services from multiple different agencies that are not aware they serve the same client. This approach is not integrated person-centered care, nor can it effectively respond to the individuals' myriad of needs. Uncoordinated victim response systems frequently result in inadequate and fragmented service delivery that fails to address the underlying problem or address the needs of victims.

**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.**

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

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.**

Funding for the ITC has previously come through the PREVNT grant. The Kalamazoo Senior Millage has expanded financial support for this programming.

AAA IIIA's plan for expanding this program will focus on training of all AAA workers, in addition to expanding community outreach. B) **Support interdisciplinary investigative team(s) at the local level.** This outcome aligns with our proposed scope of work, to provide on-going operational support and facilitation for three multidisciplinary teams; Kalamazoo Elder Death Review Team, Kalamazoo Hoarding Multidisciplinary Team, and the Elder & Vulnerable Adult Multidisciplinary Review Team. Findings from the MDT's have lead policy changes across multiple systems. They have also created the development of research opportunities with Western Michigan Homer S. Stryker School of Medicine as the ITC continues to collect and refine data points regarding the accidental deaths of adults over 60 related to falls. In Kalamazoo County this represents 67% of accidental deaths of people over the age of 60. A finding of the Elder Death Review team revealed adults over 60 represent 40% of the suicides in Kalamazoo County. It is critical to continue this work and to develop prevention and education around these issues.

**C) Increase elder abuse identification and reporting.** This outcome aligns with our proposed scope of work. Providing training to educate the community on the signs of elder abuse and the implementation of prevention strategies is a need that has been identified through the MDT case review process, service



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providers to older adults and local research conducted on elder abuse identification and reporting in the emergency department. Our local research findings mirrored the national research findings indicating emergency department providers almost never identify or report elder abuse. Two of the primary reasons cited by emergency department staff were a lack of awareness of or inadequate training on the signs of elder abuse, and lack of knowledge regarding mandated reporting and abuse protocols. Within the scope of this proposal we will provide continuing education units to medical professionals, law enforcement, providers of in-home services and community based services, waiver agencies and social workers on the identification of elder abuse and mandated reporting laws. We have a strong partnership with Adult Protective Services (APS) and will continue to collaborate with them regarding elder abuse awareness, education and prevention training opportunities.

**D) Create/enhance a program that addresses elder abuse detection, prevention and education at the local level.** Our proposed scope of work includes the facilitation of Kalamazoo Elder Abuse Prevention Coalition, as they implement the strategic initiatives for the current year. Those initiatives are: 1) Revise the elder abuse protocol for Kalamazoo County ensuring coalition members, service providers, law enforcement, community mental health providers, the VA, the Kalamazoo Older Adult Advisory Board has an opportunity to provide input into the protocol. 2) Develop and implement a countywide marketing and awareness campaign for elder abuse prevention and develop a training curriculum with continuing education units available for medical professionals, social workers and law enforcement professionals on the identification, investigation, and prevention of elder abuse. 3) Facilitate a communitywide event; “Courts and the Clergy” designed to educate professionals and faith based organizations on elder abuse and community resources available to prevent elder abuse.

The deliverables for this project are:

1. Provide on-going operational support and facilitation for three multidisciplinary teams; Kalamazoo Elder Death Review Team, Kalamazoo Hoarding Multidisciplinary Team, and the Elder & Vulnerable Adult Multidisciplinary Review Team. Ongoing support for these teams is essential for them to continue to identify and address factors leading to elder abuse and systemic barriers and to provide increased service coordination and outreach to victims.

1. Facilitate the Elder Abuse Prevention Coalition, in the development of strategies to address gaps in services and systemic barriers identified through the case review process. The on-going facilitation of the Elder Abuse Prevention Coalition is necessary to effectively convene the large body of aging network providers, law enforcement, prosecutor, university personnel and other stakeholders which address elder abuse prevention in a multifaceted approach to ensure best practice models are employed within the community.

1. Provide opportunities for professionals to earn continuing education units by providing training and education to medical professionals, law enforcement, providers of in-home and community based services, waiver agencies and social workers on the identification of elder abuse and mandated reporting laws. Providing training will increase the identification of elder abuse and reporting allowing the community to develop system wide responses for elder abuse prevention and will support professional education requirements of providers.



