**COVER ART**

The colorful State of Michigan mosaic was created by stained glass artists David Smoker and Don Pope, both of Coldwater, Michigan.

It wasn’t until retirement that both gentlemen mastered this time-intensive craft, honing their skills to voluntarily teach classes at Branch County’s H. & C. Burnside Center. According to Smoker, “involving ourselves in an artistic medium encourages social connections and camaraderie and keeps the brain exercising.”

This framed artwork, gifted to the Aging & Adult Services Agency by the Branch County Commission on Aging, is proudly displayed in the agency’s lobby as a daily reminder of Michigan’s beauty, and the value of creative expression in later life.
REPORT PREPARED BY

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Mission
To provide statewide leadership, direction, and resources to support Michigan’s aging, adult services, and disability networks, with the aim of helping residents live with dignity and purpose.

The Aging & Adult Services Agency is an equal opportunity employer and program provider. This report, required by state law, is developed with federal funds by authority of the Older Americans Act of 1965, as amended. Service data is preliminary and subject to change.
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Dear Reader,

The Aging & Adult Services Agency (AASA) is pleased to present to you our fiscal year 2017 annual report. Under the direction of the federal Administration for Community Living, AASA manages a state, regional, and local partnership that includes 16 regional area agencies on aging, and more than 1,000 local community-based agencies. This “aging network” as it is called, offers programs to older adults aged 60-plus, especially to those with increasing social and economic needs.

Each year, AASA is required to develop a multi-year state plan – a blueprint, if you will – for how best to administer a service delivery system that is responsive to the unique, diverse, and challenging needs of older and vulnerable adults. In this spirit, this report highlights progress and accomplishments for fiscal year 2017, the final year of the agency’s fiscal year 2014-2017 state plan, based on the following goals:

- **Celebrate contributions of older adults and create opportunities for engagement;**
- **Ensure an array of community-based services and supports that promote independence;**
- **Provide opportunities to improve physical and mental well-being;**
- **Support elder rights through advocacy, training, information, and services;**
- **Establish public and private partnerships; and**
- **Manage the aging network through oversight, quality improvement, and innovation.**

It is with great pride that AASA remains committed to serving older and vulnerable adults in a way that helps those we serve live dignified, independent, and purposeful lives. AASA’s goals could not be reached, however, without the support of Michigan’s elected officials; the leadership of the Department of Health and Human Services; area agencies on aging and their boards and advisory councils; and county councils and commissions on aging, and other dedicated service providers who, without fail, do what is in the best interests of those we collectively serve.

Special appreciation is also extended to AASA’s dedicated state staff; members of the Commission on Services to the Aging who help steer our efforts in so many successful ways; and members of the State Advisory Council on Aging whose advice and counsel are exemplary.

Thanks to every one of you. This report belongs to all of us.

Richard Kline  
AASA Senior Deputy Director
Michigan currently has 2,275,070 adults aged 60 years and older, who comprise 22.9% of the state’s total population. This population group is projected to increase by 50,000 people each year.

Characteristics of Residents Aged 60 and Older

- 54.3% of the state’s older adult population is female, at 1,235,363.
- 361,736 are veterans.
- 25.4% are in the state’s labor force.
- 45.8% live with a spouse; 41.2% live alone; 10.3% live with other relatives; and 2.7% live with non-relatives.
- 14.1% identify as something other than white European ancestry. African Americans represent the largest of such groups at 10.6%; Asians represent 1.7%; American Indians and Alaska Natives comprise 0.4%; 0.4% identify as some other race; and 1% identify as being two or more races. Additionally, 1.8% of the 14.1% identify as Hispanic.
- 88.3% graduated from high school; 29.7% have had some college; and 24.3% have a Bachelor’s degree or higher.
- 36.5% of Michigan households have a person aged 60 or older.
- More than 85,043 are grandparents living in households with their own grandchildren under the age of 18; 26,436 of these grandparents live with grandchildren under age 18 without the child’s parent being present.

Source: U.S. Census Bureau, 2016 American Community Survey, 1-Year Estimates
NETWORK OVERVIEW

Aging & Adult Services Agency

For over four decades AASA has served as Michigan’s state unit on aging, with the responsibility for managing a statewide infrastructure that helps older adults aged 60 and over remain in the community setting they call home. This infrastructure, known as the aging network, includes AASA at the state level, 16 regional planning and service areas with each supported by an area agency on aging, and over 1,000 local service providers that offer essential supports and services.

AASA’s governing legislation – the federal Older Americans Act, as amended in 2016, and the Older Michiganians Act of 1981 – provides a broad policy and program framework for serving older and vulnerable residents. For the federal act, each state receives funds for services under Title III according to a formula based on its share of the U.S. population aged 60 and older.

AASA, in turn, distributes funding to regional area agencies on aging based on population, poverty, minority, and rural factors. It is interesting to note that Michigan ranks eighth among the nation’s 56 states/territories receiving federal funding for Title III services under the Older Americans Act. AASA also receives state funding for aging services.

As Michigan’s aging network has evolved over time, it has never wavered on its commitment to the principle that all people deserve to live their best, most fulfilling lives, regardless of age or disability. The aging network continues its work to:

- Improve efficiencies;
- Improve client outcomes; and
- Effectively target services to those who need them most.
The Commission on Services to the Aging is a 15-member, bipartisan body that advises the governor, Michigan legislature, and AASA on matters relating to aging policies and programs.

It approves funds for services statewide; participates in preparation of the multi-year state plan required as a condition of federal funding; determines aging policy; serves as an advocate for older adults in government decisions; holds public hearings across the state; and appoints a 40-member State Advisory Council on Aging to advise state-level decision-making.

Commission members are appointed by the governor for three-year terms, and membership reflects the distribution and composition of the state’s older population.

A majority are aged 60 and older, and no more than eight members are from the same political party. The commission meets monthly, and all meetings are open to the public.

Dona J. Wishart, Commission Chair
AASA and the commission wish to extend heartfelt thanks to Commissioner Michael Sheehan of Cedar, who voluntarily stepped down as chairperson of the State Advisory Council on Aging in fiscal year 2017 after more than a decade of service. Commissioner Sheehan’s leadership, insights, keen wit, and ability to direct Council efforts with clarity and purpose all contributed to the council’s success. He is to be admired.

