

Looking Back on 35 Years

The Future is Now!

2008 ANNUAL REPORT

Looking Back on 35 Years: The Future is Now!

State of Michigan
Jennifer M. Granholm, Governor

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STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

SHARON L. GIRE
DIRECTOR

January 30, 2009

Dear Governor Granholm, Members of the Legislature and Friends:

Recently the Michigan Office of Services to the Aging (OSA) celebrated a landmark occasion – 35 successful years of serving older citizens in every corner of our Great Lakes State. Our 35th anniversary was indeed a poignant reminder of public policies and advocacy that have changed the lives of older people and their families in such significant ways over the years. As well, it was a time of reflecting on lessons learned while looking forward to the opportunities and challenges that lie ahead. In this spirit, this annual report is dedicated to these many years of accomplishment, to the hundreds of staff and workers who helped shape our success, and to the thousands of older adults and their families who have benefited from our programs over time.

I am proud to say that, since its inception 35 years ago, OSA has collaborated with Michigan's outstanding aging network and statewide partners to fulfill our mission – “to promote independence and enhance the dignity of Michigan's older persons and their families through advocacy, leadership and innovation.” We have worked to improve the well being of older adults so they may live life on their own terms. We have offered better long term care options, enhanced elder legal services, delivered countless meals in-home and community settings, trained direct care workers, offered caregiver support, expanded volunteer services, and effectively served as the focal point for information and resources for older adults and their families. For all of this and much more, we are extremely proud.

As we enter our 36th year, may we collectively work in the best interests of Michigan's older citizens, and may we never diminish the value that older citizens add to our state and communities.

Sincerely,

Sharon L. Gire, MSW
Director

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The theme of this 2008 Annual Report, "Looking Back on 35 Years: The Future is Now!," reflects the past and future of the Office of Services to the Aging (OSA). It celebrates OSA's proud history of serving Michigan's older adults for the past 35 years, as well as its commitment to continue serving them in the future.

As required by the Older Michigianians Act of 1981, this annual report outlines the accomplishments of OSA during 2008. It also serves as a source of valuable information for the Governor, state legislators, policymakers, and others interested in the needs, preferences and well being of the 1.8 million older adults in our state.

MICHIGAN'S AGING NETWORK

OFFICE OF SERVICES TO THE AGING (OSA)

OSA is the focal point of Michigan's statewide aging network to provide leadership, innovation, advocacy, and supportive services on behalf of Michigan's older adults. Its mission is to promote independence, and enhance the dignity of Michigan's older persons and their families through advocacy, leadership and innovation.

OSA is the designated state unit on aging for Michigan. State Units on Aging are mandated by the federal government under the Older Americans Act, as amended. This act is administered by the Administration on Aging, which is part of the US Department of Health and Human Services.

OSA was created by Executive Order in 1973, and also resulted from the Older Michigianians Act of 1981.

OSA is responsible for addressing older adult issues, and facilitating and funding programs and services in our state. It monitors and evaluates state policies and programs affecting older adults. It also is responsible for program development activities and federal and state advocacy efforts, and it houses the State Long Term Care Ombudsman Program.

OSA oversees the delivery of services in partnership with 16 area agencies on aging (AAAs) and more than 1,200 local service providers. This partnership provides a wide range of services that reflect local community needs, as well as the concerns of individual older adults.

Service delivery for older adults has been an ongoing and evolving challenge. Over the past 35 years, the Michigan aging network has expanded into an impressive variety of in-home, community-based, access and nutrition services. It serves older adults who are in greatest social and economic need. It also has made significant progress in developing a cultural competency strategic plan.

OSA and the Michigan aging network have worked together to enable people to live in the setting of their choice, and to raise awareness about the importance of long-term care. This includes looking ahead to meet the needs of our aging Baby Boomers.

OSA is an autonomous, Type I state agency housed in the Michigan Department of Community Health. In 2008, it had a budget of \$94,435,900 of which 54.3 percent came from the federal government, and 45.7 percent came from the Michigan Legislature.

OSA's 35-YEAR HISTORY

In 1949, Governor G. Mennen Williams appointed an interdepartmental committee to study the problems of older adults, and to make recommendations for addressing those problems. In 1950, the committee recommended that a commission on aging be established.

In 1952, Governor Williams appointed a study commission that sponsored a conference on aging, and recommended that a commission on aging be organized to focus on aging issues. In 1956 the Michigan Legislature passed a bill which created a legislative Advisory Council on Problems of the Aging.

In 1960, the Michigan Legislature passed Public Act 11 which enabled a Michigan Commission on Aging to begin operating under the Michigan Department of Social Services.

The Older Americans Act was passed in 1965, as part of the Great Society initiative. This act established the Administration on Aging within the US Department of Health, Education and Welfare, and called for the creation of State Units on Aging.

The first State Unit on Aging for Michigan was the Division of Services to the Aging under the Michigan Department of Social Services. This division administered model demonstration projects for senior nutrition and community services.

In 1973, 35-years ago, Public Act 106 created a new Commission on Services to the Aging and a new Office of Services to the Aging as an independent agency under the Michigan Department of Management and Budget, to research and draft a Michigan Comprehensive Plan for Aging. This was the beginning of OSA.

The resulting Michigan Comprehensive Plan for Aging was published in 1975. It provided guidance for future program development, and it presented a course of action through operational objectives and suggestions to achieve better coordination of services.

In developing this Comprehensive Plan for Aging, Public Act 106 directed OSA to place priority on looking at existing service programs in the broadest possible context, and to evaluate policy and planning for older adult programs at all levels of government, as well as in the private sector. Citizen participation was solicited throughout the planning process.

On November 15, 1973, Governor William Milliken appointed nine persons to serve on the new Commission on Services to the Aging. 1973 also was the year when Older Americans Act amendments increased the range of services offered by the aging network, and mandated the establishment of AAAs in every state to coordinate federal and state programs and services with local efforts. This change led to the formation of the Michigan aging network as we know it today.

On January 2, 1974, Governor Milliken issued Executive Directive 1974-1, which merged the OSA with the Division on Aging under the Michigan Department of Social Service to create a new state unit on aging, directed by C. Patrick Babcock. It was designated as an independent agency under the Michigan Department of Management and Budget that brought together all of the state's efforts on behalf of older adults.

The 1973-1974 State Plan for Programs on Aging was submitted to the Administration on Aging on January 25, 1974. It identified 13 regions that followed the boundaries of Governor Milliken's Planning and Service Areas for Michigan, and it detailed plans for designating an AAA in each one.

That year, OSA administered nearly \$12 million in federal funds, including Titles III and VII under the Older Americans Act and the SSI Alert Program. The total allotment for aging services under Title III of the Act was approximately \$2.5 million.

In 1975, the Michigan Legislature unanimously passed Public Act 146, also known as the "Kehres-Huffman Senior Citizens Act." It was signed by Governor Milliken on July 9, 1975 to establish OSA and the Commission on Services to the Aging as a part of state government, and as a designated state unit on aging. It also expanded the Commission to 15 members, and made it a part of the Executive Office.

Six years later, Public Act 180 of 1981, also known as the Older Michiganians Act, established OSA as a permanent and autonomous entity under the Michigan Department of Management and Budget. It also established in state statute the duties and responsibilities of OSA, the Commission on Services to the Aging and AAAs.

