

# AGENDA

## HUMAN SERVICES COMMITTEE

111 S. Michigan Ave., Room 200, Saginaw, MI 48602

**Monday, August 5, 2024 – 4:00 p.m.**

Members: Gerald Little – Chair, Tracey Slodowski – Vice-Chair, Michael Webster, Lisa Coney, Christopher Boyd

Others: Administrator, Finance Director, Civil Counsel, Board Staff, *Media*

- I. Call to Order
- II. Welcome
- III. Correction/Approval of Minutes (***June 3, 2024 – Attached***)
- IV. Public Comment
  - *Speakers limited to 3 minutes*
- V. Agenda
  1. **Jessica Sargent, Commission on Aging Director, re:**
    - **8-20-1** Submitting its 2025 Application Summary for Federal/State Funding through Region VII Area Agency on Aging for discussion and approval
  2. **Sandra M. Lindsey, CEO, SCCMHA, re:**
    - **8-20-2** Submitting a draft Resolution in Opposition to the Michigan Department of Health & Human Services (MDHHS) decision to implement Conflict Free Access and Planning (CFA&P) in the Public Mental Health System in Michigan in FY 2025
  3. **Christina Harrington, MPH, Health Officer, re:**
    - **8-20-6** Submitting its 2023 Health Department Annual Report (*Receive & File*)
  4. **INFORMATIONAL COMMUNICATIONS (To be Received & Filed in Committee)**
    - **8-20-3** **REGION VII AREA AGENCY ON AGING** sending notice that Requests for Proposal will be accepted on or before June 24, 2024 from applicants for funding FY 2025
    - **8-20-4** **REGION VII AREA AGENCY ON AGING** submitting its proposed Annual Implementation Plan (AIP) for FY 2025
    - **8-20-5** **ASCENSION ST. MARY'S HOSPITAL** sending notification of its application to Region VII Area Agency on Aging to fund its Guardian Angel Respite & Adult Day Care program in FY 2025
  5. Any other matters to come before the committee
- VI. Miscellaneous
- VII. Adjournment

# MINUTES

DRAFT

## HUMAN SERVICES COMMITTEE

111 S. Michigan Ave., Room 200, Saginaw, MI 48602

**Monday, June 3, 2024 – 4:00 p.m.**

Present: Gerald Little – Chair, Tracey Slodowski – Vice-Chair, Michael Webster, Lisa Coney, Christopher Boyd

Others: Mary Catherine Hannah, Dave Gilbert, Jack Tany, Darcie Totten, Robert Brown, Connie Sullivan, Jessica Sargent, Darryl Thomas, Suzy Koeplinger, Renee Sharkey, and Catherine Hicks

- I. Call to Order ---**Little at 4:00 p.m.**
- II. Welcome
- III. Correction/Approval of Minutes (**April 1, 2024**)  
---**Moved by Coney, seconded by Boyd, to approve. Motion carried.**
- IV. Public Comment (*Speakers limited to 3 minutes*) - **None**
- V. Agenda
  1. **Robert Brown, Region VII Area Agency on Aging Director, re:**  
Provided update on Senior Services
  2. **Jessica Sargent, Commission on Aging Director, re:**
    - **6-18-1** Submitted its 2023 Annual Report  
---**Moved by Boyd, seconded by Slodowski, to receive and file. Motion carried. (Receive & File)**
  3. **Connie Sullivan, Health Department, Accounting Supervisor, re:**
    - **6-18-2** Submitted for approval its Accounts Receivable Write-off Report for Oct. 1, 2022 – Sept. 30, 2023  
---**Moved by Boyd, seconded by Webster, to approve. Motion carried. (Board Report)**
  4. Any other matters to come before the committee --- **None**
- VI. Miscellaneous---**None**
- VII. Adjournment ---**Slodowski moved, seconded by Coney, to adjourn. Motion carried; time being 5:15 p.m.**

Respectfully Submitted,  
Gerald Little, Committee Chair  
Suzy Koeplinger, Committee Clerk



# SAGINAW COUNTY COMMISSION ON AGING

...Providing Services, Programs and Opportunities for Older Adults...

# HUMAN SERVICES

8-20-1

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2024 JUL - 3 PM 12:22

July 1, 2024

Commissioner Christopher Boyd, Chairman  
Saginaw County Board of Commissioners  
111 S. Michigan Avenue  
Saginaw, MI 48602

**RE: 2025 APPLICATION SUMMARY FEDERAL/STATE FUNDING THROUGH REGION VII AREA AGENCY ON AGING**

Dear Chairman Boyd:

**REQUEST SECTION:** Requesting to approve the summary of the Commission on Aging's application and budgeted units to Region VII Area Agency on Aging for FY 2025 funding for the following services:

- |                                  |                                 |
|----------------------------------|---------------------------------|
| Case Coordination and Support    | Senior Center Staffing          |
| Senior Center Operations         | Congregate Nutrition Services   |
| Home Delivered Meals             | Care Giver Support Program      |
| Minority Outreach Program        | Minority Senior Center Staffing |
| Minority Transportation Services | In-Home Support Services        |

**BACKGROUND INFORMATION SECTION:** As required by the State of Michigan, Department of Health and Human Services, Behavioral and Physical Health and Aging Services Administration (BPHASA), I am required to inform the local Board of Commissioners with intent to file a Request for Proposal for these services. The RFP was approved by motion by the Commission on Aging Advisory Board at the June 20, 2024, board session.

**FINANCIAL INFORMATION SECTION:** The funds are already included in our County Budget since the County Budget comes before the RFP. At this point we have not received a formal notice that our RFP has been approved. Should there be a change, we will make the necessary changes to the county budget through the regular process.

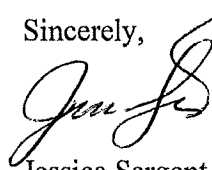
**PARTNERSHIP/COLLABORATION SECTION:** Region VII Area Agency on Aging is a partner in providing services to older adults in Saginaw County.

**STRATEGIC PLANNING SESSION:** This request is aligned with State-of-the-Art County Services, Improved Employee Engagement, Continued Responsible Management of Fiscal Resources and Increased Collaboration Between Public and Private Sectors.

**RECOMMENDATION SECTION:** I am recommending the Board of Commissioners approve the 2025 APPLICATION SUMMARY FEDERAL/STATE FUNDING THROUGH REGION VII AREA AGENCY ON AGING.

I ask that this summary be put on the August Human Services meeting, and I will be there to answer any questions or concerns you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Jessica Sargent", written in a cursive style.

Jessica Sargent  
Director



## SAGINAW COUNTY COMMISSION ON AGING

### 2025 APPLICATION SUMMARY FOR FEDERAL/STATE FUNDING THROUGH REGION VII AREA AGENCY ON AGING

The Saginaw County Commission on Aging is submitting application for FY 2025 State and Federal Funds through the Region VII Area Agency on Aging for service programs for persons age 60 and older in Saginaw County. The State of Michigan requires that all applications be presented to the local Board of Commissioners for their review and approval. State and Federal funds awarded by Region VII require a 10% local match, which may be either a cash match with millage funds, in-kind goods or services, or a combination thereof. Please be aware that this is a Request for Proposal (RFP) and at the time of your review, these grants have not been awarded. Funds are awarded through a competitive RFP process. The service categories and allocations for which funding is sought are as follows:

SERVICE CATEGORY	FY 2024 ALLOCATION	FY 2025 ALLOCATION
Case Coordination & Support	\$103,270	\$112,574
Senior Center Staffing	22,038	24,616
Senior Center Operations	13,000	13,000
Caregiver Support Program	54,496	54,496
Congregate Nutrition Program	132,916	132,916
Home Delivered Meals	437,007	444,450
Minority Outreach/Senior Center Staffing/Transportation	47,344	47,344
In Home Support Services	288,696	322,170
<b>TOTAL</b>	<b>\$1,098,767</b>	<b>\$1,151,566</b>

*The FY 2025 funds reflect an increase of \$9,304 for Case Coordination and Support, \$2,578 increase for Senior Center Staffing, \$7,443 increase for Home Delivered Meals, \$33,474 increase for In Home Support Services. For all programs an increase in funding of \$52,799.*

## **1. CASE COORDINATION & SUPPORT (CCS)**

**Service Objective:** COA proposes to provide **8,940 units of CCS** and serve **1,880 clients**.

**Work Statement:** The Case Coordination & Support service refers to the provision of a comprehensive assessment of needs for the client 60 and older with a complementing role of arranging for other community services or assistance from relatives, friends and other informal supports as needed.

The components of CCS include:

- Intake activities.
- A comprehensive assessment of the client's needs, including the Home Delivered Meals assessment, using a standardized format.
- Reassessment of need at least once every 180 days for an active client.
- The development of a plan of care, or service plan, designed to address the client's needs as identified through the assessment.
- Arranging for appropriate community services and/or informal assistance by relatives, friends, neighbors, volunteers, etc.
- Follow-up and monitoring of the services and assistance as specified in the plan of care.
- Assisting the client to gain access to other public benefit or entitlement programs for which she/he may be eligible, such as Medicaid, Supplemental Security Income (SSI), Veterans' Benefits, DHHS Adult Home Help Services, DHHS Emergency Needs, etc.
- Transportation to and from a client's home conjunction with the above activities.
- Information and referral, outreach, and distribution of commodities in accord with the 20% limitation established by Region VII for these types of CCS related activities.

**Target Group and Service Area:** Case Coordination & Support is available to older residents in throughout the County of Saginaw, urban, rural, and suburban.

Eligible CCS clients are county residents age 60 and older. However, priority is given to frail clients with multiple, complex needs. This means that efforts are made to target CCS to persons who, due to illness, disability, or declining health, require assistance from community service agencies or family, friends and neighbors in order to continue living independently in their own home. A multiple needs client is one who requires some level of assistance in more than one of the following areas: mobility and transferring, eating, toileting, bathing/grooming, dressing, housekeeping, essential shopping, and meal preparation. In that the minority elderly, and low-income, have traditionally been under-served in relation to their representation within the older population, special efforts will be taken to serve this segment of the population.

**Staffing:** The proposed Case Coordination & Support staffing plan shall consist of four full-time & two part-time professional Caseworker, and social work student interns when available. Regular professional staff qualifications include a minimum of a bachelor's degree in a human service field and/or appropriate training and experience that enables the individual to effectively determine an older client's needs and match those needs with appropriate services. COA

proposes to provide appropriate in-service training specifically structured to increase the staff's knowledge and understanding of the programs and clients and improve service delivery skills.

## **2. SENIOR CENTER STAFFING**

**Service Objective:** COA proposes to furnish **2,734 units of Senior Center Staffing** and **serve 331 clients**

**Work Statement:** This service program partially funds the Senior Center Coordinator at the Eleanor Frank Senior Center and the Marie E. Davis Senior Center. The Senior Center Coordinator is responsible for overseeing the operation of a variety of activities, programs and administrative duties at the senior center. This category also partially funds the Activities/Volunteer Coordinator.

A unit of Senior Center Staffing is one (1) hour of staff time worked.

**Targeted Population and Service Area:** Senior Center Staffing is targeted to persons age 60 and older who demonstrate greatest economic need and greatest social need. The geographic area covered by the staffing position at the Marie E. Davis Senior Center is the east side of Saginaw. The area covered by the Eleanor Frank Senior Center is Saginaw Township.

**Staffing:** The Senior Center Staffing plan is comprised of two part-time Senior Center Coordinators, and one Activities/Volunteer Coordinator.

## **3. SENIOR CENTER OPERATIONS**

**Service Objective:** COA proposes to furnish **1,893 units (HOURS OF OPERATION) of Senior Center Operations (SCO)** and **serve 147 clients**

**Work Statement:** This service program provides support for the operations of the Marie Davis Senior Center. Support includes utility costs, communications costs, and building repairs/maintenance costs.

A unit of SCO is one hour of center operation (i.e., generally each hour during which the center is open for programs and/or services).

**Target Population and Service Area:** The target population for Senior Center Operations is the low-income minority older population. The Marie E. Davis Senior Center serves primarily African American elderly. The geographical area covered by the program is the East and North areas of Saginaw City.

#### **4. CAREGIVER SUPPORT PROGRAM**

**Service Objective:** COA proposes to furnish **1,879 units of Care Giver Support Services/serve 209 clients**.

**Work Statement:** The Caregiver Support Program is a service which provides an opportunity for caregivers to obtain new skills and additional knowledge and support for taking care of their older love ones. To be eligible to participate in the Caregiver Support Program, either the care giver or the receiver of care must be at least 60 years of age. Another component of the Caregiver Support Program is the services provided to older adults who are at least 55 years of age and taking care of relative children under the age of 18; support groups, information and referral, assistance with support services for children are provided through contact as required through Kinship Care Support Groups and meetings.

Caregiver Support Groups are provided for program participants at least twice a month, as well as individual services targeted to assist the caregiver with expressed needs. Depending on available federal funding, a yearly Caregiver Conference is provided to program participants and the public. The conference addresses all the issues which may affect the wellbeing of the caregiver and the person(s) they are taking care of.

**Target Population and Service Area:** County of Saginaw

**Staffing:** The staffing plan consists of two part-time Caseworkers.

#### **5. CONGREGATE MEALS**

**Service Objective:** COA proposes to provide **53,516 units (MEALS)** and serve **1,084 clients**.

**Work Statement:** The Congregate Nutrition program provides a nutritionally balanced, daily meal for older persons in strategically located group settings throughout the County. The congregate meal service is currently available at 11 centers and sites operated by the Saginaw County Commission on Aging.

Friendship Center  
Buena Vista Center  
Eleanor A. Frank Multipurpose Center  
Freeland Center  
Maple Grove Center  
Chesaning Center

Frankenmuth Center  
Marie E. Davis Center  
South Colony Center  
Brady Center  
Hemlock Center

The congregate nutrition service includes the provision of a monthly nutrition education program and other appropriate nutrition services.

**Targeting and Service Area:** The congregate nutrition program is targeted to older persons in greatest economic and greatest social need, with emphasis on serving the low income, minority older population. This complies with federal, state and regional requirements.

**Staffing:** The proposed congregate nutrition staffing plan is comprised of 6 part-time and 3 on-

call assigned center coordinators. In addition, the congregate staffing plan includes a pro-rated share of kitchen staffing and cook's positions at the Central Kitchen and pro-rated share of the full time Nutrition Program Manager position and support staff.

