

**Area Agency on Aging of Western Michigan, Inc.**

## **Plan Summary**

***Fiscal Year 2011***

**Written Public Comments Are Encouraged**

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**All interested members of the public are encouraged to comment.**

**Send comments to**

**Sandra L. Davis, Planner  
Area Agency on Aging of Western Michigan  
1279 Cedar NE  
Grand Rapids, MI 49503**

**[Sandra@aaawm.org](mailto:Sandra@aaawm.org)**

**Toll free: 888.456.5664 Extension 7003**

**Direct dial: 616.222.7003**

**Fax: 616.456.5692**

**Deadline for comments: June 11, 2010**

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***PUBLIC HEARING NOTICE***

**The Area Agency on Aging of Western Michigan  
WILL CONVENE A PUBLIC HEARING**

**MONDAY, June 7, 2010  
1:00 pm – 2:00 pm**

**at the  
Central Michigan University Grand Rapids Center  
also known as the  
Home and Building Association of Greater Grand Rapids  
1633 East Beltline  
Grand Rapids, Michigan**

**The purpose of the hearing is to listen to public comments regarding services  
for older adults in west Michigan.**

**Public commentary influences AAAMW's Annual Implementation Plan for Fiscal Year 2011.  
Fiscal Year 2011 is the middle year of an existing Three Year Plan (2010.2011.2012).**

**The Plan identifies services for older adults to be funded by AAAMW.**

**Those services are designed to maintain the independence and dignity  
of older persons in west Michigan communities,  
including those with the greatest social and economic needs.**

**A Plan summary will be publicly available as of Monday, May 10, 2010.**

**A Plan summary can be mailed to individuals, if requested, or  
read at [www.aaawm.org](http://www.aaawm.org) after Monday, May 10, 2010.**

**All interested members of the public are encouraged to comment.**

**Persons not at the hearing may email or mail comments until Friday, June 11, 2010.**

**Send comments to**

**Sandra L. Davis, Planner  
Area Agency on Aging of Western Michigan  
1279 Cedar NE  
Grand Rapids, MI 49503**

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# Plan Summary

Fiscal Year 2011

If you can not be present for the June 7<sup>th</sup> public hearing:

Written and email comments are strongly encouraged.

Every comment in print will be copied and attached to the Plan document.

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Written commentary may have equal or greater impact than speaking at the public hearing.

Commentary at the public hearing is summarized in the Plan; written/email comments will be attached to the Plan verbatim.

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Mail to: Sandra Davis, AAAWM, 1279 Cedar NE, Grand Rapids MI 40503

Email to: [Sandra@aaawm.org](mailto:Sandra@aaawm.org)

Public comment deadline is June 11, 2010 (Friday)

## **Executive Summary Narrative**

*Fiscal Year 2011*

### **THE AREA AGENCY ON AGING OF WESTERN MICHIGAN PROVIDES OLDER PERSONS, INCLUDING THOSE IN THE GREATEST SOCIAL AND ECONOMIC NEED, WITH AN ARRAY OF HUMAN SERVICES DESIGNED TO MAINTAIN INDEPENDENCE AND DIGNITY**

In 1965, the United States Congress passed the Older Americans Act, which recognized needs specific to older Americans and authorized Federal funds to address those needs.

This Act established the Federal Administration on Aging. Michigan then passed a comparable Older Michiganians Act and the State Office of Services to the Aging (OSA) came into being almost nine years later.

The Area Agency on Aging of Western Michigan, Inc. (AAAWM) was established April 1974, one of 16 regional Area Agencies on Aging in Michigan at that time and one of over 600 area agencies in the nation.

AAAWM is a planning and coordinating agency for services to adults, age 60 and over, living in west-central Michigan (Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola counties and the city of Grand Rapids). It is also a provider of Medicaid Waiver and related services to adults, age 18 and over, from the same geographic area.

Stressing person centered thinking and self determination in long term care, with emphasis on persons in the greatest social and economic need, AAWM acts out its purpose by using available resources, funding and coordinating services, advocating on behalf of older adults, and educating communities about aging issues.