By Executive Order in 1997, OSA was transferred to the Michigan Department of Community Health where it remains today.

COMMISSION ON SERVICES TO THE AGING

The Commission on Services to the Aging advises the Governor, Michigan Legislature, and OSA on matters relating to policies and programs for older adults in Michigan. The 15-member bipartisan group is appointed by the Governor with the advice and consent of the Michigan Senate. No more than half of the Commission members may be of one political party, and at least half must be age 60 and older. The Commission approves funds for services administered under the Older Americans Act and the Older Michiganians Act. The Commission:

- serves as an effective and visible advocate for aging and older adults in all government decisions;
- advises the Governor and the Michigan Legislature of the nature, magnitude and priorities concerning services for older adults;
- makes recommendations to the Governor and the Michigan Legislature regarding changes in federal and state programs, statutes and policies;
- advises the Governor, the Michigan Legislature and OSA concerning the coordination and administration of state programs serving older adults;

- reviews and approves the annual State Plan for Programs on Aging and budget required by the Older Americans Act prior to submission to the Administration on Aging;
- establishes policies pertaining to the implementation of federal and state statutes involving funds administered by OSA;
- reviews and approves all grants administered by OSA;
- reviews and approves the annual report required in Section 6(n) of the Older Michiganians Act;
- establishes an advisory council and other specialized advisory committees as needed;
- designates planning and service areas in conformance with the requirements of the Older Americans Act;
- designates one agency in each planning and service area as the recognized AAA; and
- undertakes other activities required in Section 4 of the Older Michiganians Act, as amended.

STATE ADVISORY COUNCIL ON AGING

The State Advisory Council on Aging is a 40-member group appointed by the Michigan Commission on Services to the Aging. It meets five to six times a year on a topic selected by the Commission.

A few key changes were made in the past year. The Commission on Services to the Aging reviewed and revised the Council's by-laws, extending the term of appointment from two to three years. The Commission implemented that change in May 2008.

The Council continues its work on the role and future of senior centers. The Council's report and recommendations to the Commission are expected in April 2009.

AREA AGENCIES ON AGING (AAAs)

The 16 AAAs are regional planning, advocacy and administrative agencies designated by the Commission on Services to the Aging. Each AAA is governed by a board of directors made up of local community members. OSA contracts with each AAA to plan, coordinate, and fund older adult services in specified geographic regions of the state.

AAAs fund programs that make a difference in the lives of all older adults, from the frail older person who can remain at home if they receive the right services, to those who are healthy, and therefore can benefit from prevention activities and socialization through community-based programs.

AAAs contract and purchase the delivery of services through local agencies. These aging network service providers offer a range of community based and in-home services including home delivered and congregate meals, respite care, long term care, advocacy, housing, legal services, employment programs, and assistance for nursing home residents and their families.

AAAs may also provide some services directly, such as information and assistance and care management. Other direct services may be provided, but only with specific approval.

COMMISSIONS AND COUNCILS ON AGING

Commissions and Councils on Aging are agencies that provide services within a defined geographic area. If they are Commissions on Aging, they are usually created through a governmental authority, such as the County Board of Commissioners.

At least one Council or Commission on Aging exists in 71 of the 83 counties in our state, and a majority of them are local service providers. They provide a centralized, local perspective on aging issues. OSA has a strong working relationship with them, and relies on their insights and recommendations regarding real-time issues facing Michigan's older adults.

LOCAL SERVICE PROVIDERS

Michigan's aging network has more than 1,200 service providers. They are well-informed about the unique needs of older adults in their specific geographic areas, and they provide a critical local link to OSA and AAAs. Service providers adhere to OSA's Operating Standards for Service Programs which ensure the consistency and quality of statewide services.

PARTNER AGING ORGANIZATIONS

OSA works closely with numerous local and statewide organizations that represent a wide variety of services and service providers. These organizations provide a venue for OSA to communicate policies and issues to their members, and hear their concerns.

SERVICES

INNOVATIONS IN LONG TERM CARE

The reality of a burgeoning older population has brought about a new national vision and policy agenda for long term care for older adults. This new strategic vision –propelled by the 2006 amendments to the Older Americans Act and the need to reduce long term care costs – allows for:

- affordable choices and options that promote people's independence and dignity, and support their overwhelming desire to remain at home;
- consumer control and meaningful involvement in designing programs that affect them;
- empowering consumers to make informed decisions about their care options;
- access to a full range of health and long-term care supports; and
- high quality and flexible services and supports that can respond to the changing needs of consumers and their family caregivers.

The aging network, guided in large part by State Units on Aging, has a central role in efforts to modernize how long term care services are provided. In Michigan, OSA is providing leadership in directing long term care modernization efforts at the state and local levels.

National efforts to modernize long term care for older adults call for a three-pronged solution to serving the growing number of consumers: person-centered access to information; evidence-based health promotion and self-directed disease management; and nursing home diversion modernization.

PERSON-CENTEREDNESS AND SINGLE POINT OF ENTRY CONCEPT

Michigan has received federal funding to reform its long term care system to provide seamless entry into Medicaid-funded long term care services. Through the establishment of demonstration projects called Aging and Disability Resources Centers that are funded by the Administration on Aging, and Single Points of Entry that are funded by the Centers for Medicare and Medicaid Services, Michigan residents in four specific parts of the state are provided person-centered access to information, and entry into Medicaid-funded long term care services.

OSA is working with the Office of Long Term Care Supports and Services on coordination issues, definitions and standards to further streamline the experience of Michigan's older adults, as well as younger individuals with disabilities, as they move in and out of community and institutional long term care services. OSA works closely with the Office of Long Term Care Supports and Services on the Aging and Disability Resource Centers, Single Point of Entry, and Nursing Home Diversion projects, as well as other long term care reform efforts.

EVIDENCE-BASED DISEASE PREVENTION PROGRAMS (EBDP)

Evidence-Based Disease Prevention programs emphasize both prevention and treatment. They focus on populations rather than individuals. This approach looks at people, families, social networks, communities, service systems, environments, social and cultural norms, and laws and political processes, and how they interact and influence each other. Since this approach addresses most of the major issues in Michigan's aging network, these programs are easily integrated and embedded into the existing fabric of aging services.

Working in partnership with the Michigan State University Extension offices, the Arthritis Foundation of Michigan, the Kidney Foundation of Michigan, and the Chronic Disease Division of Community Health, all 16 AAAs in Michigan have created community coalitions to provide support and opportunity for older adults to participate in Evidence-Based Disease Prevention programs.

The Detroit AAA, Region 2 AAA, Valley AAA and Region IX AAA are participating as sub-contractors for an Evidence-Based Disease Prevention grant received from the Administration on Aging. They have created regional groups of agencies that are interested in offering the program, and have facilitated leader trainings and provided technical assistance.

Programs currently available in 50 Michigan counties include the Stanford Chronic Disease Self-Management Program, Matter of Balance, Enhance Fitness, Arthritis Self-Management, and the Arthritis Exercise Program.

