

# ANNUAL REPORT 2007

*Partnerships for a  
Growing Aging  
Population*

State of Michigan  
**OFFICE of SERVICES  
to the AGING**



# 2007 ANNUAL REPORT

## Partnerships for a Growing Aging Population

**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 15, 2008

Dear Governor Granholm, Members of the Legislature and Friends:

I am pleased to provide you with the 2007 Annual Report from the Office of Services to the Aging (OSA), *Partnerships for a Growing Aging Population*.

The increasing number of older adults and Baby Boomers in Michigan requires that we explore new ways to maximize our resources. To meet this challenge, OSA has developed innovative partnerships to help meet the needs of Michigan's growing aging population.

These partnerships are important because we all know that state government cannot do it alone. OSA is using its federal and state funding to join with a number of other Michigan private and public organizations to share, combine and multiply our limited funding and resources.

I am proud to say that OSA has actively partnered and collaborated with a wide variety of public and private sector organizations. These include state offices and departments, the 16 Michigan area agencies on aging, hundreds of local aging network service providers, statewide aging organizations, faith-based groups, institutions of higher education, older adult housing developers, public utilities, employment agencies, professional membership groups, American Indian Tribes and off reservation organizations, federal offices and departments, statewide training and advocacy groups, community non-profits, and disability groups.

Thank you for your support. I look forward to joining with you during the coming year to provide assistance and greater opportunities for older citizens in our great state.

Sincerely,

Sharon L. Gire, MSW  
Director





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**“Partnerships for a Growing Aging Population”** is the theme of the 2007 Annual Report of the Michigan Office of Services to the Aging. As the number of older adults continues to grow, and the funding for resources is unchanging, we must work toward a new, vibrant, alternative approach to the realities of an aging society.

Addressing the interests and needs of Michigan’s older adults requires collaboration and working in partnership with others who share our mission “to promote independence and enhance the dignity of Michigan’s older adults and their families.” This report summarizes not only the activities of the Office of Services to the Aging, but how these partnerships have allowed us to share, multiply and maximize our resources to best serve and take care of our loved ones.

## MICHIGAN’S AGING NETWORK

OSA is Michigan’s designated state unit on aging. State units on aging are federally mandated under the Older Americans Act (OAA). The OAA is administered by the Administration on Aging (AoA), a part of the U.S. Department of Health and Human Services (DHHS). The AoA is responsible for providing programs and services under the federal government to meet the needs and concerns of older adults.

OSA operates under the authority of the Older Michigianians Act (OMA) and provides federal and state funding for services in local communities, monitors the provision of the services, and evaluates state policies affecting older adults. OSA is responsible for program development activities, and federal and state advocacy efforts. It also houses the State Long Term Care Ombudsman Program.

The Governor appoints the OSA director with the advice and consent of the Senate. The director also serves as special advisor to the Governor for those areas that relate to the well-being of older adults. OSA is an autonomous, Type I state agency within the Department of Community Health (MDCH). MDCH provides the Office with budget, procurement, accounting, and personnel services.

### **Mission**

To promote independence and enhance the dignity of Michigan’s older adults and their families.

### **Vision**

The Michigan Office of Services to the Aging (OSA) is the focal point of our statewide aging network providing leadership, innovation, advocacy, and supportive services on behalf of Michigan’s older adults and caregivers.

### **Goals**

- Work to improve the health and nutrition of older adults.
- Ensure that older adults have a choice in where they live through increased access to information and services.
- Protect older adults from abuse and exploitation.

- Improve the effectiveness, efficiency and quality of services provided through the Michigan Aging Network and its partners.

## Commission on Services to the Aging

The Commission on Services to the Aging (CSA) advises the Governor, 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 Senate. No more than half the Commission members may be of one political party and at least half must be at least 60 years old. The CSA approves funds for services administered under the OAA and OMA. The Commission engages in the following activities:

- Serves as an effective and visible advocate for aging and older adults in all government decisions.
- Advises the Governor and the Legislature of the nature, magnitude and priorities concerning services to older adults.
- Reviews and advises the Governor and the Legislature on the state's policies concerning services to older adults.
- Makes recommendations to the Governor and the Legislature regarding changes in federal and state programs, statutes and policies.
- Advises the Governor, the Legislature and OSA concerning the coordination and administration of state programs serving older adults.
- Reviews and approves the annual State Plan and budget required by the OAA prior to submission to the federal AoA.
- 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 OMA.
- Establishes an advisory council and other specialized advisory committees as needed.
- Designates planning and service areas in conformance with the requirements of the OAA.
- Designates one agency in each planning and service area as the recognized area agencies on aging.
- Undertakes other activities required in Section 4 of the OMA, as amended.

## State Advisory Council on Aging

The 40-member State Advisory Council (SAC) is appointed by the CSA. It represents a diverse cross-section of older adults who are advocates and professionals in the field of aging.

The SAC studies aging issues and recommends policy to the CSA. The SAC advises OSA and the CSA on Older Americans Act programs and other areas of concern for older adults, and it serves as a communication link between local communities, the CSA, and OSA.

The SAC's focus in 2007 was a study of senior centers. The study is being conducted in response to the CSA's charge to explore the current role of senior centers, how they operate, and their role in the future.

SAC members have heard several presentations by and about senior centers, and they are gathering first-hand observations about senior centers in their own communities.

During the past few years, senior centers have become diverse in response to local needs, and are often the first place older adults or their families contact for aging services and information. Next spring, the SAC plans to provide the CSA with the results of its study, as well as recommendations.

Also, the SAC has edited and approved the Community for a Lifetime Assessment Workbook. Using the workbook, a community group can assess characteristics that make a community livable. The Assessment Workbook is available on-line at [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors). The assessment is part of the OSA toolkit for elder friendly communities. The Michigan State University (MSU) Extension volunteered to develop the Michigan community assessment, and pilot the assessment in two counties. Consequently, the CSA has recognized Gaylord and Grand Haven/ North Ottawa County for their community assessments.