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

NA

**Counseling Services**

Total of Federal Dollars \$5,500.00

Total of State Dollars \$0.00

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.**

Caregiver Counseling historically was a service AAA IIIA contracted to an external provider. In 2018, the provider retired, an RFP was posted twice, without bids or interest from the counseling community. After careful evaluation of internal work distribution and overall service delivery model; AAA IIIA will provide this service directly. AAA IIIA employs Master level social workers with the capacity to provide the service efficiently, economically, and with expertise in the aging population. Providing caregiver counseling internally with expedite services, and reduce referral time and coordination for the client.

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AAA IIIA determined Caregiver Counseling would be provided due to all provisions.

A- If this service is not provided by AAA IIIA, there is not adequate supply for the designated need.

B- AAA service to providing support to caregivers to assist in expanding education and understanding of needs of older adults is within the scope of AAA administrative function.

C- AAA providing counseling to caregivers of older adults couples aging experts and resources with direct care laymen to enhance quality of life for the client and caregiver alike.

**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.**

As noted above, the provider for contracted services retired, the RFP was posted twice without any noted interest from community providers.

Utilizing the Masters level social workers internal to AAA with standardized Brief Integrative Therapy techniques will allow for support of caregivers, elder abuse prevention, referrals to the Creating Confident Caregiver

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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     \$1,500.00                      Total of State Dollars     \$0.00

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.**

Goals:

Determine locations for classes accessible to those in need

Increase marketing efforts to assure the maximum number of participants in each class.

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

AAA IIIA has a master trainer on staff for the CCC class. Funding for this evidence based program is limited, despite increased requests. Community collaborations and and partnerships will assist in expansion and support of this program.

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

Compliments on the master trainer were referred to during discussion of caregiver training in the 6/12/19 hearing at OASAC.

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**Regional Direct Service Request**

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

Area agencies that request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in box and click “Add.” The regional service name will appear in the dialog box on left after screen refresh. Select the link for the regional service and enter the information requested pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2020-2022. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Regional Direct Service Budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Regional Direct Service Budget details.

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

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

### Program Development Objectives

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

It is recognized that some communities may not end up completing an aging-friendly community assessment, and/or achieving CFL recognition despite good faith efforts by the area agency and community partners involved. Helping raise awareness in communities about the value and importance of becoming more aging-friendly for all ages is still an important program development activity. It can help to support more livable communities and options for older adults and family members. Given the above, those area agencies required to include this CFL objective for FY 2020 will be expected to report on progress in their FY 2021 Annual Implementation Plan (AIP) that includes:

1. Any communities that achieve CFL recognition (if any) and if none;
2. The community or communities the area agency approached to encourage them to complete an aging-friendly community assessment and/or improvement activities and also;
3. Any lessons learned for the area agency and other community partners from the process of raising awareness about the value of supporting aging-friendly communities and also;
4. Improvements (if any) that were made in communities in the PSA to make them more aging-friendly.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals (Listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

#### Area Agency on Aging Goal

- A. As referenced in Plan Highlights question 8 for strategic planning activities, we will continue to focus on expansion, standardization, and utilization of Senior Millage funding. In addition, AAA IIIA will attempt to engage one community with the Community For a Lifetime initiative by 9/30/2022.

State Goal Match:

Narrative

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Objectives

1. Timeline: to

Activities

Expected Outcome

### Advocacy Strategy

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

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

#### Advocacy Strategy

AAA IIIA will be focusing the advocacy strategy for this planning period on Waiting List Reduction, Elder Abuse & Prevention and Older Adult Mental Health.

#### Waiting List Reduction:

As of 5/14/19, AAA IIIA waiting list has 144 potential clients waiting. 51% of the waiting list may be addressed by options counseling services. 44% may benefit from minimum to moderate services, and 5% are considered high need priority.

AAA IIIA will focus on evaluation, reduction, and potential elimination of the waiting list for AAA IIIA services. Evaluation of service delivery, prioritizing of need, introduction of options counseling, and expansion of programming through the Senior Millage will be the main focus of this planning year.

