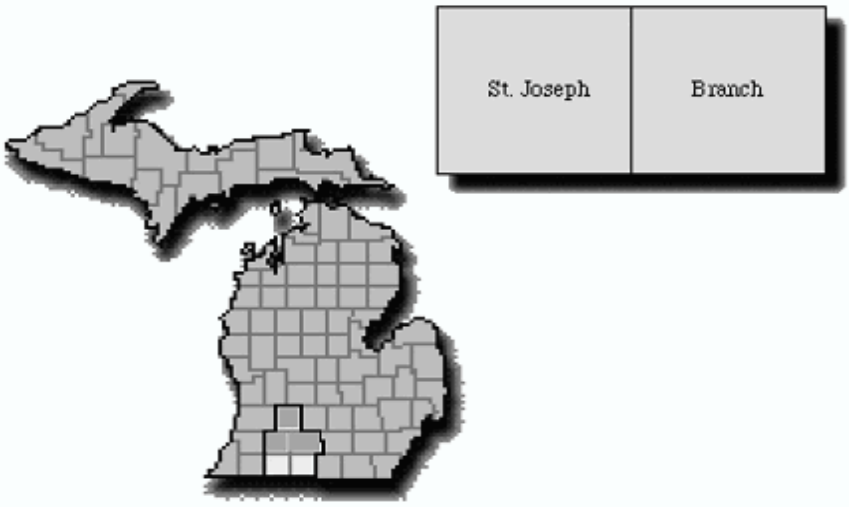
FY 2017 - 2019

MULTI-YEAR & ANNUAL IMPLEMENTATION PLAN

BRANCH-ST. JOSEPH AREA AGENCY ON AGING 3-C



Planning and Service Area
Branch, St. Joseph

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Branch-Hillsdale-St. Joseph
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ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017-2019

Branch-St. Joseph Area Agency on Aging **FY 2017**

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County/Local Unit of Govt. Review

The Area Agency on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi-Year Plan (MYP) by no later than June 30, 2016, to the chairperson of each County Board of Commissioners within the PSA requesting their approval by August 1, 2016. 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, 2016, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2016, 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 Multi-Year Plan. To employ this option the area agency must:

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 local units of government.

The Branch-St. Joseph Area Agency on Aging's approach to gaining support from each County Board of Commissioners is the same as it has been since our agency's designation in fiscal year 1997. Because Area Agency on Aging 3C (AAA) is an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, the Board of Health serves as the AAA Policy Board. The Board is comprised of two County Commissioners from each county in the public health district.

The DRAFT 2017-2019 Multi Year Area Plan and 2017 Annual Implementation Plan was formally sent to Board members and Advisory Committee members on April 27, 2016 for their review and comment. Discussion about the Plans began back in February 2016 with the Coordinator offering monthly updates as well. Board & Advisory Committee members are encouraged to share input, pose questions, and attend the Public Hearings scheduled for April 28, 2016 in Coldwater and April 29, 2016 in Three Rivers.

Laura Sutter, AAA Coordinator, will make formal presentations to each County Board of Commissioners, as follows:

June 14, 2016 - Branch County Board of Commissioners Work Session, 9:00am. The MYP/AIP will be presented to Commissioners at their open work session meeting in order to have open dialogue and discuss

highlights as well as any questions they may have. A Resolution of Support was sought, and passed unanimously at their regular Commission Meeting on 6/21/16.

June 21, 2016 - St. Joseph County Board of Commissioners regular meeting. A presentation and highlights were shared with Commissioners. A Resolution of Support was sought and unanimously supported for the Plans.

Resolutions are attached under "budgets and other documents" tab.

Branch-St. Joseph Area Agency on Aging **FY 2017**

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 2017-2019. Please note there are separate text boxes for the responses to each item. The Plan Highlights must include the following:

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.
2. A summary of the area agency's service population evaluation from the Scope of Services section.
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.
4. Highlights of planned program development objectives.
5. A description of planned special projects and partnerships.
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.
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.
8. Highlights of strategic planning activities.

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.
The Branch-St. Joseph Area Agency on Aging (IIIC) mission is to provide a full range of high quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them throughout Branch and St. Joseph Counties. As an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, our agency has held this mission since our designation as an Area Agency on Aging in 1996. We are one of 16 AAA's in the State of Michigan responsible for administering Older Americans Act and Older Michiganians Act funding to address the needs of older adults, age 60 and over, and family caregivers living in Branch & St. Joseph Counties.

Our vision states: We envision inclusive communities filled with enriching activities and opportunities for older adults. Where people who have questions or needs can find assistance and support in a manner that suits their preferences.

Furthermore, we uphold these values within our organization:
1. We place the people we serve at the center of our operations, honoring their preferences and privacy.
2. We assure efficient use of public and private resources.
3. We develop programs and services using an inclusive process to promote healthy aging and livable communities for all ages.
4. We exhibit strong leadership which responds to changing needs and fosters collaboration and cooperation throughout the communities we serve.

5. We use effective communication to carry out our mission and vision in an open, respectful and unbiased manner.

2. A summary of the area agency's service population evaluation from the Scope of Services section.
Knowing that the total population in the PSA has decreased since the 2000 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow! The population projections are now stating that our planning & service areas largest growth in the 60+ population will be from 2020-2030...merely 4 years away. In general the AAA 3C total population (all ages) has decreased since 2000 by 3.6%. Branch County has seen decreases that double those of St. Joseph County. While the total population has decreased, the poulation of those 60 years and older has been increasing. Specifically, the region has seen a 28% increase it its 60 year and older population. The most significant increases have been in the 60 to 74 years (38%) and in the 85 year old population (18%). Another demographic trend to note is that of the region's Hispanic population. Between 2000 and 2014, the region has seen a 62% increase in its Hispanic population. For those 60 years and older, the region has experienced a 330% increase, growing from 68 Hispanic seniors in 2000 to 296 in 2014.

21.3% of those 55 and older in PSA 3C are in poverty. Of those 65 and older, 8.1%; and of those 75+, 9% are impoverished. This data is consistent with the data shared in the last Multi Year Plan which used the 2010 Census data for poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2014 ACS, minorities comprise 2.4% of those 60+ in the PSA. The number of Hispanic older adults has grown since the last planning document, and thus, we will be increasing outreach efforts among the Hispanic community to offer supports and services. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency who may be of a minority group.

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.
For the next three fiscal years, the Region 3C AAA will fund 14 services across our two-county planning and service area. The continuum of services funded under the Plan is a direct result of comprehensive community input, open forum & conversation, and key leader input. The over-arching service categories include; Access, In-Home, and Community Services. Funding used to support these services arises from both federal and state sources and is outlined in our FY2017 Area Plan Budget.

Services include: Coordination & Support, Transportation, Home Care Assistance, Caregiver Education, Support and Training, Kinship Support Services, Respite Care, Disease Prevention/Health Promotion, Friendly Reassurance, Legal Assistance, Home Repair, Adult Day Services, Home Delivered Meals, Congregate Meals, and Chore Services.

The five service categories receiving the most federal and/or state funds include: Home Delivered Meals, Home Care Assistance, Congregate Meals, Transportation and Respite Care (in home respite care and adult day services). With these services, we anticipate serving the greatest number of participants as well. Based on the most recent program year service trends, our anticipated service levels and associated funding is as follows:
Home Delivered Meals: $800,000 serving over 1,400 participants
Home Care Assistance: $300,000 serving over 525 participants

Congregate Meals: $420,000 serving over 3,300 participants
Transportation: $100,000 serving over 700 participants
Respite Care: $180,000 serving over 90 participants

A close "sixth" prioritized and funded service is Care Management (called Community Living Program in PSA 3C), which is easily coupled with Case Coordination & Support. Both programs are aimed to offer independent living support so participants can remain in the setting of their choice for as long as possible. The AAA administers the Community Living Program with over 100 families/individuals each year. The Community Living Program focuses on those who have complex needs and/or are at risk for needing a more formal care setting. Case Coordination and Support is contracted (currently) with both County Commission on Aging offices to support their in-home service participants with monitoring, care planning and referral making. These programs are funded at approximately $200,000 (combined) and serve over 900 individuals each year.

4. Highlights of planned Program Development Objectives.

Over the next three fiscal years our program development objectives will include a strong focus on developing an adult day program in Branch County, furthering our work to prevent elder/vulnerable adult abuse, neglect and exploitation and exploring Communities for A Lifetime recognition for Branch County. Through collaborative efforts and engagement of our community partners we will remain dedicated to these program develoment efforts in our two-county planning and service area.

5. A description of planned special projects and partnerships.

In spring 2016 we were approach by Community Mental Health and Substance Abuse Services of St. Joseph County (CMH) to collaborate and implement a nationally recognized, evidence-based program called Senior ReachR. The mission of Senior ReachR is to support the well-being, independence and dignity of older adults by educating the community, providing behavioral health, care management, and connecting older adults to community resources. Senior ReachR is being implemented in 12 sites across Michigan and is a special project fund grantee of the Michigan Health Endowment Fund for the next two years (2016-2018). The project and its intent to serve those who are isolated in the community certainly bodes with our agency's mission.

Our local community hospitals & health care providers are community partners with whom we work to improve access to care, develop health education & wellness programming, and address chronic health conditions such as diabetes. Certain programs such as Diabetes PATH, will further develop over the next three years. In addition, we will continue our work and collaboration to address re-hospitalizations with each of our community hospitals.

Partnerships with local Department of Human Health & Human Service offices, law enforcement and community agencies to raise awareness and prevent elder abuse, neglect and exploitation will continue. Additional educational programs and trainings will be planned and implemented over the next three years.

We will continue our partnership with the Battle Creek Veterans Administration to serve veterans and their families via the Veteran Community Partnership project & the Veteran-Directed Home and Community Based Program. The need for information, resources and access to services for veteran's and veteran caregivers remains a high priority area for our community. We remain connected to each County Veterans' Affairs office as well in an effort to connect veterans to benefits and support for their needs. As mentioned previously, our work and business development with hospitals and health plans should be noted again.