This Plan is for the second year of a three-year cycle, describing the services, budget, and program development objectives to be attempted and accomplished. Services funded are based on need, provider availability, experience supplying services, and approved service definitions, components and standards.

Having created a network, grounded in the Older Americans Act, that has provided quality service for over 30 years, we will continue to bring our abilities and experience to the communities in West Michigan, involving prevention services as well as traditional services to older, frail persons.

AAAWM continually develops programs, emphasizing the benefits to communities from their experienced, older adults; educating and training older adults to be strong advocates for themselves and others; as well as making support available when older adults experience need.

Healthy Aging Initiatives: Evidence-based health promotion programs began or were expanded. This included Matter of Balance, EnhanceFitness, Arthritis Foundation Land Exercise, Eat Less-Move More and the Personal Action toward Health (PATH) programs. All initiatives enable seniors to play a dynamic preventive role in managing their health. They encourage acting on information and making healthy choices to deal with chronic conditions and prevent falls. Staff members, certified to train others in these initiatives, are directly involved with regional/national expansion of the courses.

Veterans Directed Home and Community Based Services (VD-HCBS); AAWM has contracted to serve veterans of any age, at risk of nursing home placement, and their family caregivers. The VD-HCBS program provides veterans the opportunity to avoid institutionalization. AAWM, to offer VD-HCBS, has in place the basic elements of a nursing home diversion program and meets the readiness criteria for consumer directed programs. AAWM has the distinct honor of signing the first Provider Agreement with a VA Medical Center and enrolled the first veteran VD-HCBS in the United States.

## Planned Services Summary

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
<b>ACCESS SERVICES</b>					
Care Management	\$ 530,977	9%			X
Case Coordination & Support	\$ -	0%			
Disaster Advocacy & Outreach Program	\$ -	0%			
Information & Assistance	\$ 81,967	1%			X
Outreach	\$ -	0%			
Transportation	\$ 204,678	3%		X	
<b>IN-HOME SERVICES</b>					
Chore	\$ -	0%			
Home Care Assistance	\$ -	0%			
Home Injury Control	\$ -	0%			
Homemaking	\$ 492,673	8%	X	X	
Home Delivered Meals	\$ 2,161,266	36%		X	
Home Health Aide	\$ -	0%			
Medication Management	\$ -	0%			
Personal Care	\$ 199,506	3%	X		
Personal Emergency Response System	\$ -	0%			
Respite Care	\$ 418,349	7%	X	X	
Friendly Reassurance	\$ -	0%			
<b>COMMUNITY SERVICES</b>					
Adult Day Services	\$ 297,111	5%		X	
Dementia Adult Day Care	\$ -	0%			
Congregate Meals	\$ 725,204	12%		X	
Nutrition Counseling	\$ -	0%			
Nutrition Education	\$ -	0%			
Disease Prevention/Health Promotion	\$ 50,742	1%		X	X
Health Screening	\$ -	0%			
Assistance to the Hearing Impaired & Deaf	\$ -	0%			
Home Repair	\$ -	0%			
Legal Assistance	\$ 59,442	1%		X	
Long Term Care Ombudsman/Advocacy	\$ 80,902	1%		X	
Senior Center Operations	\$ -	0%			
Senior Center Staffing	\$ 73,396	1%		X	
Vision Services	\$ -	0%			
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	\$ 15,586	0%		X	
Counseling Services	\$ 9,796	0%		X	
Specialized Respite Care	\$ -	0%			
Caregiver Supplemental Services	\$ 2,222	0%		X	
Kinship Support Services	\$ 29,729	1%		X	
Caregiver Education, Support, & Training	\$ 43,098	1%		X	