Another highly talented Commissioner, Kristie Zamora of Flint, has succeeded Commissioner Sheehan as council chairperson, and we wish her well in her new role.

State Advisory Council on Aging

The State Advisory Council on Aging is the research and advocacy arm of the commission, representing local communities while providing sage advice on vital state issues and policies impacting Michigan’s older adults.

Each year the council researches an important topic assigned by the commission to inform Michigan’s older adults, the aging network, and state government. In fiscal year 2017, the council prepared a report entitled Creative Aging, Opening the Door to Health and Happiness, offering a wealth of information on the value of creativity in later life.

Members are appointed by the commission for three-year terms, and a majority are aged 60 and older. A member of the commission serves as the council’s chairperson.
Area Agencies on Aging


REGION 1-B: Area Agency on Aging 1-B, Serving Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw Counties

REGION 1-C: The Senior Alliance, Serving all of Wayne County except Region 1-A

REGION 2: Region 2 Area Agency on Aging, Serving Hillsdale, Jackson, Lenawee Counties

REGION 3-A: Region 3-A Area Agency on Aging, Serving Kalamazoo County

REGION 3-B: Region 3-B Area Agency on Aging, Serving Barry, Calhoun Counties

REGION 3-C: Branch-St. Joseph Area Agency on Aging, Serving Branch, St. Joseph Counties

REGION 4: Region IV Area Agency on Aging, Serving Berrien, Cass, Van Buren Counties

REGION 5: Valley Area Agency on Aging, Serving Genesee, Lapeer, Shiawassee Counties

REGION 6: Tri-County Office on Aging, Serving Clinton, Eaton, Ingham Counties

REGION 7: Region VII Area Agency on Aging, Serving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola Counties

REGION 8: Area Agency on Aging of Western Michigan, Serving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola Counties

REGION 9: Region IX Area Agency on Aging, Serving Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Oscoda, Otsego, Presque Isle, Roscommon Counties

REGION 10: Area Agency on Aging of Northwest Michigan, Serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford Counties

REGION 11: U.P. Area Agency on Aging, Serving Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties

REGION 14: Senior Resources, Serving Muskegon, Oceana, Ottawa Counties
Goal 1: Celebrate contributions of older adults and create opportunities for community engagement

State Advisory Council Report: Creative Aging, Opening the Door to Health and Happiness

Creative expression in later life – be it drawing, writing, spirituality, music, volunteering, quilting and the like – can have a profound impact on life satisfaction and well-being. People are born with the ability to express themselves, and how we choose to self-express – to use that gift – is unique to each of us.

In fiscal year 2017, the State Advisory Council on Aging prepared a report entitled Creative Aging, Opening the Door to Health and Happiness for the Commission on Services to the Aging, at its request. The council was tasked with researching the topic of creative aging and presenting recommendations that would be helpful in promoting the importance and value of creativity in later life.

To this end, available information on the visual and performing arts, lifelong learning, spirituality, wellness programs, and volunteerism was explored and, in all instances, so many examples were found of older adults greatly benefitting from these activities – physically, mentally, emotionally, cognitively.

“Engaging in creative pursuits militates against a sense of isolation, creates community through partnerships, increases life-enhancing endorphins, and engages the deepest recesses of the human psyche.”

- Commissioner Michael Sheehan
Music, for example, has now been found to tap into the mind of people with Alzheimer’s disease in ways never imagined, allowing them to peer through windows of their lives that were thought to be long forgotten.

Anna Mary Robertson Moses, known as “Grandma Moses,” began painting at the age of 76 when her arthritic hands could no longer hold an embroidery needle. Sara Gwendolen Frostic, renowned Michigan-born artist and poet, created linoleum-block prints inspired by nature in her northern Michigan studio until she was 95. Jef Mallett, a Lansing-born baby boomer, trained as a nurse and EMT, then moved on to create the nationally syndicated comic strip, FRAZZ.

Every day people in all walks of life find ways to explore their creative potential and, in doing so, find meaning in their life. It is part of one’s legacy.

The full report, found at www.michigan.gov/aasa, explains key components of creative aging; presents information on what makes for an effective creative aging program; suggests ideas and resources; and discusses a variety of creative expressions, including life-long learning opportunities.

Senior singing group from 8330 On the River Senior Housing performs at Older Michiganians Day at the State Capitol.
Michigan Senior Citizen of the Year

Gwen Tulk
Senior Citizen of the Year

Gwen Tulk of Kalamazoo was named Michigan’s 2017 Senior Citizen of the Year at a ceremony held at the State Capitol during Older Michigamians Day in May. Nominated by Senior Services, Inc. of Kalamazoo, she was honored for her more than three decades of outstanding volunteerism and community contributions.

Ms. Tulk, an amazing 100-year-old honoree, began her volunteer work in 1982 helping the local Meals on Wheels program, delivering meals to homebound older adults.

She participated in the program for more than 30 years, then came out of retirement in 2017 at 99 years old to again deliver meals and raise awareness about the program.

Family members, Kalamazoo community representatives, and 1,000 senior advocates were on hand to offer congratulations to Ms. Tulk on her special day.

She was presented a plaque and congratulatory letter from Governor Rick Snyder by AASA Senior Deputy Director Richard Kline, and a $1,000 check from Consumers Energy.

“Doing meals on wheels sort of helped me realize I was doing something good. I think that’s why I enjoyed meals on wheels. I knew that these people were going to have a good meal, and they didn’t have to worry about cooking it. It was all prepared for them and they at least would be fed.”

- Gwen Tulk
Public Input on Aging Programs and Policies

In keeping with AASA’s federal mandate to engage the public on state policies and programs impacting older adults and caregivers, the Commission on Services to the Aging (CSA) hosted four hearings in a variety of geographic areas of the state.

AASA and the CSA heard from older adults, as well as aging network representatives, in Alpena, Flint, Iron Mountain, Lansing, and Petoskey.

Comments on a wide variety of issues were presented. Among them:

• Presentations were made on the benefits of the Foster Grandparent Program, Retired and Senior Volunteer Program, and Senior Companion Program in helping older adults remain active and engaged, learn new skills, and feel valued. The need for advocacy in support of funding for the three senior volunteer programs was voiced.