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.

Our agency strives for efficiency both internally and externally among community partners. Internally, the Community Health Agency has “absorbed” the AAA as we share accounting staff, space, and various administrative roles. We are a seamless, autonomous department but yet share many responsibilities and costs of doing business with the larger agency. Externally, during our interactions and involvement throughout the planning and service area, AAA staff share best practices, suggestions and, when we can, encourage collaboration among providers and other entities to more practically serve our community.

We are especially active in the county collaborative groups and will continue to share resources for special projects and events in the coming years. Providers look to maintain efficiency and strive for cost effective service delivery. Much of this will continue to be seen with information technology and their public/private partnerships. For example, the restaurant voucher program in St. Joseph County is a win-win for all: privately owned restaurants contract with St. Joseph County COA to offer special menu items and are reimbursed with a combination of federal/state/local resources. The program offers choice, the #1 benefit, but also supports local businesses in a cost effective and collaborative manner. The Senior ReachR program will diversify current programs and agency roles while serving more people in the community. The outreach and education component will also enhance our ability to engage new community partners to the aging, disability and mental health networks.

Our agency will continue to explore accreditation as a way to improve quality and better position ourselves for work with health plans, hospitals and other funding entities.

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.

Our agency has been minimally involved in working with health plans in Michigan under the Michigan Department of Health & Human Services' Integrated Care Project called "MI Health Link". MI Health Link began in 2015, seeking to integrate care for those dually eligible for Medicare and Medicaid. AAA 3C is involved in the demonstration region and we look at this initiative as an opportunity to become more engaged in service coordination/consultation and for non-formula resource development. Thus far, the majority of our work has surrounded outreach and education of those living in our PSA who become enrolled in or are seeking information about MHL. Our Medicare/Medicaid Assistance Program Regional Coordinator has been trained in MHL and provides options counseling with individuals seeking information about the health care program. We look forward to being more engaged in the project as it evolves. Overall, we welcome serving more people in our planning and service area alongside our AAA colleagues and community partners.

AAA3C does not utilize volunteers directly in support of our agency's programs, however, our community partners utilize them throughout their organizations and with nearly all programs they offer. Both County Commission's on Aging and Community Action utilize volunteers to support all of their agency functions and programming. From home delivered meal delivery, to activities and administrative tasks, and as Medicare/Medicaid Assistance Program Counselors, volunteers are highly revered in our local aging network.

8. Highlights of strategic planning activities.

The Branch-Hillsdale-St. Joseph Community Health Agency is a district health department organized in accordance with the Public Health Code (P.A. 368 of 1978) in 1971 as a not-forprofit, local governmental entity. The health department is overseen by a six member board of health which consists of representatives assigned from each of the three local county
commissions. The district health department provides a broad spectrum of public health services to the tri-county residents who reside in Branch, Hillsdale and St. Joseph Counties.
These three counties are located in Michigan's south/southwestern tier of border counties. Combined, the three counties are home to more than 150,714 people. The Branch-St. Joseph Area Agency on Aging (IIIC) is an autonomous department within public health, and as such, participated in the Strategic Planning process and also assisted in its facilitation. The full report is attached to the MYP/AIP document for your reference as well.

The Branch-Hillsdale-St. Joseph Community Health Agency began it's 2015-2019 Strategic Planning process in the fall of 2014. The process was inclusive and sought input from a number of Agency personnel, community decision makers and community partners. Initially, a 22 member strategic planning committee (SPC) was identified that represented administration, board of health and agency staff (Strategic Plan, Attachment A). Special attention was paid to assure that both middle-management and line staff members were involved in the process. Again, the Area Agency on Aging Coordinator was a member of the SPC and contributed to its development.

The Plan outlines how the Agency will move forward as it seeks to maximize its performance as a public health organization of excellence and assures the delivery of public health services that addresses the community's health needs and result in health status improvement. The six strategic priorities and strategic goals identified most definitely relate to the Area Agency on Aging and our divisions' strategic direction and include: infrastructure development, quality Improvement, systems of care improvement and integration/collaboration. The Community Health Agency and the Area Agency on Aging's commitment and use of evidence-based and/or best practice models, quality improvement and collaboration are integral to fulfill both agency's mission and vision.

To help inform our strategic planning process the SPC garnered feedback from customers, CHA employees, and external stakeholders and community partners. We also analyized the budget and staffing trends of the organization. This environmental scan unveiled four main themes including: service delivery, technology, collaboration and communication (Strategic Plan, pp. 16-17). The Area Agency on Aging program development objectives and scope of services tie into these areas of the strategic plan and will be discussed in other sections of the Plan.

The plan will provide guidance for decisions about future activities and resource allocations. It is a working document and as such, will be revisited often and modified when needed to reflect new opportunities, emerging threats and changes occuring around us. We are proud to be a part of the Branch-Hillsdale-St. Joseph Community Health Agency and stand collaboratively to engage and implement the work plans over the next three years.

Branch-St. Joseph Area Agency on Aging **FY 2017**

Public Hearings

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

At least two public hearings on the FY 2017-2019 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 (30) 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 e-mail 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 (30) days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen (15) 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 e-mails received) as a PDF and upload on this tab. 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	Is Barrier Free	No. of Attendees
04/28/2016	BHSJ Community Health Ager	11:00 AM	Yes	3
04/29/2016	BHSJ Community Health Ager	02:00 PM	Yes	3

Narrative:

The Branch-St. Joseph Area Agency on Aging utilized multiple strategies and methods to gain the input of older adults, caregivers, people with disabilities, elected officials, community partners, direct providers of service and the general public to assist us in identifying needs, identifying gaps, gathering ideas and prioritizing services and funding to support the aging and disability communities we serve.

On April 7, 2016 we issued a press release (attached) outlining our approaches and methods to gain input for

the 2016 Community Needs Assessment. A total of two (2) tools were developed to gain feedback; one for Older Adults/Caregivers, and one for Key Community Leaders/Providers. The press relese was sent to: local hospitals, newspapers & all media outlets, human services groups/collaboratives, direct service providers, aging network providers, for-profit/non-profit service clubs & organizations, faith-based organizations, elder abuse prevention coalitions, Board of Health/County Commissioners, advocates, AAA Advisory Committee, and more! The surveys will also be distributed to current individuals receiving services in their home (home delivered meals, personal care/homemaking, respite care), senior center participants and dining program participants. The needs assessment tool was also completed by interested people at our Input Forums, held:
Wednesday, April 20, 2016, 10:00 am, in Sturgis at the Enrichment Center, 306 N. Franks Ave.
Thursday, April 21, 2016, 11:00 am, in Coldwater at the Burnside Center, 65 Grahl Dr.
The press release announces dates for the Public Hearings as well as provides contact information and website information for additional background/questions.

Feedback from the nearly 50 attendees of the Input Forums included comments about needing more activities for older adults to participate in, the rising cost of living (housing, owning/maintaining a vehicle, food), and not knowing what might be available (i.e. services) if they needed help.

Paid Public Notice Ads to announce the Public Hearings were placed in the Coldwater Daily Reporter, Sturgis Journal, and Three Rivers Commercial News newspapers on April 15, 2016.

Public Hearings were held as scheduled and indicated above. There were three (3) attendees at each Hearing, all area agency on aging staff. There were no members of the public in attendance, nor was there testimony given. The AAA will accept testimony/input on the Plans through the end of May 2016.

Scope of Services

The number of potentially eligible older adults who could approach the area agency'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 are 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 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 evaluates 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 potential eligible service population using census, elder-economic indexes or other relevant sources of information.

In order to prioritize funding and program development objectives over the next three years, the area agency referenced data from multiple sources. We utilized data from the 2010 U.S. Census, the most recent American Community Survey and the MDHHS Division of Vital Records & Health Statistics. In addition, we studied regional needs among older adults, current service participants, caregivers, key community leaders, and those who provide services. Feedback from the "Community Needs Assessment" clearly indicates which programs, services, and supports are most important to the public and consumers who are eligible or currently utilizing existing services/supports. Accordingly, the results were used in prioritizing funding and services throughout this planning document. As stated in the Older Americans Act, AAA's need "to give priority to those with greatest economic and social need". We look to the U.S. Census/American Community Survey for poverty-related data to address our progress and gaps in service levels. In the American Community Survey, 21.3% of those 55 and older in PSA 3C are in poverty. Of those 65 and older, 8.1%; and of those 75+, 9% are impoverished. This data is consistent with the data shared in the last Multi Year Plan which used the 2010

Census data for poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2014 ACS, minorities comprise 2.4% of those 60+ in the PSA. The number of Hispanic older adults has grown since the last planning document, and thus, we will be increasing outreach efforts among the Hispanic community to offer supports and services. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency who may be of a minority group. For example, at the Community Health Agency, we have a number of hispanic and arabic staff who can assist us with translation, accompany us on home visits, as well as with cultural sensitivity and outreach across the PSA.

Knowing that the total population in the PSA has decreased since the 2000 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow! The population projections are now stating that our planning & service areas largest growth in the 60+ population will be from 2020-2030...merely 4 years away. In general the AAA 3C total population (all ages) has decreased since 2000 by 3.6%. Branch County has seen decreases that double those of St. Joseph County. While the total population has decreased, the poulation of those 60 years and older has been increasing. Specifically, the region has seen a 28% increase it its 60 year and older population since 2000 (9% since 2010). The most significant increases have been in the 60 to 74 years (38%) and in the 85 year old population (18%). Another demographic trend to note is that of the region's Hispanic population. Between 2000 and 2014, the region has seen a 62% increase in its Hispanic population. For those 60 years and older, the region has experienced a 330% increase, growing from 68 Hispanic seniors in 2000 to 296 in 2014. Many of these hispanics come from a specific location in Mexico, - Michoacan, a state located on the western side. Branch and St. Joseph County’s strong agricultural base originally drew people this area and have now relocated in the Bronson/Sturgis area. According to ACS (2008-12), the region is home to 896 immigrants that are not U.S. citizens and of those. Immigrant migration can poses problems for a challenged health care system and adds to the area's uninsured rates.