#### Elder Abuse & Prevention:

AAA IIIA will continue to enhance the multidisciplinary teams within the region addressing Elder Abuse/Neglect, Financial Exploitation, and Elder Death Review. Outreach for awareness and education to professionals, caregivers, and older adults will be a focus of growth this plan year.

One of AAA IIIA's Long Term Care Ombudsman has been invited to participate on the Elder Abuse Task Force assembled by Attorney General Dana Nessel. "More than 73,000 older adults in Michigan are victims of elder abuse. They experience physical abuse, financial exploitation, emotional abuse or neglect".

[https://www.michigan.gov/ag/0,4534,7-359-82917\\_92157---,00.html](https://www.michigan.gov/ag/0,4534,7-359-82917_92157---,00.html)

AAA IIIA supports and will assist with the objectives of the task force as outlined at:

[https://www.michigan.gov/documents/ag/Elder\\_Abuse\\_Task\\_Force\\_Initiatitives\\_linkedpurple\\_654514\\_7.pdf](https://www.michigan.gov/documents/ag/Elder_Abuse_Task_Force_Initiatitives_linkedpurple_654514_7.pdf)

#### Older Adult Mental Health:

Community partnerships with the acute care hospitals and primary care physician offices in Kalamazoo County offer opportunity to evaluate mental health screening and services for older adults. AAA IIIA facilitates an Elder Death Review Multidisciplinary team, and participates in the community Suicide Death review. In 2017, 27% of the identified death by suicide cases were older adults over the age of 60 in Kalamazoo County. In 2018, the rate rose to 37%. With the expansion of patient centered care with the Medical Home model adding Master level social workers to primary care offices across the county; opportunity for outreach, education, prevention, and services is profound.



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### Leveraged Partnerships

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

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:
  - a. Commissions Councils and Departments on Aging.
  - b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
  - c. Public Health.
  - d. Mental Health.
  - e. Community Action Agencies.
  - f. Centers for Independent Living.
  - g. Other
- a) **Commissions, Councils, and Departments on Aging:**
  - Older Adult Services Advisory Council
  - Kalamazoo County Government Board of Commissioners
- b) **Healthcare Partnerships:**
  - Bronson Methodist Hospital
  - Homer Stryker WMU Medical School
  - Western Michigan University School of Nursing
  - Ascension Health
  - Veteran's Administration of Battle Creek
  - Veteran Community Action Teams
    - Healthcare Committee
  - Quality of Life Committee
  - Family Health Center
  - Community Mental Health
- c) **Public Health: Kalamazoo County Government Partnerships:**
  - Health & Community Services
  - Environmental Health
  - Prosecutor office
  - Victim Services
  - County Clerk
  - Courts
  - Medical Examiner
  - Sherriff
  - Kalamazoo Code Compliance
  - Animal Control
  - Veterans Service Office
- d) **Mental Health:**
  - Recovery oriented Systems of Care
  - Family & Children's Services

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Gryphon Place- Suicide Prevention Coalition

**e) Community Action Agency:**

·Nonprofit external to Kalamazoo County Government- referrals only.

**f) Centers for Independent Living:**

·Disability Network of Southwest Michigan

**g) Other:**

Professional Networking & Advocacy Groups:

·KCASI- community advocacy group  
Professionals on Aging  
Statewide Elder Abuse Prevention Coalition  
Senior Services (Medicaid Waiver Agency)

Nonprofit Collaborations/Coalitions:

·Legal Aide  
Churches  
Senior Centers  
Emergency Response Consortium  
Fair Housing Corporation of Southwest Michigan

Private Companies

·Elder Law of Michigan  
·Banks/Credit Unions/Credit Card Companies  
Elder Law private practices  
Service Master

State & Law Enforcement:

·Adult Protective Services  
State Police  
·Kalamazoo Public Safety Law Enforcement/Fire Marshall (City)  
·Federal Bureau of Investigation (FBI)  
Central Intelligence Agency (CIA)  
Secret Service  
Homeland Security  
Prosecuting Attorney Association of Michigan

Listed partnership noted above involve a wide array of advocacy, networking, referrals, collaborations through multidisciplinary teams, and service enhancement for continuum of care. AAA IIIA will continue to expand partnerships for community wide coordination of care for older adults in the region.