A review committee, composed of Commissioners and a SAC member, reviewed SAC by-laws, as required by the by-laws. They recommended extending the term of an SAC member from two years to three years. The CSA approved the revised by-laws at its April 2007 meeting that changed SAC appointments to staggered three-year terms.

In addition, the SAC continued to represent older Michigianians in other venues. A SAC member serves on the MDCH Recovery Council. Another SAC member was appointed to the MDCH Advisory Council on Mental Illness, and its connections maintain SAC's interest in mental health and aging.

Also, a SAC member served on the selection committee for the Senior Citizens of the Year awards, and another member serves on the joint committee to review Community for a Lifetime recognition applications. A SAC member served on the CSA's committee to review its by-laws.

## Area Agencies on Aging

The 16 area agencies on aging (AAAs) are regional planning, advocacy and administrative agencies designated by the CSA. Each is governed by a board of directors made up of local community members. OSA contracts with AAAs 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 for the delivery of services through local agencies. These aging network service providers offer a range of community-based, in-home, housing, legal services, support for grandparents raising grandchildren, home delivered and congregate meals, employment programs, respite care, and long term care advocacy and assistance for nursing home residents and families. AAAs may also provide some services directly, with specific approval, including information and assistance, and care management.

## Commissions and Councils on Aging

Commissions and Councils on Aging (CoAs) are agencies that provide services within a geographic region, usually a county. They generally are created through a governmental authority such as a county board of commissioners. At least one council or commission on aging exists in 71 of the 83 counties in Michigan. CoAs provide a centralized local perspective on aging issues. OSA has a strong working relationship with the CoAs and relies on their insights for real-time issues facing Michigan's older adults. The majority of CoAs are local service providers.

## Local Service Providers

Michigan's aging network has over 1,200 service providers who serve older adults and their families and caregivers. They are well-informed about the unique needs of older adults in their specific geographic areas. They provide a critical link to OSA and AAAs. Service providers adhere to OSA's Operating Standards for Service Programs, which ensure 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 important issues to their members, and hear their concerns.

Some of these organizations include, but are not limited to the following: the Michigan Association of Senior Centers, the Michigan Adult Day Services Association, the Michigan Directors of Services to the Aging, the Michigan Association of RSVP Directors, the Michigan Association of Foster Grandparent and Senior Companion Directors, and the Michigan Association of Nutrition and Aging Service Providers. Also included are: the Michigan Hispanic Senior Citizens Coalition, the Office of Long Term Care Supports and Services, the Long Term Care Connections, the 12 federally recognized American Indian Tribes, the off-reservation American Indian organizations, the Michigan Disability Rights Coalition, AARP, the Area Agencies on Aging Association of Michigan, the American Society on Aging, the National Council on Aging, the Michigan Chapter of Grantmakers in Aging, and the Michigan Association of Broadcasters.

## SPECIAL RECOGNITION

### 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 (CSA), the Office of Services to the Aging (OSA), the Michigan State Fair, and Consumers Energy. Two older adults are honored each year, one for leadership in their community and one for their service to others. In 2007, Dr. Karl Gregory of Southfield was named the recipient of the Leadership award and Mr. Edward Bares of Grand Haven was presented with the Service award. Both men attended the award ceremony on August 27, 2007 at the Michigan State Fair in Detroit.

As a member of the Board of Directors for Adult Well-Being Services, Dr. Karl Gregory has shown tremendous commitment to improving the lives of older adults in southeast Michigan. He is an appointee on the United Way of Southeast Michigan Community Impact Cabinet, an active board member of the Michigan League for Human Services and the Detroit Alliance for Fair Banking. He is a member of the Charles H. Wright Museum of African American History; Racial and Ethnic Advisory Group to advise on the 2010 Census; the Booker T. Washington Business Association; Detroit Urban League; Black Caucus Foundation; and the Oakland County Political Action Committee.

Mr. Edward Bares is a retired engineer who volunteers for numerous organizations in Grand Haven including: Grand Haven Jaycees, Grand Haven Aviation Club, First Presbyterian Church, and the Grand Haven Toastmaster's Club. One of Mr. Bares' first volunteer activities was installing Life Line First Responder Systems for homebound seniors. As a volunteer for International Aid, he refurbishes and repairs donated wheelchairs so they are usable again. Mr. Bares also assists with transportation for the volunteers that work with him who no longer drive.

### Gatekeeper of the Year

OSA has the distinct honor of partnering with Consumers Energy to honor their employees who look out for vulnerable older adults in the community through the Gatekeeper Program. The Gatekeeper Program began in 1987 as a way to identify elderly community members who need assistance. Gatekeepers serve as an extra set of eyes and ears in the community and help to maintain the health and safety of older adults. OSA selects one employee each month and recognizes them for their outstanding efforts on behalf of older adults and one employee is honored as Gatekeeper of the Year.

This year, Christopher Harbert, a Customer Service Representative of Consumers Energy in Grand Rapids, was selected as Gatekeeper of the Year for his efforts to protect a customer from possible neglect and abuse. As a result of his advocacy, the customer received meals-on-wheels, transportation to appointments, and home health care visits from the Area Agency on Aging of Western Michigan, Inc.

## HIGHLIGHTS

In addition to the basic services such as, home delivered meals, in-home services, kinship care, transportation and volunteer programs this report highlights the following activities, emphasis, policy issues and data that OSA has undertaken over the past year.

### Older Americans Act - Reauthorization

The OAA, as reauthorized in 2005, moves the aging network forward by adding several initiatives. It focuses the attention of the aging network on two key policy and program issues: long term care (LTC) and healthy aging.

For LTC, the Act includes Aging Disability Resource Centers, cites the importance of targeting services to those at risk of institutionalization, and requires AAAs to cooperate and collaborate with other service systems on LTC issues.

Healthy Aging: the Act promotes the use of evidence-based practices/programs by AAAs, cites the importance of mental health for older adults, and includes support for "activities for health, independence and longevity."