<b>PROGRAM DEVELOPMENT</b>	<b>\$ 188,383</b>	3%			
<b>REGION-SPECIFIC</b>					
a. Outreach & Assistance	\$ 166,185	3%		X	
b. Caregiver Focal Point	\$ 31,651	1%			X
c. Home Support	\$ 29,490	0%			X
d. MMAP	\$ 10,904	0%			X
e. T-Care	\$ 1,115	0%			X
CLP Services	\$ 1,115	0%			X
MATF administration	\$ 28,582	0%			X
<b>TOTAL PERCENT</b>		100%	11%	76%	13%
<b>TOTAL FUNDING</b>	<b>\$ 5,934,069</b>		<b>\$655,017</b>	<b>\$4,513,251</b>	<b>\$765,801</b>

**FY 2011 AREA PLAN GRANT BUDGET**

Rev.  
2/2010

Agency: AAAWM

Budget Period: 10/01/10 to 09/30/11

PSA: 8

Date: 04/22/10

Rev. No.: 0

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1 of 3

**SERVICES SUMMARY**

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	847,724		847,724
2. Fed. Title III-C1 (Congregate)		580,190	580,190
3. State Congregate Nutrition		19,498	19,498
4. Federal Title III-C2 (HDM)		912,146	912,146
5. State Home Delivered Meals		706,247	706,247
8. Fed. Title III-D (Prev. Health)	60,516		60,516
9. Federal Title III-E (NFCSP)	361,190		361,190
10. Federal Title VII-A	11,552		11,552
10. Federal Title VII-EAP	14,027		14,027
11. State Access	61,511		61,511
12. State In-Home	202,679		202,679
13. State Alternative Care	239,735		239,735
14. State Care Management	431,825		431,825
16. State N.H. Ombudsman	42,110		42,110
17. Local Match			
a. Cash	77,341	-	77,341
b. In-Kind	209,991	-	209,991
18. State Respite Care (Escheat)	86,998		86,998
19. Merit Award Trust Fund	317,582		317,582
20. NSIP		668,389	668,389
21. Program Income	82,818	-	82,818
<b>TOTAL:</b>	3,047,599	2,886,470	5,934,069

**ADMINISTRATION**

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	312,418	35,000	28,000
State Administration	54,281		
MATF Administration	28,582		
Other	-		
<b>Total:</b>	395,281	35,000	28,000

**Expenditures**

	FTEs	
1. Salaries/Wages	5.19	225,975
2. Fringe Benefits		83,006
3. Office Operations		149,300
<b>Total:</b>		458,281

**Cash Match Detail**

Source	Amount	Source	Amount
County & City Match	35,000	Volunteer Time	28,000
<b>Total:</b>	35,000	<b>Total:</b>	28,000

## **Evaluation of Unmet Needs**

### ***Fiscal Year 2011***

Fiscal Year 2010 is the middle year of a three year Plan. For those three years, demographic data, changes in federal and state policies, and trends concerning an aging population were considered. Elders were surveyed on-line and in-print. Advocates for causes beneficial to older persons, providers of services to older adults, other resource allocators, and planning organizations in west Michigan were consulted. For this year there will be a hearing on June 7, 2010.

Issues remain akin to those in prior years: access to services, sufficient funding and amount of services, exercising community based long term care options, preventing unhealthy behaviors, prescription drug costs, remaining at home as long as possible, caregiver/respice support, elder abuse and exploitation, being able to finance long term care, and providing information about contacts for elder services at other agencies being raised primarily.

Elders most challenged are those who live on a low income, below or just above poverty; have survived to an advanced age; have been widowed, are single, or live alone; are female; come from a racial or ethnic minority background; achieved minimal education; and have no relatives nearby. The need for in-home services, managing health care while alone, surviving loneliness and poor health, transportation, plus money to live on and keep up a home concern older adults.

The following needs remain: increasing in-home services for the oldest old; more day service/respice plus relief for caregivers; relieving the shortage of transportation services and transportation-escort service; relief from high prescription drug costs; lack of understanding about services and ways to get services; more intergenerational understanding of common issues and resources, including grandparents raising grandchildren; reducing the cost of long term, nursing home and adult foster home care; lower costs for prescription drugs; lack of congregate and home delivered meals on weekends and holidays; continuing cooperation among service providers to share best practices and mutual support; affordable housing for frail seniors not low-income; and education to offset the problems compounded by years of living on a fixed income or the recent problem of surviving reduced retirement investments.