**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.**

AAA IIIA Evidence Based Disease Prevention Programs of Matter of Balance, Creating Confident Caregivers, and Personal Action Towards Health will expand in this planning period.

With the Kalamazoo Senior Millage, AAA IIIA restructured to dedicate one full time social worker to expanding evidence based chronic disease programs.

Volunteer recruitment, educational outreach and advertisement of programs, and expanding site locations for classes are a focus for the Chronic Disease Program Coordinator. As noted in the expansive list of Leveraged Partnerships above, AAA IIIA continues to expand and grow relationships to enhance programs and partnerships throughout the region.

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Community Focal Points

Community Focal Points are contact and information points and sources where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note whether or not updates have been made.

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

By the Multi-Year Plan definition, a “focal point is a facility or entity designated to encourage the maximum co-location and coordination of service for older individuals in the Planning and Service Area (PSA).” The Area Agency on Aging IIIA 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. Our community focal points are required to provide 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 AAIIIA, and classes or programs providing information on health, safety and services available to older adults. We have required each focal point to have trained MMAP staff or have access to volunteers trained as MMAP 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 the location of multi-purpose senior centers, the AAIIIA has named five 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:	Comstock Community Center
Address:	6330 Kings Highway, Comstock, MI 49041
Website:	<a href="https://comstockcc.com/">https://comstockcc.com/</a>
Telephone Number:	269-345-8556
Contact Person:	Lorie Peterson
Service Boundaries:	Comstock Township, City of Galesburg, Charleston, Ross Township
No. of persons within boundary:	8,479 age 60+
Services Provided:	senior center activities, youth development programs, volunteer opportunities, on-site lunch.

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Name:	Coover Center (Senior Services)
Address:	918 Jasper, Kalamazoo, MI 49001
Website:	<a href="http://www.seniorservices1.org">www.seniorservices1.org</a>
Telephone Number:	(269) 382-0515
Contact Person:	Jennifer Austin
Service Boundaries:	Kalamazoo City minus census tracts 1-5

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No. of persons within boundary: 9,284 60+  
Services Provided: Senior center activities, congregate meals, exercise, transportation

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Name: Ecumenical Senior Center  
Address: 702 N. Burdick, Kalamazoo, MI 49007  
Website: <http://www.ecumenicalsc.com/>  
Telephone Number: 269-381-9750  
Contact Person: Tim Barnes  
Service Boundaries: Kalamazoo City census tract 1-5  
No. of persons within boundary: 1,951 age 60+  
Services Provided: Congregate meals, senior center activities, transportation

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Name: Portage Senior Center  
Address: 320 Library Lane  
Website: [www.portagemi.gov/living/senior\\_center.asp](http://www.portagemi.gov/living/senior_center.asp)  
Telephone Number: 269-329-4555  
Contact Person: Kim Phillips  
Service Boundaries: City of Portage and Texas Township  
No. of persons within boundary: 11,680 60+  
Services Provided: On-site meals, senior center activities, health and wellness programs, socialization, volunteer programs, transportation

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Name: South County Community Services  
Address: 105 S Kalamazoo Ave., Vicksburg, MI 49097  
Website: [www.southcountycs.us/](http://www.southcountycs.us/)  
Telephone Number: 269-649-2901  
Contact Person: Danna Downing  
Service Boundaries: Brady, Climax, Pavilion, Schoolcraft, Prairie Ronde, Wakeshma Township  
No. of persons within boundary: 9,870 60+  
Services Provided: Emergency assistance, health and wellness programs, restaurant dining program, and ride assistance

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### Other Grants and Initiatives

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

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

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

1.

1.Creating Confident Caregivers Classes empowering caregivers caring for a loved one with dementia are provided at least three sessions annually.

1.Dealing with Dementia: Session for dementia education for professionals.

Chronic Disease Self-Management Programs: During 2017-2019 MYP, funding for these programs were decreased, resulting in significant decline of classes and access to older adults. In this planning period, these programs will expand in both frequency and geographic location throughout the region with funding from the Kalamazoo Senior Millage.