NURSING HOME DIVERSION MODERNIZATION

In 2008, OSA was one of 12 State Units on Aging nationwide that was awarded a \$500,000 grant from the Administration on Aging for a Nursing Home Diversion Modernization program.

Grant activities enhance Michigan's current long term care efforts by:

- targeting those at risk of nursing home placement, impoverishment, and Medicaid spend-down;
- employing person-centered planning/self determination, and giving people more affordable choices and control over services they get;
- helping people spend their own resources wisely;
- improving access to services through a single entry point; and
- allowing for flexibility on how public funds can be used so they can provide options for people at risk of nursing home placement.

Three AAA partners are working with OSA to implement the program: Region 1B AAA, the Tri-County Office on Aging, and the AAA of Western Michigan.

Throughout 2008, OSA and AAAs have worked to:

- identify those non-Medicaid eligible individuals who are functionally, cognitively, socially, and financially at risk of nursing home placement;
- provide training on self determination and culture change;
- change existing policies and procedures that impeded OSAs ability to meet program goals; and
- evaluate each program component.

STATE LONG TERM CARE OMBUDSMAN

The State Long Term Care Ombudsman program provides advocacy to residents of licensed long term care facilities.

Through a network of eight local offices, and the State Long Term Care Ombudsman office housed at OSA, older adults and people with disabilities living in long term care facilities obtain help with any type of problem or issue they encounter. Issues can be as commonplace as not getting the food one prefers, or as complex as a violation of individual rights in guardianship, discharge, or other life-changing events.

Local long term care ombudsmen work through a problem-solving process with residents, and anyone else the resident chooses to involve, to improve the quality of life and quality of care.

The Michigan Long Term Care Ombudsman program serves residents across the state through complaint resolution, public education, and consultation to individuals, facilities and volunteer programs. In 2008, this program resolved 1,903 complaints on behalf of 1,263 residents, provided 297 public education sessions, provided 3,113 consultations to individuals and 596 consultations to facilities or agencies.

In addition, the Michigan Long Term Care Ombudsman program works to improve long term care systems by commenting on legislation and policy proposals, speaking with media, and participating with decision-makers in groups such as the Long Term Care Supports and Services Commission, the Certificate of Need Commission, and the Nursing Home Standard Advisory Committee.

Local long term care ombudsmen support residents who wish to move out of a nursing home through Nursing Facility Transition services, and they support residents who have issues related to guardianship and other surrogate decision-makers. Recently, a nursing home resident said to an Ombudsman, "All I want is my independence and dignity." Long Term Care Ombudsmen pursue this simple, but not easy, goal everyday.

MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP)

Established in 1984, MMAP empowers beneficiaries and their families to make informed health care decisions by providing objective health benefits information. MMAP's mission is to provide education, advocacy, and consumer protection assistance services to Michigan's older adults and individuals with disabilities, and those who serve them.

MMAP is a federally funded program that is accessible in every Michigan county. It has 58 locations throughout Michigan, and over 590 trained MMAP counselors and coordinators. They provide information and assistance on a variety of Medicare related items. Counseling topics include Medicare and Medicaid eligibility, medical coverage, enrollments, claims, post-enrollment issues, grievances, appeals, fraud, abuse, and identity theft related to Medicare, Medicaid, managed care, Medigap and long-term care insurance.

MMAP is the recognized leader in Michigan in providing high quality and accessible health benefit information and counseling services that are supported by a statewide network of volunteer and paid professionals. During 2008, MMAP counselors helped beneficiaries save over \$16 million in out-of-pocket expenses, and 19,446 people received individual counseling. MMAP's toll-free helpline received 40,000 calls, and its outreach and enrollment events reached 84,469 individuals.

SENIOR PROJECT FRESH

Senior Project FRESH is Michigan's Senior Farmers Market Nutrition Program sponsored by the US Department of Agriculture, Food and Nutrition Services.

The program was developed to help support local farmers markets and roadside stands. In Michigan, it benefits low-income older adults, as well as farmers. The program provides individuals age 60 and older, who are at 185 percent of poverty or less, with coupons to use at Michigan farmers markets and roadside stands.

The older adults (or their proxies) can use the coupons to purchase Michigan grown, unprocessed produce, such as strawberries, lettuce, tomatoes, and parsley. Each participant receives a complete listing of what is available. Participants also receive nutrition education classes, one-on-one counseling, and cooking demonstrations.

An expansion grant from the US Department of Agriculture allowed all Michigan counties the opportunity to participate in Senior Project FRESH for the 2008 season. Sixty-four counties distributed over 180,000 coupons, redeemable for Michigan grown unprocessed produce, to eligible persons in those counties. Funding was available for transportation, nutrition education, and cooking demonstrations for the lead agencies and the markets.

Also, 2008 was the first year Senior Project FRESH partnered with the Michigan Farmers Market Association. This partnership helped add a number of farmers markets and roadside stands to the growing list of participating markets.

MICHIGAN OLDER AMERICAN COMMUNITY SERVICE EMPLOYMENT PROGRAM

The Michigan Older American Community Service Employment Program is authorized under Title V of the Older Americans Act to foster and promote useful part-time opportunities in community service activities for low-income persons, 55 years of age or older, in order to transition to unsubsidized employment.

During the last few years, Older Americans Act amendments have expanded the program's purpose to include increasing the economic self-sufficiency of participants, and increasing the number of those who may benefit from unsubsidized employment.

During 2008, over 533 older adults were served. Of those served, 354 were 55-64 years of age, and 179 were age 65 and older. As a result of the Michigan Older American Community Service Employment Program, 47 percent of those enrolled in the program found unsubsidized employment. This exceeded the US Department of Labor's mandated 25 percent entered employment rate.

Through continuous quality improvement, OSA has increased performance in the expenditure of grant funds. Also, because of increased collaboration with the Michigan Department of Labor and Economic Growth, OSA was able to secure a contract with the Macomb/St. Clair Michigan Works! office.

Because of its relationships with Michigan Works!, OSA continues to explore future employment opportunities for older adults in the high growth industries of health care, hospitality and retail.

During 2008, funding from the US Department of Labor was \$3,202,886 for 403 authorized positions. OSA contracted with 11 subgrantees to administer the program at the local level. In addition, OSA provided funding to Operation ABLE of Michigan for recognizing older employees who exemplify "Ability is Ageless".

OLDER VOLUNTEER PROGRAMS

For 30 years, the State of Michigan has recognized the tremendous health benefits associated with regular volunteer activity, while also investing in the skills, experiences and talents of our older adult population as a resource to meet diverse community needs.

In 2008, more than \$5.6 million in state funding was administered by OSA to support three volunteer programs: the Retired and Senior Volunteer Program (RSVP), the Foster Grandparent Program (FGP) and the Senior Companion Program (SCP). These three programs are designed to encourage and support the desires of older adults to remain involved in community life and service. Michigan also receives federal funds for these programs through the Federal Volunteer Agency, the Corporation for National and Community Service.

The FGP represents one of the most successful models of intergenerational programming nationwide. It provides opportunities for low-income men and women, age 60 and older, to assist children and youth who need personal attention and assistance in schools, hospitals, juvenile detention facilities, day care centers, community programs, and private homes.