Service priorities include: in-home services, mainly home delivered meals; day services/respice, and caregiver support; access services, including care management/ care consultation services and nursing home transitions to community living; transportation, particularly coordination of existing services; healthy aging initiatives, especially increasing participation in evidence based health promotion projects; and continuing proactive community information about service options and needs.

The services to be funded under this Plan will reflect those priorities. The Plan considers census data showing the population over age 60 by age, race, sex, and income relative to the poverty level. Trends indicate that the fastest growing segment consists of those ages 85 and older. This group is anticipated to need the greatest level of service.

## Program Development

*Fiscal Year 2011*

**State Plan Goal #1: Work to improve the health and nutrition of older adults.**

***AAAWM Goal #1 Objective: Increased community capacity, throughout Region 8, to provide and benefit from evidence based health promotion (EBHP) actions.***

Activities:

AAAWM will continue offering, promoting, training, and increasing the number of *evidence based health promotion programs* (EBHP) within Region Eight. Currently, AAWM is disseminating P.A.T.H., Matter of Balance, EnhanceFitness, and the Arthritis Foundation Exercise Programs.

Expansion of the EBHP programs through physician referral: Currently, AAWM is working with West Michigan Physicians Network to increase the number of physician referrals to our self management programs. Two Priority Health staff members have participated in training for Matter of Balance to increase awareness in their physician network and to offer the program to their members.

Expansion of three EBHP programs in each of AAWM's nine counties: AAWM held the first PATH Lay Leader training outside Kent County in August, 2009 to increase participation from rural counties. The EBHP contract coordinator has been making presentations and serving on committees in all counties to educate about the health promotion programs and to recruit leaders for these programs. We are also continuing our partnership with Michigan Public Health Department on a grant they received through CDC to expand EnhanceFitness and PATH throughout west Michigan.

Implementation of an EBHP Program called Healthy Eating for Successful Living in Older Adults: This is a program sponsored by the National Council on Aging (NCOA) and is both an educational and support program designed to assist older adults in the self-management of their nutritional health. It is being offered at our congregate meal sites to increase participation in that program as well.

In FY 2010, a EBHP program called Healthy Moves will begin in Osceola County and the Arthritis Foundation Tai Chi program began in Ionia County.

AAAWM will participate in the state ARRA grant to disseminate the PATH program in our region.

Membership in Coalitions: AAWM continues to be involved in state-wide PATH meetings, along with Kent County Physical Activity and Nutrition Steering Committee, and Ionia Wellness Committee.

Website and Media Releases: Numerous classes are continuously scheduled throughout west Michigan. Schedules are posted at [www.aaawm.org](http://www.aaawm.org). All programs will have media releases and radio interviews as well as print materials used to encourage participation.

Timeline: Ongoing throughout FY2010-2012

**State Plan Goal #2: Ensure that older adults have a choice in where they live through increased access to information and services.**

***AAAWM Goal #2 Objective: Individuals, and their caregivers, will access a seamless, unduplicated system of services to assist their continuing to live in the community; to delay or prevent institutional placement and/or spending down to qualify for Medicaid assistance.***

Because of the continually reduced state funding, AAWM will focus on its involvement in the Community Living Program (Nursing Home Diversion) efforts to meet this Objective.

Activities:

Community Living Program: For fiscal year 2011 AAWM will continue to build upon the Community Living Consultation (CLC) developed under the Community Living Program grant (formerly Nursing Home Diversion) CLC is targeted toward individuals and their families seeking long term care information and services, who are at risk of institutional placement and spend down to Medicaid. The Independent Living Consultant has been trained in T-Care Caregiver risk assessment and utilizes this option as part of an array of interventions and assistance. AAWM has committed to continuing this service after the grant funding has ended.

AAAWM will continue to build upon what it has learned through participation in the Caregiver Resource Network, taking into account caregiver issues and their impact on nursing home placement. The Independent Living Consultant will be trained in T-Care Caregiver risk assessment.