The Act reauthorizes the National Family Caregiver Support Program and modifies eligibility requirements to:

- Clarify the original intent of the Act to provide caregiver services to an older adult who cares for a child of any age with a disability;
- Allow participation of a grandparent or relative caregiver, age 55 and older, and clarify that an older individual may receive services if they are providing care for a child related through blood, marriage, or adoption; and
- Authorize caregiver support for relatives responsible for the care of an individual of any age who is diagnosed with Alzheimer's Disease or a related neurological disorder. Priority is given to caregivers of relatives with Alzheimer's Disease who are over age 60.

The Act establishes target populations, including those with dementia and their caregivers, and those most at risk of institutionalization. The Act promotes coordination among various service systems at the local and state levels to provide an array of supportive services.

### Adult Abuse and Neglect Prevention Training Pilot Program

The three-year federal Adult Abuse and Neglect Prevention (AANP) Training Pilot Program, that began in 2004, offered free interactive training on identification, reporting and prevention of vulnerable adult abuse, neglect, misappropriation and exploitation for long term care (LTC) direct access staff (DAS). Trainings were provided by BEAM, a culture change organization, in cooperation with Michigan State University (MSU) and OSA. Funding was provided through a joint Background Check and AANP Training pilot grant to MDCH, awarded by the Centers for Medicare and Medicaid Services (CMS).

During FY 2006 and FY 2007, a total of 459 trainings were held and 7,804 DAS were trained statewide on valuable information and tools to help identify, report, and prevent adult abuse. The AANP Training Program completed 234 eight-hour interactive trainings by 66

specialized trainers with 3,968 DAS trained in FY 2007. A four-hour "Preventing Adult Abuse and Neglect" curriculum was also developed based on the eight-hour training, which was used to provide 101 trainings to 1,792 DAS this year.

Additionally, an AANP supervisor training was developed and piloted to DAS supervisors, and AANP self-instructional modules were developed based upon the eight and four-hour trainings. A formal evaluation of the pre and post-training evaluation responses and a special follow-up telephone survey about the program are being completed by MSU. The results and findings of the entire AANP program will be released in FY 2008.

## Aging Information System - Security

In 2007, OSA undertook several efforts to enhance security policies and safeguards for the Aging Information System (AIS). The AIS serves an important role in providing uninterrupted data collection and reporting services for more than 200 aging network agencies, it is equally important to vigorously safeguard sensitive information about clients and services. In 2007, OSA updated policies and procedures governing:

- Security Incident Reporting
- User Authentication and Authorization
- User Account Management
- User Security Training Requirements
- Acceptable Use
- Physical Access to AIS Equipment
- AIS Security Review and Update Timelines
- Critical Applications Criteria

OSA recently completed an AIS infrastructure and operations review to test the system for potential weaknesses and/or opportunities for unauthorized access. Also, OSA initiated a process to transition all National Aging Program Information System (NAPIS) client records to the use of system-generated identification numbers to further minimize the collection of sensitive client information. This process will continue throughout 2008. In addition, OSA has started planning for an enhanced disaster recovery process to support critical applications during a disaster event. This process will be completed next year.

## American Indian Elders

OSA continued its work in reaching out to the American Indian community in order to better serve elders. The Aging Network and American Indian Forum, established in 2006 by OSA, met three times this year in an ongoing effort to:

- Identify the unique needs of American Indian elders;
- Examine strategies that reduce cultural barriers to accessing services; and
- Improve communication between OSA, tribes, off-reservation American Indian organizations, AAAs, and providers of traditional aging services in Michigan.

The purpose of the Aging Network and American Indian Forum is to "provide a platform for building relationships between individuals and organizations that represent American Indians and the aging network to enhance, promote and strengthen services to American Indian Elders."

As a result, lines of communication between the aging network and the American Indian community have strengthened, and people are listening to one another with a greater understanding. But even more important is the fact that this relationship building has led to services in some parts of the state being provided to American Indian elders – the ultimate beneficiaries of this effort – in a manner that is sensitive to tradition and culture.

The following is the on-going Priority List of discussion items at our forum meetings:

- Education
- Relationship/Trust
- Cultural Competence
- Outreach/Access to Services
- Funding
- Services

Interested parties are welcome to join the forum which meets three times a year.

## Caregiving

Adult Day Services provide meaningful activities for older adults who need assistance during the day, and respite for family members and caregivers who care for them.

Because of an increased interest in the possibility of developing an adult day care service, OSA has developed an Adult Day Services Best Practices Informational Packet. It is a resource to provide information about how to plan and develop an adult day care service. It includes information on national best practices, trends, training and technical assistance, marketing, regional contacts, OSA adult day service standards and adult day care associations. During the past year, the packet was updated and sent to 75 persons who contacted OSA with a request for information about developing an adult day service in their community.

The 2000 amendments to the OAA provide for caregiver services through the National Family Caregivers Support Program. Family caregivers provide daily support with bathing, banking, shopping, food preparation and medical care. They may live with the person they are caring for to provide assistance with daily needs, or may visit the person weekly or call regularly. Being a caregiver involves an investment in time, energy and support. As a result, caregiving has the potential to impact the health, work, family, personal relationships and finances of the caregiver.

It is estimated that more than 60 percent of today's adult population either is, or expects to be a family caregiver. Caregivers, such as spouses and adult children, provide the overwhelming majority of homecare services in this country. Approximately one million of Michigan's citizens provide one billion hours of unpaid care annually to ill and disabled adults in the state, with an approximate economic value of more than nine billion dollars per year.

The AIS NAPIS Client and Service Report for Michigan was enhanced for 2006. This report includes detailed information on caregiver characteristics by age, length of time providing care, and length of travel time to provide care. The 2007 report will be available in the spring of 2008, in hard copy and on OSA's website ([www.michigan.gov/miseniors](http://www.michigan.gov/miseniors)).

In addition, the Respite Care Consumer Fact Sheet was updated in early 2007. Available as a two page handout and on the OSA website, it contains information for consumers about various types of services that provide respite care, cost and payment options, and how to go about selecting the best services to match needs.