• There was great interest in making certain that seniors affected by the Flint water crisis receive the help they needed. Note: AASA and the CSA did, in fact, bring this issue to the attention of appropriate state officials and, as a result, significant funding was made available to assist older Flint residents.

• The aging of the baby boom generation continues to be of concern to many. Questions were raised regarding society’s readiness to cope with the sheer numbers of people getting older, especially regarding their long-term care needs.

• There was a call for advocacy to save the State Health Insurance Program or SHIP, known as the Michigan Medicare and Medicaid Program (MMAP), that is under consideration for funding elimination by Congress. This critical program supports counseling for Medicare and Medicaid beneficiaries to make health benefit decisions.

• Additional public comment highlights included:

  o The need for affordable, accessible housing for older adults;
  o The need for transportation services, especially in rural areas;
  o A suggestion that dementia-specific training be required of staff working in licensed long-term care facilities; and
  o Continued support for preserving the MI Choice program.

“I couldn’t be more appreciative of all those who join in a true sense of community for the common good of all citizens across this great state of Michigan.”

- Commissioner Dona J. Wishart
Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is a community service, work-based training program for older adults aged 55 and older who are low-income and unemployed. Those joining the program have a strong desire to actively engage in the workforce, learn new skills, feel useful, and contribute to their community. This training program is a bridge to unsubsidized employment opportunities, with the goal of fostering economic self-sufficiency and providing opportunities for meaningful employment that complements a person’s abilities and interests. In the last program year, nearly half (47%) of Michigan’s 367 enrollees successfully moved on to unsubsidized employment, earning $7,022, on average.

In fiscal year 2017:

• 68% were aged 60 and older
• 76% of participants were female
• 9% were veterans
• 49% were Caucasian, 47% African American, 2% Hispanic, 2% American Indian
• 16% had a disability
• 77% were receiving public assistance
• 30% had low literacy skills
• 73% had low employment prospects

Michigan’s volunteer programs encourage and support older adults to remain involved in community life and service.

In fiscal year 2017, $4.4 million in state funding administered by AASA, coupled with federal funding through the Corporation for National and Community Service, enabled 8,468 older adults to participate in Michigan’s three older adult volunteer programs – Foster Grandparent Program (FGP), Retired and Senior Volunteer Program (RSVP), and the Senior Companion Program (SCP).

Foster Grandparents

The Foster Grandparent Program was the first of three volunteer programs to receive state funding in 1978 and continues today, providing opportunities for low-income individuals aged 60 and older to mentor and tutor children and youth who need personal attention and assistance in schools, hospitals, juvenile detention facilities, day care centers, community programs, and private homes.

Volunteers offer emotional support to child victims of abuse and neglect, and 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.

• 1,028 Foster Grandparents served 5,493 children and youth with exceptional and special needs in 1,373 different settings available through 338 non-profit organizations in fiscal year 2017.

Senior Volunteer Programs

For over 40 years, the state has invested in the skills, experiences and talents of our older adult population as a volunteer resource to meet community needs.
Retired and Senior Volunteers

Retired and Senior Volunteers (RSVP) provide opportunities for people aged 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. They provide services in areas such as tutoring, literacy, public safety, homeland security, healthcare, and economic development.

- **6,936 RSVP volunteers provided service to 1,200 non-profit organizations that serve Michigan communities in fiscal year 2017.**

Senior Companions

The Senior Companion Program offers low-income men and women aged 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/or conditions that make them frail and at-risk.

Senior Companions add richness to the lives of those they serve.

They also support other services funded by AASA, such as care management and respite, which allow older adults to remain in their own home.

Senior Companions receive similar benefits to those of Foster Grandparents.

- **504 Senior Companions served 2,522 adults in 1,931 different settings available through 193 organizations in fiscal year 2017.**
Goal 2: Ensure an array of community-based services and supports that promote independence and choice

Care Management and In-Home Services

Care management and in-home services go hand in hand. In-home services help older adults who have difficulty managing daily tasks on their own, and care management offers the means for older adults to get the in-home help they need to live as independently as possible.

Some older adults, for example, have chronic conditions or disabilities that make performing daily activities a challenge.

In-home services are available in these types of life situations, and when older adults have little or no support system to help them.

Care management complements in-home services by coordinating all aspects of in-home care the older adult needs. Care managers navigate the healthcare system, help solve problems, and work to remove barriers so people may continue thriving on their own.

The chart below lists in-home and care management services offered by the aging network, along with the number of clients served and units of service provided by service in fiscal 2017.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Clients</th>
<th>Hours/Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Management</td>
<td>3,385</td>
<td>25,661</td>
</tr>
<tr>
<td>Case Coordination &amp; Support</td>
<td>10,234</td>
<td>55,559</td>
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<tr>
<td>Chore Services</td>
<td>3,529</td>
<td>40,240</td>
</tr>
<tr>
<td>Homemaker</td>
<td>9,229</td>
<td>492,147</td>
</tr>
<tr>
<td>Personal Care</td>
<td>4,070</td>
<td>266,737</td>
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</tbody>
</table>
Community services offered by the aging network are key to helping older adults maintain their independence at home and in their community.

These services complement those provided through existing medical and health care systems to, among other things, help prevent hospital readmissions by supporting activities of daily living.

The chart to the right lists community services offered through the aging network, along with the number of clients served and hours of each service provided.
Diversity

The aging network strives to serve all with dignity, respect, inclusiveness, and sensitivity. To do so requires an understanding of what makes each individual unique, and an awareness of the role diversity plays in meeting an individual’s needs and expectations.

To best serve older adults and those with disabilities in a person-centered way, it’s important to understand that diversity includes many differences—be it race, ethnicity, gender, sexual orientation, gender identity, nationality, religion, ability, age, citizenship, and the like—and to recognize how differences among individuals relate to and influence strategies for service delivery.

There is no “one size fits all” approach when providing publicly-funded services to any population, including older adults.

The aging network, in its mission to serve those in greatest economic and social need, has a specific federal mandate to serve Michigan’s American Indian elders under Title III of the Older Americans Act, and to establish partnerships with this community.

Michigan is home to 12 federally-recognized American Indian tribes, and a sizeable urban non-tribal affiliated American Indian population in Southeast Michigan.