Nursing Home Diversion II - Expansion Grant: The Veterans Directed Home and Community Based Services (VD-HCBS) program serves veterans of any age, who are at risk of nursing home placement, and their family caregivers. The VD-HCBS program provides veterans the opportunity to receive home and community based services that enable them to avoid institutionalization. AAWM, to offer VD-HCBS, has in place the basic elements of a nursing home diversion program and meets the readiness criteria for consumer directed programs. Using the Self Direction model from MI Choice is one method of service delivery.

Aging Network Agencies offering VD-HCBS will provide or assist in arranging consumer/self directed services based upon the needs and preferences of the participating veterans and/or their representatives. VD-HCBS program is provided as a bundled package, including Care Consultation (aka Care Management), administration, Fiscal Intermediary service and direct care services.

T-Care: One Care Manager plus the Independent Living Consultant (ILC) from NHD program is trained to implement T-Care. The target will be CC and Wavier clients, with primary caregivers playing significant role in overall care plan. In CLP the ILC will work with family systems to assist with LTC planning.

Person Centered Thinking (PCT) is central to the process for planning and supporting individuals receiving services. It honors individual choices and preferences while building on individual strengths and capabilities. PCT is about building connections with others and being involved with family, friends and the community.

Person Centered Thinking/Self Determination: Self-Determination in Long-Term Care provides participants the option to direct and control their own services through an individual budget. Participants are supported to direct the use of the funds comprising their budget to pay for home modifications, non-medical transportation, to hire personal assistants, homemaker and chore service providers, and respite inside and outside of the home that best meet their needs. Currently MDCH requires that information on the Self-Determination in Long Term Care program is provided to all participants who enroll or are currently enrolled in the MI Choice Waiver and that this option is made available to all who desire this method of service delivery. The Self Determination model will be explored for Care Management as well as clients targeted in the CLP projects, including VD-HCBS.

Agency with Choice is another process within the Self Determination in Long Term Care option of the MI Choice waiver. With this option, a participant in the waiver serves as a co-employer with a traditional home health agency. Again, as MDCH rolls out the policies for implementation, this model is being explored not only for Waiver population but also for CC and VD-HCBS.

Person Centered Thinking training has been conducted with all CM staff as well as Information and Assistance staff and agency management staff. Building on the basic training and concepts, AAWM continues to reinforce the PCT philosophy through ongoing training opportunities in Communications, cultural competency, etc.

Individual Care Plans will be designed to help consumers be as independent and self sufficient as possible while meeting identified care needs. Plans may include informal supports that family and friends provide, and/or services and supports from other government programs. Individuals may choose to have control over authorized funding for a plan, directly choosing and managing the people or agencies providing the services and supports.

Timeline: Ongoing throughout FY 2010-2012

**State Plan Goal #3: Protect older adults from abuse and exploitation.**

***AAAWM Goal #3 Objective: Legislation resulting from the Governor's Task Force on Elder Abuse will be effectively supported by advocates representing Region Eight.***

Activities:

AAAWM will advocate concerning *legislation* resulting from the *Recommendations from the Governor's Task Force on Elder Abuse*. Initially, an 11-bill package introduced in the House would

- Require employees of financial institutions to report suspected abuse
- Require banks and credit unions to give joint account holders a written summary of rights
- Prevent people convicted of elder abuse from inheriting the victim's estate
- Allow county medical examiners to establish death review teams in cases of suspicious deaths
- Provide a definition for financial exploitation in the Social Welfare Act
- Mandate that a person who holds power of attorney for a senior sign a contract outlining their responsibilities
- Allow third parties to file a complaint of elder abuse without the signature of the victim

Legislation proposed during FY 2010-2012 will be the subject of advocacy, especially from AAWM's Advisory Council members, their networks and the Advocates for Senior Issues organization.

Advisory Council members have identified Elder Justice as a major focus for the group. The Legislative Committee has invited a guest speaker on this subject, and a letter writing campaign in support of elder abuse legislation has already begun. Council members will travel to Lansing in May to discuss these issues one-on-one with Region 8 legislators. Additional experts will speak to the Council as a whole over the coming months, and members are committed to increasing their own knowledge on the many aspects of elder justice, and in raising awareness of the issues in their communities.