Foster Grandparent volunteers are involved in mentoring and tutoring. They offer emotional support to child victims of abuse and neglect, and they care for premature infants and children with physical disabilities and severe illnesses. Foster Grandparents receive a stipend of \$2.65 per hour, transportation assistance, training, and volunteer insurance. Currently, 19 FGPs serve 59 counties.

The SCP offers low-income men and women, age 60 and older, the opportunity to provide individualized care and assistance to older adults and others with developmental disabilities, Alzheimer's disease, mental illness and conditions that make them frail and at-risk.

Senior Companion volunteers add richness to the lives of those they serve. They also support other alternative care services funded by OSA, such as care management and respite, which allow older adults to remain living in their own homes. During 2008 there were 14 SCs operating in 47 counties.

The RSVP provides opportunities for people, age 55 and older, to serve their communities, explore new interests, and stay active. Volunteers serve without payment, but receive transportation assistance, volunteer insurance, training, and recognition.

RSVP volunteers provide services in areas such as tutoring, literacy, public safety, homeland security, healthcare, and economic development. These are provided through 22 local projects in 40 Michigan counties. Approximately one-half of Michigan's RSVP volunteers support services for other older adults in critical areas such as home delivered meals, long term care, benefits counseling and elder abuse prevention.

MICHIGAN DIRECT CARE WORKFORCE INITIATIVE

In March 2008, OSA made a presentation to the Long Term Care Support and Services Commission to establish linkage with the Long Term Care Commission Workforce Workgroup, and to promote the adoption of proposed changes to the Certified Nursing Assistant training and administration. Consequently, the Long Term Care Support and Services Commission agreed to support Certified Nursing Assistant Training administration recommendations.

This effort is currently being addressed by the Long Term Care Support and Services Commission's Workforce Workgroup, which includes representatives from the Michigan Direct Care Workforce Initiative and OSA. The Michigan Direct Care Workforce Initiative continues to meet to address direct care workforce and long-term care culture change issues.

MICHIGAN HOME SKILLS ENHANCEMENT

OSA has worked with the Community Services Network of Michigan to train home help and home health workers by using the Michigan Home Skills Enhancement curricula to teach cleaning, nutrition, shopping, and meal preparation. This pilot has demonstrated that these direct care workers were able to retain and use updated home management tips to provide home management support to older adults in their homes. The Home Skills Enhancement Project report findings and the curricula can be found on the OSA website.

ELDER ABUSE

Despite an increased knowledge and awareness of elder abuse, neglect and exploitation, and despite many efforts by OSA and the aging and victim assistance networks, there is much work yet to be done to reduce the victimization and devastation caused by the abuse, neglect and exploitation of older adults.

Older adults remain at risk for physical abuse and neglect, and face an ever-increasing risk of financial exploitation by strangers, caregivers and families. It is estimated that five percent of Michigan's older adult population, approximately 73,000 citizens, are victims of abuse, and there is grave concern that the problem of elder abuse will only increase.

Despite limited funding for elder abuse prevention and assistance services, and a dearth of national leadership on the issue, Michigan has strengthened and expanded elder abuse prevention services.

OSA continues to support the development of local Triad programs where older adults work with law enforcement to raise awareness, and increase senior safety. OSA also continues to lead the state-level Senior Abuse and Exploitation Quick Resource Team that brings together abuse prevention professionals to work on systemic advocacy and provide case assistance.

In addition, OSA is a primary partner in the 2008-2010 US Department of Justice grant to provide elder abuse training to over 200 law enforcement officers, prosecutors and judges in southeast Michigan. OSA is participating in systemic change efforts that will result in improvements in elder abuse response and assistance options in the region.

In 2008, legislation based on the Governor's Task Force on Elder Abuse recommendations was introduced in the Michigan Legislature. Six bills have passed the House and are awaiting action in the Senate, while several other bills are pending. The bills cover various aspects of elder abuse, including financial abuse. They extend needed protections for vulnerable adults at home and in residential facilities. Some of them create barriers to deter potential abusers. OSA has worked closely with the Governor's office to improve Michigan's statutes on elder abuse.

OSA continues to work collaboratively with the Michigan Department of Community Health, Michigan State University, the Public Health Institute, and the Adult Abuse and Neglect Prevention Advisory Committee to promote use of a curricula and specialized trainers in long term care settings. This was developed in conjunction with the Background Checks Pilot Program funded by the US Centers for Medicare and Medicaid Services.

OSA and its partners continue to increase elder abuse awareness and strengthen assistance efforts to victims. OSA remains firmly committed to the goal of keeping all of Michigan's older adults safe from abuse, neglect and exploitation.

MICHIGAN ADULT ABUSE, NEGLECT AND PREVENTION TRAINING PROGRAM

In 2004, Michigan was selected by the US Centers for Medicare and Medicaid Services to participate in the Background Check Pilot Program. It also was awarded an additional \$1.5 million to develop a comprehensive abuse and neglect prevention training program.

The Michigan Workforce Background Check Program and the Adult Abuse and Neglect Prevention Training Program shared the goal of reducing abuse and neglect of vulnerable adults in Michigan. These two programs improved and expanded the criminal background checks process, and developed a direct access staff training program on the prevention, identification, and reporting of elder abuse and neglect.

A main goal of the Adult Abuse and Neglect Prevention Training Program was to expand existing abuse and neglect prevention curricula to incorporate methods of staff empowerment, culture change, and person-centered care in the training of direct access staff in residential settings and in-home care programs. A state-community-academic partnership, comprised of OSA, Michigan State University, BEAM, the Adult Abuse and Neglect Prevention Curricula, and the Adult Abuse and Neglect Program Advisory Committees implemented and evaluated the training program. The program:

- developed four Adult Abuse and Neglect Prevention model training curricula that focused on preventing abuse and neglect through building self-awareness and self-management skills;
- introduced and equipped 66 experienced trainers to deliver the new curricula;
- held 459 trainings, and developed the infrastructure to support the trainings; and
- equipped and trained 7,804 long term care direct access staff statewide on how to identify and address individual triggers for abuse and neglect, as well as how to identify and report abuse and neglect.

LEGAL ASSISTANCE

Legal assistance is a priority service under the Older Americans Act. Legal assistance programs provide information and referral, advice and counsel, legal education and direct legal representation to Michigan's older adults. The most common cases involve consumer and financial issues, housing and advance planning.

During 2008, legal providers experienced a significant increase in demand for assistance with foreclosure, home loan and other home ownership issues. They have been working with the broader legal and advocacy networks to expand available assistance to older adults.

Also during 2008, OSA partnered with Elder Law of Michigan, Inc., which administers the Legal Hotline for Michigan Seniors, to secure a Model Approaches to Statewide Legal Assistance Grant. This grant supports the Legal Hotline for Michigan Seniors, as well as activities related to incorporating the hotline into Michigan's older adult legal services system. This grant is a three-year initiative.

In addition, OSA launched an electronic reporting system for Title IIIB legal services, one of the first of its kind in the nation. This system vastly expands legal data available to OSA and the AAAs for reporting and program development.

ELDER RIGHTS SUMMIT

As part of the Michigan's Model Approaches to Statewide Legal Assistance Grant to support the Legal Hotline for Michigan Seniors, the first Elder Rights Summit was held on May 27, 2008.