## Community for a Lifetime Elder Friendly Community Recognition Program

OSA established a "Community for a Lifetime" (CFL) Recognition Program in March 2007 for Michigan communities that have completed an elder friendly community assessment and/or have improved the livability of their communities.

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 Boomers.

OSA has established a web page for "Successful Aging in Place:" [http://www.michigan.gov/miseniors/0,1607,7-234-43293\\_46728---,00.html](http://www.michigan.gov/miseniors/0,1607,7-234-43293_46728---,00.html). It includes the application for the CFL - Elder Friendly Community Recognition Program, as well as the CFL - Elder Friendly Community Assessment and a toolkit to help communities plan.

The recognition program grew out of a nationwide movement aimed at preparing communities to become elder ready. Major national models include the Aging in Place Initiative through the National Association of Area Agencies on Aging, Partners for Livable Communities, the AdvantAge Initiative through the Visiting Nurse Service of New York, and the AARP Livable Communities Model.

The SAC learned about elder friendly assessment projects in Grand Rapids and Battle Creek and reviewed various national and regional models. It then worked with OSA staff, MSU Extension, MDCH, The Vital Aging Think Tank, an Otsego County and a Northwest Ottawa County community team, to pilot and refine materials for a Michigan "CFL" elder friendly community assessment and action planning tool.

OSA finalized the CFL Recognition Program and Assessment with recommendations from the SAC and approval by the CSA. Applications for recognition are accepted twice a year, on October 1 and April 1.

## Cultural Competence

OSA remains committed to pursuing a high level of cultural competence, both within itself and across the statewide aging network of AAAs and local aging service providers. At the heart of this cultural competence strategic plan is an increasing awareness of diversity among people, and the role that "difference" plays in working together to serve older adults across the State of Michigan.

To move toward meeting cultural competence goals that were established last year, OSA hosted a training for its staff to help build a culturally competent organization. This training was conducted by the Michigan Department of Civil Rights and focused on identifying one's own biases and attitudes and how those biases can potentially adversely affect work-related practices, policies, and decisions. An organizational assessment is planned that will examine existing policies and procedures against accepted cultural competence principles.

Cultural diversity has also been added to the OSA website ([www.michigan.gov/miseniors](http://www.michigan.gov/miseniors)) to view current demographic and related information on ethnicity, culture, older refugees/migrants, people with disabilities, and older women. This website carries the OSA brochure that has been translated into Arabic and Spanish.

Recognizing that developing a culturally competent organization is an ongoing, evolving process; OSA will continue working on a variety of activities directed at values, education, information, communications, staff recruitment and retention, and outreach over the next several years. This work will continue in partnership with a variety of people and organizations with expertise and a shared vision of the relevance of cultural competence in our ever-changing world.

## Direct Care Worker Issues

The Michigan Direct Care Workforce Initiative (MDCWI) was formed in 2004, by advocates, educators, providers, researchers and government representatives to address the State's need to recruit, train and retain more than 140,000 direct care workers serving adults in LTC settings. MDCWI serves as a conduit between public and private entities to develop, propose, promote and improve programs, services and policies to ensure a high quality, well-trained and respected LTC workforce. OSA provided leadership, facilitation and support to the MDCWI, a 50-member coalition, to develop a three-year strategic plan. As part of the strategic plan, the MDCWI will serve as a resource to the Office of Long Term Care Supports and Services Advisory Commission's Workforce Workgroup and support regional direct care workforce initiatives that lead to statewide programs.

The MDCWI Strategic Plan outlines four objectives, and the related committees:

- Advocate and support the LTC Task Force report recommendations implementation related to workforce development—LTC Advocacy Workgroup.
- Serve as a change agent and provide leadership among all stakeholders to improve and support the LTC workforce—Leadership for Change Workgroup.
- Strive to deepen the active participation and commitment among members to the mission of the MDCWI—Outreach Workgroup.
- Strengthen and sustain MDCWI by securing resources to promote and support the MDCWI mission—Fiscal Response Workgroup.

The committees began meeting in August-September to further define their committee's objective and to clearly develop a plan using a logic model to outline the strategies and action steps necessary to reach positive outcomes in a timely fashion. OSA facilitated this process and continues to provide technical assistance.

## National Direct Service Workforce Resource Center— CMS Intensive Technical Assistance

OSA collaborated with the MDCH - Medical Services Administration, Michigan Quality Community Care Council (MQCCC) and Paraprofessional Healthcare Institute (PHI) to implement technical assistance offered by CMS for strengthening direct care workforce improvement strategies. The focus of the technical assistance is to ensure that Medicaid consumers who would like to hire home help workers are linked as needed through the MQCCC registry referral program. A marketing plan is being developed to target areas where there are high needs. Additionally, a training using the home skills enhancement curricula, which was developed and supported by Community Services Network, MSU, MSU Extension, and OSA, is being adapted for home help workers.

OSA also collaborated with the Office of Long Term Care Supports and Services, MDCH, and PHI to apply for a second intensive technical assistance support grant offered by CMS for strengthening direct care workforce improvement strategies. Michigan will receive support in adapting PHI's consumers as supervisors' curriculum for clients who hire home help workers, and provide training for MI Choice Waiver participants. The technical assistance was received in September 2007 and will be implemented in 2008.

## Elder Abuse

Whether it is physical abuse, financial exploitation, emotional abuse, neglect, or self-neglect, the symptoms and treatment of elder abuse are complex. It is often characterized by life-threatening actions inflicted upon vulnerable adults. It is also about the theft of resources that leads to the financial and emotional devastation of persons who have no ability to recoup their losses.

In Michigan, it is estimated that at least 73,000 older adults are victims of abuse. Increases in the population of people aged 60 and older, and more people reaching age 85 and beyond, means the problem of elder abuse will only increase.

OSA has been actively involved in elder abuse prevention efforts for many decades, learning that the key to ending abuse is prevention, and the key to prevention is education and early intervention. It is also critical to involve older adults themselves in advocacy work with criminal justice, regulatory and social service agencies to develop an integrated prevention and assistance system.