Regarding diversity-related activities:

• AASA continued as a designated state-level tribal liaison in monthly conference calls, an annual summit, and quarterly meetings of tribal health directors.

• The Grand Traverse Bay of Ottawa and Chippewa Indians received a grant to educate the community about elder and vulnerable adult abuse, neglect, and exploitation through a series of training, meetings, and outreach activities in a six-county area. Outcomes will be available in fiscal year 2018.

• With a grant from the Michigan Health Endowment Fund, AASA will expand its evidence-based caregiver program to Hispanic/Latino and American Indian populations.

• Requests for proposal for AASA-sponsored PREVNT grants now require information on how grantees will address health inequities and social justice.

• AASA continued to participate in the Michigan Department of Health and Human Services Diversity Initiative, a workgroup dedicated to making department policies and practices more diverse, equitable, and inclusive.

• AASA began working with Lesbian, Gay, Bisexual, and Transgender (LGBT) partners to collect data on LGBT older adults served by the aging network to better understand the number of those seeking services, and identify gaps and trends in service needs. Results will be available in fiscal year 2018.

• AASA provided technical assistance and support to the aging network on LGBT and aging initiatives.

• 135 aging network staff completed the on-line training module on person-centered planning.
Long-Term Supports and Services Quality Improvement

AASA continues to facilitate a state-level quality improvement process targeting key components of Michigan’s long-term supports and services system.

At the helm of this initiative is the BOLD Council (Building Options for Long-term Supports & Services Decision-Making), established in 2014 as a state-level collaborative interdepartmental body tasked with integrating and streamlining access to long-term supports and services.

The council identifies opportunities for quality improvement. With the help of design and action teams trained in continual quality improvement processes, positive changes are recommended, tested, and instituted.

In the initial phase of this initiative, quality improvements were made in the MI Choice Waiver program, Independent Living/Home Help program, and Adult Protective Services.

In fiscal year 2017, trained design and action teams began their work of applying quality improvement methods in Level of Care Determination, Nursing Facility Transition, Pre-Admission Screening and Annual and Resident Review, Person-Centered Planning, and Michigan Rehabilitation Services.

Here is a sampling of quality improvement successes in fiscal year 2017:

- The MI Choice Design Team was honored with a People’s Choice Reinventing Performance in Michigan Award for reducing authorization time for participants needing non-emergency medical transportation. The new process – driven by quality improvement methods – reduced authorization times from an average of two weeks to 27 minutes. This change resulted in a 169% increase in participants getting to medical appointments, leading to better health outcomes.
Long-Term Supports and Services
Quality Improvement cont.

• Work on redesigning the intake/assessment processes continued for the Independent Living/Home Help (IL/ HH) program, to better identify clients with complex care needs, and team nurses with Adult Service Workers (ASW’s). ILS/HH is the only long-term service that does not include the clinical expertise of nurses to assess participant health care needs, resulting in under or over resource allocation, lengthy review processes, and appeals. With the finding that more than 50% of ASW’s are uncomfortable making decisions about time and task determinations for complex care clients, stakeholders supported adding a nurse to the assessment process. This improvement is being tested in fiscal year 2018.

• Work began to redesign the Level of Care Determination (LOCD) process. All persons seeking long-term supports and services are assessed to determine functional eligibility for Medicaid-funded services, a process found to be plagued by myriad problems with electronic data-matching issues. Confusing policies caused payment delays to providers and denial of continued services for participants receiving nursing home care, and services through PACE, MI Choice, and Mi-Health Link. The process improvements made through a redesigned LOCD process is estimated to save $40 million, at minimum. These cost savings include administrative efficiencies made at the provider and state levels, negative post payment audit findings, and resulting appeals.

• Redesigning the Nursing Facility Transition program that assists nursing home residents to re-establish themselves in their community and receive services in the setting of their choice was a quality improvement priority. Transition assistance includes housing if needed, furniture and household goods, and re-connection to the community. Recommendations supporting program redesign were developed. While federal program funding has been discontinued, efforts are being made to continue this valuable service, with a planned program implementation date of Oct. 1, 2018.
Nutrition Program

The congregate and home-delivered meals programs serve as the hallmark of those offered through the Older Americans Act, and they are the most popular and recognized community-based programs offered by the aging network.

The programs, first made available in the late 1960’s, continues to address issues of food insecurity, reducing social isolation, and promoting the health and well-being of older adults.

We all know that people of all ages greatly benefit from a healthy diet. For older adults, especially, adequate nutrition is necessary for health, functionality, and the ability to remain independent at home.

For older adults, healthy eating can help increase mental acuteness, resistance to illness and disease, energy levels, immune system strength, recuperation speed, and the effectiveness of chronic health problem management.

While there is no “means test” for program participation, nutrition services are targeted to older adults aged 60 and older in greatest social and/or economic need.

Healthy meals are provided in a variety of group settings, such as senior centers, and faith-based settings, as well as in homes of isolated older adults.

As importantly, the program serves as an important link to other supportive services, such as homemaker and home-health aide services, transportation, physical activity programs, chronic disease self-management programs, home repair and modification, and falls prevention programs.

It's important to note that local governments, philanthropic organizations, private donations, and a volunteer workforce also contribute resources to the program’s sustainability.
Nutrition Program cont.

A recent national survey of the nutrition program reported that:

• 81% of home-delivered meals participants said that meals helped their health improve.
• **92% of home-delivered meals and 61% of congregate meals participants said that meals helped them to stay in their own homes.**
• 86% of home-delivered meals participants said that meals helped them live independently.
• 67% of home-delivered meals and 40% of congregate meals participants take five or more medications.
• 78% of home-delivered meals participants have difficulty with walking, preparing meals, or going outside the home.

In Michigan, the most frequently reported activity limitations by home-delivered meal participants were cooking, shopping, doing laundry, using transportation, climbing stairs and walking.

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Senior Project FRESH/Market FRESH

Senior Project FRESH/Market FRESH provides eligible older adults with unprocessed, Michigan-grown products from authorized farmers markets and roadside stands throughout Michigan.

People who qualify – those aged 60 and older with household incomes of 185% of poverty or less – have direct access to fresh berries, lettuce, tomatoes, onions, beans, honey, herbs and more to help satisfy nutrients that are essential for healthy aging.