In order to gain input directly from the public, current service participants, caregivers, community leaders, and providers of service we initiated a Community Needs Assessment. Our intent was to gain insight on the perception of need for services, how individuals' obtain information about services, need for expansion, need for improvement and accessibilty. We did not revise the document for this planning cycle based on the assessment completed in 2012, as it was consistent to suit our needs. Feedback was captured from 304 respondents via the "Community Needs Assessment" tool. We offered the survey in two different methods: an online "Survey Monkey" as well as a traditional hardcopy questionnaire. Each version contained the same 20 questions. Our provider network assisted us in distribution of the hard copy surveys to Senior Center participants, Congregate meal site participants, In-Home Service participants (Home Care Assistance, Respite Care), and Home Delivered Meal participants. The survey was open for six weeks (April 8th to May 23rd) and promoted through the Community Health Agency's website, news media and through group email lists. Respondents were assured that their responses were anonymous. Feedback from the surveys represented the race/ethnicity and gender make up of our population base. We noted an increase in respondents indicating they had a disability (21% more than in 2013) and percentage of those age 75 and

older completing the survey grew by nearly 10% (64.4% of respondents are 75+ years).

A list of 25 'fundable' AASA services was utilized to gage priority areas, and respondents were asked to rank them on a three-point scale ranging from little need (1 point) to moderate need (2 points) to great need (3 points). A natural breaking point was observed between those that were ranked highest need and those that were considered lower needs. Highest overall needs among **all respondents** ranged between 2.11 and 1.81 and include: Home Delivered Meals, Homemaking, Personal Emergency Response, Chore Services, and Personal Care (Respite Care was within 1/10th of a percentage point as the fifth highest ranked service). Interestingly, the Medicare/Medicaid Assistance Program and Home Repair did not rank as high as they did 3 years ago. The online Survey Monkey Needs Assessment introduction and direct link was emailed to multiple key community leaders including; Faith-based organizations, Health care providers (including physicians, specialty clinics, home health agencies, rural health clinics, and hospital discharge planners/social workers), aging network providers, AAA Advisory Committee, CHA/AAA Policy Board, other local elected officials, human service agencies (including multi-purpose collaborative bodies Department of Health & Human Services and Community Mental Health), service clubs and organizations (including hospital auxiliaries, United Way, Lions, Elks, and Chambers of Commerce). We more than doubled the number of key leader respondents as compared to 2013 - and were very pleased! Our discussions with local providers, key leaders and our community partners is ongoing as it relates to services/support needs in the PSA. Interestingly, key leaders ranked Care Management/InHome Assessment as the highest needed service with caregiver supports & services as second highest... Then homemaking, meals and transportation. Respite care & adult day services were also ranked high by key leaders.

In collaboration with the Community Health Agency Health Promotion division, staff was able to tabulate results using the survey monkey tool. We would like to acknowledge their expertise and guidance in preparing, implementing, tabulating, and summarizing the data set from the surveys. We have included the actual survey tools used for gathering data as an appendix, as well as the powerpoint that was developed to share results in an organized, meaningful way!

There seem to be a few themes that are consistent throughout the data, between both older adults and key community leaders, which are (in order of importance):

1. Need to increase awareness of services
2. Need for in-home services
3. Need for continued caregiver supports and services

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.

Because of our organizational relationship with local public health, we have access to and utilize data other agencies may not... For example, the 2016 County Health Rankings were released and shared with our public health partners on March 16, 2016. The rankings are divided into two sections: Health Outcomes and Health Factors. Health Outcomes measure how healthy a county is. Health Factors represent those in dicators that influence the county's health and contains 30 different indicators which are then organized under four separate headings: health behaviors, clinical care, social and economic, and physical environment health factors. When weighted, these factors provide the framework for identifying areas for future improvement efforts. Branch County has shown improvement in the Health Outcomes area, moving from a ranking of 55th in 2015 to 51st in 2016. Health Outcomes looks at both the length and quality of life as measured by the number of premature

deaths, and self-reports of poor or fair health, poor physical health days and poor mental health days. Branch County did report poorer ranking scores in the area of Health Factors, moving from 41st to 64th, primarily due to increases in behavioral risk factors related to smoking and excessive drinking. St. Joseph County experienced poorer rankings for 2016 than in 2015. Health Outcomes rankings moved from 49th in 2015 to 59th in 2016 because of increases in self-reported poor physical and mental health days. It dropped 20 spots in the area of Health Factors, moving from 49th in 2015 to 69th in 2016 due to slower rates of improvements or reversals in gains previously experienced within the categories of health behaviors, clinical care and social and economic factors. Knowing these health outcomes and the factors by which they are ranked can give us insight as to areas of focus for those we serve who are 60 years and older, and/or those with disabilities in our planning and service area.

Because of our agency's collaboration & partnership with our community hospitals and Community Mental Health agencies we participate in each county's Community Health Needs Assessment process and data collection every three years. Spring 2016 initiated this process in St. Joseph County, and as such, some preliminary health and medical needs have been identified. The overarching goals of the CHNA is ensure we continue to efficiently and effectively deliver quality medical services to residents. Both a select group of local experts and community members were surveyed (over 500) and ranked the following as "significant health needs" for St. Joseph County: 1. Obesity/physical inactivity; 2. Mental health/Suicide; 3. Physician Services; 4. Education/Prevention; and 5. Diabetes. Another highlight from the preliminary report examines the rate of un-insured among adults ages 18-64. This rate, because of the Affordable Care Act, has significantly improved during 2014. From 2010 to 2013 the percentage without health insurance decreased from 22.3% to 20.4% and then dropped further to 15.6% in the first half of 2014 (Gallup-Healthways Well-Being Index). Implementation strategies are under development, in collaboration with the aforementioned agencies, including the Area Agency on Aging 3C... As addressed throughout the Plan, similar trends, feedback and priorities are addressed! As an involved partner in these community meetings, we will remain diligent to address health care access, medical care access and community based support options to impact our local communities.

As we analyzed health data during our planning process, we note that 75% of all deaths in the region occur to those who are 65 years and older. Of those, 1/3 of deaths occurred to those in the 85+ years age group. Leading causes of death are Heart Disease, Cancer, Chronic Lower Respiratory Diseases (formerly known as COPD), Diabetes, Stroke, Alzheimer's, Unintentional Injuries, Pneumonia/Flu, Kidney Disease and Suicide. Of the 10 leading causes of death, seven (7) of them are chronic diseases which are responsible for 76% of all the region's deaths. Many chronic diseases are preventable through practicing four healthy behaviors, which include: weight control, engaging in adequate physical activity, and limiting alcohol consumption and refraining from tobacco usage.

In regard to preferences and trends in service delivery we can reference our 2016 AAA Community Needs Assessment results. Respondents who sought & received services stated that they were provided in an accessible location, in a timely manner, according to their preferences, and they were overall satisfied with the quality of service they received. We also asked older adult/caregiver respondents for feedback on service enhancement, expansion and improvement needs. Overwhelmingly, being made more aware of what services and supports are available ranked the highest. Medicaid/Medicare information, additional educational programs (such as Creating Confident Caregivers), and veteran's benefit information ranked within a few percentage points below. Again, we much remain dedicated to outreach, education as a way to inform residents and families near and far about the aging network!

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.

As stated in our Request for Proposal documents, and as prescribed by the federal Older American's Act: All individuals aged 60 years and older are eligible to receive federal and state funded service, substantial emphasis must be given to serving elder persons with the greatest social or economic need. "Substantial emphasis" is regarded as an effort to service a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. We utilize the 2016 (current year, as applicable) Federal Poverty Guidelines, as established by the US Department of Health and Human Services to place definition to "low income" (or a person in economic need). In 2016, for an (one) individual the annual income level is $11,770 for two people it is $15,930.

For our regional planning purposes, individuals who are members of the following racial/ethnic categories are to be considered as belonging to a minority group: African American, Native American, Asian/Pacific Islander, Multi-Racial and Other. The "Other" category consists of persons whose response to the race item on the Census could not be categorized into a specific race, e.g. "Native-American," or "Hispanic." Most persons in the "Other" category are White Hispanics/Latin American.

As such, these definitions are embeded within our Request for Proposal process and are addressed in each agency/business responses to the RFP. The definitions serve as guidance and also infiltrate agencies' administrative policies/procedures for targeting. Our agency also monitors providers' compliance with targeting and prioritization of targeted populations as we visit all contract providers annually for compliance with AASA Operating Standards for Service Provision. Use and implementation of these definitions, as outlined, set our clear expectations with all of our providers.

Our outreach efforts with underserved populations consists of collaborative messaging, regular meetings and contact with aging network partners, and direct contact with people in our two-county planning and service area. We participate in multiple outreach events throughout the year including; County 4-H Fair, Older Americans Health Fair, Project Connect/Homelessness Events, VA "Stand Down" events, and COA-sponsored events at all of the local senior centers.

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

Upon completion of the "Dementia Capability Quality Assurance Assesment" Tool there were several stregths identified as well as some significant areas that can be improved on through the next planning cycle.

The stengths that were identified show a strong foundation of identifying a person's current living situation as well as identification of their caregivers. These will allow for there to be Dementia specific protocols and identification to be put in place quite seamlessly. Currently, the service providers are identifying individuals after care is being provided; or duing a full assesment based upon particpant report, family report or possible concerns noted while providing services. There is also a strong current base of opporutinities in the community to refer individuals to for respite and education; such as adult day programing and Creating Confident Caregivers Classes.