The Advocates for Senior Issues have a strategy group in place investigating elder abuse in our region. The group has developed a comprehensive list of goals and projects including examining the effectiveness of the Adult Protective Services, advocating for stronger sentencing, working toward establishing a "prior history of abuse" reference tool when searching for caregivers, partnering with other organizations in creating a booklet on elder abuse reporting guidelines, and promoting a feedback system to help motivate people to report abuse. These activities are in addition to tracking legislation and keeping Region 8 legislators aware of the latest trends and developments.

These activities are in addition to tracking legislation and keeping Region 8 legislators aware of the latest trends and developments.

Timeline: Ongoing throughout FY 20120-2012

***AAAWM Goal #3 Objective: Providers of services to elders, financial/investment agents, and community members in Region 8 will have a better understanding of what comprises elder abuse, its prevention, detection, and associated penalties.***

- AAWM will fund Citizens for Better Care to provide elder abuse trainings/workshops throughout Region Eight.
- Legal Aid will present, annually, on the topic of elder abuse to a group designated by AAWM.
- Elder abuse prevention educators will dedicate a minimum of 25% of funded service units to providing education at financial institutions and for investment brokers.
- **AAAWM staff will work with Advocate for Senior Issues representative and Kent County Assistant Prosecutor to present an Elder Abuse workshop on June 15, 2010.**

**State Plan Goal #4: Improve the effectiveness, efficiency and quality of services provided through the Michigan Aging Network and its partners.**

**AAAWM Goal #4 Objective: Consumers will receive excellent service from AAWM's Intake and Access services staff members.**

Activities:

AAAWM will provide Information and Assistance, using person centered thinking, to:

- Avoid having callers make numerous inquiries about available services
- More efficiently refer clients to Long Term Care counseling options
- Streamline screening of clients for MI Choice Waiver services
- Easily refer callers to Older Americans Act funded services and providers

Timeline: Ongoing throughout FY 2010-2012

**AAAWM Goal #5: Sustained development of the Caregiver Resource Network throughout Region Eight, including improving assessment and services referral processes for caregivers with high stress levels.**

**AAAWM Goal #5 Objective:**

Activities:

AAAWM will continue to support the Caregiver Resource Network and work to continue its development throughout Region Eight.

- AAWM providers in Region Eight are part of Rhonda Montgomery's T-Care pilot for improving the caregiver assessment process. This program is shared on a regular basis through the Caregiver Resource Network (CRN).
- One of AAWM's providers prepared for involvement with Savvy Caregiver education in Fiscal Year 2010. **UPDATE: AAWM is part of the CCC-VA (Creating Confident Caregivers – VA program – an 18 month grant (October 1, 2009 – March 31, 2011) funded by AoA through OSA. AAWM provider (Alzheimer's Association) is one of the partners in this project, along with the VA Outpatient Clinic in Grand Rapids. Four caregiver training series will be held in FY 2010. First series was held February 16 through March 30, 2010. The goal is to train 36 caregivers in FY 2010. Three more caregiver series are planned for 2011.**
- Through the CRN a continual effort will be made (bi-monthly meetings, radio shows, articles in Mature Lifestyles magazine, monthly caregiver calendar on the CRN website, speakers bureau) to disseminate information on caregiver resources to educate caregivers about how to access resources. **UPDATE: FY 2010 bi-monthly education topics include: Caregiver panel presentation, "What Caregivers Need to Know for the Winter Months," Aging & Sexuality related to Dementia," "Aging in Place."**

On the CRN website [www.caregiverresource.net](http://www.caregiverresource.net) there will continue to be an abundance of articles and resources available to help caregivers identify themselves as care givers, learn how to reduce stress levels, educate themselves about resources and services that help them as they provide care. **UPDATE: New articles and monthly calendar of events are posted each month on the CRN website. The website receives an average of 17,000 – 25,000 hits per month.**

The Caregiver Resource Network is a collaboration of West Michigan organizations dedicated to providing for the needs and welfare of family and professional caregivers within the community that will improve the quality of life for care givers and their care recipients.