Services Delivery Mechanism: The process by which a prospective participant becomes active in the program is summarized as follows:

1. Contact is made through either the senior center or main office by phone or walk in.
2. Clerical personnel inform participant of centers that serve congregate meals.
3. Contact is made by the participant by calling the center of choice, speaking to the Senior Center Coordinator at least 24 hours in advance to reserve a meal or Senior Center Coordinator contacts prospective participant per main office referral.
5. Participant attends center, completes Master Record Intake form (basic personal, emergency contact information), participates in meal and activity programs.

**OR**

1. Participant contacts senior center by phone or walk ins requesting information.
2. Senior Center Coordinator informs client of various services offered by the Commission on Aging.
3. Senior Center Coordinator completes intake information on client.
4. Senior Center Coordinator refers client to case manager for more in depth assessment or information if necessary.

## **6. HOME DELIVERED MEALS**

Service Objective: COA proposes to provide **177,001 units (MEALS) of Home Delivered Meals (HDM) and serve 1,257 eligible older adults.**

Units reflect the total number of home delivered meals funded by this grant. COA supports additional meals with millage funds.

Work Statement: The Home Delivered Meals service will provide a nutritionally sound, daily hot meal to homebound older persons. The service will be available five days per week. An HDM client shall be determined to be homebound, physically, or mentally unable to attend a congregate meals site or to adequately prepare his/her own meal, and to lack the necessary informal supports in his/her living arrangements to assure the provision of a daily nutritious meal. While basic intake information is obtained at the time the request for assistance is made, for eligibility determination, a comprehensive assessment of need is conducted if HDM service continues for more than 10 days. Once the client is determined eligible for HDM, the client is assigned to a route. Meals are delivered by trained volunteers or paid delivery drivers. A monthly nutrition education component is also provided through the monthly newsletter.

Target Group and Service Area: All HDM clients must be determined to be homebound and unable to prepare (or have prepared) a nutritionally balanced meal. Priority in the provision of service is given to frail, isolated older persons who, because of physical or mental impairment or disability, are unable to participate in the congregate program. Home Delivered Meals are distributed through centers and meal sites.

Staffing: The HDM staffing plan is comprised of a pro-rated portion of the Nutrition Program Manager and support staff positions, pro-rated portions of the Senior Center Coordinator, Kitchen Assistant positions, Program Specialist and Delivery Drivers.

## **7. MINORITY OUTREACH**

Service Objective: COA proposes to provide **1,049 units (ONE HOUR OF SERVICE) of information and assistance** and **serve 307 eligible older clients.**

Work Statement: The Minority Outreach Program is designed to locate and assist minority seniors age 60 and above who are residents of Saginaw County. The program provides a comprehensive assessment of needs for the older client, with a complementing role of arranging for other community services or assistance from relatives, friends and other informal supports as needed. Services are designed to specifically assist those seniors who are not proficient in the English language. Staffs in this program are bi-lingual. The components of the Minority Outreach program include:

- Intake activities including an assessment of the client's needs and situational problem.
- Assisting the client to gain access to other public benefit or entitlement programs for which she/he may be eligible, such as Medicaid, Supplemental Security Income SSI, Veterans' Benefits, Department of Health and Human Services, and Adult Home Help
- A follow-up contact is made after a 30-day period to ensure that the documented need has been fulfilled.
- Disseminating Senior Project Fresh Coupon (s) in collaboration with the State of Michigan.

Target Group and Service Area: All minority outreach clients must be at least age 60 and above.

Staffing: The Minority Outreach staff is comprised of a part-time person who is bi-lingual and has knowledge of the community at large.

## **8. TRANSPORTATION (MINORITY OUTREACH)**

Service Objective: COA proposes to provide **2,246 (ONE WAY TRIPS)** and **serves 23 eligible older clients.**

Work Statement: The Transportation Program funded under this category will provide rides to minority seniors who attend the Friendship Center as well as other minority seniors who are in need for medical appointment transportation, etc.

Target Group and Service Area: All minority outreach clients must be at least age 60 and above, attend the Friendship Center and/or require transportation to medical appointments, pharmacies.

Staffing: Transportation services are provided by two on-call vehicle drivers.



## **9. STAFFING – FRIENDSHIP CENTER**

**Service Objective:** COA proposes to provide **1,299 units (ONE HOUR OF STAFFING)** and **serve 130 eligible older clients.**

**Work Statement:** Senior Center Staffing provides services to the Friendship Center, which is a minority congregate senior center site serving Hispanic seniors who are at least 60 years of age.

**Target Group and Service Area:** Seniors attending this center must be at least 60 years of age.

**Staffing:** Senior Center Staffing is comprised of a part-time Senior Center Coordinator.

## **10. IN-HOME SUPPORT SERVICES PROGRAM**

**Service Objective:** COA proposes to provide **4,105 units (ONE HOUR OF STAFFING)** and **serve 160 eligible older clients.**

**Work Statement:** The In-Home Support Services Program will provide assessment and coordinated care for older adults, age 60 or above, who are in need of assistance with in-home supports such as personal care, light housekeeping and respite care for the caregiver. These in-home supports are inclusive of other services the Commission on Aging provides to seniors such as home delivered meals, information and referral and transportation. All support services are provided with the goal of ensuring that older adults people can remain safe and secure in the environment they have chosen to live in.

**Target Group and Service Area:** The In-Home Support Services Program will target Saginaw County older adults who are in greatest economic and greatest social need who are in need of support services such as personal care, light housekeeping, and respite care for the person's caregiver.

**Staffing:** This program is comprised of two part-time Caseworkers and one part-time registered nurse.



SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

# HUMAN SERVICES

8-20-2

SAGINAW COUNTY BOC  
JUL 18 '24 AM 11:22

July 16, 2024

Christopher Boyd, Chairman  
Gerald Little, Human Services Committee Chair  
Saginaw County Board of Commissioners  
111 S. Michigan Ave.  
Saginaw, MI 48602

Dear Chairman Boyd & Commissioner Little,

I am writing to share a draft Resolution in Opposition to the Michigan Department of Health and Human Services (MDHHS) decision to implement Conflict Free Access and Planning (CFA&P) in the Public Mental Health System in Michigan in FY 2025. Our Board of Directors unanimously passed a similar resolution on June 10, 2024. If possible, I humbly request this topic be on the August 5<sup>th</sup> Human Services Committee Meeting agenda for possible Saginaw Board of Commissioners action.

Because of the complexity of this subject, I have also attached a 2-page infographic from the Community Mental Health Association of Michigan to assist your understanding of the involved issues in this matter.

As one of the 46 public Community Mental Health Service Programs (CMHSP) in the state, being impacted, like our SCCMHA colleagues at these other public governmental agencies, we have spent considerable time and resources attempting to work with MDHHS leadership to find more manageable ways to address the issues referred to as CFA&P. The populations of Medicaid eligible persons served by the SCCMHA Provider Network will receive no benefit through this MDHHS directive.

CFA&P directives will require us to no longer provide ongoing service directly if our staff as the clinical case holders have completed assessments and assisted persons served and their families, in the development of their individual treatment plan. The result will be that those people and their families coming to us for the services uniquely provided by CMHSPs like ours, will see delays in care and treatment access. Those people already in care and treatment will experience significant service disruption or losses because several of the services provided are only provided by SCCMHA directly.

SCCMHA has historically both provided services directly but has also managed a large number of contracted providers for decades, that collectively comprise the SCCMHA Service Provider Network. Our value has always been that the people that we serve, and their families, need to have choices about where and from whom they receive their treatment and care. That said, SCCMHA clinical staff or our contracted clinical providers under CFA&P, will no longer be able to refer to downstream support services if they are provided by the same organizations, which assisted in the development of individual plans of service. This is the "conflict" that MDHHS is attempting to address with their directive. What the state directive fails to address is that we provide service

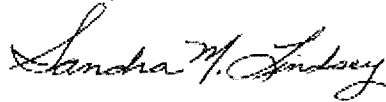
directly from assessment through support service delivery to persons with the most complex and serious disabilities. This is because despite our procurement efforts we can find no other contracted provider willing to do so. There is no natural marketplace in Saginaw for such procurement of select service delivery for supports like Community Living Services (CLS) to persons with the complexity of need that we deliver.

The purpose of the Saginaw Board of Commissioners resolution in opposition to the MDHHS directive on Conflict Free Assessment and Planning is to alert you to the impossible position we are in, the destabilizing impact it will have on consumer care and to ask you to advocate for alternative means to meet federal Medicaid regulations with Saginaw legislators, Governor Whitmer and senior officials at MDHHS speaking through the resolution under consideration. The infographic included with the resolution, prepared by the Community Mental Health Association of MI, describes such alternatives.

Lastly, I would add that requests for county commissions across the state, to take up similar resolution in oppositions to CFA&P is well underway. I am sure that the Michigan Association of Counties can inform you further about how many Michigan counties have weighed in through resolutions in opposition to these MDHHS directives.

Do not hesitate in contacting me, or have your staff do so, should you wish to learn more about what is ahead for the persons we serve, and their families, absent more rational alternatives to the MDHHS CFA&P directives.

Sincerely,

A handwritten signature in cursive script that reads "Sandra M. Lindsey".

Sandra M. Lindsey, CEO

Cc: SCCMHA Board of Directors.

**SAGINAW COUNTY  
RESOLUTION 2024 - \_**

**RESOLUTION OPPOSING MDHHS PLANS TO IMPLEMENT NEW CONFLICT FREE ACCESS AND  
PLANNING STRATEGIES IN MICHIGAN**

Christopher S. Boyd, Jack B. Tany, Lisa R. Coney, Denny M. Harris, Dennis H. Krafft,  
Gerald D. Little, Sheldon Matthews, Mark S. Piotrowski, Tracey L. Slodowski,  
Richard A. Spitzer, Michael A. Webster

**At a regular meeting of the Board of Commissioners of the  
County of Saginaw, Michigan, held August 20, 2024.**

At a regular meeting of the Board of Commissioners of the County of Saginaw, State of Michigan, held at Saginaw, Michigan, on the 20th day of August 2024.

**WHEREAS**, Saginaw County Community Mental Health Authority, a Community Mental Health Services Program (CMHSP) created by the Saginaw County Board of Commissioners in 1997 and certified by the Michigan Department of Health and Human Services (MDHHS) every three years since its creation and SCCMHA is a MDHHS Certified Community Behavioral Health Clinic (CCBHC) and provides specialty mental health services and supports to over 7,000 persons with mental health conditions, youth with serious emotional disturbance. individuals with intellectual/developmental disabilities and individuals with substance use disorders; and

**WHEREAS**, the public mental health system in Michigan is based on the Federal Community Mental Health Centers Act of 1963 and grounded in the Michigan Mental Health Code, Public Act 258 of 1974. Which created a state and county partnership for community mental health and related safety net services: and

**WHEREAS**, this arrangement ensures that shared state and county mental health policy objectives are accountable to local communities and their elected representatives. This arrangement also ensures that resource and care decisions are ultimately accountable through board governance to the persons and families that need public mental health services: and

**WHEREAS**, CMHSPs are instruments of county government with statutorily defined obligations that mitigate against the likelihood of a pecuniary conflict of interest. These include direct accountability to the community through a public board, open meetings, a guaranteed recipient rights appeal & grievance system, established independent person-centered planning facilitation requirements, and expanding availability of consumer self-determination/self-directed options: and

**WHEREAS**, MDHHS has announced its decision to require CMHSPs to separate service assessment and planning from service delivery, requiring beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity by October 1, 2024; and

**WHEREAS** after careful review the conclusions are that the current decision:

- Is in conflict with the statutory responsibilities of CMHSPs under Michigan law.
- Erroneously implies profit driven or undue enrichment motives on the part of governmental entities (CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State to the Counties for the delivery of public behavioral health services.
- Ignores the capitation-based financing of the Michigan public behavioral health system, which is constant and does not vary by volume of individuals served negating any conflicts of interest in service planning and service delivery.
- Ignores Michigan's current shared risk (with MDHHS) financing system which already mitigates conflict and self-interest.
- Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) model currently being implemented and expanded in Michigan.
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval inherent in MDHHS announced decisions.

**THEREFORE, BE IT RESOLVED, in the strongest possible terms,** and for the reasons noted herein, the Saginaw County Board of Commissioners **opposes the MDHHS announced structural strategies** for compliance with the federal **Conflict Free Access and Planning Rules**.

**FURTHER BE IT RESOLVED,** that Saginaw County respectfully asks the Governor to urge MDHHS to rethink their proposal for the Conflict Free Access & Planning requirements within the context of the 61-year state and county statutory relationship for public mental health services and collaborate with the Michigan Community Mental Health Association to identify procedural pathways for compliance that build on the strengths of the existing CMHSP system.

**FINALLY, BE IT RESOLVED,** that a copy of this resolution be provided to US Senator Debbie Stabenow, US Representative Dan Kildee, Governor Gretchen Whitmer, MI Senator Kristen McDonald Rivet, MI Senator Kevin Daley, MI House Representative Amos O'Neal, MI House Representative, Timothy Beson, MI House representative Matt Bierlein, MI House representative Graham Filler, Michigan Department of Health and Human Services Director Elizabeth Hertel, the Michigan Association of Counties.

**THIS RESOLUTION** was adopted by the Saginaw County Board of Commissioners at its regularly scheduled meeting on August 20, 2024.

After discussion, the vote was:

YEAS: \_\_\_\_\_  
NAYS: \_\_\_\_\_  
ABSENT: \_\_\_\_\_

**RESOLUTION DECLARED ADOPTED.**

STATE OF MICHIGAN )

)ss

COUNTY OF SAGINAW )

I, the undersigned, the duly qualified and acting Clerk of the County of Saginaw, State of Michigan, do hereby certify that the foregoing is a true and complete copy of proceedings taken at a regular meeting of the Board of Commissioners of said County, held on the 20<sup>th</sup> day of August, 2024, the original of which is on file in my office. Public notice of said meeting was given pursuant to and in compliance with Act No. 267, Public Acts of Michigan, 1976, as amended.

---

Vanessa Guerra, Saginaw County Clerk



# Minimizing Complexities

Meeting Federal Conflict Free Requirements in Ways That Promote Simplicity and Access to Care



The Michigan Department of Health and Human Services (MDHHS) recently proposed new requirements for individuals seeking mental health services through the public mental health system. While the new requirements would comply more directly with federal Conflict-Free Access and Planning (CFA&P) guidelines, they would create access challenges for those seeking care, service delays and additional costs to providers.