OSA and its partners have made important strides in abuse prevention including: development of state-level and local Triad programs where older adults work with law enforcement and advocacy groups to raise awareness about elder abuse and financial exploitation; and creation of the state-level Senior Abuse and Exploitation Quick Response Team to bring together abuse prevention professionals to work on systemic advocacy as well as provide case assistance.

In 2007, OSA staff worked with the Michigan Coalition Against Domestic and Sexual Violence to conduct training to law enforcement in Genesee County. OSA also partnered with Elder Law of Michigan and local partners to secure an FY 2008-2010 federal grant to conduct abuse prevention training to criminal justice professionals in Wayne and Oakland Counties.

OSA has an unwavering commitment to working with aging network, social service, domestic violence prevention, business community, regulatory and criminal justice professionals to improve elder abuse prevention, identification, investigation, prosecution, and victim assistance efforts. Preventing abuse and financial exploitation is a state plan goal, a clear priority for OSA, and the right thing to do for Michigan older adults.

## Evidence-Based Disease Prevention Program

OSA received a three-year grant from AoA to embed and integrate Evidence-Based Disease Prevention (EBDP) programs into the aging network.

These EBDP programs help older adults lower their risk of developing chronic disease, as well as helping those who have chronic disease to better cope with the disease and to communicate more effectively with their families and providers. EBDP programs also help older adults stay connected and active in the community by giving them opportunities to make informed choices.

The grant will provide funding for four AAAs: the Detroit Area Agency on Aging, Region 2 Area Agency on Aging, Valley Area Agency on Aging, and Region IX Area Agency on Aging. They will offer older adults the Matter of Balance, Stanford Chronic Disease Self-Management (PATH) and Enhance Fitness programs.

OSA is promoting and partnering with MDCH, the Lansing YMCA, commissions and councils on aging, and senior centers to offer support and resources to expand the network of agencies and locations offering these programs. The Michigan Partners on the PATH, chaired by OSA and MDCH, is a statewide infrastructure overseeing the growth and expansion of the EBDP programs in Michigan. This grant will provide funding to help create policy in Michigan that will drive the programs. In turn, this will allow the EBDP programs to become integrated into the aging and public health networks, and will continue after the AoA funding has ended.

This EBDP grant is the second of a three-phase approach by the AoA to help older adults maintain their independence and stay connected in the community. The first phase involves the Aging and Disability Resource Centers which are the Single Points of Entry (SPEs) in Michigan. The SPEs provide information and referral to programs for both healthy and frail older adults. Phase two, the EBDP grant, provides older adults with opportunities to reduce their risk of chronic disease, as well as to live more comfortably with existing chronic disease. The third phase of the AoA approach is a \$500,000 Nursing Home Diversion grant recently awarded to OSA, which will provide further funding to help identify older adults at risk for nursing home placement, and work with the other two phases to ensure older adults have a choice.

## Green House™

Most people want to age in place, which means to stay in their own homes, close to family and friends or to live in the settings of their choice with appropriate services and supports. To help achieve that desire, Michigan's LTC reform efforts are focused on providing alternatives in care settings and person-centered planning that supports the individual and their family caregivers. The ability to provide skilled nursing care in small, 8-10 person "Green Houses™" is an important person-centered alternative care choice that OSA continues to foster throughout Michigan.

The movement toward home and community-based LTC is doing remarkable things to help people age in place, but staying at home is not always possible for very frail people with few family and social supports. Dr. William Thomas, founder of the Eden Alternative™ first conceived Green Houses™ – signifying life and continued growth - as a means to help reinvent the LTC residential environment for the 21<sup>st</sup> century. Green Houses™ are small ranch style homes where life occurs as it does at home. The care staff is trained to provide the skilled care needed while supporting the residents to live their lives as they would at home.

OSA led the Eden Alternative™ effort to improve the quality of life in Michigan nursing homes and is continuing to provide technical and facilitation assistance to organizations that want to move in the direction of building Green Houses™ instead of building the conventional large nursing home. OSA's promotion of the Green House™ model of care has resulted in Michigan's Certificate of Need rules being updated; state fire safety rules being clarified to accommodate the structure of a house rather than an institution, and quality-based financial incentives being offered that can be used by providers to improve care.

The OSA director and staff participated in the ground-breaking and opening of the Green Houses™ in Redford, built by Presbyterian Villages of Michigan (PVM) in September 2006, and the Green House™ in Powers, opened by Pinecrest Medical Care Facility in January 2007. OSA has also been instrumental in facilitating the work of a coalition led by PVM in Detroit that is working toward building the first Green Houses™ in the country in an urban setting. OSA is also providing technical assistance to Porter Hills' Green House™ in Grand Rapids.

## Housing

The vast majority of persons aged 60 and older prefer to stay in their own homes. But their ability to age successfully in their own homes can be compromised in a variety of ways. These include: injury due to falls, loss of mobility from chronic disease, loss of a spouse, a decline of housing due to age, and a lack of available resources for home repair or modification.

For those who can't afford to own or maintain their homes, having affordable rental or other housing options is important to maintaining independence in the community for as long as possible. However, there is a shortage of affordable housing and assisted living settings for older adults. Also, many older consumers are unsure how to find the range of housing options that exist, so they need better information on how to access available housing-related services.

The development of affordable and livable housing for older adults requires partnerships involving aging and housing-related organizations, non-profits and other interested parties with housing developers to fill local gaps in the housing services continuum. It also requires better sources of consumer information about housing-related services, and how older adults can access the current range of available options.

To meet these objectives, the following steps were taken in the past year:

- The housing information on the OSA website ([www.michigan.gov/miseniors](http://www.michigan.gov/miseniors)) was upgraded to better meet the needs of website visitors who are searching for housing options. In addition, the Affordable Senior Housing and Related Services Website Resources Page was updated and improved.