The opportunities for improvement include putting a protocol in place that would give the opportunity to earlier idenitfy cognitive impairments or Dementia; as well as a standard protocol for communicating that information through all service providers. The assessment also identified that there is a need for Dementia specific education among all service providers. Having this education and training will be paramount to being able to earlier identify those who are experiencing cognitive impairments or Dementia.

The future plans for the next planning cycle to enhance dementia capability include drafting and implementing protocols for earlier identifying those expereincing cognitive impairments, or Dementia; as well as training contracted and purchase of service providers on identifying Dementia or memory loss; as well as caring for those with cognitive impairment or Dementia.

There continues to be a lack of accessible physicians for the diagnostic evaluation, this is a regional issue that has been identified. There will need to be continued collaboration with other networks in the community to continue to work to resolve this identified issue.

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

When a person desires or identifies services that are not funded under our MYP or available where they live, our response is one of "problem-solver and researcher". Our trained staff would approach the request with a kind, listening ear, offering other options that may assist. We would also research their request among our local aging network partners and key community partners to see if there may be another regional provider or option that could address the person's stated need. Further, should the person's request be a "one-time"-type service (rather than "on-going"), we may be able to utilize CLPS (a proposed regional service herein) to fill the direct service need. If the service was not available or affordable for the person, we would document the need and work with local community partners to examine the need and discuss the possibility of development of a new service in the future. All all points of contact with individuals seeking services/supports, our staff remain commited to using a person-centered approach to communication and problem solving.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2017-2019 MYP.

As discussed in other sections of the Multi-Year Plan, our largest unmet need is adult day services in Branch County. Development of a provider to offer that service, in any capacity, is our priority for addressing the need in 2017. The loss of the program occurred in 2014, and we have not been successful to date in development of another potential service provider. Families have had to place loved one's in more formal (and costly) care settings, as well as quit their jobs in order to care for their loved one. It is our goal, and is outlined as a program development objective, to entertain a proposal(s) from potential bidders during our 2016 RFP. Should we be unsuccessful, we'll continue our outreach and work more intensely with community partners to develop capacity for a new program. Once a potential bidder(s) is identified, we will open up a Request for Proposal for the service.

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

The aging network providers in Region 3C utilize the AASA Operating Standards for Service Provision requirements to maintain a list of participants seeking services/support but who are unable to be served at the time the service is sought. As stated in our contract with each provider, participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs. Indicating factors include: For Social Need: isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.; For Functional Need – disability (as defined by the Rehabilitation Act of 1973 or the Americans With Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.; For Economic Need– eligibility for income assistance programs, self- declared income at or below 125% of the poverty threshold, etc. Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time. Such a list must include the date service is first sought, the service being sought and the county, or the community if the service area is less than a county, of residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list. Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by funded program. Waiting lists are reported and aggregated by the Aging & Adult Services Agency as well as used for advocacy purposes. Alternative services and supports are also discussed with individuals and families so to offer temporary support until the program resources are available.

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.

As we assess the need for services, taking into account the input from the community, barriers do exist that have significant impact on service delivery. The first and foremost is funding. As we are directly associated with and impacted by the legislative process, each funding cycle has its ups and downs. Providers of aging services are constantly assessing local impact of the state and federal budget and how it will "trickle down". One advantage in our region however, is the longevity of our provider network. Combined, our existing providers have over 80 years of experience, so they are well versed at handling these hills and valleys. In addition to this experience, each county has a substantial millage to support service delivery in conjunction with

OMA/OAA funds. In order to expand and diversify our scope of services, however, we will need to address public/private partnerships to accomplish larger goals in service delivery.

The AAA Advisory Committee and Policy Board are updated monthly as to the progress and on going efforts of the AAA and provider network. Because the lack of a Branch County adult day program remains our biggest gap in services, we will engage with them more in our forthcoming development efforts.

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.

In a rural PSA such as ours, In-Home Services and Access Services have proven to be the most important to seniors and most needed. It would be safe to say that seniors who are mobile want to remain mobile and participate in as much as they can. And, those who need a variety of in home services want to stay in their homes to receive them! Input received during the public input sessions and Public Hearings indicate in-home services, preventive health, and access to services remain of utmost importance in the PSA. We will continue our community partnerships, aggregate data from our local partners and further collaborative relationships to further our mission to provide quality services to those greatest in need, in a manner that suits their preferences.

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Planned Service Array

Complete the 2017-2019 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide. There is a required narrative related to the Planned Service Array in the following section. The narrative should 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.

	Access	In-Home	Community
Local Millage Funded	• Case Coordination and Support • Information and Assistance • Transportation	• Chore • Home Care Assistance • Home Delivered Meals • Assistive Devices & Technologies • Respite Care • Friendly Reassurance	• Congregate Meals • Disease Prevention/Health Promotion • Home Repair • Senior Center Operations • Senior Center Staffing • Counseling Services • Kinship Support Services • Caregiver Education, Support and Training
Participant Private Pay		• Chore • Home Care Assistance • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care	• Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Counseling Services
Funded by Other Sources	• Care Management • Transportation		

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Provided by Area Agency	• Care Management • Information and Assistance • Service Name: Community Living Program Services Service Definition: Promotion of an individual's health, safety, independence and reasonable participation within their local community through provision of community living supports. Community Living Program Services include: A. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: 1) meal preparation, 2) laundry, 3)routine, seasonal and heavy household care maintenance, 4) activities of daily living such as bathing, eating, dressing, personal hygiene, and 5) shopping for food and other necessities of daily living. B. Assistance, support and/or guidance with such activities as: 1) money management, 2) non-medical care (not requiring RN or MD intervention), 3) social participation, relationship maintenance, and building community connections to reduce personal isolation, 4) transportation from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence, 5) participation in regular community activities incidental to meeting the individual's community living preferences, 6) attendance at medical appointments, and 7) acquiring or procuring goods and services necessary for home and community living, in response to needs that cannot otherwise be met. C. Reminding, cueing, observing and/or monitoring of medication administration. D. Provision of respite as required by the participant's caregiv		• Disease Prevention/Health Promotion • Creating Confident Caregivers

Contracted by Area Agency	• Case Coordination and Support • Transportation	• Chore • Home Care Assistance • Home Delivered Meals • Medication Management • Assistive Devices & Technologies • Respite Care • Friendly Reassurance	• Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Long-term Care Ombudsman/Advocacy • Counseling Services • Creating Confident Caregivers • Kinship Support Services • Caregiver Education, Support and Training • Service Name: Community Living Program Services Service Definition: Promotion of an individual's health, safety, independence and reasonable participation within their local community through provision of community living supports. Community Living Program Services include: A. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: 1) meal preparation, 2) laundry, 3)routine, seasonal and heavy household care maintenance, 4) activities of daily living such as bathing, eating, dressing, personal hygiene, and 5) shopping for food and other necessities of daily living. B. Assistance, support and/or guidance with such activities as: 1) money management, 2) non-medical care (not requiring RN or MD intervention), 3) social participation, relationship maintenance, and building community connections to reduce personal isolation, 4) transportation from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence, 5) participation in regular community activities incidental to meeting the

			individual's community living preferences, 6) attendance at medical appointments, and 7) acquiring or procuring goods and services necessary for home and community living, in response to needs that cannot otherwise be met. C. Reminding, cueing, observing and/or monitoring of medication administration. D. Provision of respite as required by the participant's caregiv

* 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 Multi-Year Plan in contrast to the services funded by other resources within the PSA, especially for services not available PSA wide.

Region 3C Area Agency on Aging develops a comprehensive, coordinated system of supports and services in an effort to promote the independence and well being of older adults and those who care for them across Branch and St. Joseph Counties. Through our multi-year planning and contracting process we gain input from community members, key stakeholders, providers, and community partners/organizations to develop our list of funded services. Based on the needs and projects proposed during our Request for Proposal process, a continuum of services are funded and contracted for. Services that are not contracted for directly are sought and purchased from our local Purchase of Service (POS) vendors. POS vendors can provide everything from fiscal intermediary services, personal care/homemaking, wound care, durable medical equipment/supplies, medication management, and more. County senior millages are available in each county in the PSA. They are administered by the County's Commission on Aging departments. They utilize the millage funds to match federal and state grants, as well as support senior centers, special trips and programming outside AASA funded services array.

The two services that are contracted by the Area Agency but not available PSA-wide, at the time the Plan was written are: Home repair and Adult Day Services. In spring 2014, our Branch County contracted adult day provider terminated their contract with our agency for the service. We've been searching for alternate providers, however we have not been successful in developing/locating one as of yet. Our search continues and as you will read in the program development section, it remains our highest goal for FY17. Home repair was put out for bid 2016 Request for Proposals. Historically, there has only been one bidder who responded and their services are offered in St. Joseph County only. We are only in the beginning stages of the RFP at the time the Plans are submitted, and therefore can not report how the contracts will come through for the 2017-2019 contract cycle.

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.

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

As a part of the 2015-2019 BHSJ Community Health Agency Strategic Planning process, we utilized information gathered as a result of our internal assessments and environmental scan to conduct and begin the Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis. Note: the term "challenges" is synonomous with the term "threats" as it relates to our process. (Strategic Plan, pp. 16-19) Here is a summary, including additional notes for AAA-related strengths, weaknesses, opportunities, and challenges.

Strengths: Staff members are seen as our agency's greatest asset. They are knowledgeable and caring in their approach. Staff members provide the basis for collaborative relationships and comunity partner engagement. Our collaborative approach and relationships with community partners is another strength. And, finally, our grassroots advocacy is seen as a strength.