## What is Conflict-Free Access and Planning?

CFAP is based on a 2014 federal requirement for Home and Community-Based Services (HCBS), a type of Medicaid service, which attempted to limit perceived conflicts of interest for beneficiaries obtaining HCBS. In Michigan, agencies can have more than one role: access, plan development, and service delivery. If one agency is helping an individual access and plan their services it is key to ensure that a conflict of interest does not exist and that persons served/clients/consumers have a choice of providers. A conflict of interest happens when a professional uses their role to benefit themselves or their employer.

**CMHA and our members fully support the intent to limit conflicts, however we believe the proposed “solutions” outlined by MDHHS cause unnecessary disruption and complexity and provide a greater threat than the conflicts they are attempting to prevent.**

### APPROACH PROPOSED BY MDHHS

Requires you to go to one “provider” for assessment, planning, and case management, and another “provider” to receive services. If you change your service plan, you must go back to the planning “provider.”

### MICHIGAN’S CURRENT COMMUNITY MENTAL HEALTH-BASED MODEL

Allows a 1-stop shop for people to do an assessment, planning, case management and receive services.

## Concerns with MDHHS Conflict-Free Proposal

1. The MDHHS proposal makes an already complex system more complex: Same day service would be impossible under the separation of functions that MDHHS is proposing. Outreach to persons, school children, homeless, would be seriously hindered by prohibiting the services provider from assessing and building a treatment/services plan with the person in need.
2. Persons served/clients/consumers are concerned with the MDHHS proposal: The comments of persons served (clients/consumers), obtained during the MDHHS listening sessions underscore their concerns with the MDHHS proposal:
  - “I think [separating access/planning from direct service] could be problematic due to a person having to repeat providing their info...”
  - “Having to go from here, to here, to here...to do it when being in a place where I need help would be a lot. It’s a lot to ask one person to go through.”
3. The MDHHS proposal is in conflict with state law and other federal requirements:
  - “Between the point of access and referral, things get dropped and lost.”
  - The statutorily required core functions of Michigan’s CMHs.
  - The federally required core functions of Michigan’s Certified Community Behavioral Health Clinics (CCBHC) and Behavioral Health Homes (BHH)





## DISADVANTAGES OF MDHHS' PROPOSED APPROACH



Delays  
service  
delivery



Increases  
costs



Increases  
administrative  
burden



Adds confusion  
and barriers for  
people served

## CMHA-Recommended Process

**Rather than add complexity to the system, Michigan can build upon the conflict mitigation approaches that already have the approval of the Federal Government.**

There are a number of alternate approaches that Michigan could use to meet the federal Conflict-Free standards. One of those alternate approaches is:

1. Because it is not known until the assessment and Individual Plan of Service (IPOS) are completed, whether the person is in need of Home and Community-Based Services (HCBS), the initial assessment and Plan of Service should be carried out as it is now, by the CMHSP or their designated assessment and planning organization.
2. If HCBS are part of a person's Plan of Service, the person is presented with a list of organizations which provide those HCBS services, from which to choose. The organization carrying out the assessment and Plan of Service cannot be on that list unless that organization is the only organization who can provide that service.



### Continue to strengthen the structural conflict mitigation components approved by the Federal Government

- a. Persons facilitating the Person-Centered Planning (PCP) process cannot be providers of any HCBS to those with whom they facilitate PCP processes.
- b. The person facilitating the PCP process or serving as the case manager/supports coordinator for the person served cannot authorize the services contained in the plan for that person.
- c. Neither the persons facilitating the PCP process nor the providers of any HCBS can be the person responsible for the independent HCBS eligibility determination. This latter role is held by MDHHS.

### This process is nested in a robust monitoring and contract compliance process.

Accessible, frequent, and readily-available information to persons served regarding the rights outlined above – through the use of:

- (1) A uniform set of hard-copy handouts and electronic messages;
- (2) Notices on the websites of the state's CMHSPs, PIHPs, providers, and MDHHS;
- (3) Social media posts

Continual education, training, supervision, and coaching of CMHSP, PIHP, and provider staff around these rights – efforts led by MDHHS, the state's major advocacy organizations, and CMHA.

The use of contractual powers, corrective action plans, and sanctions, when needed, to ensure that these rights are afforded persons served – via the MDHHS/PIHP contract, the MDHHS/CMHSP contract, and the PIHP/CMHSP contract.



The Community Mental Health Association of Michigan is the state association representing Michigan's public Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans (PIHP – public health plans formed and governed by CMH centers) and the private providers within the CMH and PIHP provider networks.

FOR MORE INFORMATION, PLEASE VISIT [CMHA.ORG](http://CMHA.ORG) OR CALL 517-347-6848.



CMHAM.org



/CMHAMich



@CMHAMich

Christina A. Harrington, M.P.H.  
Health Officer



Saginaw County  
**HEALTH DEPARTMENT**  
Caring experts, advocates & champions.  
For health. For everyone.

Delicia J. Pruitt, M.D., M.P.H., F.A.A.F.P.  
Medical Director

**HUMAN  
SERVICES**

8-20-6  
RECEIVE & FILE

August 1, 2024

Chairman  
Board of Commissioners  
County of Saginaw  
111 S. Michigan Ave.  
Saginaw, MI 48602

SAGINAW COUNTY BOC  
AUG 1 '24 PM12:13

**RE: REQUEST TO RECEIVE AND FILE DEPARTMENT'S ANNUAL REPORT**

Dear Chairman:

Please permit this letter to serve as my request to present to the Human Services Committee regarding the following matter:

- To receive and file the 2023 Health Department Annual Report

I am requesting time at the Human Services Committee meeting to present the Department's Annual. Thank you for your consideration on this matter.

Respectfully,

A handwritten signature in cursive script that reads "Christina Harrington".

Christina A. Harrington, MPH  
Health Officer





# ANNUAL REPORT 2023

Innovating & Collaborating for  
Community Health Improvement



# FROM THE HEALTH OFFICER



BWell Saginaw is more than the flavor of the month. It is a countywide commitment to elevate public health far beyond what any one hospital, clinic, department or agency can do alone.

It is not always easy to work collaboratively. Public health has never been easy. Yet, your Saginaw County Health Department team is more determined than ever to drive the kind of collaboration and innovation needed to move our community from one of the state's least healthy...to one of its healthiest.

Throughout this report, you'll see glimpses of initiatives born in 2023 and taking shape in 2024. We have so many reasons to be hopeful and excited about our community's future!

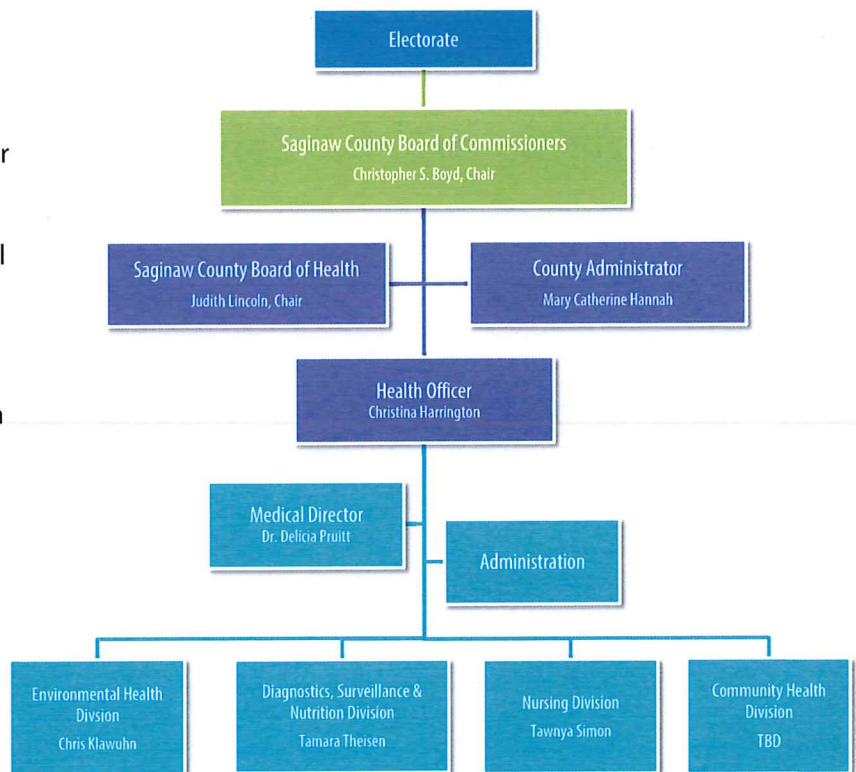
**Christina Harrington, MPH**  
*Health Officer*

The last calendar year can best be summed up with three words – focus, innovation and collaboration.

With the COVID-19 pandemic behind us and our Top 3 health priorities in front of us, the health department team realigned our resources to not only deliver mandated services but to also focus on our county's greatest health challenges — obesity/related chronic disease, mental health/substance use, and maternal/child health in Saginaw County.

To that end, we are establishing a Community Health Division to strengthen our organizational structure and help us fulfill our duties as the community's chief health strategist and leader of groundbreaking initiatives with BWell Saginaw partners that will measurably improve health outcomes.

## Organizational Chart – January 2024



# FROM THE MEDICAL DIRECTOR

Analyzing, evaluating and listening are critical parts of any healthcare provider's relationship with a patient. The same is true of a health department's role in a community. Last year was significant for the Saginaw County Health Department not only because of our comprehensive Community Health Assessment, but also because of community listening sessions facilitated by our new Health Equity Council.

Based on the information and knowledge collected during the Community Health Assessment and the HEC's initial work, the health department is working with our BWell Saginaw partners on 12 key strategies we believe will help us achieve the goals of our Community Health Improvement Plan with a focus on health equity.

One of the highlights for me is working with other healthcare providers to enhance how we help patients manage their risk for chronic diseases. The result is the first of many "prescriptions" for better health and well-being for EVERYONE in Saginaw County.

Looking forward, the next three years *will* be a pivotal time for public health in our community. Everyone is part of the change.



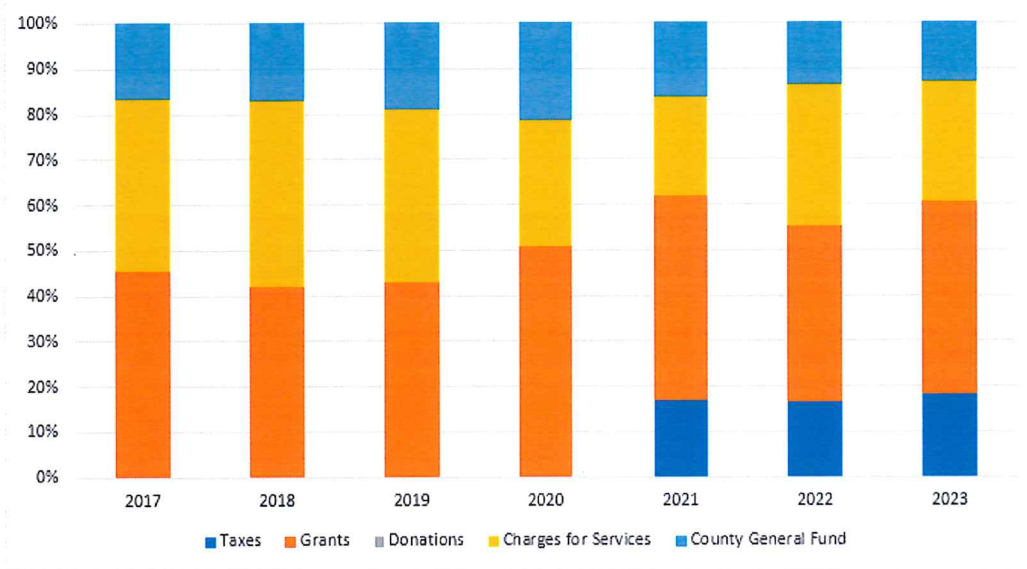
**Delicia Pruitt, MD, MPH, FAFP**  
*Medical Director*

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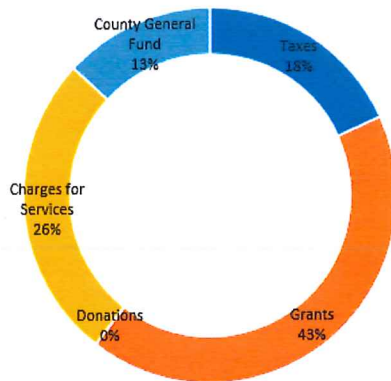
# FINANCIAL LANDSCAPE

Revenues by Category 2017-2023

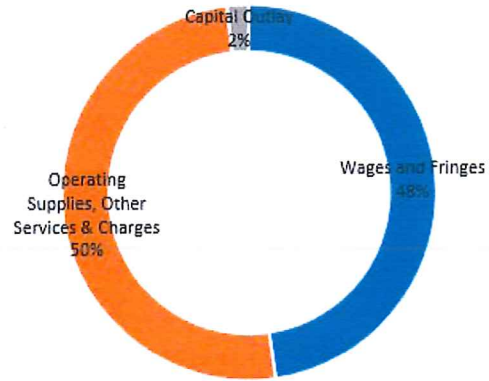


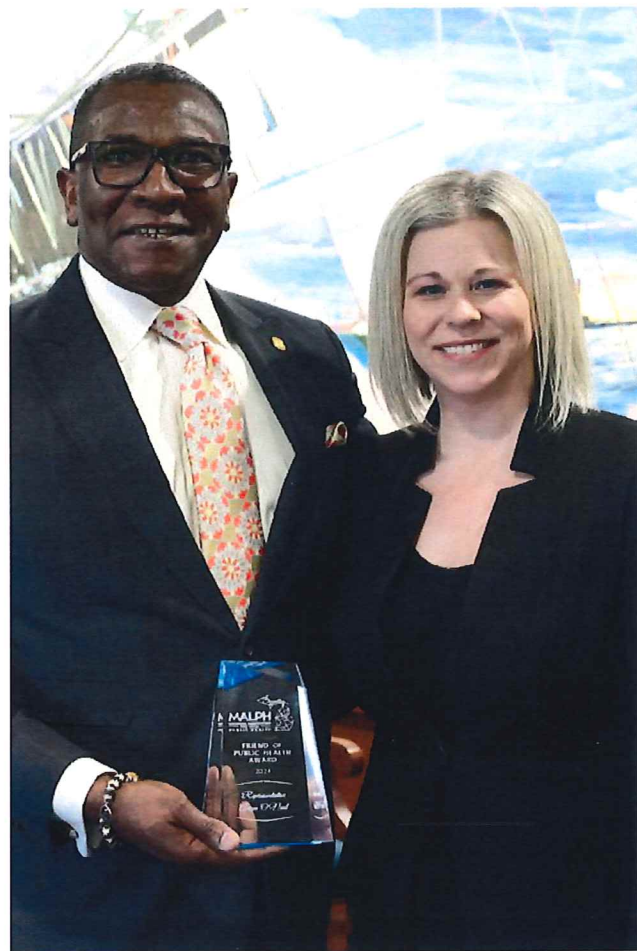
## Financial totals showing percentages:

FY23 Revenue by Category



FY23 Expenditures by Category





## County-wide Millage, Grants and County General Fund Dollars WELL Invested in our Community's Health

### We have a great deal to be grateful for in 2023, including:

- Additional state funding, championed by State Representative Amos O'Neal, a long-time advocate for public health and former Saginaw Board of Health member.
- County-wide millage funds we have carefully invested in staffing, mobile services, outreach, and BWell Saginaw activities.
- Additional grant funds that allow us to go far beyond mandated services by innovating and realigning our services to produce outputs that can more strategically impact health outcomes.
- County general fund support that meets state "maintenance of effort" guidelines and demonstrates our county's commitment to public health.
- Impactful results from mandated and other traditional services, funded by both grants and county general fund dollars.