- The OSA PowerPoint presentation on senior housing, entitled, "*Developing Better Housing Options for Older Adults*" was updated for presentations on the current challenges, issues and options for developing affordable housing for older adults.
- A *Senior Residential Locator* page was developed to provide a range of on-line search options for older consumers and family members looking for various types of senior housing, including assisted living and nursing homes.
- A Housing-Related Demographics/Characteristics of Older Adults handout was developed and is available in print or on-line at the OSA website.
- A document on Affordable Senior Housing Strategies and Trends was developed and is available in print or on-line at the OSA website.

## Legal Assistance

Legal Assistance is a priority service under the OAA. The OAA-funded legal assistance programs provide information and referral, advice and counsel, legal education, and direct legal representations to Michigan's older adults. The most common cases involve consumer and financial issues, housing, and advance planning. In FY 2007, the legal services programs provided 45,000 units of service to 12,000 clients and 300 presentations to over 8,000 participants.

Legal Assistance helps citizens in real life situations:

- With the help of legal services, an older adult successfully challenged her senior apartment complex's practice of keeping the security deposit of every tenant, even when the apartment was vacated in perfect condition. As a result, the landlord changed the practice and now all current and future residents of the complex will benefit.
- Legal services assisted an older adult with an IRS issue he had been unable to resolve on his own. Consequently, the client saved \$97,000.
- Legal services helped a Detroit older adult resolve an incorrect charge on a major retailer's credit account. With the benefit of legal counsel, the client was able to get the charge removed and have the retailer send letters to the three credit bureaus acknowledging the store's error. The retailer even sent the client a letter of apology.
- An older adult contacted legal services when \$379 was taken from her account without authorization. Legal services negotiated an agreement in which the bank credited her with the \$379, plus transaction fees, and provided her with a letter of explanation for her to use to reverse insufficient fund costs from other institutions.

## Medicare/Medicaid Assistance Program

Established in 1984, the Michigan Medicare/Medicaid Assistance Program (MMAP) empowers beneficiaries and their families to make informed health care decisions by providing objective health benefits information. It also provides education, advocacy, and consumer protection assistance services in the areas of Medicare, Medicaid, Medigap and LTC insurance, managed care and prescription drug coverage (Medicare Part D).

Originally, MMAP was administered by the Area Agencies on Aging Association of Michigan. This year, it incorporated as a non-profit organization and obtained 501(C) 3 tax exempt status. It is now referred to as MMAP, Inc. It has created a board of directors consisting of previous steering committee members and an equal number of AAA directors.

MMAP is federally-funded and reaches Michigan's older adults and persons with disabilities in every county of the state. Thanks to the help MMAP counselors provide through this successful and far-reaching statewide program, Medicare and Medicaid beneficiaries in Michigan have saved an estimated \$7 million in out-of-pocket expenses.

Also, during FY 2007:

- 13,580 people received individual counseling,
- 40,000 calls were handled by the MMAP hotline (1-800-803-7174),
- 645 outreach events reached 3,644,759 individuals through group presentations, health exhibits, and the media,
- 447 trained MMAP counselors provided information and assistance on Medicare and Medicaid eligibility, coverage, enrollment, claims, prescription program options (Medicare Part D), Medigap, and LTC insurance products, and
- 6,867 older adults and people with disabilities were provided assistance with Medicare prescription drug coverage.

## State Long Term Care Ombudsman

Michigan's State Long Term Care (SLTC) Ombudsman Program provides advocacy to residents of licensed LTC facilities.

Through a network of eight local LTC Ombudsman offices, and the State LTC Ombudsman office housed at OSA, older adults and people with disabilities living in LTC facilities get help with any kind 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.

LTC 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. An experienced State LTC Ombudsman from Kentucky once told the local LTC Ombudsmen, "Your job is not easy, but it is simple. Serve the residents!"

The Michigan SLTC Ombudsman program serves residents through complaint resolution, public education, consultation to individuals and facilities, and volunteer programs all across the state. In FY 2007, the Michigan SLTC Ombudsman program resolved 2,783 complaints on behalf of 1,677 residents, provided 436 public education sessions, provided 4,935 consultations to individuals, and 642 consultations to facilities or agencies.

In addition, Michigan's SLTC Ombudsman program works to improve LTC 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 Nursing Home Standard Advisory Committee.

Michigan's LTC Ombudsmen support residents who wish to move out of a nursing home through Nursing Facility Transition services, and they supports 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." LTC Ombudsmen pursue this simple, but not easy, goal everyday.

## Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is authorized under Title V of the OAA 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.

Over the last few years, OAA amendments have expanded the program's purpose to include increasing the economic self-sufficiency of participants, and increasing the number of persons who may benefit from unsubsidized employment.

### FY 2007 Accomplishments

- Over 587 older adults were served.
- Of those served, 395 were 55-64 years of age; 192 were aged 65 and older.
- As a result of SCSEP, 29% of those enrolled in the program found unsubsidized employment, which exceeds the U.S. Department of Labor's (DoL's) mandated 24% placement rate.
- Through collaboration with the Michigan Department of Labor and Economic Growth (DLEG), a new contract was developed with the Macomb/St. Clair Michigan Works!®, that increased performance in the expenditure of grant funds in that geographic area.
- Because of the development of new relationships with Michigan Works!® agencies, OSA is now exploring future placement opportunities for participants in the area of health care.

During 2007, the allocation of funding from DoL was \$2,882,149 for 403 authorized positions. OSA contracted with 11 subgrantees to administer the SCSEP at the local level. In addition, OSA provided funding to Operation ABLE of Michigan for computer training of older adults, as an award program to recognize older employees who exemplify "Ability is Ageless".

## Senior Project FRESH

Senior Project FRESH is Michigan's Senior Farmers Market Nutrition Program sponsored by the U.S. 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 60 years of age and older, who are at 185% 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.

Participation in Senior Project FRESH has grown from three counties in 2004, to 45 counties in 2007. It is estimated that over 8,500 older adults were served in the 2007 season. Each received a minimum of \$20 worth of coupons. Also in 2007, five counties participated in a pilot project to conduct cooking demonstrations at the farmers markets

at the same time the coupons were distributed. The cooking demonstrations, and other nutrition education, were arranged by MSU Extension offices in the participating counties.