CRN intends to:

1. Increase the number of caregivers who have access to and receive appropriate caregiver information and support
2. Encourage, promote and assist with the organization of community-wide recognition of the contributions of family caregivers and advocate for enhanced support
3. Increase the number of caregivers who recognize that they are a caregiver and use caregiver services
4. Improve quality of life for caregivers and their care recipients

**UPDATE: Two caregiver education/appreciation events were held in November 2010. At one of the events, a nationally recognized speaker/author spoke on her book “Measures of the Heart: A Daughter’s Journey” (dealing with dementia). Local organizations set up information tables for the caregivers.**

Timeline: Ongoing throughout FY 2010-2012

**AAAWM Goal #6: Older adults will be transported efficiently, expeditiously and economically by cooperating service agencies in Kent County.**

***AAAWM Goal #5 Outcome: The RideLink service model will continuously improve, with support from AAWM and other agencies..***

AAAWM will continue to work to strengthen RideLink, collaboration among the Senior Social Service Agencies in Kent County that provide transportation services.

RideLink operates using the following principles:

- Different agency rides will be combined to save money and increase the number of rides available
- Riders will ride with different agencies and different drivers
- The quality of the rides and program will continue to be high
- A centralized reservation system to schedule rides at *The Rapid*
- One phone number is used to register and schedule rides
- RideLink designed uses the existing number of vehicles, drivers, schedulers, and outreach personnel
- Volunteers will remain critical in providing service
- Operating efficiently will increase funding opportunities in the future, which helps everyone involved

Timeline: RideLink involvement occurs at monthly meetings and in-between as necessary; ongoing throughout FY 2010-2012

## **Advocacy Strategy**

### ***Fiscal Year 2011***

The Area Agency Board, Advisory Council and staff are mandated by funders to advocate for issues important to older persons, emphasizing older adult living with quality, independence, and dignity.

This advocacy includes helping to identify local unmet needs and service gaps, seeking additional resources, developing and managing effective services and programs. It also includes opportunities for public expression of views on policies and programs.

Members of the Advisory Council take a lead role. In many west Michigan arenas those individuals maintain effective contact with elected officials, or are elected officials, addressing issues and legislation affecting older citizens and their communities.

Advisory Council members participate on the State Advisory Council, as well as the Michigan Senior Advocates Council, and they bring issues of local importance to monthly meetings to share advice and gain support.

As reviewers of the agency's Annual Plans, Advisory Council members are first to recommend adjustments and amendments that best promote the interests of the older adult community. The Advisory Council Chairperson is a member of the Board's Executive Committee. Board members hear of Advisory Council consideration and recommendations monthly and use that communication when making policy decisions.

AAAWM will continue to provide technical assistance and support to legislative groups in other counties, as well as to the Advocates for Senior Issues in Kent County.

The agency staff and volunteers will intensify contact with County Commissions and State legislators throughout Region Eight to help identify aging issues and act cooperatively toward beneficial resolution of those issues.

Advocates must be sensitive to and knowledgeable about trends in aging, intergenerational issues, government economics and policies, as well as the varying points of view on issues among older adults. Advisory Council meetings include regular informational updates in these areas, as well as periodic queries of the Council members.

Increasing resources to support home and community-based services, including local senior millages, continues to be on the agenda. All of the nine counties in the region served by the agency have dedicated senior millages. The evolving Information and Referral, Care Management/Medicaid Waiver, Nursing Home Diversion, Evidence Based Health Promotion, and Elder Abuse Prevention services will remain strong issues which facilitate and coordinate community based long term care services designed to enable older individuals to remain living in their homes.

Advocacy is coordinated with agency initiated marketing communications. Involving all levels of the west Michigan network on aging in outreach efforts and expanded media contacts, it communicates the breadth of services available and how elders and their communities benefit from them.