The next few pages contain just a few examples of how our dollars are well invested in the community's health for mandated and/or core health department services.



## Hearing & Vision

At the health department, we firmly believe school-age hearing and vision screenings are essential for early detection of issues, improving academic performance, and supporting social development. They help identify problems that can affect learning, behavior, and health. Early intervention prevents long-term complications, reduces costs, and ensures equal educational opportunities for all students, including those from underserved communities.

Last year, Saginaw County Health Department invested \$321,176, resulting in 8,616 hearing and 11,273 vision screenings – roughly \$16 per screening.

During that process, numerous children were identified as having a range of impairments – some of which could profoundly impact learning and functioning in day-to-day life – and were referred by health department staff for follow-up by specialists. Our follow-up on referrals revealed the need for surgical intervention on clouded corneas as well as corrective intervention to 20/100, 20/200 and even 20/400 vision in students as young as pre-school and first grade. To put this into perspective, 20/400 vision means children seeing at 20 feet what others can see at 400 feet.

These kinds of results underscore our powerful partnerships with schools in providing the kinds of support that allows all students to thrive both in and outside the classroom.

## Immunizations

While it often goes without saying, vaccines are a vital part of disease prevention and health management in every community. Saginaw County does well in immunizations rates – above the state average and holding strong.

We want to maintain and grow this trend. Childhood immunizations are essential for preventing serious diseases, reducing child mortality, and ensuring long-term health. They contribute to herd immunity, control outbreaks, and protect vulnerable populations.

Last year, the Saginaw County Health Department spent roughly \$1 million to deliver immunization services at mobile clinics, to the homebound, at health fairs, and at our first-floor immunization clinic on North Michigan Avenue. We do this as a “safety net provider” because not every child or adult goes to the doctor nor has the opportunity to get immunizations at a primary care provider.

That \$1 million investment translated into 2,579 visits (including TB tests) representing citizens who otherwise would not be immunized. Furthermore, we worked with 260 parents on vaccine waiver education and engaged with area PCPs on safely and accurately maintaining their own immunization supplies.

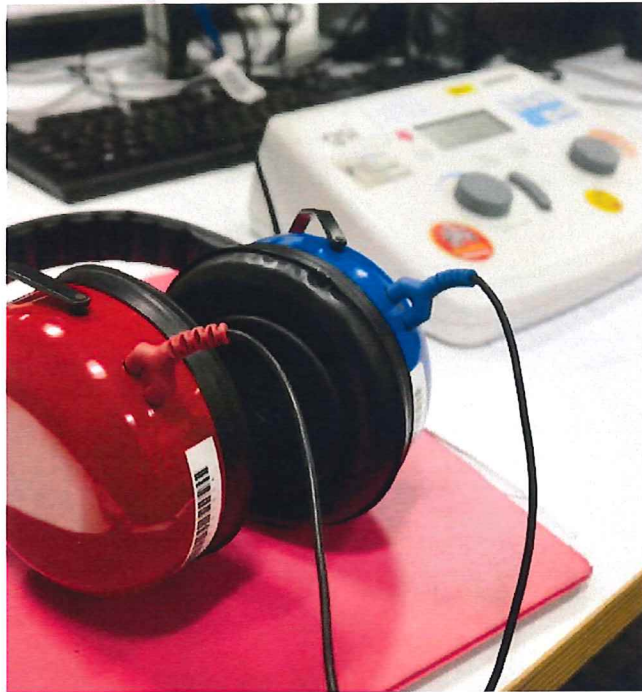
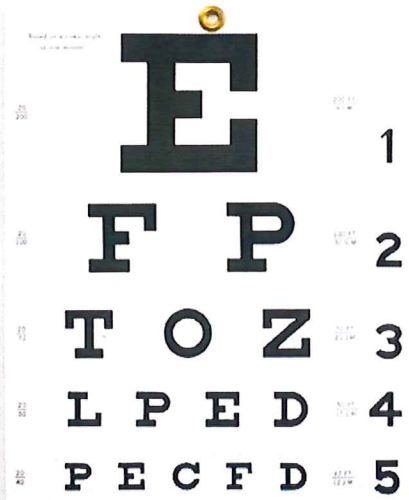
In doing so, we are providing a valued service that is cost-effective, reduces healthcare costs, and supports regular school/work attendance.

## Women Infants and Children (WIC) Program

The Saginaw County Health Department WIC program is crucial for providing nutritious food, promoting healthy pregnancies, improving child health, and reducing food insecurity. It supports low-income families, encourages breastfeeding, connects to essential services, and fosters long-term health and educational benefits.

Last year, we invested \$1 million in nutrition and breastfeeding support for more than 3,300 Saginaw County moms. WIC staff counseled clients at the health department and also took their services on the road providing support at the Saginaw Farmers Market among other community locations.





They enrolled 34.7% of eligible mothers within their first trimester of pregnancy – surpassing the state of goal of 32.9%.

Our dietitians also helped to re-establish the Saginaw County Breastfeeding Coalition – co-led with WIC staff at Great Lakes Bay Health Centers. The new coalition has initiated four support groups, breastmilk circles (supports for breastfeeding families), and held a breastfeeding event to educate the public on the new PUMP Act.

Through this work, Saginaw has also seen an increase in breastfeeding initiation and duration numbers with nearly 74% of moms at least initiating breastfeeding and 26.5% providing breastmilk six months later.



# OTHER CORE SERVICES: SCHD STEPS UP TO PROTECT COMMUNITY

Behind the scenes, health department staff protect the community's health and wellbeing through disease surveillance and prevention, family and parent support, and expertise to monitor and enforce safe food and clean water and air. We cannot be a healthy community without them!

- In 2023, the health department's Environmental Health Division stepped up to provide the expertise and knowledge needed to assume responsibility for managing and enforcing Saginaw County's materials management process. They keep hazardous waste from contaminating our water, soil and air, while also ensuring food safety at local restaurants and food preparation establishments. Their vital role in protecting our health often goes unnoticed.
- Likewise, our laboratory completed remodeling and expanded its testing capacity in 2023 to support Saginaw and the state's regional laboratory network. The work performed in the lab in providing timely results of drug screenings, water testing, STI and pregnancy testing, COVID testing, and disease surveillance allows the entire health department to function at optimal capacity to protect the community. Our staff was recently showcased by the state to a group of laboratory experts from Indonesia.
- Expecting moms and babies in Saginaw benefited from personalized, face-to-face interaction with our Nurse Family Partnership nurses throughout 2023. Home visits gave first-time families added support to ensure babies are sleeping safely and successfully, meeting developmental milestones, eating well, and growing strong.
- Dr. Pruitt began providing clinical support to our Personal Health Center in 2023, seeing clients for family planning, STI testing and treatment and more. Under her expert guidance, we are optimizing clinic flow and facilities. We look forward to her integrating and rotating CMU medical residents in the clinic in 2024.





# HIGHLIGHTED INNOVATIONS FUNDED BY COUNTYWIDE MILLAGE AND NEW GRANT DOLLARS

- BWell Saginaw Obesity Summit  
*(planned throughout 2023)*
- Phase 1 development of a social determinants of health (SDOH) Community Information Exchange platform and certification program for community health workers to manage referrals  
*(a dream come true after years of planning)*
- Health Equity Council
- Step Up & BWell
- Walk with a Doc
- Community Health Division
- Room 202 Harm reduction expansion
- Youth Mental Healthopedia
- Mental health first-aid training and heart safe certification in schools
- Opioid overdose prevention through partnership with San Francisco Health Department
- Parenting Street Smarts Facebook Live video series
- And more! Read on!





# BWELL SAGINAW: COMMUNITY SETS HEALTH PRIORITIES AND PUTS PLAN IN MOTION FOR NEXT THREE YEARS

## Envision a Saginaw where...

- **All residents have access to healthy, fresh foods...**
- **Families, neighborhoods, and workplaces embrace healthy lifestyles marked by physical activity, mental well-being, and preventive healthcare...**
- **Everyone – from the youngest to the oldest – is connected to people and services designed to help them thrive...**
- **New mothers are wrapped in a warm embrace from the community where their infants will grow and take root...**
- **Mental health IS health, resources are readily available to everyone for self-care, and no one is left alone to navigate connections to professional care...**
- **Patients and healthcare providers regularly interact for wellness as much or more than illness...**
- **Saginaw County residents can envision and become the healthiest version of themselves.**

A public health “system” to support this vision is what BWell Saginaw is all about. And Saginaw County Health Department has taken the helm to drive this critical community initiative.

## Taking the “healthcare pulse” in the community:

Under the leadership of the Saginaw County Health Department, BWell Saginaw partners successfully wrapped up a critical initiative guiding the health improvement of our community in 2023 – the Community Health Assessment. More than 1,500 people who live or work in Saginaw County took the survey and participated in community conversations. They provided valuable data about the status of their own health as well as the “well-being” of our local public health system.

The assessment is a significant undertaking the health department spearheads every three years. The results are used to craft a community health improvement plan. The assessment and plan are required by the government for local hospitals but valued by multiple organizations invested in Saginaw County’s health. Here, it’s a true partnership including all members of the BWell Saginaw Partner Coalition: Saginaw County Health Department, Saginaw Community Foundation, Great Lakes Bay Health Centers, Covenant HealthCare, Ascension St. Mary’s, Saginaw County Community Mental Health Authority, Saginaw Intermediate School District, Michigan Health Improvement Alliance, HealthSource Saginaw, CMU Medical Education Partners, Saginaw Valley State University, United Way of Saginaw County, and the Michigan Department of Health & Human Services.





## Sharing results with the community:

In March 2023, the results of the assessment were shared with interested community members and staff from local health and human service organizations throughout the county.

A room full of community citizens with lived experience as well as many of Saginaw’s health leaders learned about the robustness of the process, saw the data, and then individually voted on the Top 3 health priorities from a field of 10:

- **Mental health**
- **Transportation**
- **Housing/homelessness**
- **Neighborhood safety/violence**
- **Access to healthy food**
- **Economy and infrastructure**
- **Job opportunities**
- **Chronic disease**
- **Maternal/child health**
- **Racial and ethnic discrimination**

## Top 3 health priorities selected as a community:

Based on votes, the Top 3 priorities driving Saginaw County’s efforts to become one of Michigan’s Top 25 healthiest communities are:

**Obesity & related chronic disease**

**Mental health & substance use**

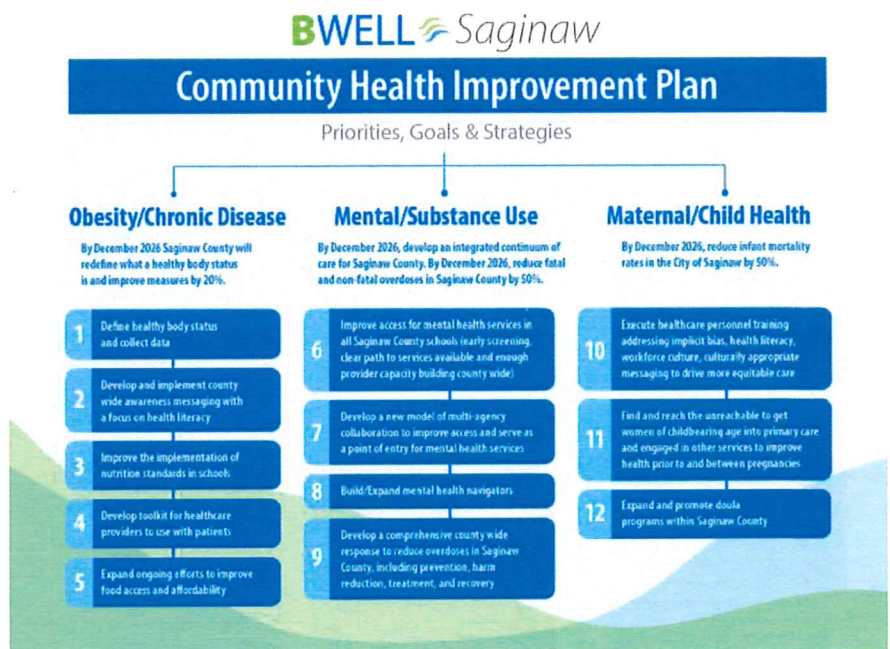
**Maternal & child health**

## A plan to make improvements:

Over the summer of 2023, BWell Partners crafted a comprehensive Community Health Improvement Plan with 12 key strategies – each has a corresponding workgroup with content experts from literally hundreds of community organizations dedicated to measurably impacting Saginaw County’s overall health outcomes by December 2026 by:

- **Redefining what a healthy body status is and improving measures by 20%**
- **Developing an integrated continuum of care for the county and reducing fatal and non-fatal overdoses by 50%**
- **Reducing infant mortality in the City of Saginaw by 50%**

The crucial “lens” we must view these priorities through is the impact of racial and ethnic inequities.