Weaknesses: Communication is the most notable weakness for public health, however, was not identified within AAA. Our weaknesses are related to staffing - a lack thereof! Funding is the root cause impacting that weakness - if you don't have viable funding, you can't pay for staffing. Quality improvement intiatives therefore are impacted by few staff, and by the lack of knowledgeable staff to implement quality improvement programs. Other program development activities are also impacted by a lack of staff in that we have difficulty finding the time to complete the work and make progess in achieving goals.

Opportunities: Both collaboration and technology were identified as the greatest sources for opportunities in the future. The SPC identified further opportunities for service integration, working with the local hospitals and FQHCs. Expansion of case management services through the Area Agency on Aging and outreach efforts to underserved populations for health services and health insurance enrollment were seen as untapped possibilities for the future.

Challenges: Changing political climates, both federally and at the state-level, is an identified weakness. The budget process is always interesting! Mandates/requirements of AASA and other federal agencies do impact us as well as our network partners.

2. Describe how a potential greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or the new Integrated Care Program could impact the organization.

As it stands today, the Branch-St. Joseph Area Agency on Aging (IIIC) does not have a formal role in the MIChoice Home & Community Based Waiver program. We have never received a contract for the program,

but remain open to one should an agreement be extended. Our provider network across Branch and St. Joseph Counties has always been supportive of our agency operating the MIChoice program locally. Administratively, we would advocate and submit application for a contract should the Department open it up for bid.

The Integrated Care demonstration has been operating in our PSA since 2015. Our role thus far has been education/outreach with those potentially eligible and options counseling for those who have more in-depth questions about eligibility/coverage. The two plan operating in our area have chosen to work directly with the MIChoice Waiver agencies, as such, we've not been involved in negotiations. We are, however, providers for each of the Waiver agencies and would respond to referrals/service requests if authorized. We work in close collaboration with the agents and will maintain that relationship on going.

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

Should the state and/or federal allocations to our AAA be reduced, we would take a very close look at essential services and the most utilized services across the PSA and engage our community/contracted partners to discuss strategies to maintain services to those in greatest need. Our agency works closely with each County Commission on Aging, Community Action and our County transportation authorities to provide key access and in-home services. Those access & in-home services would remain top priority for funding. Conversations with providers would occur regularly and would include prioritization strategy, identification of need, and then putting the plans into action with current participants & those seeking services. Our administrative team and Board of Health would also be engaged in the discussions. More local funding would be used to fill in gaps until budgets could be realligned and in good standing. AAA3C policies and procedures would be referenced and utilized to guide our process and discussions as well. We are well-versed at working through difficult conversations and problem solving with our community and contracted partners across the aging network.

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 Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations and why.

At this time the Branch-St. Joseph Area Agency on Aging is not planning to pursue or engage in any accreditation(s) or accreditation processes.

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.

The Branch-St. Joseph Area Agency on Aging (IIIC) utilizes the MiChoice Information System and COMPASS as our Community Living Program client tracking system. In early 2016 our agency (finally!) upgraded our technology to include the Vendor View communication software to also support our Community Living Program participants and vendors who serve participants. These technology tools allow us to document, share internal and external communication, service authorizations and cancellations, communication regarding preferences and specific/urgent needs. The programs also track the "business-side" of our program in terms of verifying bills, reports, utilization and budgeting. The addition of Vendor View in January 2016 has been a huge success and has proven to have an effect on improved efficiency and communication. Care Consultants utilize iphones and laptop computers in the field when appropriate to document and remain timely in completion of their job duties. New laptops with upgraded operating systems occurred in late 2015 which has proved more efficient for staff as well. We continually

seek improved service delivery and performance in all of our agency operations. The Community Health Agency is implementing new accounting software in summer 2016 with major efficiencies expected in payroll, accounts receivable/payable, budget/financial reports, audit requirements, human resources, and more!

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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

Service Name: Community Living Program Services

Service Definition: Promotion of an individual's health, safety, independence and reasonable participation within their local community through provision of community living supports.
Community Living Program Services include:
A. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: 1) meal preparation, 2) laundry, 3)routine, seasonal and heavy household care maintenance, 4) activities of daily living such as bathing, eating, dressing, personal hygiene, and 5) shopping for food and other necessities of daily living.
B. Assistance, support and/or guidance with such activities as: 1) money management, 2) non-medical care (not requiring RN or MD intervention), 3) social participation, relationship maintenance, and building community connections to reduce personal isolation, 4) transportation from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence, 5) participation in regular community activities incidental to meeting the individual's community living preferences, 6) attendance at medical appointments, and 7) acquiring or procuring goods and services necessary for home and community living, in response to needs that cannot otherwise be met.
C. Reminding, cueing, observing and/or monitoring of medication administration.
D. Provision of respite as required by the participant's caregiv

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

This definition offers the most flexibility to participants in our Care Management, called Community Living Program in PSA 3C, should they choose to self-direct their care. It also allows for flexibility among purchase of service vendors in their provision of authorized service, based on the participants choice during the allotted time in their home.

Service Category	Fund Source			Unit of Service
☐ Access	☑ Title III PartB	☐ Title III PartD	☐ Title III PartE	Fifteen (15) minutes performing CLPS tasks
☑ In-Home	☐ Title VII	☐ State Alternative Care	☐ State Access	
☐ Community	☐ State In-home	☐ State Respite		
	☐ Other _____			

Minimum Standards

1. Each program shall maintain linkages and develop referral protocols with each Independent Living Consultation (ILC), CCS, CM, MI Choice Waiver and LTCC program operating in the project area.

2. All workers performing Community Living Program Services services shall be competency tested for each task to be performed. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served. Completion of a certified nursing assistant (CNA) training course by each worker is strongly recommended.

3. Community Living Program Services workers shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording client information. Additionally, skill, knowledge, and/or experience with food preparation, safe food handling procedures, and identifying and reporting abuse and neglect are highly desirable.

4. Semi-annual in-service training is required for all Community Living Program Services workers. Required topics include safety, sanitation, emergency procedures, body mechanics, universal precautions, and household management.

5. Community Living Program Services workers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care when individually trained by the supervising RN for each participant who requires such care. The supervising RN must assure each worker's confidence and competence in the performance of each task required.

6. When the CLPS services provided to the participant include transportation described in B above, the following standards apply:

a. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation. The provider must cover all vehicles used with liability insurance.

b. All paid drivers for transportation providers shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles.

Minimum Standards for Individuals Employed by Participants:

1. Individuals employed by program participants to provide community living supports shall be at least 18 years of age and have the ability to communicate effectively, both orally and in writing, to follow instructions, and be in good standing with the law as validated by a criminal background check conducted by the area agency on aging that
Regional Service Definition: CLPS cont…

is shared with the participant. Members of a participant's family (except for spouses) may provide CLS to the participant. If providing transportation incidental to this service, the individual must possess a valid Michigan driver's license.

2. Individuals employed by program participants shall be trained in first aid, cardiopulmonary resuscitation, and in universal precautions and blood-born pathogens. Training in cardiopulmonary resuscitation can be waived if providing services for a participant who has a "Do Not Resuscitate" (DNR) order. The supervisor must assure that each worker can competently and confidently perform every task assigned for each

participant served.

3. Individuals providing Community Living Program Services shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

4. Individuals providing Community Living Program Services shall be deemed capable of performing the required tasks by the respective program participant.

5. Individuals providing Community Living Program Services shall minimally comply with person centered principle requirement in minimum standards

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Access Services

Some access services may be provided to older adults directly through the area agency without a service provision request. These services include: Care Management, Case Coordination and Support, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and MATF/State Caregiver Support funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2017-2019, complete this section.

Select from the list of access services the area agency plans to provide directly during FY 2017-2019 and provide the information requested. Also 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 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Care Management

Starting Date	10/01/2016	Ending Date	09/30/2017
Total of Federal Dollars	$14.100.00	Total of State Dollars	$93.296.00

Geographic area to be served

Branch & St. Joseph Counties

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

Goal #1: Devlop more flexible service options in order to implement a more self- directed care model.
Activities:
~Seek additional service providers to servce participants in Region 3C.
~Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accomodate participant's person centered plan.

Expected Outcomes:
~Increased number of purchase of service vendors for CLPS regional service definition.
~ Increased ability to meet the needs of the participants and their caregivers through their desired person centered plan.

Goal #2: Continue staff and community partner development and in the area of Person-Centered Thinking

Activities:
~ Offer additional training to providers, community partners and AAA staff on PCT
~ Participane in state-sponsored training events/seminars as well as accessing online training resources on PCT, motivational inerviewing, and sensitivity training.

Expected Outcomes:
~ Provide more autonomy and control to participans and staff members by using a person-centered philosophy.
~ Expand knowledge and scope of practice among all AAA staff in a cost effective way.
~ Services will be delivered accross the care continuum in a way that is consistent with utilizing a person-centered approach.

Goal #3: Minimize or eliminate wait times and the waiting list.

Actitivities:
~ Offer additional training to intake staff ensuring more indepth option counseling at time of initial contact.
~ If waiting list continues through the second year of the planning and service cycle, an increase in local appropriations will be requested to be targeted at offering service to those on the wait list.

Expected Outcomes:
~ Individuals and caregivers will be referred to alternate resources or be able to obtain services through CLPS in a more timely manner.

Number of client pre-screenings:	Current Year:	102	Planned Next Year:	120
Number of initial client assesments:	Current Year:	94	Planned Next Year:	110
Number of initial client care plans:	Current Year:	94	Planned Next Year:	110
Total number of clients (carry over plus new):	Current Year:	96	Planned Next Year:	100
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:48	Planned Next Year:	1:48

Information and Assistance

Starting Date	10/01/2016	Ending Date	09/30/2017
Total of Federal Dollars	$6.245.00	Total of State Dollars	$0.00

Geographic area to be served

Branch & St. Joseph Counties

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

Goal 1: Provision of comprehensive, unbiased information & assistance/referral

Activities:
~ Continue to provide referrals according to AASA & national AIRS standards
~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - ADRCIS database

Expected Outcomes:
Staff will continue to provide the highest quality information & assistance/referral services to any person with an

inquiry. Individuals will experience timely, accurate information to their questions and requests.