A Senior Project FRESH program associate reported to OSA: "A woman who had received Senior Project FRESH coupons from one of my classes stopped me in the grocery store last week. She wanted me to know that she had used half of her coupons. She told me she had bought some beautiful, good, red tomatoes. She assured me she would use all of her coupons, as she enjoyed going to the farmers market."

The program associate noted that they have received thank you notes from several older adults because they are so grateful for receiving the coupons. One older adult related that "she had used her coupons to buy fresh vegetables and made vegetable soup for all of her neighbors in the senior housing complex where she lived and for other family and friends". The program associate also told OSA, "It is so nice to have the resources to be able to share with others around you. This is something that many older adults on very limited budgets usually just can't afford to do." Another older adult was glad to be able to buy fresh fruits and vegetables at a neighborhood stand because she could help herself and her neighbor at the same time. Local vendors are also very supportive of Senior Project FRESH because they gain new customers.

## Program Data

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, the information systems are continuously updated to enhance usability and data quality.

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

### Services Provided in 2007<sup>1</sup>:

- 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 770 thousand units of care management, case coordination and support, chore, homemaker, personal care, and other in-home services
- Delivered 610 thousand 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
- Supported caregivers with nearly 860 thousand units of respite care, adult day care, counseling, training, support groups, transportation, outreach, and information and assistance services

### Clients Served in 2007:

- 129,969 older adults registered for services<sup>2</sup>
- 112,628 nutrition services participants
- 53,209 older adults in community services
- 22,585 homebound older adults
- 7,984 caregivers in registered services

### Difficulties with Common Daily Activities:

- 61% reported difficulty shopping and/or cooking meals
- 50% had difficulty doing laundry, cleaning, climbing stairs, walking, and/or using transportation
- 33% reported difficulty bathing, keeping appointments, and/or handling finances
- 75% had difficulty with two or more daily activities; and 70% had difficulty with three or more

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<sup>1</sup> Statistics were taken from OSA's National Aging Program Information System (NAPIS) database.

The figures are preliminary until year end reporting is finalized and submitted to AoA on January 30, 2008.

<sup>2</sup> "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	195,304
Care Management	3,830	26,927
Case Coordination and Support	9,776	45,422
Outreach	NA	84,309
Transportation	5,488	150,758
Assisted Transportation	1,410	16,853

Profile of Registered Access Service Clients:

- 73% were 75 years of age or older; and 35% were 85 years of age or older
- 70% were female
- 52% lived alone
- 37% resided in rural areas
- 26% were low-income
- 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	3,376	45,302
Friendly Reassurance	1,634	38,662
Homemaker	7,521	341,386
Home Health Aide	55	531
Medication Management	483	5,425
Personal Care	4,859	264,563

### Profile of Registered In-Home Service Clients:

- 75% were 75 years of age or older; 35% were 85 years of age or older
- 77% were female
- 65% lived alone
- 56% resided in rural areas
- 29% were low-income
- 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	49,721	7,982,703
Congregate Meals	62,907	2,922,179

Home Delivered Meals	Congregate Meals
73% were age 75 or older; 36% were 85 or older	57% were age 75 or older; 19% were 85 or older
67% were female	66% were female
58% lived alone	42% lived alone
39% resided in rural areas	54% resided in rural areas
31% were low-income	25% were low-income
19% were minority by race and/or ethnicity	12% were minority by race and/or ethnicity
60% were at high nutritional risk	

## Community 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, LTC ombudsman, personal emergency response, senior center staffing, and vision services.

Community-Based Services	Client Count	Unit Count
Counseling	320	524
Disease Prevention	10,674	59,141
Elder Abuse Prevention	7,602	8,290
Friendly Reassurance	1,634	38,662
Health Screening	2,020	3,108
Hearing Impaired Services	1,966	4,382
Home Injury Control	1,536	3,248
Home Repair	217	4,984
Legal Assistance	12,046	33,841
Medication Management	897	5,425
Personal Emergency Response	1,151	1,909
Vision Services	1,183	2,097

### Targeting Services to At-Risk Homebound Clients<sup>3</sup>

Recent improvements to the AIS reporting system has allowed OSA to capture more precise data on services and clients. In 2006, 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 2007, the aging network supported 4,650 at-risk older adults with 123,546 hours of in-home service and 651,955 home delivered meals.

<sup>3</sup> "At-Risk" is defined as in-home clients that require assistance with daily toileting, transferring, and mobility.

## Profile of At-Risk Clients

73%	Were 85 years of age or older
71%	Were female
49%	Lived alone
37%	Resided in rural areas
44%	Were low-income
36%	Were minority by race
71%	Were at high nutritional risk
20%	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% of the 59,601 in-home service clients in 2007, they received 17% of the in-home services and 8% 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

Service Category	Total Service Units	Service Units to At-Risk Clients	At Risk Service Units (% of Total)
In-Home Services <sup>4</sup>	724,131	123,546	17%
Home Delivered Meals <sup>5</sup>	7,900,724	651,955	8%
Totals	8,624,855	775,501	9%

<sup>4</sup> Includes care management, case coordination and support, chore, home health aide, homemaker, and personal care services.

<sup>5</sup> Home Delivered Meal total does not include home delivered meals served as a form of respite care.

## Older Adults Served in Greatest Social and Greatest Economic Need

The OAA, 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 2007	% of Total NAPIS Service Population
Total Population 60+	1,596,162	100%	125,798 <sup>6</sup>	100%
Non-minority	1,400,703	88%	108,405	86%
African American	160,741	10%	14,614	12%
Hispanic	18,653	1.2%	1,612	1.3%
Asian/Pacific Islander	12,298	0.8%	1,033	0.8%
American Indian/Alaskan	4,658	0.3%	701	0.5%
Low-income (Age 65+)	96,116	8%	26,239	28%
Rural	427,733	27%	64,374	46%

## Service to Caregivers

Data from Michigan's NAPIS shows that in 2007 there were 7,934 unduplicated caregivers in registered services.