A program free to eligible older adults and farmers alike, participants receive a minimum of ten $2 coupons to purchase fruits and vegetables from farmers during Michigan’s growing season.

Funding from the U.S. Department of Agriculture through the federal Farm Bill reimburses farmers for coupons honored.

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<table>
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<tr>
<th>Service Type</th>
<th>Clients</th>
<th>Hours/Units</th>
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<tr>
<td>Home-Delivered Meals</td>
<td>52,531</td>
<td>8,134,095</td>
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<tr>
<td>(Includes HDM Respite)</td>
<td></td>
<td></td>
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<tr>
<td>Congregate Meals</td>
<td>52,659</td>
<td>2,263,010</td>
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During the 2016 season (most recent data available):

- **19,275 older adults participated throughout all 83 Michigan counties.**
- **268 registered markets and 106 roadside stands, representing 2,771 farmers, were enrolled in the program statewide.**
- $500,000 was put back into the Michigan agricultural economy.
- Kent County had the highest number of registered markets and roadside stands, at 14.
- The average number of registered markets and roadside stands by county was seven.

- Vantage Point Farmers Market in Port Huron redeemed the largest percentage of coupons at 4%, or 7,358 coupons. Nelson’s Farm Market in Grant and Flint Farmers Market came in at a close second and third.
- The average number of coupons redeemed by a market or roadside stand was 639 coupons, at a value of $1,278.
Goal 3: Provide opportunities to improve physical and mental well-being

Evidence-based Disease Prevention Programs

The term “evidence-based” is used to describe programs that are proven to work, based on scientific research and testing.

Evidence-based disease prevention programs offered by the aging network are proven to help older adults learn how to reduce their risk of developing chronic conditions, and how to better manage conditions they already have.

The great benefit of these programs is that they teach older adults to take control of their own health care through the information, motivation, reinforcement of healthy behaviors, and activities they provide. Anecdotally, many participants say they just feel better, and feel empowered to take charge of their own well-being.

Among the popular programs offered are: Chronic Disease Self-Management, known as PATH in Michigan, Diabetes Self-Management (Diabetes PATH), Matter of Balance, Chronic Pain Self-Management, EnhanceFitness™, and Cancer: Thriving and Surviving.

All 16 area agencies on aging sponsor one or more wellness programs within their planning and service areas, in partnership with county councils and commissions on aging, Michigan State Extension Offices, local health departments, and others.

More than 350 evidence-based disease prevention programs were attended by 3,333 participants in fiscal year 2017.

The “Matter of Balance” program aimed at preventing falls was especially popular, which is important given that falls are a threat to the health of older adults and can reduce their ability to remain independent.

The risk of falling and fall-related problems, such as broken bones, rises with age. More than one in three people aged 65 or older falls each year.

Caregivers

Caregiving for someone unable to care for themselves has often been called “a labor of love.” And this “love” is most often provided to older adults and people with disabilities by their family members.

Family caregivers are relatives, friends or neighbors who provide support to individuals needing help with activities of daily living because of a physical or mental disability, or another health issue.

Family caregivers are the foundation of Michigan’s long-term supports and services system, providing up to 80% of care for Michigan’s older adults and those who have a disability.
Caregiving can present significant physical, emotional, and economic challenges under the best of circumstances. Research has shown that caregivers often neglect their own personal needs while caring for others, and experience conflicts in managing competing family and workplace demands.

The good news is that programs are available through the aging network to relieve the anxiety and stresses of caring for a loved one, and caregivers provide better care for longer time periods when they avail themselves of such programs.

In fiscal year 2017:

- **7,574 caregivers** were supported by **996,859 hours** of adult day care, respite care, counseling services, training, and supplemental care through the aging network. **197,972** home-delivered meals were served as a part of respite care.

- AASA’s work with Creating Confident Caregivers® – an evidence-based program for people who care for someone with dementia – was published in two distinguished national publications: The Journal of Applied Gerontology (December 2016) and Generations (September 2017).

- Creating Confident Caregivers® programs expanded to 13 area agencies on aging, reaching hundreds of family caregivers.

- AASA received a federal grant from the Administration for Community Living for a project entitled, “Developing Dementia Dexterity.” Through the grant, AASA has partnered with six area agencies on aging to increase dementia knowledge and services. Partner area agencies on aging assessed their staff’s knowledge of dementia, provided dementia training, and are piloting procedures to better identify and serve persons with possible dementia within the array of aging services.

- AASA continued its cooperation with the Michigan’s Alzheimer’s Association, especially related to its three-year pilot project implemented by Michigan’s Alzheimer’s Association chapters. AASA met regularly with Association members to review progress made in the pilot project. AASA is also a member of the Michigan Dementia Coalition, formed by the Association.

- AASA is represented on the Behavior Health Advisory Council. This federally-mandated state council advises the Behavior Health and Developmental Disability Administration (BHDDA) on mental health and substance use disorder programs. AASA also participated in planning BHDDA’s annual Mental Health and Aging Conference.

“I am so thankful for this class. It has helped (me) to realize I’m not alone, strategies for the various care jobs, realizing the stages of the disease and how to help a loved one in those stages. I have already recommended this program.”

- Creating Confident Caregivers® program participant
Goal 4: Support elder rights through advocacy, information, training and services

Adult Protective Services

All people should be able to live their lives with dignity and respect, free from abuse of any kind.

Unfortunately, far too many – an estimated 90,000 older adults and people with disabilities – are abused, neglected, or exploited in Michigan each year.

AASA is committed to developing policies, training programs, and public information aimed at helping prevent abuse from happening in the first place; protecting people from abusive situations; and supporting people who have experienced abuse to help them recover.

In fiscal year 2017, there were 45,785 referrals made to the Adult Protective Services program. Of those, 26,549 were investigated – a 6% increase over fiscal year 2016.

In an ongoing state effort to help keep Michigan’s vulnerable adults safe and secure, AASA provides training to service providers on how to recognize abuse, who to report it to, what to report, and the need for community partnerships to address issues of abuse collaboratively.