Goal 2: Continue ongoing outreach and education activities among local and regional aging/disability network partners.

Activities:
~ Staff shall continue participation in community-based taskforces, workgroups, committee-type partnership meetings to uphold information sharing and resource collaboration.
~ Staff shall continue to share recent and relevant information/resources to all community partners

Expected Outcome:
Local and regional aging/disability network partners will continue to seek and receive accurate information from AAA 3C.

Goal 3: Continue to maintain accurate data and submit accurate data/program reporting related to AASA Standards and reporting requirements, for inclusion in the statewide resource database and NAPIS reporting tool.

Activities:
~ Staff shall continue to develop and monitor the ADRCIS resource database, implementing corrections/additions/deletions as necessary.
~ Staff shall continue to seek updated information through contact with programs, servic agencies, and organizations for inclusion in the database.
~ Staff shall continue to complete accurate data entry into the database according to AASA standards.

Expected Outcome:
All requested and required data and reports will be submitted accurately and timely.

Goal 4: Continue to use and promote a person-centered approach

Activities:
~ Staff who've not been trained in PCT shall seek training/enhanced training in the topic area of person-centered philosophy/approaches.
~ Staff shall continue to use the person-centered approach in all interactions with callers, families, caregivers, participants and community partners.
~ Staff shall continue to be able to explain the person-centered philosophy, providing education where opportunities arise.

Expected Outcomes:
~ People contacting and interacting with the Area Agency on Aging 3C will indicate they have been listened to and responded to with the information/supports they were seeking and according to their preferences.
~ Community partners will have an increased awareness of PCT and its practice within their organizations.

Branch-St. Joseph Area Agency on Aging **FY 2017**

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, a service provision request may be approved by the MIchigan Commission on Services to the Aging. Direct service provision is defined as "providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting". 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 this section for each service category.

Select the service from the list and enter the requested information pertaining to basis, justification, and public hearing discussion for any Direct Service Request for FY 2017-2019. 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 2017 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.

Please skip this section if the area agency is not planning to provide any in-home, community, or nutrition services directly during FY 2017-2019.

Disease Prevention/Health Promotion

Total of Federal Dollars $1,440.00 Total of State Dollars

Geographic Area Served Branch & St. Joseph Counties

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

The provision of Disease Prevention/Health Promotion services in the PSA is planned for the next three year cycle to continue successful momentum with the Diabetes PATH (Personal Action Toward Health) and Matter of Balance programming that we've developed since 2014. We are furthering our efforts to become Medicare certified to provide Diabetes Self-Management Training (an 'add-on' to DPATH) as well. The service provision is necessary to assure adequate supply in the PSA, as other providers only offer Matter of Balance classes. We do coordinate schedules with these providers and also support one another in leading classes as well.

Branch-St. Joseph Area Agency on Aging **FY 2017**

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 services 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.

It will be our agency's goal to hold at least two MOB and DPATH classes in each county, annually over the next three years. As discussed througout the Plan, preventitive care and chronic disease self management classes are needed to address the desire of our target population (Community Needs Assessment) and population health data to reduce complications and hospitalizations for such conditions.

Provide a detailed justification for the 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.
None.

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

Creating Confident Caregivers

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

Geographic Area Served Branch & St. Joseph Counties

Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.
Since 2009 AAA3C has been engaged in the development and presentation of Creating Confident Caregivers throughout the PSA. The basis has always been that CCC provision by our agency is necessary to ensure adequate supply of such services. Our staff have been trained and leading classes successfully since the program's entrance to Michigan as a veteran-based course. Since then, the program has transitioned to serve a wider audience and is well-received in our planning and service area.

Branch-St. Joseph Area Agency on Aging **FY 2017**

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 services 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.

For a minimal amount of federal Title IIIE funding, our staff will provide a minimum of 2 classes (one class in each county, per year) or more each year of the three year cycle. The funds will be used to off-set staff time, travel and incentives to class participants. We also work closely to coordinate a class schedule with another provider who has one staff person who is CCC trained.

Provide a detailed justification for the 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.
None.

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

Regional 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 must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the newly-added regional service and enter the information requested pertaining to basis, justification, and public hearing discussion for a regional service request for FY 2017-2019. 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 Service Budget details for FY 2017 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.

Please skip this section if the area agency is not planning to provide any regional services directly during FY 2017-2019.

Community Living Program Services

Total of Federal Dollars $5,000.00 Total of State Dollars $0.00

Geographic Area Served Branch & St. Joseph Counties

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

The Community Living Program Services funding will be dedicated to those individuals being served under our Community Living Program (Care Management). Utilizing $3,500 in federal Title IIIB and $1,500 in federal Title IIIE funding will allow for more flexible service options as participants chose to hire/pay their own worker and/or utilize fiscal intermediary services in order to support their independent living goals in the community. Based upon current participant feedback and our initiation of the regional service definition in FY2009, we see this option being more utilized as we move forward because of the targeted funding.

Branch-St. Joseph Area Agency on Aging **FY 2017**

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 services 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 provision of CLPS in our region is directly related to the Area Agency's Administrative function to provide access services to those meeting eligibility for the Community Living Program (Care Management).

Provide a detailed justification for the 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 indicated throughout the Plan, in home services and services targeted to meet individual needs' and preferences are the highest priority in PSA 3C. CLPS was crafted and implemented in 2009 to begin to address this identified need and we've been highly successful ever since! Our Care Consultants discuss this service/support option with those participants who have identified like priorities/desires. CLPS offers multiple services/support options under one definition so that participants can chose the service needed, as they desire.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).
None.

Program Development Objectives

Please provide information for all program development goals and objectives that will be actively addressed during the MYP.

New Required Goal/Objective: There is a new priority program development goal/objective area that is required. This is a goal that centers on aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime (CFL) and help them to retain and attract residents of all ages so the communities can thrive and have access to goods, services and opportunities for quality living across the lifespan:

CFL Goal: More communities in the PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a CFL.

The Minimum Objective: One new community in the PSA will receive recognition as a CFL by 9/30/19.

For technical assistance with developing CFL objectives, narratives, timelines, planned activities and expected outcomes, contact the AASA Lead staff for the CFL Program, Dan Doezema at doezemad@michigan.gov, or 231-929-2531.

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. 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. Work with community partners to develop an adult day program in Branch County
State Goal Match: 2, 5

NARRATIVE

Since the loss of Branch County's Senior Respite Program in 2014, an adult day program operated by Pines Behavioral Health Services, we have been engaged in development, research and feasibility of another program. In the late summer and fall of 2015, we held community meetings with potential partners, yet nothing has come to fruition. At this time only private pay options are available to families/individuals seeking daytime respite care in a community setting. As a way to meet some of the need in the community, both County's Commission on Aging offices have utilized additional respite care funding to offer additional hours and contract with other home health agencies to provide respite care outside of regular business hours. We do not see this method of service provision as meeting the need of the community, nor is it a sustainable method. The priorities of our key leaders and board members remain strong, that an adult day program needs to be cultivated as soon as it is feasible.

OBJECTIVES

1. Work to develop a viable community partner to develop an adult day program for individuals and families in Branch County.
   Timeline: 10/01/2016 to 09/30/2017

   Activities
   Work with local provider networks, faith-based organizations and community partners to identify potential adult day program providers. Build upon existing connections and re-examine feasibility of their potential to develop an adult day program.

   Should an interested party(ies) be identified, the AAA will initiate a Request for Proposal for the service.

   Expected Outcome
   Enhance and work with potential new provider organizations who are interested in exploring, developing proposal, and start implementation of an adult day program.

   Start-up of a new adult day program on or before 9/30/2017.

B. Work with key community partners and leaders in Branch County to explore the Community for a Lifetime designation.
State Goal Match: 1, 3, 5

NARRATIVE

In response to AASA's new priority program development objective area to enhance the Communities for A Lifetime (CFL), the Branch-St. Joseph Area Agency on Aging will work with and engage public, municipal and private partners to asses the aging-friendliness of Branch County to encourage them to become a CFL. St. Joseph County sought and received their CFL recognition in 2014. Connecting with key officials in Branch County, starting with Board of Health members who are appointed by the Branch County Board of Commissioners will be our start!

OBJECTIVES

1. In FY2017, the AAA Coordinator will network and make connections with Branch County Board of Health/County Commissioners as well as the County Administrator to present the Communities for A Lifetime program. We will also contact AASA staff lead for the CFL Program to participate and/or make presentation to the interested parties to allow for open dialogue, questions and answers.
   Timeline: 10/01/2016 to 09/30/2017

   Activities
   In early 2017, set up meetigs with Branch County officials to discuss the CFL Program. Engage AASA to make presentation in early March 2017.

   Expected Outcome
   Branch County establishes a timeline for conducting an aging-friendly community assessment and established a target date for making an application for recognition to AASA as a CFL.

2. In FY2017, the AAA Coordinator will network and make connections with Branch County Board of Health/County Commissioners as well as the County Administrator to present the Communities for A Lifetime program. We will also initiate contact with AASA staff lead for the CFL Progra
   Timeline: 10/01/2016 to 09/30/2017

   Activities

   Expected Outcome

C. Provide advocacy, information, and training to support the rights of older/vulnerable adults to live free from abuse, neglect and exploitation.
State Goal Match: 4

NARRATIVE

Reports of vulnerable adult abuse, neglect, and/or exploitation have increased 20% since 2012 in both Branch and St. Joseph County (MDHHS APS data run, January 2015). In 2014, more than half of each county's substiantiated cases were in the type of "neglect" and "self-neglect" (MDHHS APS data run, January 2015). We must address this issue. A coordinated community response is something began in 2016 and will continue to build upon into 2017 via training, education, and outreach.