The Summit provided a forum for aging and legal advocates to discuss the facilitation of services across the elder rights spectrum; build and strengthen formal and informal collaborations to better serve older adults; and increase awareness of the service needs and goals of older adults who are members of minority, ethnic, cultural, racial, sexual orientation or gender expression groups.

During the Elder Rights Summit, the results of Michigan's Senior Legal Needs Survey were unveiled. The Summit also served as the kick-off for the Elder Rights Coalition comprised of Summit attendees and others committed to strengthening Michigan's elder rights services. Over 125 professionals participated in the Summit.

Critical to the success of the Summit was sponsorship and direct involvement by Michigan's Commission on Services to the Aging. Four Commission members presented at the Summit, with four others in attendance. In addition, the Michigan State Bar Foundation was instrumental through its financial support of the Elder Rights Summit.

CAREGIVING

Caregivers, such as spouses and adult children, provide the overwhelming majority of homecare services in this country. Approximately 1.3 million Michigan citizens provide 1.4 billion hours of unpaid care annually to ill and disabled adults in the state, with an approximate economic value of \$13.4 billion per year.

OSA provides a variety of information and resources, together with contracted services, through AAAs and local service providers that help support caregivers and ease the burden that they can often experience. This helps to strengthen existing in-home care systems, and makes it possible to extend the time that older adults can remain living in their own homes.

During 2008, OSA significantly enhanced both the amount and quality of information and resources accessible to caregivers through the “Caregivers Corner” section on the OSA website. This includes:

- information on family relationships to help caregivers and older adults better prepare and adjust to coping with the challenges and role changes that are part of caregiving;
- best practice website links to national caregiving organizations that support caregivers and family members across the country;
- a link to a Caregiver Assessment Tool that is designed to encourage caregivers to take some time to evaluate their own health needs and seek further assistance as indicated; and
- a “Caregivers Count in Michigan” informational document was developed as a parallel to the Kids Count. It offers a demographic profile of caregivers of older adults in Michigan, and provides a listing of key resource agency websites and phone numbers to educate and inform the general public.

Adult Day Services provide meaningful activities for older adults who need assistance during the day, and respite for family caregivers who care for them. OSA continues to receive several requests weekly for information about how to develop an Adult Day Service. During 2008, the OSA Adult Day Services Best Practices Informational Packet was converted into an electronic resource document. This gets a broader range of current information to adult day program developers more quickly.

Also during 2008, OSA received a three-year grant award from the Administration on Aging for “Creating Confident Caregivers: The Michigan Dementia Project.” OSA will partner with several AAAs, councils and commissions on aging, and Alzheimer’s Association chapters to develop a cadre of master trainers to train caregivers of persons with dementia on The Savvy Caregiver Program, an evidenced-based training program.

CULTURAL COMPETENCE

During 2008, there was progress in meeting OSA’s continued commitment to cultural competence by implementing activities to increase awareness of diversity among office staff, as well as among those served by the aging network.

Recognizing that OSA’s vision and mission are fundamental to its work, OSA’s vision and mission statements were modified to reflect the organization’s dedication to becoming culturally competent.

OSA’s vision says it is the focal point of our statewide aging network to provide leadership, innovation, advocacy, and supportive services on behalf of Michigan’s diverse community of older adults and caregivers. We are committed to maximizing cultural competence within our organization and throughout the aging network. Also, OSA’s mission is to

promote independence and enhance the dignity of Michigan's diverse community of older adults and their families.

During 2008, OSA developed the following guiding principles to foster a cultural competence in the organization that:

- honors differences among people with respect to national origin, culture, ethnicity, background, generation, gender, skills, abilities, and all other unique differences that make each of us who we are;
- demonstrates behaviors and attitudes which reflect an understanding of the differences among us;
- supports and sustain an environment that is diverse, inclusive, and equitable in employment and service delivery;
- values and respect each person in our organization for his/her uniqueness and how this uniqueness contributes to organizational success;
- promotes a culture of inclusion built on trust, respect, civility, and dignity for all;
- promotes multiculturalism and inclusion in the workplace;
- includes diverse representation in program and policy decisions affecting Michigan's older citizens; and
- creates a work environment that encourages an open, non-judgmental exchange of ideas.

Celebrations were held throughout the year to honor differences among people, learn about different cultures, and experience cultural traditions. The three events held for staff focused on the Irish culture on St. Patrick's Day, Muslim traditions, and the Mexican Day of the Dead holiday. Each celebration featured a trivia quiz, speaker, discussion on serving older adults from a cultural perspective, and traditional food.

An information workgroup has met to determine and find information on various cultural groups that will assist in understanding their unique service needs. Available information is being analyzed and put into narratives, called snapshots, that will help service providers and others as they plan programs and serve Michigan's diverse aging population. The information includes demographics, cultural nuance, caregiving, health and healing, income, education, and related content on each cultural group.

Cultural competence performance factors for staff and management have been developed which will be used to evaluate them annually. OSA has determined that performance management is a valuable way to embed cultural competence into its organization to effect long term change.

COMMUNITY FOR A LIFETIME RECOGNITION PROGRAM

Two years ago, OSA established a "Community for a Lifetime" recognition program for Michigan communities that have completed an elder friendly community assessment, or have improved the livability of their communities. The recognition program grew out of a nationwide movement aimed at preparing communities to become elder ready, and from recommendations made by the State Advisory Council on Aging.

OSA supports communities in Michigan that are either considering an evaluation of how elder friendly and livable their communities are, or who are focusing on making improvements that have been indicated by a previous community assessment. The goal is to prepare for today's elders, as well as the age wave of baby boomers.

The application for the Community for a Lifetime recognition program, as well as the elder friendly community assessment that was developed with MSU Extension, and a toolkit to help communities plan, can be found on the OSA website.

During the last two years, six communities have received recognition from the Michigan Commission on Services to the Aging for completing an elder friendly community assessment. They include the City of Gaylord, Northwest Ottawa County, Kent County, the City of Alpena, the Greater Battle Creek area, and Washtenaw County.

OSA staff and leaders from Otsego County, the City of Alpena, and Greater Battle Creek area projects have provided training sessions on developing Communities for a Lifetime at the 2007 and 2008 annual conferences of the Area Agencies on Aging Association of Michigan. OSA also provides ongoing technical assistance to communities planning on organizing a community team to conduct an elder-friendly community assessment and apply for recognition.

The process of completing a community assessment can take from nine to 18 months to complete from start to finish. Communities are encouraged to devote sufficient time to gain broad participation, ensure buy-in, and support the sustainability of future long range planning efforts. Applications for recognition are accepted twice a year, on April 1 and October 1.

HOUSING

The vast majority of persons, age 60 and older, prefer to stay in their own homes. But their ability to age successfully in their own homes can be compromised by a number of factors, including injury from falls, loss of mobility from chronic disease, loss of a spouse, a decline of housing due to age, a lack of available resources for home repair or modification, and the U.S. mortgage crisis.

For those who cannot afford to own or maintain their homes, having affordable housing options is important to maintaining their independence for as long as possible. However, there is a shortage of affordable housing and assisted living settings. Consumers require better sources of information about housing-related services, and how to access the current range of available housing options.