Profile of Caregivers in Registered Services:

- 72% were female
- 50% were younger than 65 years of age
- 40% resided in rural areas
- 25% were low-income
- 35% of caregivers were daughters or daughters-in-law
- 30% of caregivers were spouses
- 24% were minority by race and/or ethnicity

<sup>6</sup> Client race/ethnicity data is based on registered clients with reported race/ethnicity. Under federal reporting requirements, clients may choose not to indicate race during service registration. Of 129,969 registered clients in 2007, a total of 118,263 provided race/ethnicity information.

### Profile of Caregiving

73%	Provide hands-on care
75%	Have been caregiving for more than one year; 50% for three or more years
57%	Live with the individual(s) that they care for; 33% travel up to one hour to provide care
78%	Provide daily care
37%	Were employed full or part-time
31%	Describe their health as fair or poor
10%	Were caregiving for grandchildren

Services provided through the aging network allow caregivers the opportunity to work, take a break, take time for themselves, and 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	228	1,185
Support Groups	1,369	6,706
Caregiver Training	1,399	10,245
Adult Day Care	1,548	406,841
HDM Respite Care	460	81,979
Homemaker/Personal Care Respite	115	4,230
In-Home Respite Care	2,298	220,804
Kinship Respite Care	246	6,968
Out-of-Home/Overnight Respite Care	112	35,215
Volunteer Respite Care	390	29,640
Supplemental Services	211	560
Caregiver Health Education	1,608	5,526
Caregiver Information and Assistance	NA	28,979
Caregiver Transportation	32	1,999
Specialized/Other Respite Care	268	19,143

## APPENDICES

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 2007 OSA Budget Appropriation	
<b>LINE ITEMS</b>	
Commission (Per Diem)	\$10,500
OSA Administration	5,237,900
Community Services	35,204,200
Nutrition Services	37,248,800
Retired and Senior Volunteer Program	790,200
Foster Grandparent Program	2,813,500
Senior Companion Program	2,021,200
Employment Assistance	2,818,300
Respite Care	7,600,000
<b>TOTAL</b>	<b>\$93,744,600</b>
<b>APPROPRIATION</b>	
Total Federal Revenues	\$52,205,300
Title III – Older Americans Act	38,948,500
Title VII – Older Americans Act	650,100
Nutrition Services Incentive Program – DHHS	6,901,000
Title V – DoL	2,962,200
Title XIX – Medicaid	1,493,500
MI Medicare/Medicaid Program – CMS	1,250,000
Total State Restricted Revenues:	7,725,300
Healthy MI Fund (Home Delivered Meals)	125,300
Abandoned Property Funds (Respite)	2,600,000
Merit Award Funds	5,000,000
Miscellaneous Private Revenues	105,000
General Fund/General Purpose	33,709,000
<b>REVENUES TOTAL</b>	<b>\$93,744,600</b>
Source: FY 2007 Appropriation Bill (P.A. 330, SB 1083)	

2007 Area Agency on Aging Grant Awards			
Agency	Administration	Services	Total
Detroit AAA (1-A)	\$459,060	\$8,749,094	\$9,208,154
AAA 1-B (1-B)	930,846	15,633,714	16,564,560
The Senior Alliance, Inc. (1-C)	377,119	7,043,708	7,420,827
Region 2 AAA (2)	124,539	2,418,758	2,543,297
Kalamazoo Co. Human Services Dept. (3-A)	80,986	1,480,260	1,561,246
Region 3-B AAA (3-B)	83,951	1,702,448	1,786,399
Branch-St. Joseph AAA (3-C)	47,273	875,844	923,117
Region IV AAA (4)	131,771	2,386,462	2,518,233
Valley AAA (5)	217,234	3,977,637	4,194,871
Tri-County Office on Aging (6)	140,754	2,494,532	2,635,286
Region VII AAA (7)	325,827	6,344,181	6,670,008
AAA of Western MI (8)	346,986	6,331,101	6,678,087
Region IX AAA (9)	170,498	3,405,225	3,575,723
AAA of Northwest MI (10)	147,738	2,937,553	3,085,291
UP AAA (11)	241,488	4,621,871	4,863,359
Region 14 AAA (14)	153,129	2,582,336	2,735,465
<b>TOTAL</b>	<b>\$3,979,199</b>	<b>\$72,984,724</b>	<b>\$76,963,923</b>

Other Grants 2007	
Agency	Amount
Citizens for Better Care	110,411
MMAP, Inc.	868,634
County of Macomb/St. Clair Workforce	474,574
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	23,250
Elder Law of Michigan	20,000
Michigan State University Kinship Care	15,000
<b>TOTAL</b>	<b>\$2,336,869</b>

2007 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 Lakeshore	147,265	110,213	37,052	
Catholic Human Development Outreach	49,089	36,738	12,351	
Catholic Human Services	439,232	215,252	223,980	
CSS Lansing	272,555	16,114	256,441	
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
Gaylord Community Schools	6,843			6,843
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 CoA	329,745	233,185	96,560	
Lenawee County Dept on Aging	252,202	252,202		
Marquette County CoA	67,318			67,318
Mecosta County CoA	16,561			16,561
N/E Michigan Community Services Agency	124,088	19,779	81,873	22,436
Otsego County United Way	14,705			14,705
Region IV AAA	268,590	222,475	46,115	
RSVP of Ingham, Eaton, & Clinton	39,240			39,240
S/Central MI Community Action Agency	102,048	102,048		
Saginaw County CoA	0			
Senior Neighbors, Inc.	31,113			31,113
Senior Services, Inc.	241,949		212,972	28,977
The Council on Aging, Inc. (St. Clair County)	91,996	91,996		
United Way of Bay County	57,794			57,794
United Way of NW Michigan	20,701			20,701
Volunteer Muskegon	6,758			6,758
Washtenaw HDS Community Services	11,292	11,292		
Western U.P. District Health Dept.	57,794			57,794
<b>TOTALS</b>	<b>\$5,601,050</b>	<b>\$2,805,885</b>	<b>\$2,014,918</b>	<b>\$780,247</b>



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