OBJECTIVES

1. Increase the awareness of vulnerable adult abuse, neglect and exploitation throughout the PSA via participation in local partnerships, coalitions/taskforces, and community groups.
   Timeline: 10/01/2016 to 09/30/2017

   Activities
   AAA staff will notify all providers, community partners, and community advocates upon our knowledge of current scams/schemes being reported in the state or local area.

   AAA staff will participate in the Branch County Elder Abuse Prevention Coalition. Efforts in FY2017 include education seminars, events and promotion of elder abuse prevention materials.

   AAA staff will continue progress with St. Joseph County officials to implement the Interdisciplinary Team approach to serve those identified by team members as vulnerable. The Vulnerable Adult Protocol in St. Joseph County was enhanced with the IDT effort in Spring 2016. Additional efforts will include training local agencies/organizations on the Protocol and IDT.

   Expected Outcome
   Increased awareness among community members, potential victims, and reporting agencies about the identification and reporting of suspected abuse, neglect and exploitation.

   Enhanced collaboration and inter-agency communication as it relates to coordinated community response in vulnerable adult abuse/neglect/exploitation cases.

Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2017-2019. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.

The Branch-St. Joseph Area Agency on Aging will continue avid advocacy within the community and the State of Michigan. The AAA will attempt to increase general public awareness of older adult issues and share what an impact advocacy has in the legislative process. Our most significant, consistent message that we share is the importance of community-based long-term care designed to assist older adults to remain in the setting of their choice.

Our advocacy occurs at many different levels, but begins locally. We will remain involved in: community task forces, multi-purpose collaborative bodies and associated subcommittees, the AAA Association of Michigan, and by strengthening the AAA Advisory Committee. We will also continue to strengthen our relationship with the local Disability Network to develop collaborative advocacy messages, continue partnership building in our local Aging and Disability Resource Consortium, and work together on long term care issues.

The following list includes the taskforces & committees we are currently involved with and will continue involvement with over the coming fiscal year:
~ Branch County Improving the Lives of Seniors Committee
~ St. Joseph County Human Services Commission
~ St. Joseph County Adult Services Network
~ Caregiver related workgroups and planning committees (each county)
~ Aging and Disability Resource Consortium of Branch and St. Joseph Counties
~ Emergency preparedness workgroups (each county)
~ Branch & St. Joseph County Transportation Authority - Local Advisory Committees
~ Elder abuse prevention workgroups (each county)
~ Housing taskforce/homelessness workgroups (each county)
~ Access to Healthcare (St. Joseph County)

Advocacy includes identifying local unmet needs and service gaps, seeking and strengthening additional resources, and further developing a coordinated system of services and programs. Through the AAA Advisory Committee and Policy Board, we coordinate advocacy efforts. The Older Michiganians Day event shall be our annual advocacy day at the state capitol along with our state-wide colleagues in aging and disability networks. The event is very energetic and well attended, with each legislator in our area targeted for a dynamic discussion on the needs of older adults and family caregivers. The AAA Advisory Committee (Council) is an appointed committee of the Branch-Hillsdale-St. Joseph Community Health Agency (CHA) Board of Health. As such, Committee is used in their title rather than Council. Advisory Committee membership consists of: Health care representatives, Human service agency representatives, AAA contracted providers, County Commissioner (appointed), and, ideally the majority being older adults. The Board of Health serves as the formal AAA Policy Board. County Commissioners from each county in the district are appointed to the Board of Health to set policy and provide oversight to the CHA and AAA operations. Each of these entities (Advisory Committee & Policy Board) play a key role in assisting the AAA in identifying issues related to older adults and directly involves them in advocacy efforts as key issues arise.

The following trends and issues will remain important to recognize as efforts are put forth for thought and action:

1. Health care – Maintaining adequate and affordable, quality health care is very important, including the topics of Medicare, Medicaid, and insurance/prescription medication. Furthermore, this includes working with community partners (hospitals, home health, hospice, and other related entities) to emphasize the importance of home and community- based care to allow older adults to remain in the setting of their choice to receive services.

2. Expansion of Services and Providers of Services – The AAA must advocate to maintain local determination of funding. As well as making sure there are adequate services for the projected growth in the senior population. As stated above, maintaining involvement with local task forces, collaborative initiatives, and with our elected officials, we can remain strong advocates for those who are affected by decisions at the federal, state, and local level. We will continue to monitor key changes in legislation on the local, state and federal levels to be able to respond and provide up-to-date information for our communities.

These advocacy efforts both within the region, and at the state-level improve the quality of life for older adults through engagement, education, and involvement! As a core function of an area agency, we take advocacy to heart - in everything we do.

Leveraged Partnerships

Describe the area agency's strategy for FY 2017-2019 to partner with providers of services funded by other resources, as indicated in the Planned Service Array. Complete each dialog box below.

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

Establishing a network of comprehensive supports and services to assist older adults remain as independent and healthy as possible is one of our core responsibilities as an Area Agency on Aging. The Older Michiganians Act (OMA) and Older American's Act (OAA) funding that we receive are granted to local service agencies/organizations to provide for an array of services and programs to support older adults and their families. We partner & collaborate with local Commission on Aging agencies, health care organizations, public health, mental health, Community Action, and our local Center for Independent Living (Disability Network of Southwest Michigan).

In Region 3C, federal and state funds are allocated to the following services: adult day services, caregiver education, support and training, case coordination & support, chore, congregate meals, disease prevention/health promotion, home care assistance, home delivered meals, home repair, information & assistance, legal services, in-home respite, medication management, assistive devices/technology, care management/community living program, and transportation. In addition to OMA and OAA funding, each county in the PSA has a senior millage. The Commission on Aging offices are the administrators of these tax dollars. Millage funds are used operationally and to support each AAA grant-funded service they provide. The millages are essential to each county for provision of in-home and community-based services. They expand service and support options and in many cases limit the frequency of waiting lists for services.

Branch County Commission on Aging (COA) receives .50 mill for total COA operational costs and generates approximately $610,000 annually for the period 2015 - 2019. Special grant opportunities are sought for expansion of existing programs as well as one-time projects. Fundraising at the COA is also a source of revenue for various programs. Millage funds are incorporated into each of their services, including: home care assistance, chore, respite, case coordination & support, caregiver services, disease prevention/health promotion, MMAP, and transportation. The Branch COA also administers a building millage at .25 mill which generates approximately $305,000 annually for the period 2011 - 2020.

St. Joseph County Commission on Aging (COA) receives .75 mill for total COA operational costs and it generates approximately $1.4 million annually for the period 2012 – 2017. St. Joseph County also seeks special grant opportunities and participates in fundraising activities, as well as partners with multiple community partners to expand and enhance existing programming and services. From 2015 thru April 8, 2016

the St. Joseph County Building Authority, St. Joseph County and the St. Joseph County Commission on Aging planned, constructed and built a new senior center in Sturgis in an effort to better serve older adults and the community in the southern portion of the county. This structure and majority of furnishings was paid for by the County and leased to COA for $1/year, thereby allowing COA to use millage funds for new programming and service expansion including: home care assistance, chore, respite, home repair, transportation, senior nutrition programs, disease prevention/health promotion, MMAP and caregiver services.

The local Commission on Aging offices receive the majority of these federal funds to support some of the associated operational costs of offering the valuable service to beneficiaries. MMAP services are highly sought and utilized in the region. Over the next 3 years (FY17-FY19) AAA staff will continue to work directly to build capacity and a broader group of volunteers/agency partners to serve as MMAP counselors and continue in our role as Regional Coordinator designee.

In the summer of 2016 we anticipate a new Federally Qualified Health Center to open in St. Joseph County. We, along with our public health partners, will collaborate and work together to outreach to our community about their services and make referrals.

We shall continue our mission to provide for a full range of high quality services, programs, and opportunities which promote the independence and dignity of older adults while supporting those who care for them…

2. Describe the area agency's strategy for FY 2017-2019 for working with ADRC partners in the context of the access services system within the PSA.

Other providers and community partners in our local aging & disability network include the local Department of Health & Human Services, Center for Independent Living (Disability Network Southwest Michigan), Mental Health authorities, and Community Action. Not only do we work on local taskforces and community groups together, but in some cases, we have contracts with them to provide direct services such as: senior nutrition programs, disease prevention/health promotion programs, information & referral/assistance and evidence-based programming. We also work with these entities to further develop the Aging & Disability Resource Consortium efforts across Branch and St. Joseph counties. Ongoing communication and interaction among staff members is relied upon to remain updated and for referrals and coordination. Working with Aging & Disabilty Consortium partners is something we've been doing for many, many years in our region. There is a common collaboration and "no wrong door" approach among all partners to serve those seeking services and supports. Through our ongoing communication with these partners, we shall continue to share resources and cross-train staff in order to serve our communities.

3. 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.

Region 3C intends to build upon the successes of the "Great at Any Age!" (MI Health Endowment Fund project) evidence-based health and wellness programming through continued classes, train-the-trainer/class leader trainings and community outreach/education events. Great at Any Age! programs include Diabetes PATH and Matter of Balance. We intend to seek medicare certification in FY17 for diabetes self management training as well. Title IIID funding will be utilized, if needed, to support these evidence-based programs and is outlined in other areas of the MYP/AIP.

Branch-St. Joseph Area Agency on Aging **FY 2017**

Our contracted providers have been working on development of evidence-based programs since AASA directives were shared with the network in 2012 as well as subsequent direction in 2014. Both County Commission on Aging offices administer evidence-based health and wellness programming, which adhere to the Administration for Community Living and Michigan AASA standards and program guidance. Silver Sneakers is offered in St. Joseph County and program development is under way to bring on additional programming for FY17. We anticipate proposals which will include other programs which meet the highest level critieria for our next contract cycle. Diabetes PATH and Matter of Balance programs are also hosted at COA sites.