·Matter of Balance (MOB)

Personal Action Towards Health (PATH)

PREVENT Grant funding has funded the Investigative Teams Coordinator position for AAA IIIA. This has allowed for the development of multidisciplinary teams in Kalamazoo County for Elder Death Review, Elder Abuse, Hoarding Task Force, Hording Multidisciplinary Team, Suicide Death Review, and Financial Exploitation Multidisciplinary Team. As outlined in the Leveraging Partnerships section, this initiative has brought local, regional and federal resources together to address elder abuse, neglect, and exploitation.

Medicare Medicaid Assistance Program/MMAP: MMAP is administered through AAA IIIA with currently one staff member trained. The remainder of funding is sub-contracted to Senior Services of Southwest Michigan for daily operations. The Kalamazoo Senior Millage assisted with additional funds to expand the program in this planning period.

Kalamazoo Senior Millage: Kalamazoo County voters approved a senior millage in August of 2018. The budget was reviewed and recommended to the County Commissioners through the Older Adult Services Advisory Council. In the document outlining the suggested budget, underserved needs were also identified.

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This planning period will implement the funding to direct service and need for the community. The implementation plan mirrors AASA quality standards for constancy throughout the continuum of service delivery.

·Expansion of services include:

·Long Term Care Ombudsman Program

Chronic Disease Management and Prevention Programs

Home Delivered Meals

MMAP

Volunteer Escorted Transportation

Adult Day Services & Respite

Senior Center Support

Home Injury Control

Transportation

Community Services

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

As evidenced by publications supporting MOB/PATH/CCCC, education, outreach, and preventive classes have demonstrated to increase socialization, health, mobility, independence, and decrease anxiety, depression, and risk of falls. Empowering older adults to regain control of their health by engaging in behavior modification programs enhances individuals, caregivers, and the community. During this planning period, expansion of these programs throughout the region will extend access to a larger population.

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

Preventative programs are a conduit for the entire AAA programming and service delivery spectrum. Class attendees are provided with education of the coordination continuum of all options for residents of the region. Expansion of these programs is part of the outreach plan for prevention, however also addresses the larger goal of education and awareness of all AAA services.



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**Appendices**

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix. Note that older versions of these appendices will not be accepted and should not be uploaded as separate documents.

- Appendix A: Policy Board membership
- Appendix B: Advisory Council membership
- Appendix C: Proposal Selection Criteria
- Appendix D: Cash-in-lieu of Commodity Agreement
- Appendix E: Waiver of Minimum Percentage of a Priority Service Category
- Appendix F: Request to Transfer Funds

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APPENDIX B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	1	0	0	0	6	11
Aged 60 and Over	0	1	0	0	0	0	0

Board Member Name	Geographic Area	Affiliation
Don Ryan	Kalamazoo, MI	Older Adult, Chairman
John Hilliard	Kalamazoo, MI	Older Adult, Vice Chairman
Mike Quinn	Kalamazoo, MI	Older Adult, County Commissioner
Rosamond Robbert	Kalamazoo, MI	Older Adult, Council Member
Beulah Price	Augusta, MI	Older Adult, Council Member
Tim Charron	Kalamazoo, MI	Older Adult, Council Member
David Eyke	Kalamazoo, MI	Council Member
Kimberly Middleton	Kalamazoo, MI	Life EMS, Council Member
Kelly Quardokus	Portage, MI	Q Elder Law, Council Member
Kimberly Phillips	Portage, MI	Portage Senior Center, Council Member
Dawn Shilts	Portage, MI	Older Adult, Portage Senior Center

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

Date criteria approved by Area Agency on Aging Board: 03/18/2019

**Outline new or changed criteria that will be used to select providers:**

Kalamazoo County Government Health & Community Services revised and updated the process of RFP posting in alignment with the Purchasing Policies of the organization. Additionally, a specific procedure was developed to outline the AAA process of posting, selection, and awarding of funding. Approved March 2019 by administration.

AAA IIIA does not have an Area Agency on Aging Board. Rather, the oversight is through administration through the Kalamazoo County Government within the Health & Community Services Department.