The development of affordable and livable housing for older adults requires partnerships with housing developers involving aging and housing-related organizations, non-profits and other interested parties to fill local gaps in the housing services continuum. To address these senior housing needs, the following steps were taken in 2008 to:

- enhance the housing information on the OSA website and the Senior Residential Locators Page with website links and housing search engines, including the Michigan Housing Locator;
- list Information on Foreclosure Prevention on the OSA website home page directing

consumers to multiple resources that support older adults saving their homes, including the Michigan State Housing Development Authority's Save the Dream program;

- update the OSA Power Point presentation on senior housing, entitled Housing Options for Older Adults and Persons with Disabilities, and make a presentation at the OSA-sponsored Legal Services Conference;
- serve on the Affordable Assisted Living Task Force to develop up to five Michigan affordable assisted living demonstration projects within continuing care retirement settings that promote person-centered housing with services options for older adults; and
- establish on the OSA website a frequently asked question section entitled "What is the Difference between Assisted Living, Adult Foster Care, and Adult Day Care?"

OLDER MICHIGANIANS DAY

June 11, 2008, was the first annual Older Michiganians Day. It signals a new recognition that the state's population is growing older at a rapid pace, and that this is good for Michigan. Older Michiganians Day and its platform of legislative recommendations represent an awareness of key issues of importance.

The Area Agencies on Aging Association of Michigan, the Olmstead Coalition, Michigan Directors of Services to the Aging, Michigan Disability Rights Coalition, and the Michigan Senior Advocates Council partnered to bring older adults and their advocates to the State Capitol to encourage elected officials to support the Older Michiganians Day Legislative Blueprint for Action.

There were many speakers at the rally that was held on the state capitol lawn. They talked about the importance of providing quality services for Michigan's aging population so that older adults can age with dignity. In addition, older adults and advocates met in small groups with their representatives and senators to advocate for the legislative priorities outlined in the Blueprint for Action.

PROGRAM DATA

PROGRAM REPORTING

In today's "Age of Information," the ability to collect, report, and utilize data about clients and services is a necessity. For over five years, OSA has been working to design and develop systems that collect information necessary for mandated federal reporting, as well as for continuous quality improvement initiatives. Through feedback gathered by users, information systems are continuously updated to enhance usability and quality.

The following data illustrates the breadth of information that is available regarding clients served and services provided by Michigan's aging network.

During 2008, OSA:

- offered more than 60 different services for older adults and caregivers in community-based and in-home settings;
- served nearly 11 million congregate and home delivered meals;
- provided 715,000 units of care management, case coordination and support, chore, homemaker, personal care, and other in-home services;
- delivered nearly 590,000 units of counseling, disease prevention, elder abuse prevention, health screening, home repair, home injury control, information and assistance, legal services, medication management, outreach, transportation, and other community services; and
- supported caregivers with more than 900,000 units of respite care, adult day care, counseling, training, support groups, transportation, outreach, and information and assistance services.

Also during 2008:

- 132,247 older adults registered for services;¹
- 114,670 participants received nutrition services;
- 53,683 older adults received community services;
- 22,540 were homebound older adults; and
- 8,094 were caregivers in registered services.

Of those experiencing difficulties with common daily activities:

- 70% reported difficulty shopping and/or cooking meals;
- 53% had difficulty doing laundry, cleaning, climbing stairs, walking, and/or using transportation;
- 39% reported difficulty bathing, keeping appointments, and/or handling finances; and
- 80% had difficulty with two or more daily activities; and 76% had difficulty with three or more.

¹ "Registered" clients are clients enrolled in services for which NAPIS registration is required. Registered client counts are unduplicated. Clients in non-registered services are reported in the aggregate and may include duplication.

ACCESS SERVICES

Access services assist older adults and their families to coordinate programs available at the local level. Programs in this service category include care management, case coordination and support, information and assistance, outreach, and transportation.

Access Services	Client Count	Unit Count
Information and Assistance	NA	136,984
Care Management	3,717	24,904
Case Coordination and Support	9,432	47,409
Outreach	NA	78,769
Transportation	6,858	145,856
Assisted Transportation	1,562	16,526

The profile of registered access service clients shows:

- 76% were 75 years of age or older;
- 40% were 85 years of age or older;
- 69% were female;
- 52% lived alone;
- 52% resided in rural areas;
- 25% were low-income; and
- 11% were minority race and/or ethnicity.

IN-HOME SERVICES

In-home service clients have functional, physical or mental characteristics that prevent them from caring for themselves, and do not have sufficient informal support (e.g., family) to meet their needs. In-home services include chore, friendly reassurance, homemaker, home health aide, home injury control, medication management, and personal care.

In-Home Services	Client Count	Unit Count
Chore	3,576	35,492
Friendly Reassurance	1,372	46,907
Homemaker	7,445	345,764
Medication Management	244	7,939
Personal Care	4,711	257,653

The profile of registered in-home service clients shows:

- 76% were 75 years of age or older;
- 40% were 85 years of age or older;
- 76% were female;
- 64% lived alone;
- 55% resided in rural areas;
- 29% were low-income; and
- 12% were minority by race and/or ethnicity.

NUTRITION SERVICES

Adequate nutrition is critical to one's health, functioning, and the prevention, delay, or treatment of chronic disease. Nutrition services affect overall quality of life and they are offered through the aging network to provide nutritious meals in community settings and to homebound older adults.

These services are an important component of home and community-based services for older adults. They also combat social isolation and provide nutrition education. In addition to providing nutritious meals, they offer an important link to other needed supportive in-home and community-based services such as homemaker, transportation, or home repair and modification.

Nutrition Service	Client Count	Unit Count
Home Delivered Meals	51,499	8,072,016
Congregate Meals	63,171	2,896,759

Home Delivered Meal Clients	Congregate Meal Clients
74% were age 75 or older	58% were age 75 or older
40% were age 85 or older	22% were age 85 or older
66% were female	66% were female
54% lived alone	38% lived alone
38% resided in rural areas	53% resided in rural areas
34% were low-income	26% were low-income
22% were minority by race and/or ethnicity	12% were minority by race and/or ethnicity
63% were at high nutritional risk	

COMMUNITY-BASED SERVICES

The Michigan aging network offers a wide variety of services designed to assist older adults in their local communities. Community services include assistance to the hearing impaired, counseling, disease prevention, elder abuse prevention, health screening, home repair, legal assistance, personal emergency response, senior center staffing, and vision services.

Community-Based Services	Client Count	Unit Count
Disease Prevention	12,116	31,524
Elder Abuse Prevention	5,100	6,715
Friendly Reassurance	1,372	46,907
Health Screening	2,869	4,896
Hearing Impaired Services	1,882	3,960
Home Injury Control	3,416	11,251
Home Repair	225	3,186
Legal Assistance	13,764	31,026
Medication Management	244	7,939
Personal Emergency Response	289	2,492
Vision Services	803	2,192
Senior Center Staffing	NA	145,856

²"At-Risk" is defined as in-home clients that require assistance with daily toileting, transferring, and mobility.

SERVICES TO AT-RISK CLIENTS

With regard to targeting services to at-risk homebound clients,² recent improvements to the AIS reporting system has allowed OSA to capture more precise data on services and clients.