# HEALTH EQUITY COUNCIL ENSURES WE REACH ALL WITH OUR EFFORTS

The Health Equity Council (HEC) is designed to build and strengthen the capacity of the local Saginaw community to develop and deliver programs and services specifically to reach those who, despite our best efforts, are impacted disproportionately when it comes to healthcare – African Americans, Latinos, Native Americans, rural and senior citizens, and women who seek maternal infant care.

The council exists thanks in part to a grant to the health department from the Michigan Department of Health and Human Services (MDHHS) Office of Equity and Minority Health (OEMH) in partnership with the Michigan Public Health Institute (MPHI). Saginaw’s HEC is one of 11 across the state to address health disparities in underserved and rural populations.

Under the coordination of Joyce Seals with oversight by the health department, Saginaw’s HEC works with a network of trusted community partners to improve gaps in healthcare. To learn more about the lived experiences of the community, the HEC spent much of 2023 conducting public “discussion sessions” with more than 100 participants representing a diverse range of residents from targeted marginalized populations.

These sessions confirm the existence of disparities and provide valuable insights into solutions. The health department and its BWell Saginaw partners are using the results to help drive the 12 strategies identified in Saginaw County’s Community Health Improvement Plan.

A full report of the HEC discussion sessions is available at [bwellsaginaw.org](http://bwellsaginaw.org).

In addition to its groundbreaking research, the HEC is credited with bringing GirlTrek to Saginaw in 2023. This global, evidence-based neighborhood program is described as far more than a walking club. It exists to bring health and happiness to the doorsteps of Black women who dedicate themselves to taking back their neighborhood streets for 30 minutes of walking daily.

In 2023, the HEC also gave out 10 mini grants to grassroots organizations focused on reducing risk factors and inequities related to COVID-19.





# INNOVATION HIGHLIGHTS:

## OBESITY & RELATED CHRONIC DISEASE

1 Define healthy body status and collect data

2 Develop and implement county wide awareness messaging with a focus on health literacy

3 Improve the implementation of nutrition standards in schools

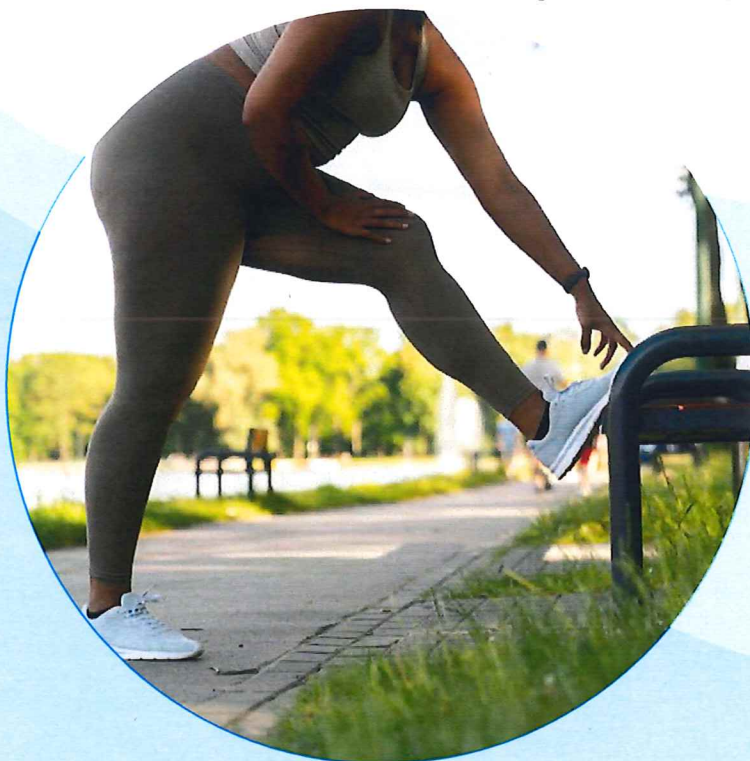
4 Develop toolkit for healthcare providers to use with patients

5 Expand ongoing efforts to improve food access and affordability

To accomplish the obesity/related chronic disease-related goals in our Community Health Improvement Plan, in 2023 the Saginaw County Health Department, BWell Saginaw partners, and a host of subject matter experts formed five work groups to address:

- Defining “healthy body status” beyond BMI and collecting data
- Developing and implementing countywide awareness messaging
- Improving implementation of nutrition standards in schools
- Developing a toolkit for healthcare providers to use with patients
- Expanding ongoing efforts to improve food access and affordability

The work of these groups will extend all the way to 2026 while we work to improve “healthy body status” by 20% and move Saginaw County out of the state’s #1 most obese ranking. Meanwhile, the health department focused itself on delivering impactful programming designed to educate our community and to get them moving!







## Step Up & BWell Launches in County Public Schools

Close to 2,000 students and staff registered for Step Up & BWell, a new program first launched March 1, 2023 in all county school districts and relaunched October 1, 2023. This pilot program — funded by the Michigan Health Endowment Fund and monitored by Central Michigan University College of Medicine — encourages students, staff, teachers, and families to develop healthier exercise and eating habits. Guided by SCHD health resource advocates (HRAs) in each public school district, schools compete with one another for bragging rights and tangible incentives by tracking their exercise and earning “stars” for other healthy behaviors such as eating fruits and vegetables and avoiding sugary beverages and junk food.

The goal of Step Up & BWell is to promote positive behaviors focused on better health at all BMIs.

Incentive prizes are awarded to top teams quarterly and have included Family Fun Nights at Haithco Park, Shocks & Saves tickets, and more. HRAs provide plenty of education and motivation. Families receive newsletters with health improvement tips and suggestions.





## BWell Race Series Gets Saginaw Moving

Now held annually the last Saturday in September, the BWell Saginaw Race Series grew to include a 10K run and Double Challenge for Change (5K and 10K) in 2023. A 3K Turtles & Hares “stroll” will be added in 2024 to encourage residents who don’t consider themselves runners or racers to participate at their own pace on a beautiful course winding through the Saginaw Children’s Zoo.

In 2023, BWell Saginaw Race sponsors include Dig Deep Races, Saginaw YMCA, Ascension St. Mary’s, Covenant HealthCare, Great Lakes Bay Health Centers, Saginaw Community Foundation, CMU Medical Education Partners, Saginaw County Community Mental Health Authority, Saginaw County Health Department, United Way of Saginaw County, with additional support from CMU College of Medicine, Saginaw County Parks & Recreation, and Family First Credit Union.



The Saginaw YMCA also offered a free 9-week pre-race training program to interested race participants.





# INNOVATION HIGHLIGHTS:

## MENTAL HEALTH & SUBSTANCE USE

6

Improve access for mental health services in all Saginaw County schools (early screening, clear path to services available and enough provider capacity building county wide)

7

Develop a new model of multi-agency collaboration to improve access and serve as a point of entry for mental health services

8

Build/Expand mental health navigators

9

Develop a comprehensive county wide response to reduce overdoses in Saginaw County, including prevention, harm reduction, treatment, and recovery

To accomplish the mental health/substance use improvement goals in our Community Health Improvement Plan, in 2023 the Saginaw County Health Department, BWell Saginaw partners, and other behavioral health experts formed four work groups to address:

- Improving access to mental health services in Saginaw County schools
- Developing a model of multi-agency collaboration to improve access and serve as a “point of entry” for mental health services
- Building/expanding mental health navigators to help residents engage in available services
- Developing a countywide response to reduce overdoses in Saginaw County

The work of these groups will extend all the way to 2026 while we work to develop a community continuum of care for mental health services and reduce overdoses by 50%.

The health department spearheaded several programs to address behavioral health in 2023 because of the critical role it plays in overall health. “Being well” requires prevention services for all, early identification and intervention for those at risk, and accessible care and treatment for those who need it most.



## Mental Healthopedia, Mental Health First Aid Training and “Chill Rooms” Help Saginaw Youth

Grant revenue devoted to behavioral health initiatives empowered the Saginaw County Health Department to support and create several impactful youth programs in 2023.

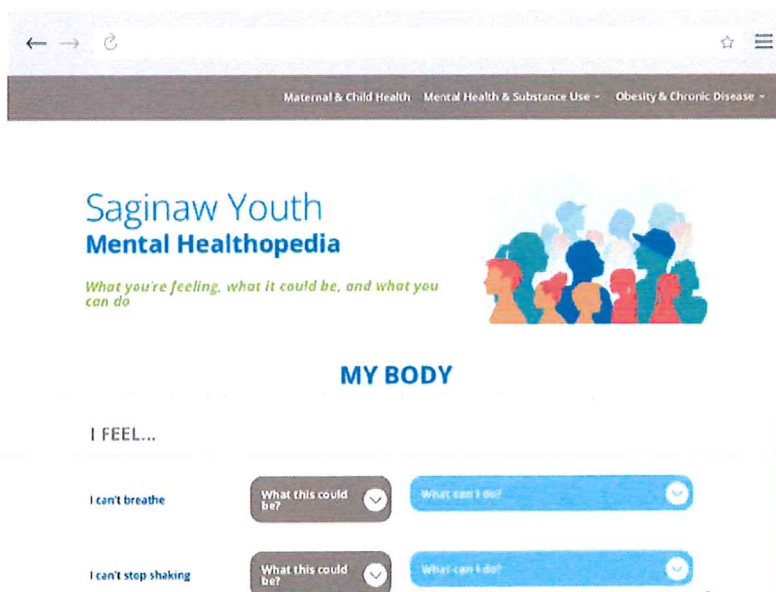
At the request of a group of Saginaw County high school students, the health department spearheaded the development of an online self-help tool call the Youth Mental Healthopedia, located at [bwellsaginaw.org](http://bwellsaginaw.org).

The “feelings” described in the Mental Healthopedia are in students’ own words. The suggestions for “What this could be?” and “What can I do?” have been provided by a team of local mental health professionals within the BWell Saginaw Partner Coalition and are not meant to replace professional help.

“Professional help can be hard to ask for but can often make these kinds of feelings less troublesome for teens,” said Catherine Macomber, PhD, LMSW, assistant dean at the Saginaw Valley State University College of Health & Human Services, Department of Social Work, and lead content creator for the new tool. “But self-help is a good start, and this is a great example of how adults can stop talking and instead engage young people in the solutions they crave.”

In addition to the Youth Mental Healthopedia, each county public high school also now has the materials and equipment for a Chill Room for students to seek out when they need a moment to collect their thoughts and address their mental health needs. Grant dollars are also being used to train school staff in Mental Health First Aid Training and Suicide Prevention Training.

While not a comprehensive solution to our county’s youth mental health crisis, these tangible resources are “getting the ball rolling” on a community-wide continuum of care to help kids cope, build resilience, and access help when needed.





## Room 202 Opens to Reduce Harm and Prevent the Spread of Disease

The health department opened Room 202 in late 2022 and then expanded to take services “on the road” out in the community in 2023, providing lifesaving resources nearly 150 times to users including clean syringes, injection supplies, smoking and snorting supplies, wound care supplies, and hygiene kits along with NARCAN and fentanyl test strips.

According to the Michigan Department of Health & Human Services, substance users who engage in harm reduction services are 5x more likely to enter a drug treatment program than non-clients. Harm reduction is an evidence-based approach to reducing the negative personal and public health impacts of substance use. It allows community “helpers” like the health department, police and first responders to engage very high risk and hard-to-reach individuals in comprehensive, free programs and services to prevent the spread of diseases like hepatitis and HIV, prevent overdoses, and prevent deaths while NOT increasing illegal drug use.

Room 202 is a judgement-free space where people can connect with friendly faces, ask questions, and pick up free supplies to reduce their risk for disease transmission, illness, or accidental overdose. Coaches from Peer 360 are available every Tuesday 9am-3pm.



**Needles and other clean supplies to reduce harm**

**Meeting each other wherever we are... with compassion, not criticism**



## BWell Saginaw Health ALERT

### STREET DRUGS: Buyer Beware!

In our continuing efforts to reduce accidental overdoses and harm from drugs purchased without a prescription from a healthcare provider, we are working with the Michigan State Police to analyze and report the “state of street drugs” seized during law enforcement activity.

**Be careful of what you buy on the street – you have no idea what you are getting:**

- Beware of white powders! They could be cocaine, methamphetamine, ketamine, fentanyl, nothing at all, or a mixture of all of the above.
- 99% of opioid samples in Michigan contain fentanyl and/or a fentanyl analog.
- 25% of opioid samples in Michigan (as of January 2024) contain xylazine, a dissociative anesthetic used to tranquilize animals.
- 90% of “ecstasy” tablets contain methamphetamine – only 3% contain MDMA.
- Most M/30 tablets on the street are fake and contain fentanyl or another opioid.
- Most Xanax bars on the street are fake and contain one or more designer benzos. Designer benzos produce strong sedation and amnesia and increase the risk of respiratory depression and death. They are particularly dangerous when mixed with alcohol.
- Approximately half of Adderall tablets on the street are fake and contain methamphetamine.

**If you use, please consider the following to reduce your risk of harm:**

- Have Narcan on hand anytime you use.
- Never use drugs alone.
- Use test strips on your drug before use.
- A free vending machine for Narcan and test strips is available in the first-floor lobby of the Saginaw County Health Department, 1600 N. Michigan Avenue, 8am-5pm, Monday thru Friday.
- Free, confidential supplies such as safer injection supplies, safer smoking and snorting supplies, wound care supplies, and peer support are available in Room 202 every Tuesday at the Saginaw County Health Department, 9am-3pm. Call (989) 758-3802 for more information.
- If you would like to talk to a peer about quitting, please reach out to Peer 360 Recovery at (989) 778-3144.



## Partnering with San Francisco Health Department on Overdose Prevention

Thanks to a special grant from the National Association of County and City Health Officials, the Saginaw County Health Department was paired with overdose prevention experts from the San Francisco Health Department to learn best practices and for assistance in developing a countywide dashboard for overdose tracking.