To this end, vulnerable abuse awareness presentations took place at the following venues:

- Community Action Association Summer Conference
- Elder Abuse Has No Borders Conference
- Michigan Center for Assisted Living Conference
- Michigan County Social Services Association Conference
- A joint conference of the Michigan Directors of Services to the Aging and Michigan Adult Day Services Association

In collaboration with the Prosecuting Attorneys Association of Michigan (PAAM), training was also provided to members of law enforcement, prosecutors, and adult protective services workers. Law enforcement and the legal community play critical roles in protecting vulnerable adults who fall prey to abuse and exploitation, often by their own family members.

To better monitor the Adult Protective Services Program, a new web-based program management system was developed. The Michigan Adult Integrated Management System, or MiAIMS, provides for improved referral processes, risk assessments, documentation, and plans of care, among other highlights. MiAIMS was officially launched statewide in October 2017, following its successful pilot in two counties.
Fiscal year 2017 marked the third year of AASA’s Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative. The state-funded PREVNT initiative implements local tools and systems to prevent, detect, and address crimes against vulnerable adults in communities across Michigan. To this end, funds were awarded to the following organizations:

- **Institute of Gerontology, Wayne State University $167,071**
  Create a new financial exploitation education/prevention program; focus on early detection and investigation of financial crimes perpetrated against older adults.
  Outcomes: 88 presentations were provided to 4,236 attendees; the SAFE program was implemented with 26 referrals; 14 older adults received one-on-one services; an identity theft booklet was developed.

- **Great Lakes Legal, Inc. $120,000**
  Expand efforts to support elder mediation services for family conflicts not well-suited for the courts; aimed at protecting seniors’ right to self-determination, improve communication, preserve relationships, and reduce costs.
  Outcomes: 46 public presentations were made; of 34 mediation referrals, seven were mediated; ten new mediators and 6 new trainers were trained; four senior bullying presentations took place.

- **Prosecuting Attorneys Association of MI $100,000**
  Conduct statewide trainings for financial services employees and local law enforcement to prevent, identify, and respond to adult financial abuse; increase the effectiveness of local investigative teams, as measured by increased investigative activity and more cases being forwarded for prosecution.
  Outcomes: Held trainings for Adult Protective Services, law enforcement, banks and credit unions; conducted investigations; attended hearings with successful prosecution for vulnerable adult fraud.

- **Region 2 Area Agency on Aging $91,007**
  Improve elder abuse prevention efforts in Jackson County by creating temporary emergency safe-havens for older adults involved in neglect and abuse situations; collaborate with Adult Protective Services and community resources to identify and empower adults at risk of being abused to get help to regain their safety and dignity.
  Outcomes: Rooms were donated by local hotels, three assisted living facilities, and a community host family to be used in the safe-haven project; processes and procedures were developed for emergency housing options; a training tool was developed for host families and peer support volunteers.
Prevention of Elder Abuse, Exploitation and Neglect cont.

- **Region 3-A Area Agency on Aging $76,180**
  Support the Kalamazoo County Elder Abuse Prevention Coalition to create specialty teams to support elder abuse investigations; establish review teams on financial exploitation, vulnerable adult hoarding, and vulnerable adult deaths. *Outcomes:* Investigation teams on vulnerable adult deaths and multidisciplinary elder abuse/financial exploitation were established; a vulnerable adult hoarding specialty review team was developed.

- **Detroit Area Agency on Aging $75,000**
  Increase elder abuse awareness, detection, and service interventions through faith-based organizations. *Outcomes:* A model program and toolkit for faith-based organizations was developed; partnerships were established with three faith-based ministry leaders; faith-based organizations launched elder abuse trainings and service interventions.

- **Upper Peninsula Commission for Area Progress $75,000**
  Enhance training and resource materials designed to increase public awareness and reporting of abuse, neglect and exploitation. *Outcomes:* Members of the Upper Peninsula police academy, nurses, and social workers were trained; a survey was conducted to improve content of training programs to ensure increased public awareness; talk radio and public television were used as community outreach tools.

- **Disability Network Oakland & Macomb $70,000**
  Offer training to various stakeholders, including financial services employees, on abuse detection and reporting. *Outcome:* 834 people participated in 26 trainings.

- **Jewish Senior Life $65,000**
  Support continued operation of the Center for Elder Abuse Prevention, which seeks to empower victims of elder abuse through safe-havens and services; champion a safer Michigan for older adults by raising community awareness. *Outcomes:* 51 calls were received; 185 days of shelter were provided.
• **Region 9 Area Agency on Aging**
  $45,000
  Develop and expand a program to raise awareness and increase prevention of elder abuse, specifically senior bullying; provide training to staff of councils and commissions on aging, adult foster care facilities, and homes for the aged.
  *Outcome:* Training evaluation indicates that participants increased their knowledge of interventions, ways to reach older adults with information on bullying, and how to establish policies and procedures that address this issue.

• **Sixty Plus Elder Law Clinic** $33,950
  Convert the federal Consumer Financial Protection Bureau’s “Managing Someone Else’s Money” guides into Michigan-specific educational materials; use materials in an education campaign targeting high-risk communities to help reduce incidences of financial exploitation of vulnerable and older adults.
  *Outcomes:* 225 attendees participated in 12 workshops; four booklets, printed in English and Spanish, were distributed to 28 organizations.
Legal Services

Legal services, a priority service under the federal Older Americans Act, are critical to protecting the rights of older adults. In Michigan, nine legal assistance providers and the Legal Hotline for Michigan Seniors are designated to ensure that older adults have access to needed legal services, and the ability to address barriers to living in the least restrictive setting of their choice.

Legal assistance includes information and referral, advice and counsel, education, and direct representation. Services are targeted to older individuals in economic and/or social need, including those with limited English proficiency, low incomes, minority individuals, those who live in rural areas, and frail individuals.

Housing, elder abuse, scams/financial exploitation, and assistance with wills and advance directives were the top areas of legal assistance provided.

In fiscal year 2017:

- **8,882 individuals were served**
- 38,911 unduplicated cases were worked on
- 260 community education presentations were held
- 25,912 case work hours clocked by staff

Medicare Improvements for Patients and Providers Act

Michigan received federal funding under the Medicare Improvements for Patients and Providers Act (MIPPA) to help Medicare beneficiaries apply for the Medicare Part D Extra Help/ Low-Income Subsidy and the Medicare Savings Programs. Funding also helped provide Part D counseling to Michigan residents living in rural areas. Funding was distributed among area agencies on aging, the Michigan Medicare and Medicaid Assistance Program (MMAP), and four local aging and disability partnerships.