Beginning in 2007, OSA enhanced its analysis of data on at-risk clients. This data subset of the in-home service population is comprised of individuals who have specific daily activity limitations that are consistent with a nursing home level of care.

A comprehensive understanding of these clients is important because they are very frail and have complex service needs. Especially exciting is data on how long the aging network is able to serve and maintain the clients in their homes. Without in-home based service systems, many of these clients would likely be forced into more intensive care settings, such as a nursing home, typically at a much higher cost.

In 2008, the aging network supported 5,246 at-risk older adults with 110,008 hours of in-home service and 680,751 home delivered meals. Approximately \$6.7 million of federal, state and local in-home service funds were spent to serve at-risk older adults. This equates to an annual average expenditure of \$1,272 per client on in-home services.

The profile of at-risk clients shows:

76%	Were 75 years of age or older
71%	Were female
54%	Lived alone
36%	Resided in rural areas
49%	Were low-income
40%	Were minority by race
75%	Were at high nutritional risk
21%	Received services for four or more years
90%	Required assistance with toileting, transferring, mobility, walking, bathing, shopping, cooking, cleaning, and/or using private transportation

While at-risk clients represented 8.4 percent of the 62,695 in-home service clients in 2008, they received 16 percent of the in-home services and nine percent of all home delivered meals the same year. This suggests that client need/frailty is an important factor in the delivery of services, and it supports the goal of targeting services to those most in need within the overall aging network mission of serving as many older adults as possible.

Services to at-risk clients included:

Service Category	Total Service Units	Service Units to At-Risk Clients	At Risk Service Units (% of Total)
In-Home Services ⁴	711,222	110,008	16%
Home Delivered Meals ⁵	7,994,158	680,751	9%
Totals	8,705,396	790,396	9%

³ Includes care management, case coordination and support, chore, home health aide, homemaker, and personal care services.

⁴ Home Delivered Meal total does not include home delivered meals served as a form of respite care.

OLDER ADULTS SERVED IN GREATEST SOCIAL AND ECONOMIC NEED

The Older American Act, as amended, specifies targeting to those in greatest social and economic need, with particular attention to low-income minority elderly, American Indians, persons with Alzheimer's Disease and related disorders (and their families), and rural older adults.

Services to Targeted Population	Michigan Population	% of Michigan 60+ Population	60+ Total Served in 2008	% of Total NAPIS Service Population
Total Population 60+	1,596,162	100%	121,486 ⁵	100%
Non-minority	1,400,703	88%	100,761	86%
African American	160,741	10%	18,126	12%
Hispanic	18,653	1.2%	1,586	1.3%
Asian/Pacific Islander	12,298	0.8%	919	0.8%
American Indian/Alaskan	4,658	0.3%	675	0.5%
Low-income (Age 65+)	96,116	8%	27,037	28%
Rural	427,733	27%	59,020	46%

SERVICES TO CAREGIVERS

Data from Michigan's NAPIS shows that in 2008 there were 8,094 unduplicated caregivers in registered services and 20,902 caregivers in non-registered services.

The profile of caregivers in registered services shows:

- 73% Were female;
- 49% Were younger than 65 years of age;
- 39% Resided in rural areas;
- 26% Were low-income;
- 37% Of caregivers were daughters or daughters-in-law;
- 28% Of caregivers were spouses; and
- 23% Were minority by race and/or ethnicity

⁵Client race/ethnicity data is based on registered clients with reported race/ethnicity. Under federal reporting requirements, clients may or many not choose to indicate race during service registration. Of 144,838 registered clients in 2008, a total of 121,486 provided race/ethnicity information.

Profile of Caregiving	
72%	Provide hands-on care
76%	Have been caregiving for more than one year; 50% for three or more years
53%	Live with the individual(s) that they care for; 33% travel up to one hour to provide care
77%	Provide daily care
37%	Were employed full or part-time
29%	Describe their health as fair or poor
13%	Were caregiving for grandchildren

Services provided through the aging network allow caregivers the opportunity to work, take a break, take time for themselves, and receive respite relief from the duties of caregiving. Studies show that when caregivers receive these services, they are more satisfied with their caregiving duties, and the length of time they can be effective caregivers is increased.

Caregiving Services	Client Count	Unit Count
Counseling Services	299	1,254
Support Groups	1,406	6,755
Caregiver Training	1,778	11,727
Adult Day Care	1,493	500,573
HDM Respite Care	388	77,858
Homemaker/Personal Care Respite	89	5,173
In-Home Respite Care	2,043	208,565
Kinship Respite Care	734	7,149
Out-of-Home/Overnight Respite Care	95	35,248
Volunteer Respite Care	398	31,492
Supplemental Services	173	510
Caregiver Health Education	NA	7,945
Caregiver Information and Assistance	NA	4,067
Caregiver Transportation	NA	3,224
Specialized/Other Respite Care	307	20,927

OSA BUDGET APPROPRIATION

OSA administers state and federal funds for aging programs. The following charts depict state and federal funding allocations as authorized by the Michigan Legislature:

Fiscal Year 2008 OSA Budget Appropriation	
LINE ITEMS	APPROPRIATION
Commission (Per Diem)	\$10,500
OSA Administration	5,407,500
Community Services	35,404,200
Nutrition Services	37,975,500
Retired and Senior Volunteer Program	790,200
Foster Grandparent Program	2,813,500
Senior Companion Program	2,021,200
Employment Assistance	3,213,300
Respite Care	6,800,000
TOTAL	\$94,435,900
APPROPRIATION	
Total Federal Revenues	\$52,225,000
Title III – Older Americans Act	39,061,800
Title VII –Older Americans Act	687,800
Nutrition Services Incentive Program – DHHS	7,401,000
Title V – DoL	3,357,200
Title XIX – Medicaid	1,467,200
MI Medicare/Medicaid Program – CMS	1,250,000
Total State Restricted Revenues:	6,967,000
Healthy MI Fund (Home Delivered Meals)	167,000
Abandoned Property Funds (Respite)	1,800,000
Merit Award Funds	5,000,000
Miscellaneous Private Revenues	465,000
General Fund/General Purpose	33,778,900
REVENUES TOTAL	\$94,435,900
Source: FY 2008 Appropriation Bill (P.A. 123, HB 4344)	

GRANT AWARDS

2008 AAA Grant Awards			
Agency	Administration	Services	Total
Detroit AAA (1-A)	\$463,477	\$8,913,207	\$9,376,684
AAA 1-B (1-B)	939,800	15,641,138	16,580,938
The Senior Alliance, Inc. (1-C)	380,747	6,888,892	7,269,639
Region 2 AAA (2)	125,737	2,480,431	2,606,168
Kalamazoo Co. Human Services Dept. (3-A)	81,766	1,513,112	1,594,878
Region 3-B AAA (3-B)	84,759	1,488,758	1,573,517
Branch-St. Joseph AAA (3-C)	47,727	854,025	901,752
Region IV AAA (4)	133,039	2,388,664	2,521,703
Valley AAA (5)	219,325	4,100,459	4,319,784
Tri-County Office on Aging (6)	142,109	2,588,301	2,730,410
Region VII AAA (7)	328,962	6,484,800	6,813,762
AAA of Western MI (8)	350,325	6,452,580	6,802,905
Region IX AAA (9)	172,140	3,458,754	3,630,894
AAA of Northwest MI (10)	149,159	3,007,142	3,156,301
UP AAA (11)	243,811	4,640,728	4,884,539
Region 14 AAA (14)	154,603	2,599,329	2,753,932
TOTAL	4,017,486	73,500,320	77,517,806