Takeaways from our 2023 partnership include the importance of:

- Educating users to never use alone – always have NARCAN and someone willing to administer it if needed
- Approaching people with the right message and messenger
- Harm reduction efforts WORK and help build the kinds of relationships that can ultimately lead to treatment and recovery
- Total abstinence from drugs does not work for every addict
- Accessibility of real-time data is invaluable in linking partners in a common effort to prevent overdoses



## State Police Help Inform Overdose Prevention Partners

Based on information gathered from drugs seized and analyzed by the Michigan State Police, we are gaining better real-time information about drugs in our community. We are using this information in our harm reduction efforts and

to guide our countywide response. The following are recent developments we call “things you should know if you use street drugs”:

- Beware of white powders! They could be cocaine, methamphetamine, ketamine, fentanyl, or nothing at all, or a mixture of all the above.
- 99% of opioid samples in Michigan contain fentanyl and/or a fentanyl analog.
- 25% of opioid samples in Michigan (as of January 2024) contain xylazine, a dissociative anesthetic used to tranquilize animals.
- 90% of “ecstasy” tablets contain meth. Only 3% contain MDMA.
- Most M/30 tablets on the street are fake and contain fentanyl or another opioid.
- Most Xanax bars on the street are fake and contain one or more designer benzos. Designer benzos produce strong sedation and amnesia and increase the risk of respiratory depression and death. They are particularly dangerous when mixed with alcohol.
- Approximately half of Adderall tablets on the street are fake and contain meth.

The Saginaw County Health Department, BWell partners, and a host of overdose prevention groups continue to work collectively using evidence-based strategies to reduce overdoses and guide the county on effectively using opioid settlement funds to improve prevention, harm reduction, treatment and recovery programs in Saginaw.



# INNOVATION HIGHLIGHTS:

## MATERNAL & CHILD HEALTH

10

Execute healthcare personnel training addressing implicit bias, health literacy, workforce culture, culturally appropriate messaging to drive more equitable care

11

Find and reach the unreachable to get women of childbearing age into primary care and engaged in other services to improve health prior to and between pregnancies

12

Expand and promote doula programs within Saginaw County

To accomplish the maternal & child health improvement goals in our Community Health Improvement Plan, in 2023 the Saginaw County Health Department, BWell Saginaw partners, and other maternal/child health experts formed three work groups to address:

- Executing healthcare personnel training addressing implicit bias, health literacy, workforce culture, culturally appropriate messaging to drive more equitable care.
- Finding and reaching the unreachable to get women of childbearing age into primary care and engaged in other services to improve health prior to and between pregnancies.
- Expanding and promoting doula programs within Saginaw County.

The work of these groups will extend all the way to 2026 while we work to reduce infant mortality rates in the City of Saginaw by 50%.



## Sounding the Alarm on Safe Sleep

The health department took a lead role in several initiatives in 2023 focused on maternal & child health. Among them, sounding the alarm on safe sleep in October 2023 after an alarming number of Saginaw County infants lost their lives due to unsafe sleep practices that were preventable.

We actively sought assistance from the public to spread the word about the importance of infant safe sleep — especially to parents disconnected from traditional support systems and mainstream media messaging.



### Here are the guidelines we shared:

- BABY SLEEPS ALONE in a SAFE place for every sleep.
- That means preferably a crib, bassinet, or pack 'n play with no pillows, blankets, toys, stuffed animals or bumper pads.
- Resist the temptation – no matter how tired you are – of feeding or calming your baby and letting them fall asleep with YOU in bed, on the couch, or in a lazyboy-style chair.
- Don't let babies sleep unattended in a car seat.
- Baby and young siblings should not sleep in the same crib.
- Keep baby's sleep space where you can see and hear them. Share your room, not your bed!
- Use a wearable blanket or footed sleeper to keep baby warm. Weighted blankets/sleepers/swaddles should not be used.
- Stop swaddling the baby when they exhibit signs of attempting to roll (typically occurs around 3-4 months but may occur earlier).
- Remind everyone who cares for your baby how to keep baby safe while sleeping.

We asked parents, grandparents, friends, neighbors, churches, social service agencies, doctors, first responders, medical examiner's office and hospitals to work together to promote awareness of safer sleep practices so we can help prevent a tragedy for a family.





## SCHD Assumes Leadership of Michigan's Region 5 Perinatal Quality Collaborative

In 2023, the health department stepped up to lead Michigan's Region 5 Perinatal Quality Collaborative (PQC) – one of 10 organized statewide. Each is charged with improving birth outcomes and authentically engaging families in a unified approach by healthcare professionals, community partners, families, faith-based organizations, Great Start, home visiting agencies and others in the region.

The work of our region's PQC is closely tied to BWell Saginaw goals but combines the resources and brainpower of others in our region, including Bay County.

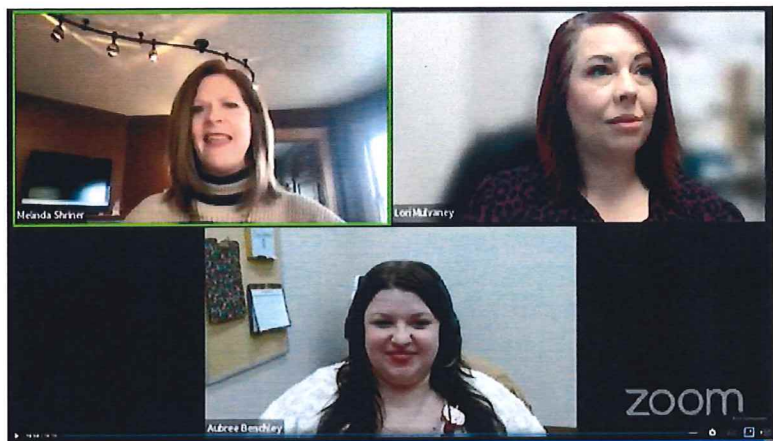
Through this collaborative, we have been introduced to several promising programs that could be highly impactful in Saginaw County, including **RxKids** – a program recently introduced in the City of Flint to support families with cash assistance at the most critical time when poverty impacts them...childbirth.

We continue to work closely with our county's birthing hospital, Covenant HealthCare, as well as Great Lakes Bay Health Centers, the driver of our county's doula program, to develop strategies and build a community that wraps its arms around mothers and babies.



## Parenting Street Smarts: Using Social Media to Reach More Moms

Based on our success with FB Live during the COVID-19 pandemic, the health department was asked to work with maternal/child experts from Great Lakes Bay Health Centers, Covenant, and CMU Medical Education Partners to produce and distribute a series of videos geared to expecting and/or new parents and their support systems via social media. The series began in 2023 and continued into 2024. It is still available at [bwellssaginaw.org](http://bwellssaginaw.org) and includes safe sleep, swaddling, car seat safety, helping siblings adjust, mental health challenges – baby blues and beyond, handling grief and infant loss, developmental milestones, and more.



## Dr. Shaheen Awarded SCHED Distinguished Service Award

The Saginaw County Health Department annually recognizes an individual, organization, or business that has made a significant contribution to the advancement of public health in Saginaw County in the previous year.

This year, Samuel Shaheen, MD, president of CMU Medical Education Partners, was awarded the Richard Calley Distinguished Service Award. From his support for our public health millage to his vision for a healthier Saginaw, Dr. Shaheen is as a true champion of public health!

The relationship between CMU and the health department began in 2017 when a small group of health department leadership sat down with him and his staff to talk about collaboration. Dr. Shaheen supported and strengthened our vision, culminating in a shared medical director position with CMU.

Dr. Shaheen exemplifies what it means to be a leader – rolling up his sleeves when needed and constantly advocating for public health, pushing the envelope with



innovation, and understanding what it takes to transform Saginaw, where he has been a lifelong resident. And when Sam speaks – people listen.

Through his Medical Diamond Project, he has built the political will to bring the CMU College of Medicine to Saginaw, transforming downtown, and integrating public health into this framework is his vision.

## Rhodes Named Employee of the Year

Each year, SCHED employees nominate a fellow employee who demonstrates exemplary work performance, teamwork, customer service, public health promotion, community involvement, professional development and allegiance to the mission, vision, goals and values of our organization. This year's winner is Deborah Rhodes, RN, one of our nurses doing home visits with pregnant first-time moms in the Nurse Family Partnership program. She also performs our fetal infant mortality review duties. Her dedication to improving maternal and child health outcomes is clear to both co-workers and clients. She is an excellent listener, always puts client needs first, and actively seeks continuing education. Many Saginaw County residents met Deb during one or more of our many COVID-19 vaccine clinics throughout Saginaw County during the pandemic — poking arms through car windows and in private residences for those who were homebound. A health department veteran of more than 20 years, she is a willing volunteer to drive the RV for special clinics and even parades. Join us in congratulating Deb — such a deserving recipient of this high honor from her peers!



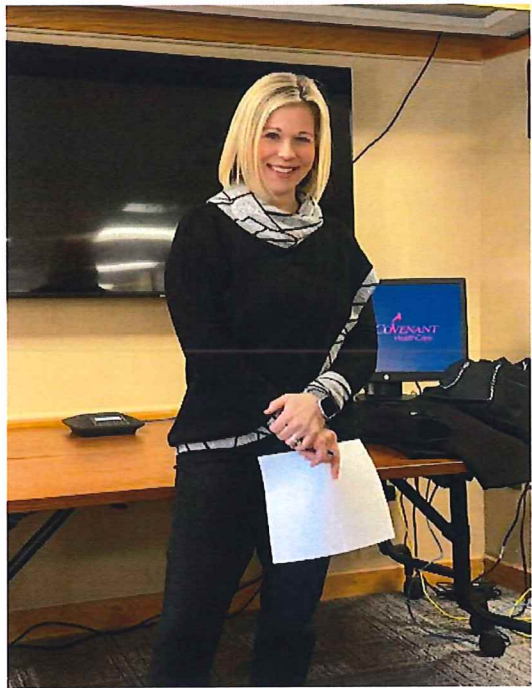


# CELEBRATING PARTNERSHIPS

In addition to our 13 BWell Saginaw partners, we celebrate the work we did with so many partners in 2023. Among them:

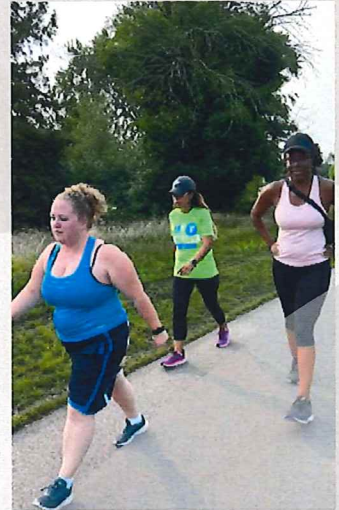
- PartnerShift – envisioning and building a Community Information Exchange with a network of community health workers as its foundation
- Saginaw Medical Diamond – participating in planning and creation of this transformational development in downtown Saginaw for the Central Michigan University School of Medicine and more
- San Francisco Health Department – for guidance and best practices in overdose prevention
- Peer 360 – for peer counseling in our Room 202 harm reduction program
- Saginaw YMCA – for successful healthy body initiatives and the site for our BWell Race Series
- Saginaw County Commission on Aging – for mobile service delivery
- Bay County United Way/Bay County Health Department – for inviting us to build a Community Information Exchange on the platform they are currently designing for Bay County
- Health fairs – for opportunities to join our Hispanic and Black leaders in promoting health and preventing disease
- Health Equity Council members – for lending your voice to expose and end health disparities
- Pulse 3 Foundation – for supporting our BWell Race Series, inviting us to the Hearts & Paddles pickleball event, and working with our HRAs on heart safe school certifications
- CMU College of Medicine – for providing us with support to be an academic health department, assisting us with research, engaging with us for provider education and training in public health, and providing CME support and credit for our inaugural Obesity Summit
- Saginaw Valley State University – for spearheading development of the content for our Youth Mental Healthopedia and playing a major role in planning our inaugural Obesity Summit
- Saginaw County Medical Society – for helping us communicate with healthcare providers and advocating for our inaugural Obesity Summit
- Saginaw County Chamber of Commerce – for inviting us to talk about BWell Saginaw at Perc breakfasts and Leadership Saginaw
- Saginaw Community Food Club & Kitchen – for working closely with us on expanding efforts to improve food access and affordability... a key social determinant of health
- Michigan State Police and local law enforcement – for their commitment as “helpers” in reducing harm and drug seizure data and perspective on overdose prevention











1600 N. Michigan Avenue, Saginaw, MI 48602

P: 989-758-3800

F: 989-758-3750

[www.saginawpublichealth.org](http://www.saginawpublichealth.org)



Saginaw County  HEALTH DEPARTMENT





# REGION VII AREA AGENCY ON AGING

# HUMAN SERVICES



DARRYL THOMAS, CHAIR

BOB BROWN, EXECUTIVE DIRECTOR

3 YEARS

RECEIVE & FILE

8-20-3

June 3, 2024

Christopher Boyd, Chairperson  
Saginaw County Board of Commissioners  
111 S. Michigan Ave.  
Saginaw, MI 48602

Dear Mr. Boyd:

The Region VII Area Agency on Aging Request for Proposal process has begun. Each applicant applying for grant funds available in your county will be submitting a summary, up to three (3) pages, of its application narrative and a copy of its budget(s). The summary and budgets must be submitted on or before **June 24, 2024**.

The Board of Commissioners may submit any written comments regarding an application(s) for their county to the Area Agency on Aging office, 1615 S. Euclid Avenue, Bay City, MI 48706. The comments must be received on or before **July 3, 2024**, in order to be considered by the AAA Board of Directors.

If you have any questions or concerns regarding this process, please contact the Contract Specialists at 989-893-4506.

Sincerely,

DocuSigned by:

*Connie Garcia LBSW, CDP*

Connie Garcia

Contract Manager

CG/sn

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2024 JUN 21 P 2:08

MEMBER COUNTIES: BAY ■ CLARE ■ GLADWIN ■ GRATIOT ■ HURON ■ ISABELLA ■ MIDLAND ■ SAGINAW ■ SANILAC ■ TUSCOLA





REGION VII AREA AGENCY ON AGING

HUMAN SERVICES



DARRYL SANDERS, CHAIR

BOB BROWN, EXECUTIVE DIRECTOR

June 20, 2024

RECEIVE & FILE

8-20-4

Christopher Boyd, Chairperson  
Saginaw County Commissioners  
111 S. Michigan Ave.  
Saginaw, MI 48602

Dear Chair Boyd:

Enclosed for review and adoption by your County Board of Commissioners is a copy of Region VII Area Agency on Aging's proposed Annual Implementation Plan (AIP) for FY 2025. After review, you are respectfully requested to forward a letter of support or resolution for the Plan to Region VII Area Agency on Aging.

Region VII Area Agency on Aging is respectfully requesting this response by 4:00 p.m. on July 19, 2024. If a response is not received by this date, we will consider the Plan to be passively approved by your Board.