In fiscal year 2017:

- **Area agency partners assisted beneficiaries with 1,501 enrollment applications.**
- **MMAP partners assisted beneficiaries with 3,187 enrollment applications.**
- **Aging and disability partners assisted beneficiaries with 646 enrollment applications.**

Michigan Medicare & Medicaid Assistance Program

The Michigan Medicare & Medicaid Assistance Program, known as the State Health Insurance Assistance Program or SHIP, works through area agencies on aging to assist Medicare and Medicaid beneficiaries make informed health benefit decisions. The program is supported by a statewide network of unpaid and paid skilled professionals trained to provide free, objective, and confidential health benefits information.
In fiscal year 2017:

- **84,644 Medicare beneficiaries were served.**
- **Counselors achieved $15,587,869 in client savings.**
- 111,897 client contacts were made, 52,916 of whom had an annual household income of $24,030 or less.
- Presentations reached 31,607 individuals on such topics as Medicare eligibility and benefits, Medicare Part D plans and plan comparison, Medicaid eligibility, Medicare Savings Program, and Part D Low-Income Subsidy eligibility.
- 52,109 beneficiaries received enrollment assistance with a Medicare prescription.
- AASA operating standards for MMAP were revised to require benefits counselors to receive training on person-centered planning.

**Michigan Long-Term Care Ombudsman Program**

The Long-Term Care Ombudsman Program addresses quality of care and quality of life issues experienced by residents who reside in Michigan’s nursing homes, homes for aged, and adult foster care facilities.

At the state level, the program represents the interests of long-term care residents in development and implementation of federal, state, and local laws, regulations, and policies. The program also assists residents in hearings related to guardianship, level of care determinations for Medicaid services, and involuntary discharges.

Local ombudsman serve as a community presence, working with individual residents and their families to resolve problems and promote quality care. In doing so, they:

- Explain residents’ rights;
- Empower residents to communicate their concerns individually or collectively;
- Assist in resolution of resident concerns;
- Promote community education and awareness regarding long-term care issues, and promote use of best practices; and
- Seek solutions to identified problems within the long-term care system.

In fiscal year 2017:

- **The program responded to 3,280 complaints.**
- A new, 16-hour training program was developed for local volunteer ombudsman.
- Ombudsman posters for use in nursing homes and other licensed settings, resident right brochures, program brochures, and fact sheets were updated.
Goal 5: Continue to establish public and private partnerships with those that share our mission

Communities for a Lifetime

The Communities for a Lifetime (CFL) program provides guidance to local communities interested in reshaping their vision, public policies, and practices to create more desirable and welcoming living environments for people of all ages, including older adults.

The program is part of a broader national movement called Creating Aging-Friendly Communities, one that Michigan has actively participated in since 2007.

In fiscal year 2017:

- AASA was honored to have its CFL program recognized as one of the country’s best at developing age-friendly communities by the University of Minnesota Rural Health Research Center (UMRHRC). The Research Center, under contract with the federal Office of Rural Health Policy, identifies promising practices to improve access to care for individuals with disabilities in rural communities. AASA’s CFL training and informational materials will be highlighted in the Research Center’s on-line toolkit, intended to provide resources to rural communities wanting to develop CFL-type programs.

- Area agencies on aging are now required to establish a Community for a Lifetime plan in at least one community within their planning and service areas. To this end, work has begun with the City of Ferndale, Village of Brooklyn, Detroit, Deckerville, Harrison, Canton Township, and Flint. The Area Agency of Western Michigan, Inc. is working with several communities in its nine-county planning and service area to make them more dementia-friendly.
Emergency Preparedness

In times of crisis, whether it’s a public emergency or natural disaster, AASA reports to the Michigan State Police’s State Emergency Operations Center (SEOC) to help facilitate an effective and coordinated emergency response.

During SEOC activations, AASA is the state unit on aging designated liaison to the Michigan State Police Emergency Management Division (MSP-EMD), the Michigan Department of Health and Human Services Office of Public Health Preparedness (MDHHS-OPHP), the Federal Emergency Management Agency (FEMA), and other appropriate local, state and federal emergency preparedness and homeland security agencies.

AASA’s role is to provide expert advice and technical assistance to area agencies on aging, local aging service providers, and local community leaders regarding emergency preparedness, response, and recovery issues as they relate to older adults.

In fiscal year 2017:

- AASA reported for a full activation in response to severe wind storm damage statewide, and consulted with deployed FEMA staff in the subsequent response. AASA also participated in partial activations, the most notable in response to the City of Fraser’s main sewer line failure creating a 60-foot sink hole.
- AASA attended numerous emergency preparedness drills, trainings, and workshops provided by the Michigan State Police, including three preparedness drills for nuclear power plant emergencies. For the first time, several area agencies on aging joined AASA in participating in a full-scale state-sponsored power outage emergency exercise.
- At the local level, AASA continues to support area agencies on aging on emergency preparedness activities within their area plans. Area agencies on aging may fund emergency preparedness under Title III-B of the Older Americans Act, and with administrative and program development dollars.
In fiscal year 2017 the Gatekeeper Program celebrated its 30th successful year of recognizing a unique partnership between utility companies and the aging network.

Through this program, utility company workers, called Gatekeepers, identify vulnerable older adults in need through work-related consumer contacts, and connect them to community programs, services, and supports for assistance.

Gatekeepers of the Year are selected from monthly nominations submitted by each participating utility company. Gatekeepers go above and beyond the call to recognize when older people need assistance, and then act on it.

They are caring, concerned problem solvers – another set of eyes in the community – that help older adults remain independent at home.

Heather Clifford of Consumers Energy and Noreen Collins of Marquette Board of Light and Power are two such people, honored as the 2017 Gatekeepers of the Year by AASA and the Commission on Services to the Aging.

Ms. Clifford was recognized for referring an older customer with severe chronic health conditions for help. The customer was also caring for her daughter and granddaughter, both of whom had disabilities. After repeated tries, the customer was unable to navigate how to get the necessary help for herself and her family.