Other Grants 2008	
Agency	Amount
Citizens for Better Care	110,411
MAPP, Inc.	1,147,700
County of Macomb/St. Clair Workforce	649,186
A & D Home Health Care	100,000
Northern Lakes Comm. Mental Health Authority	100,000
Northern Michigan Regional Health Systems	100,000
Home Health Services (Region 8)	100,000
Home Health Services (Region 14)	100,000
The Information Center	100,000
Macomb Oakland Regional Center	125,000
Senior Services, Inc.	100,000
Operation ABLE	15,000
Elder Law of Michigan, Inc.	150,000
Michigan State University Kinship Care	15,000
Michigan Disability Rights Coalition	72,500
TOTAL	\$2,984,797

2008 Older Adult Volunteer Program Grants

Agency	TOTAL	FGP	SCP	RSVP
Bedford Public Schools	30,736			30,736
Catholic Charities of Jackson County	14,215			14,215
Catholic Charities West Michigan Lake-shore	196,354	146,951	49,403	
Catholic Human Services	439,232	215,252	223,980	
CSS Lansing	61,084	557	60,527	
CSS Macomb	116,743		96,560	20,183
CSS Oakland	102,823	66,797	15,149	20,877
CSS Washtenaw	30,675			30,675
CSS Wayne	633,466	417,207	125,230	91,029
Dickinson/Iron CSA	57,794			57,794
EightCAP, Inc.	309,703	213,143	96,560	
Family Services Agency of Mid-Michigan	512,590	293,636	218,954	
Flint Community Schools	25,356			25,356
Friendship Centers of Emmet County	57,794			57,794
Gerontology Network Services/Kent	363,887	93,142	270,745	
Human Development Commission	211,570	178,412		33,158
Human Resources Authority	484,820	232,254	224,376	28,190
Isabella County Commission on Aging	329,745	233,185	96,560	
Lenawee County Dept on Aging	252,202	252,202		
Marquette County Commission on Aging	67,318			67,318
Mecosta County Commission on Aging	16,561			16,561
NE Michigan Community Services Agency	124,088	19,779	81,873	22,436
Otsego County United Way	21,548			21,548
Region IV AAA	268,590	222,475	46,115	
RSVP of Ingham, Eaton, & Clinton	250,711	15,557	195,914	39,240
S/Central MI Community Action Agency	102,048	102,048		
Senior Neighbors, Inc.	31,113			31,113
Senior Services, Inc.	241,949		212,972	28,977
The Council on Aging, Inc. (St. Clair Co)	91,996	91,996		
United Way of Bay County	57,794			57,794
Volunteer Muskegon	6,758			6,758
Washtenaw HDS Community Services	11,292	11,292		
Western UP District Health Dept.	57,794			57,794
United Way of Northwest Michigan	20,701			20,701
TOTALS	\$5,601,050	\$2,805,885	\$2,014,918	\$780,247

APPENDICES

A. SENIOR CITIZENS OF THE YEAR

The Senior Citizens of the Year Award program is a long-standing partnership between the Commission on Services to the Aging, OSA, the Michigan State Fair and Consumers Energy. Each year, at least one older adult is honored in each of two categories; leadership in their community; and their service to others. In 2008, William and Ellen Head of Fraser were honored as co-recipients for the Service Award, and Johnie Rodebush of Niles was presented with the Leadership Award. All attended an award ceremony at the State Fair in Detroit.

As members of the Macomb County Council on Aging Board of Directors, William and Ellen Head received the Service Award for making exceptional contributions to the community in activities such as home delivered meals and fundraising activities. They devote their time to organizations such as Neighborhood Watch, Seniors and Law Enforcement Together, Fraternal Order of United Irishmen, Wives of the Fraternal Order of United Irishmen. William Head is the Chaplain for the Macomb County Ritual Team that conducts burial ritual services for military veterans. His wife, Ellen, also serves others by bringing weekly communion to homebound older adults.

Johnie Rodebush received the Leadership Award for his achievements as a community leader and activist, and for his unparalleled volunteer commitment to the Region IV AAA. He served as a 2008 delegate to Older Michiganians Day, advocating on behalf of older citizens and person with disabilities. Since 1992, the Michigan Association of Regions has awarded an award named after him. The "Johnie Rodebush Regional Leadership Award" is presented each year to a member of a regional planning board who exhibits exemplary leadership within and beyond their board. Through his leadership and advocacy, older adults have been heard by their community and elected officials.

B. GATEKEEPER OF THE YEAR

Since 1987, OSA has partnered with Consumers Energy to honor its employees who look out for vulnerable older adults in the community through the Gatekeeper Program. Gatekeepers strive to improve quality of life for older adults by going beyond their normal job duties. OSA selects one employee each month, and recognizes him or her for outstanding efforts on behalf of older adults. One employee is honored as Gatekeeper of the Year.

This year, Tiffany Dewald, a Customer Service Representative for Consumers Energy in Alma, was selected as Gatekeeper of the Year for her efforts to protect a customer who was unable to get around due to a fall. As a result of her advocacy, the customer received referrals for services such as transportation, meals-on-wheels, and food assistance through the Valley AAA.

C. COMMISSION ON SERVICES TO THE AGING MEMBERS

Jerutha Kennedy, Chairperson, Detroit
Owen Bieber, Byron Center
Cheryl J. Bollinger, Mason
Joan Budden, Bloomfield Hills
Mary P. Gardner, Ph.D., Lansing
Rose Gill, Wilson
Amne M. Talab, Dearborn
Kathleen Johnston-Calati, Lansing
Chun-Keung Leung, Bloomfield Hills

Albert Lewis, Grand Rapids
Donald L. Newport, Greenbush
Anthony P. Pawelski, Pinconning
Thomas G. Rau, Brighton
Ramesh Verma, Novi
William H. Walters, IV, Brown City
Janice Wilson, Fraser
James Wright, Springfield

Departures in 2007-2008: Albert Lewis and William Walters

D. STATE ADVISORY COUNCIL ON AGING MEMBERS

Anthony Pawelski, Pinconning, Chair

Kelli Boyd, Brownstown
Marci Cameron, Saline
Vicente Castellanos, Freeland
Lawrence Chadzynski, Okemos
David Ellens, Holland
Doree Ann Espiritu, M.D., Bloomfield Hills
Hope Figgis, Traverse City
Nadine Fish, St. Joseph
Eleanore Flowers, Jones
Lynn Grim, Farwell
Linda Geml, Kalamazoo
Carrie Harnish, Canton
Lois Hitchcock, Southfield
Viola Johnson, Battle Creek
Fred Leuck, Lapeer
Harold Mast, Kentwood
Pamela McKenna, Gwinn
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Roger Williams, Grand Rapids
Paul Wingate, Comins
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Ex Officio: Regina Allen, Social Security Administration
Judy Karandjeff, Michigan Women's Commission

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