Region VII area Agency on Aging's staff is available to provide an overview of the Annual Plan and how the funds benefit older adults within the planning and service area. If a presentation is requested, please call Connie Garcia, Contract Manager, at 989-893-4506 or by email at [garcia@region7aaa.org](mailto:garcia@region7aaa.org).

This plan is also available for review online at: [www.region7aaa.org](http://www.region7aaa.org).

Sincerely,

DocuSigned by:

*Elliott Visuri*

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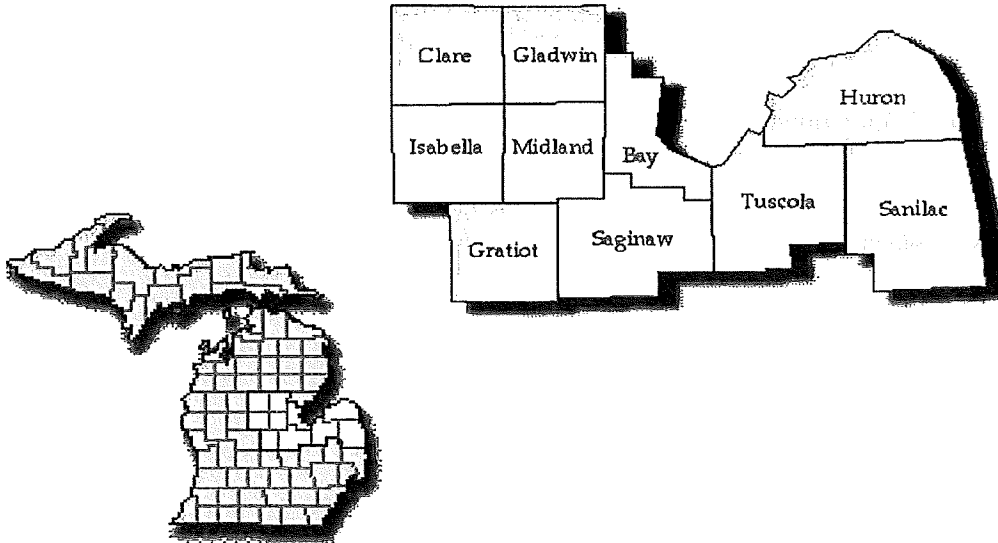
Elliott Visuri  
Chief Financial Officer

EV/cg

Enclosure

MEMBER COUNTIES: BAY ■ CLARE ■ GLADWIN ■ GRATIOT ■ HURON ■ ISABELLA ■ MIDLAND ■ SAGINAW ■ SANILAC ■ TUSCOLA

2023—2026 Multi Year Plan  
**FY 2025 ANNUAL IMPLEMENTATION PLAN**  
**REGION VII AREA AGENCY ON AGING 7**



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**Planning and Service Area**

Bay, Clare, Gladwin, Gratiot, Huron,  
Isabella, Midland, Saginaw, Sanilac, Tuscola

**Region VII Area Agency on Aging**

1615 S. Euclid Avenue

Bay City, MI 48706

989-893-4506 (phone)

800-858-1637 (toll-free)

989-893-3770 (fax)

Bob Brown, Executive Director

[www.region7aaa.org](http://www.region7aaa.org)

**Regional Aging Representative**

**Julie Cortright**

[CortrightJ1@michigan.gov](mailto:CortrightJ1@michigan.gov)

517-282-3748

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Michigan Department of Health & Human Services  
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FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2025

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Planned Service Array Narrative



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**Executive Summary**

**Include a summary that describes the AAA and the implementation plan including a brief description of the PSA, the AAA's mission, and primary focus for FY 2025.**

**Instructions**

**Please include in the Executive Summary a brief description of the following:**

**A. The PSA and any significant new priorities, plans, or objectives set by the AAA for the use of federal and state funding during FY 2025. If there are no new activities or changes, note that in your response.**

**B. Describe how the AAA educates the public, its partners, and service providers on the Administration for Community Living (ACL) and the ACLS Bureau expectations regarding targeting older adults in the greatest social and/or economic need including populations that have been historically underserved.**

**C. Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).**

**D. Progress made through advocacy efforts to date and focus of advocacy efforts in FY 2025.**

**E. A brief description of AAA's successes over the past year and any anticipated challenges.**

Region VII Area Agency on Aging (AAA) was established in 1974 following an amendment to the Older Americans Act (OAA). The agency's mission is to provide effective and innovative care to improve the well-being of community residents in Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, and Tuscola counties using OAA funds, the Medicaid MI Choice home and community-based waiver, grants and local monies to meet the needs of vulnerable older adults and persons with disabilities. Region VII AAA's main office is located in Bay City. Satellite offices are located in Harrison and Bad Axe to more efficiently serve the people of these regions.

On November 1, 2021, Region VII AAA's Sunrise Program of All-Inclusive Care for the Elderly (PACE) located at 5229 Lakeshore Road, Fort Gratiot, Michigan, opened its doors to the first participants, providing services such as primary medical care, hot meals, social activities, rehabilitation services and exercise, social work case management, and health services like dentistry, podiatry, optometry, and audiology. Care is provided by an Interdisciplinary Team (IDT) that is assigned to each participant consisting of the following staff: physician, registered nurse, home care coordinator, masters level social worker, occupational therapist, physical therapist, recreational therapist, registered dietitian, PACE Center Manager, certified nurse assistant, and transportation driver. Presbyterian Villages of Michigan played an integral role in their partnership with Region VII AAA to implement this program. PACE has 49 enrollments currently and is requesting additional slots in order to grow the program.

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#### PLANNED SPECIAL PROJECTS AND PARTNERSHIPS

Region VII AAA is in the beginning stages of the Bad Axe Wellness Center located next to the current senior center at 150 Nugent Road, Bad Axe. The center aims to care for those who are eligible for the Program of All-Inclusive Care for the Elderly (PACE), a benefit providing comprehensive service for senior citizens who are not enrolled in Medicaid or Medicare. This project, in part, was made possible via advocacy efforts by Region VII AAA staff and board members to their local legislators that allowed for a one time one million dollar investment into the center from the Michigan State Operating Budget. A lease for the land has been signed and working with a contractor to start the process.

Region VII AAA was also awarded funds through the American Rescue Plan Act (ARPA). These funds were to be used to assist in specific programs such as Supportive Services (III-B); Congregate Meals (III-C1); Home Delivered Meals (III-C2); National Family Caregiver (III-E); Preventative Health (III-D); Title VII Elder Abuse Prevention; Title VII Ombudsman; and NSIP (Nutrition Services Incentive Program). Funding paid out for each program is as follows: Title III-B \$566,569; Congregate Meals C-1 \$375,511; Home Delivered Meals C-2 \$746,689; Family Caregiver Support III-E \$166,469; Preventative Services \$46,669. The total paid out to date is \$1,901,907. Additionally, Region VII AAA has worked collaboratively with the ACLS Bureau to facilitated the purchase of several equipment and/or infrastructure updates for providers within the our planning and service area. These purchases included a generator for the Antler Arms kitchen in Gladwin County along with HVAC improvements for Clare County Senior Services. Clare County Senior Services also purchased two vehicles to assist with service and meal delivery.

#### CARE TRANSITIONS COORDINATION AND SUPPORT

The Community Care Transition Program started in 2018. The program is designed as an unskilled care transitions model integrated with skilled medical care in the home. A Community Health Worker (CHW) visits with the client in the hospital room to pitch the program. The CHW will visit the client in the home within 3 days of the hospital discharge. There will be a goal set with the client, helping the patient to connect with needed resources, and also coaches to set up a post-hospitalization provider visit within 7 days of discharge. There will be a connection with the Pharmacist via video conference to review medications.

The CHW will provide follow-up calls every week for the first month, then monthly calls for a year. In the first year, there were 445 Care Transitions completed-- Ascension St. Mary's- 420; Ascension Genesys-25. Hospital re-admissions within 30 days for the same cause: Ascension St. Mary's: 1 (3%); Ascension Genesys 2 (8%); and total of 11 (2.7%). Region VII AAA's Care Transition team will continue to meet with participants that are transitioning from hospital to home in order to minimize the risk of readmission. The CHW or other health care professional will provide proactive discharge planning, extensive coaching, and post discharge supports. This coaching is intended to support adults age 60 or older discharging from a medical care institution to the place they consider to be home preventing re-institutionalization. Care Transitions are currently serving Ascension St. Mary's Hospital and McLaren Bay Region facilities. Care Transition (CT) supports include intake, assessment, a development of service(s) plan, person centered planning, services arranging, primary care follow-up, medical transportation coordination, red flag warning education, medication review and weekly follow up. Region VII was fortunate to be awarded funds through ACL's grant at the beginning of the fiscal year 2023 to help expand our Care Transitions program. With this funding, we were able to identify another local hospital that was interested in launching our CT program. Starting March



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2023, we started to see clients at this new partner hospital and are currently working towards seeing an average of 20 clients per week as part of this partnership. Additionally, we are in talks with the other local hospital systems regarding the possibility of further expanding the program to their clients.

Moreover, we are averaging about 10 clients a week at Ascension St. Mary's Hospital in Saginaw and about 20 clients a week at McLaren Bay Regional Hospital. Our goal has been met with the increased number of clients at McLaren Bay Region. Region VII AAA is in talks with McLaren Central Michigan to start a Care Transition program with them. McLaren Central Michigan is working on a transportation system to assist with non-emergent transportation, so that people are not calling 911 and utilizing the ambulances for non-emergent appointments. That said, Region VII AAA is very proud of our CT program and is working closely with the ACLS Bureau to share best practices.

Region VII AAA was the awardee of a \$316,692 grant to provide immunizations and outreach. The Saginaw/Bay Advisory Fund donated \$50,000 to this vaccine program. This grant is for any vaccine and we are currently targeting the influenza vaccine. Region VII AAA is working with the Bay County Health Department on the grant and looking to serve a head count of 1000 people. Region VII AAA is also working to obtain vaccines by applying to the Saginaw Bay Health Fund. Approximately 400 flyers have been distributed across the 10 county PSA to be given out with the home delivered meals. The vaccines are targeted to the homebound individuals.

**MANAGEMENT INITIATIVES/ACCREDITATIONS/CERTIFICATIONS**

Region VII's MI Choice Waiver and Care Management programs are accredited through the National Committee for Quality Assurance (NCQA) for Case Management for Long-Term Services and Supports. Region VII AAA received a three year re-accreditation with a score of 99.39% in 2023. Region VII AAA will be undergoing the re-accreditation process during September/October of 2025. Additionally, seventy-nine people completed the Michigan Medicare/Medicaid Assistance Program (MMAP) recertification process last year from May to July, 2023. Thirteen new people attended the initial training as well. Region VII AAA MMAP Department will be offering the new Medicare and You 2024 books in English, Spanish, and Braille.

That said, Region VII AAA's Planning and Service Area (PSA) has a diverse age group, a challenge that Region VII AAA continues to address by understanding the needs of the communities. Region VII AAA plans to utilize the American Rescue Plan Act (ARPA) funds to expand resources for Diversity, Equity, and Inclusion (DEI) training for staff and subcontractors; continued growth of the vaccination program in conjunction with the local health department; and continuation of the dental, vision, and hearing programs. FY23, Dental/Vision/Hearing Programs – 41 participants serviced for hearing, \$140,498 spent. 29 participants for vision serviced, \$10,857.26 spent. 36 participants served for dental, \$65,477 spent.

We will continue to work with our provider network to make long lasting impacts within our PSA. Region VII AAA has utilized grant funding to translate the Region VII Area Agency on Aging brochure into a Spanish version. Region VII AAA has been meeting individually with each provider from the 10 separate counties to develop individualized plans to better serve their communities.

**SIGNIFICANT NEW PRIORITIES, PLANS, OR OBJECTIVES**

Region VII Area Agency on Aging is advocating to serve the underserved populations. As described in the attached chart, the 10 county PSA has a diverse population of people that represent persons in poverty,

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Non-English speaking families, and many minority groups. Region VII AAA is advocating to legislators and representatives for much needed funding to provide home and community based services. In the 10 county PSA, 21.5% of the population is 65 years old or older. Many of these individuals require some type of support that is not available from family or informal supports. The largest communities for the following minority groups are: Black- Saginaw County (19.2%); American Indian/Alaska Native- Isabella County (3.9%); Asian-Midland County (2.3%); Native Hawaiian/Pacific Islander-Gratiot/Isabella/Midland/Saginaw Counties (0.10%); Hispanic/Latinos-Saginaw County (9.3%)/Gratiot County (6.8%)/ Bay County (5.9%). The Non-English speaking counties that have identified other languages spoken in the home are Clare County (5.5%-Spanish/Bangla); Isabella County (5.2%-Spanish); Midland County (4.2%-Spanish/Burmese). The percentage of persons reported being in the poverty level range from Midland County (8.9%) to Saginaw County (18.10%). Region VII AAA also has a goal to serve more of the Black, Indigenous, and People of Color (BIPOC) and Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) communities within our PSA. Region VII AAA has also added 2 minority members to the Advisory Council.

Region VII AAA is also working with the Veterans Administration to help serve the individuals within the 10 county PSA. Based on the current census, veteran numbers are as follows: Bay County-6880; Clare County-2401; Gladwin County-1952; Gratiot County-1942; Huron County- 1785; Isabella County-2966; Midland County-4916; Saginaw County-10,539; Sanilac County-2591; and Tuscola County. This is a total count of 39,097 veterans that are within the 10 county PSA. Region VII AAA has had the opportunity to add a Veterans Administration Representative to the Advisory Council. He is working with Region VII's MI Choice Waiver program to send referrals to connect veterans with services who may qualify. There is also collaboration between Region VII AAA and the VA to share resources for the aging population and hoping to serve more veterans. In meeting with the VA representatives, the VA will begin sending referrals to the Senior Community Service Employment Program (SCSEP) that assists seniors over 55 years of age with training to potentially gain employment. Region VII will meet quarterly to share updates and new information. With this information, we will be able to target more efforts into spreading the word that services are available.

Last but not least, Region VII AAA's Executive Director has been chosen to sit on the Michigan State Housing Development Authority (MSHDA) Equity Advisory Committee.

**FY 2025 ADVOCACY EFFORTS**

Region VII AAA's Executive Director has been meeting with State Representatives and Legislators to advocate to increase funding for the Older Americans Act. Additionally, all of the management staff have been doing presentations to local villages, townships, municipalities, etc. to share how important these services are to the community and what the millages are helping fund.