We will continue our work on sustainability, as grant funds diminish and demand remains... In partnership with our community partners!

Community Focal Points

Please review the listing of Community Focal Points for your PSA and 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.

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.

The currently identified focal point agencies in Region 3C are the Branch County Commission on Aging and the St. Joseph County Commission on Aging. Logistically they serve older adults in the most populated communities in each county. They are also able to coordinate services with other appropriate entities and health care providers in these larger communities. Furthermore, their experience in service delivery speak volumes to their effectiveness. Co-location of services also occurs at the COA offices and senior centers. Disease prevention programming, adult day services, fitness activities, art & craft classes, and community presentations are offered on a regular basis. Coordination with other community agencies and organizations including: community mental health, Department of Human Services, hospitals/home health agencies, and private practitioners (chiropractors, physical therapists, podiatrists, etc.) offer additional direct services and access to services and vital information. The public is also invited to use the centers for meetings and special events. In rural regions such as Region 3C, communities vary in size. They can be as large as a county or as small as a few block neighborhood. The AAA will use the following definition of community: A group of legally recognized townships, villages, or cities where there is a history of affiliation in the areas of health, human services, or education. Using this definition, the AAA identifies six such communities in the two-county region. In Branch County, there are three: Greater Coldwater, Greater Bronson, and Greater Union City. In St. Joseph County the communities identified are Greater Sturgis, Greater Three Rivers, and Greater Centreville. While other areas in the region meet the criteria listed, they tend to be fairly small and do not have access to a full range of services. The Commissions on Aging (COA) in each county maintain sites for senior activities, health & wellness activities, and nutrition services. As mentioned above, their historic role as centers for information and supportive services make them logical choices to be considered “Community Focal Points”. The COA's have consistently demonstrated the capacity to work with other organizations to serve older adults in the most meaningful, comprehensive manner possible. Each of them maintain contracts for the majority of contracted services in the region and as such, are monitored closely each fiscal year for their effectiveness and adherence to standards for service provision.

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:	St. Joseph County Commission on Aging
Address:	103 South Douglas Avenue, Three Rivers, MI 49093
Website:	www.sjccoa.com
Telephone Number:	269-279-8083

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Contact Person:	Lynn Coursey, Executive Director
Service Boundaries:	St. Joseph County
No. of persons within boundary:	60,946 total pop; 14,059 60+ (23.1%)
Services Provided:	Home care assistance, Information and Assistance, Caregiver Education, Support and Training, Chore, Case Coordination and Support, Counseling, Kinship Care/Support, InHome Respite, Senior Center activities, Medicare/Medicaid Assistance Program, Evidence Based Disease Prevention Programming, Home Delivered Meals, Congregate Meals (including a restaurant voucher program), Home Repair. Other services available (not directly provided by COA): legal services, health screenings, hearing and vision screenings, computer classes, community events/meetings.

Name:	Branch County Commission on Aging/H. C. Burnside Senior Center
Address:	65 Grahl Drive, Coldwater, MI 49036
Website:	www.burnsidecenter.com
Telephone Number:	517-279-6565
Contact Person:	Amy Duff, LMSW, Executive Director
Service Boundaries:	Branch County
No. of persons within boundary:	43,545 total pop; 10,062 60+ (23.1%)
Services Provided:	Home care assistance, Information and Asistance, Caregiver Education, Support and Training, Chore, Case Coordination and Support, InHome Respite, Senior Center activities, Transportation (within and outside county), Medicare/Medicaid Assistance Program, Evidence Based Disease Prevention Programming. Other services available (not directly provided by COA): legal services, health screenings, hearing; vision screenings, computer classes, community events and meetings. Burnside is also the newly designated Congregate Meal Site for Coldwater.

Other Grants and Initiatives

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

- **Tailored Caregiver Assessment and Referral (TCARE)**
- **Creating Confident Caregivers (CCC)**
- **Chronic Disease Self-management Programs, such as PATH**
- **Building Training...Building Quality**
- **Powerful Tools for Caregivers**
- **PREVNT Grant**
- **Programs supporting persons with dementia**
- **Medicare Medicaid Assistance Program (MMAP)**
- **MI Health Link (MHL)**

Describe other grants and/or initiatives the area agency is participating in with AASA or other partners. Describe how these grants and other initiatives will improve the quality of life of older adults within the PSA. Further, describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.

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

For the past two years, Region 3C has participated with our colleagues across the state in the "Great at Any Age!" project, funded by the Michigan Health Endowment Fund. Two evidence-based programs have been implemented and expanded aross both Branch and St. Joseph counties: Diabetes PATH and Matter of Balance. Both of these programs focus on improving health outcomes and ways to cope with chronic conditions as well as engaging community partners to host/lead classes. We've been highly successful in our implementation, to date (mid-2016) and anticiapte continued staff time & collaboration to offer classes and develop additional leaders well into FY2017 and beyond. Our main focus for FY17 is to seek Medicare certification and begin billing Medicare for diabetes self management training.

Our Michigan Medicare/Medicaid Assistance (MMAP) program has seen great success since our staff addition in 2015. In FY2016 we've received two "Navigator Award" recognitions for our region's efforts to reach medicare beneficiaries. Since the staff-time dedication at the AAA level, we've exceeded benchmarks and continue to meet our contract goals. As such, we have also enhanced our relationships and time spent with each of our region's MMAP sites (at each of our county COA's). We are planning further recognition and training events for FY17 and beyond!

The newest initiative we've been invited to participate in is with our loca Community Mental Health & Substance Abuse Services of St. Joseph County, called Senior ReachR. The project lead is St. Joseph County CMH, as one of 12 sites funded via their state-level mental health board as grantees of the Michigan Health Endowment Fund. Senior ReachR is an evidence-based, community-focused project that identifies isolated older adults who may benefit from supports and/or services. For the next two years (through 2018),

our social work care consultant and our outreach specialist will focus on training community agencies and businesses, providing screening & referral assistance, and offering care management support with individuals in their home or community. There is also a brief, solution-focused, behavioral health treatment component which will be provided by St. Joseph County CMH. As you will see on the attached "Key Components" document, Senior ReachR has an overall goal to support the well-being and independence of older adults. A goal which certainly aligns with our AAA mission!

The Creating Confident Caregivers (CCC) program will also remain a priority for agency, as there is a need for caregiver supports and services across our PSA. We've been successful in holding at least 2 classes per year with good attendance. We will work with our key community partner who also has a trained facilitator to develop and maintain a schedule for FY17 and beyond.

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

As proven through research, the evidence-based chronic disease programs outlined above are extremely helpful in improving the quality of life of older adults. Not only do participants say they have improved health status, but they enjoyed the comraderie and had "fun" while taking the classes. More data and comprehensive evaluation is planned with the Great at Any Age programs.

MMAP seeks to improve the quality of life of older adults, as they counsel and assist beneficaries in understanding new health care options, understand Medicare & Medicaid, compare prescription coverage, apply for savings plans, and identify/report fraud... As one can imagine, these topics are confusing and full of particular details -- but peace of mind comes into play when a highly trained counselor sits down with people and can help navigate them through the complexities.

And, with Senior ReachR - what better a program to further reach those who may be isolated and/or at-risk for health concerns! Our collaboration with CMH and COA on this endeavor is something we value and look foward to enhancing. We will also be able to build relationships and resources among some "non-traditional" referral sources which will enhance our outreach in the community.

3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.

Both the Great at Any Age! program and MMAP reinforce our program development efforts as outlined in the program development section of the plan. They seek to educate, inform, and maximize independence and well being. Each program seeks to grow in capacity, grow in numbers of people served and grow to sustain themselves with non-formula resources.

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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.

A. Policy Board membership
B. Advisory Council membership
C. Proposal selection criteria
D. Cash-in-lieu-of-commodity agreement
E. Waiver of minimum percentage of a priority service category
F. Request to transfer funds

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APPENDIX A

Board of Directors Membership

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

Board Member Name	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
Rodney Olney	Branch County	County Commissioner	Yes		
Robin Baker	St. Joseph County	County Commissioner	Yes		
Dale Swift	Branch County	County Commissioner	Yes		
Allen Balog	St. Joseph County	County Commissioner	Yes		
Mark Wiley	Hillsdale County	County Commissioner	Yes		
Bruce Caswell	Hillsdale County	County Commissioner	Yes		

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	1	4	8
Aged 60 and Over	0	0	0	0	1	1	4

Board Member Name	Geographic Area	Affiliation
Charles Asher	Branch County	Community Action
Andrejs Rozentals	St. Joseph County	Community Advocate
Marvin Merkle	Branch County	Community Advocate, Veterans Affairs
Allen Balog	St. Joseph County	County Commissioner & Board of Health liaison
Benita Armstrong	Branch & St. Joseph County	MDHHS Adult Protective Services Supervisor
Kristi Gatke	Branch County	MDHHS Adult Services
Lynn Coursey	St. Joseph County	Commission on Aging
Amy Duff	Branch County	Commission on Aging

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APPENDIX C

Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	10/01/1996

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

No changes.

APPENDIX D

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

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Aging and Adult Services Agency (AASA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:	**0**

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate AASA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to AASA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.

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APPENDIX F

Request to Transfer Funds

1	The Area Agency on Aging requests approval to transfer funds **from Title III-B Supportive Services** to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer 0

2	The Area Agency on Aging requests approval to transfer funds **from Title III-C1 Congregate Nutrition Services** to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer 30,000

As in years past, in-home and other supportive services are in greater demand in PSA 3C than that of Congregate Meals. This request of transferred funds allows us to better fulfill needs in the planning and service area.

The $30,000 transfer out of Title IIIC-1 shall be allocated as follows:

C1 to 3B --- $20,000

C1 to C2 --- $10,000

3	The Area Agency on Aging requests approval to transfer funds **from Title III-C1 Congregate Nutrition** to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer 0