Thanks to the insight and intervention of Heather Clifford, the customer received assistance with home winterization, prescription drugs, electrical home repairs, and legal aid.

Noreen Collins was recognized for referring an older customer who had just lost his wife, who was his primary caregiver. With no family support locally, the customer was referred to the local senior center, which led to help from a social worker who conducted an assessment.

The customer was deemed confused, but still able to remain living at home. Because of Ms. Collin’s intervention, the customer received meals, transportation to medical appointments, and homemaking services through the aging network, all of which made it possible for the older customer to remain at home with the help of available community resources.
Goal 6: Ensure that the aging network is well-managed through proper oversight and monitoring, quality improvement, and innovative use of technology

Federal Oversight

The federal Administration for Community Living (ACL) conducted its annual on-site monitoring visit, and AASA received highly favorable marks in all categories.

AASA was commended, especially, on its financial accountability system and its newly-developed fiscal year 2018-20 State Plan on Aging. ACL indicated that in both areas, AASA was well ahead of other states in the federal 12-state region.

Planning

Fiscal year 2017 marked the beginning of a new, three-year planning cycle for Michigan’s 16 area agencies on aging.

All fiscal year 2017-19 Area Plans and required Annual Implementation Plans were approved by the Commission on Services to the Aging.

Finance

A primary obligation of AASA is to ensure that area agencies on aging are using state and federal funds in a way that is accountable to the public trust, and in keeping with applicable laws and regulations governing programs within its purview. To this end, a major change was made in how area agency on aging budgets are developed, tracked, and used to manage services and programs. With these changes, significant time efficiencies have been realized.

Enhanced electronic financial tools can now verify that area agencies on aging meet all budgeting and expenditure requirements, allowing for increased quality and effectiveness.

System enhancements, for example, allow area agencies on aging to self-check and self-monitor their budgets and expenditures to ensure rules are followed related to the funding formula, maintenance of effort, minimum expenditures for specific services, and funding restrictions.

One interesting budget formatting feature allows area agencies on aging to test various funding scenarios to reach their optimal funding allocation for the circumstances of their agency, while maintaining compliance with state and federal budgeting requirements.

All grantee fiscal year 2016 audits were completed. On-site monitoring of area agency on aging governance and operations took place. Issues cited during this process were addressed through ongoing financial and program technical assistance, support, and oversight.
ROSTERS

Aging & Adult Services Agency

EXECUTIVE OFFICE
Richard Kline, Senior Deputy Director
Scott Wamsley, Deputy Director
Shirley Bentsen
Kelly Cooper
Carol Dye
Phil Lewis

Adult Services Policy Unit
Cynthia Farrell
Jane Alexander
Dawn Jacobs
Rachel Mays
Michelle McGuire
Rachel Richards
Rachel Telder

PROGRAM & PARTNERSHIP DEVELOPMENT DIVISION
Wendi Middleton
Steve Betterly
Annette Gamez

TECHNICAL ASSISTANCE, SUPPORT & COMPLIANCE DIVISION
Scott Wamsley
Emma Buycks
Becky Payne
Sally Steiner
Lauren Swanson-Aprill
Julia Thomas

Budget & Finance Support Unit
Amy Colletti
Terri Simon

Field Services & Support Unit
Eric Berke
Cindy Albrecht
Dan Doezema
Sherri King
Laura McMurtry

Elder Abuse & Wellness Unit
Gloria Lanum
Tari Muniz

Departure: Hema Malavia
Commission on Services to the Aging

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Matthew Adeyanju (I), Big Rapids
John Briggs (I), Alpena
Joan Ilardo (D), East Lansing
Gerald L. Irby (R), Marquette
L. Kathleen LaTosch (D), Ferndale
Dr. Peter Lichtenberg (D), Farmington
Harold Mast (R), Kentwood
Donna L. Murray-Brown (I), Detroit
Laura Newsome (R), Fort Gratiot
Margot Roedel (D), Caro
Michael J. Sheehan (I), Cedar
Linda K. Strohl (I), Sawyer
Amy Tripp (I), Jackson
Kristie E. Zamora (I), Flint
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Wendy White, Vice Chair, Midland
Regina Allen, Lansing
Bozena Bienias, Owosso
Nellie Blue, Baldwin
Alan Bond, Detroit
Dennis Brieske, Coldwater
Vicente Castellanos, Freeland (Posthumous)
Dave Caudle, Swartz Creek
Charles Corwin, Prudenville
Sara Damiano, Rochester Hills
Shari Davis, Sodus
Sandra Falk-Michaels, Livonia
Audra Frye, Redford
Thomas Hartwig, Rockford
Debra Johnson, St. Joseph
Kathleen Johnston-Calati, East Lansing
Mary Jones, Grand Blanc
Victoria Laupp, Marshall
Nicolette McClure, Idlewild
Gerald McColle, Channing
Pamela McKenna, Marquette
John Murphy, Lachine
Roy Pentilla, Glen Arbor
Angela Perone, Ypsilanti
Mary Lou Proefrock, Reed City
Patricia Rencher, Detroit

Donald Ryan, Kalamazoo
Gary Scholten, Holland
Joseph Sucher, Clarkston
Teresa Vear, Hillsdale
Susan Vick, St. Helen
Julie Wetherby, Brooklyn
Lillie Williams-Grays, Saginaw
Kathleen Williams-Newell, Detroit
Karen Wintringham, South Lyon
John Zimmerman, Traverse City

Ex-Officio: Mary Engelman, Michigan Women's Commission; Robyn Ford, Social Security Administration; Elizabeth Adie Thompson, Michigan Women's Commission (Alternate)
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<td><strong>Gross Appropriation</strong></td>
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Federal Revenues:

- Capped federal revenues: 368,100
- Total other federal revenues: 57,898,600

Special revenue funds:

- Total private revenues: 520,000
- Michigan merit award trust fund: 4,068,700
- Total other state restricted: 1,400,000
- State general fund/general purpose: 39,630,600
## FISCAL SUMMARY - AREA AGENCIES ON AGING

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<tr>
<th>Area Agency on Aging</th>
<th>Administration</th>
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Source: Statements of Grant Award 2017-18; chart reflects AASA funding issued through the intrastate funding formula