The Board of Directors has three individuals who are a part of the Michigan State Advisory Council (MSAC) who meet monthly in Lansing to advocate for seniors and especially the programs that directly affect the aging population. These individuals report back at the following meeting for any new updates.

Region VII AAA will also seek out additional funding for programs through grants and any other opportunities as able.

**CHALLENGES GOING INTO FY 2025**

Region VII AAA will continue to make their presence out in the community to let people know about the



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services that are available. We will continue to build and strengthen partnerships within the communities. We will continue to build/maintain the census in all programs going forward. We will support agencies to obtain/maintain adequate caregivers to provide the in home services to clients.

**PLANS FOR POTENTIAL REDUCTION OF FUNDS**

Region VII AAA will develop a plan to continue with business at a reduced funding level.

Every attempt will be made to continue providing services as usual for as long as possible.

Region VII will identify our most at-risk clients and using the funds available to assist them first. Service delivery will be modified to maintain critical nutrition and in-home services for the most vulnerable older adults in our 10 county region. A priority scale would be created to assist those in the greatest need.

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**County/Local Unit of Government Review**

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration including consultation of the complete AIP for each AAA with their county/local unit of government to encourage and foster collaboration between Older Americans Act (OAA) programming and that provided by other non OAA resources.

The Area Agency on Aging (AAA) must send a notification of the complete AIP to the chairperson of each County Board of Commissioners. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 21, 2024. For a Planning and Service Area (PSA) comprised of a single county or portion of the county, notification of the AIP is to be sent to each local unit of government. The AAA must notify their Bureau of Aging, Community Living, and Supports (ACLS Bureau) Field Representative by July 22, 2024, of any comments or feedback received from their county/local unit of government. If no comments or feedback were received, please indicate that in your response. AAAs are encouraged to provide a copy of their official press release for public hearing to their county/local unit of government as well. The AAA may use electronic communication, including email and website-based documents, as an option for local government notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the AAA's website.
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.
- Be available to discuss the AIP with local government officials, if requested.
- Request email notification from the local unit of government of their feedback of the AIP or concerns.

**Instructions**

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government to gain support.

**TRIBAL NOTIFICATION**

The Michigan Department of Health and Human Services (MDHHS) has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the Older Americans Act (OAA).

AAAs, please send an official notification of your complete AIP for any Tribe(s) within your PSA for their review and consultation. If there are no Tribes within the PSA, please indicate that in your response and if a Tribe crosses more than one PSA, each AAA is still expected to send their AIP to Tribes within the PSA. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 21, 2024. The AAA will notify their ACLS Bureau Field



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Representative by July 22, 2024, of any comments or feedback received from their Tribe(s). If no comments or feedback are received, please indicate that in your response. The AAA may use electronic communication, including email and website-based documents, as an option for Tribe notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the Chairperson of the Tribal Council advising them of the availability of the final draft AIP on the AAA's website (instructions for how to view and print the document must be included).
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.
- Be available to discuss the AIP with Tribal elders and/or Tribal officials, if requested.
- Request email notification from the Tribe of their comments and feedback of the AIP or concerns.

**Instructions**

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate Tribe(s) within your PSA for notification and consultation. Describe any current and future collaborative efforts with Tribe(s) within your PSA including any anticipated outreach efforts. AAAs, note whether your Policy and Advisory Boards have representation from the Tribe(s) and/or elders within your PSA. If not, describe the AAAs efforts to build and foster relationships with the Tribe(s) to encourage potential representation on these respective boards.

By June 21, 2024, Region VII AAA will send a copy of the Annual Implementation Plan (AIP) to the Chair of each of the County Commissions in the Planning and Service Area and to the Chief of the Saginaw Chippewa Indian Tribe with a cover letter requesting feedback of the plans by July 22, 2024. The letter will invite Commissioners to request a presentation about the plans. This correspondence will be sent by Certified U.S. Mail including a return receipt, along with an emailed copy to each entity.

In regards to tribal engagement, Region VII AAA has a member of the Saginaw Chippewa Indian Tribe on the Board of Directors and plans to work with this individual to increase tribal engagement and interaction.

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**Public Hearings**

At least one public hearing on the FY 2025 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; as well as news sources geared toward communities of color, tribal, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the AAA's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section B-2 #3. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

**Instructions**

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab.

In addition, the AAA should also upload a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

For FY 2025, AAAs please describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). Did a representative from either the Policy and/or Advisory Board attend the hearing(s)?

Date	Location	Time	Barrier Free?	No. of Attendees
05/16/2024	ZOOM	02:00 PM	Yes	9
05/20/2024	ZOOM	10:00 AM	Yes	17
05/16/2024	1615 S. Euclid	02:00 PM	Yes	7

Notification for the public hearings was given to three local newspapers for May 3, 2024, listed on our



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website, and sent out to all of our vendors via email and Vendor View. Notices were sent to three newspapers within Region VII AAA's PSA (The Saginaw News, Cass River Trader, and Morning Sun), posted on the agency's website, and distributed to the Board, Advisory Committee, and vendors in the 10-county region. A public hearing flyer was also distributed to AAA Partners, service providers, and older adults via email and social media. The flyer included several ways to participate in the hearing. Participants could join in person, via Zoom on a computer or smart cell phone, or to call in to listen to the presentation and discussion after. Phone numbers and links were listed on the flyer for ease of participation.

The Saginaw News was chosen as it has the highest representation of Black and Hispanic population. The Morning Sun was chosen as it is circulated in Isabella County and has a large population of tribal members. The Cass River Trader was chosen as it represents many of the underserved populations in rural communities.

Two public hearings took place on Thursday, May 16, 2024 both virtual (ZOOM) and in-person held at 1615 S. Euclid Ave., Bay City, MI 48706 and Monday, May 20, 2024 via virtual (Zoom).

Slides were presented by Region VII AAA that reviewed the FY 2025 AIP which outlines how the federal and state funding will be used for programs and services benefiting older adults in Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, and Tuscola counties. There were no questions at either meeting.

The draft summary of the proposed plan was available on Friday, May 10, 2024 on the website, or by calling the main office for a copy. A deadline of May 21, 2024 will be given for any written testimony.

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**Regional Service Definitions**

If the AAA is proposing to fund a new (not previously approved in this multi-year planning cycle) service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included in this section.

**Instructions**

Enter the new regional service name, identify the service category, and fund source, include unit of service, minimum standards and why activities cannot be funded under an existing service definition.

**Service Name/Definition**

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

Service Category	Fund Source			Unit of Service
Access	Title III PartB	Title III PartD	Title III PartE	
In-Home	Title VII	State Alternative Care	State Access	
Community	State In-home	State Respite		
	Other _____			

**Minimum Standards**

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**Access Services**

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Transition Coordination & Support; Care Management; Case Coordination and Support; Options Counseling; Disaster Advocacy and Outreach Programs; Information and Assistance; Outreach, with specific attention to outreach with underserved populations, and Merit Award Trust Fund/State Caregiver Support-funded transportation. If the AAA is planning to provide any of the above noted access services directly during FY 2025, complete this section.

**Instructions**

Select from the list of access services those services the AAA plans to provide directly during FY 2025, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

The Area Plan Grant Budget that is uploaded and saved in AMPS must include each access service to be provided directly in the Direct Service Budget details tab. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget's Support Services Detail tab. The method of provision must be specified in the Service Summary tab.

**Care Management**

<u>Starting Date</u>	10/01/2024	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$0.00	Total of State Dollars	\$473,831.00

Geographic area to be served

All 10 counties

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

Region VII AAA expects to continue with the following goals:

Goal 1. Ensure appropriate care delivery to program participants.

Expected Outcome: Program participants will receive necessary assistance to maintain living in their home through an initial assessment and then quarterly in-home re-assessments; whereby, person-centered plans with emphasis on use of community resources will be developed by un-biased and professional Support Coordinators.

Actual Outcome: Program participants receive an initial assessment and regularly scheduled re-assessments by a licensed Social Worker and a Registered Nurse to ensure that the participant's needs are met. During this visit, services, medications, and providers are reviewed/updated with the participant. If additional services are required, services will be put in place or a referral will be made to other community resources such as the MI Choice Medicaid Waiver Program, legal Services, home delivered meals, transportation to medical appointments, etc. Monthly monitoring calls are made to the participant to see if there are any changes in participant's condition or have any additional needs.



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Goal 2. Build and maintain professional relationships to ensure that quality care is provided to program participants.

Expected Outcome: Support Coordinators' knowledge of community resources and communication with caregivers and service providers will ensure that each client receives quality care from trained professionals. On-site provider monitoring by trained staff and semi-annual peer review processes reinforces the commitment to quality care.

Actual Outcome: Support Coordinators have access to a resource guide that is on Region VII's local server and also can ask Region VII AAA's I&A department for additional resources. Supports Coordinators also communicate with providers regarding the care of participants via Vendor View and telephone. There is communication with caregivers when completing an in-home visit or when the participant requests assistance making calls. Provider monitoring are scheduled with the providers to ensure that they are in compliance. Peer review is completed semi-annually. Providers are also required to attend semi-annual training to review any new guidance and review requirements to ensure that any new staff will have the information that is needed.

Goal 3. Enhance the agency's Quality Management Plan.

Expected Outcome: Region VII AAA Support Coordinators along with the agency's Quality Assurance Manager will ensure that program participants receive optimal person-centered, high-quality care that meets or exceeds the established standards of care set forth by the Michigan Department of Health and Human Services, Bureau of Aging, Community Living, and Supports (ACLS Bureau).

Actual Outcome: The Quality Assurance Department reviews charts at least quarterly to ensure that services are provided according to the ACLS Bureau and MDHHS guidelines. These reviews are shared with the managers and support coordinators. Educational trainings are provided to increase knowledge and meet the standards set forth.

Goal 4. Continue attendance at Care Management meetings sponsored by ACLS Bureau.

Expected Outcome: Maintain on-going communication with ACLS Bureau's staff regarding Care Management policies, procedures, and practices.

Actual Outcome: Staff participate in on-going meetings in person and/or virtual to review care Management policies, procedures, and practices. Attendance is recorded for any meetings.

Goal 5. Participate in training opportunities related to Person-Centered Planning

Actual Outcome: Staff have received education on Person-centered Training. The training includes honoring the choices/preferences of the individual based on their assessment needs and objectives. Assisting the participant to be as independent as possible.

Number of client pre-screenings:	Current Year:	92	Planned Next Year:	92
Number of initial client assessments:	Current Year:	36	Planned Next Year:	36
Number of initial client care plans:	Current Year:	36	Planned Next Year:	36
Total number of clients (carry over plus new):	Current Year:	158	Planned Next Year:	158

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Staff to client ratio (Active and maintenance per Full time care manager):      Current Year: 1:6      Planned Next Year: 1:6

**Information and Assistance**

<u>Starting Date</u>	10/01/2024	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$0.00	Total of State Dollars	\$74,953.00

Geographic area to be served  
All 10 counties

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

Goal 1. Maintain and update the agency's Information and Assistance database to include services and resources that meet the needs of older adults and persons with disabilities.

Expected Outcome: Staff will monitor the Information and Assistance database to ensure that the most recent data is available and accurate.

Actual Outcome: Staff update the community resources on a regular basis to ensure that information is accurate and up to date. As new resources become available, they are added to the database.

Goal 2. Continue to promote professionalism, education, and quality improvement of Information and Assistance.

Expected Outcome: Staff will participate in inter-departmental meetings at the agency to ensure that information and programs are current and communicated. Region VII AAA continues to require staff to be certified by the Alliance of Information and Referral System (AIRS) and conducts random monthly quality assurance surveys of 10% of all calls. Additionally, the agency website [www.region7aaa.org](http://www.region7aaa.org) will continue to be updated. Staff will continue to support the Medicare Medicaid Assistance Program (MMAP).

Actual Outcome: Staff attend monthly all staff meetings to share information on new programs and resources. All staff are certified in AIRs. Monthly quality assurance surveys are completed with at least 10% of calls completed. The agency website is updated on a monthly basis. The Medicare Medicaid Assistance Program takes appointments in person and via phone calls.

Goal 3. Enhance marketing efforts of Information and Assistance.

Expected Outcome: Increased number of calls to Information and Assistance.

Actual Outcome: The calls have doubled in volume in the last fiscal year. The Information and Assistance are also taking walk-in appointments to accommodate in-person inquiries.

**Outreach**

<u>Starting Date</u>	10/01/2024	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$129,194.00	Total of State Dollars	\$0.00

Geographic area to be served  
All 10 counties

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

Goal 1. Enhance outreach efforts of Region VII AAA.

Region VII AAA Executive Director, management and staff will continue to present information about available home and community-based services for older adults and persons with disabilities to all local governments, i.e. city/village councils, townships, elected officials and other influential groups within the PSA.

Additional outreach and partner development is planned and will involve businesses, healthcare entities, and community-based organizations.

Actual Outcome: The Executive Director, Board of Directors, Advisory Council Members, Managers, and staff have been reaching out to legislators and senators, community leaders, religious leaders, community groups, medical facilities, etc. to share service opportunities that Region VII AAA can provide to the aging community.

**Care Transition Coordination and Support**

<u>Starting Date</u>	10/01/2024	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$0.00	Total of State Dollars	\$100,000.00

Geographic area to be served

All 10 counties

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

Region VII AAA's Care Transitions team will continue to meet with participants that are transitioning from hospital to home in order to minimize the risk of readmission. The Community Health Worker (CHW) or other health care professional will provide proactive discharge planning, extensive coaching, and post discharge supports. This coaching is intended to support adults age 60 or older discharging from a medical care institution to the place they consider to be home preventing re-institutionalization. Care Transitions are currently serving Ascension St. Mary's and McLaren Bay Region facilities.

Care Transition (CT) supports include intake, assessment, a development of service(s) plan, person centered planning, services arranging, primary care follow-up, medical transportation coordination, red flag warning education, medication review and weekly follow up.

The Care Transition program has expanded to 3 facilities and are expecting to see at least 30 participants per week. Future expansions are hopeful as hospital mergers would allow for more programs to serve a larger population of clientele.

Number of client pre-screenings:	Current Year: 1,078	Planned Next Year: 2,500
Number of initial client assessments:	Current Year: 505	Planned Next Year: 1,400
Number of initial client care plans:	Current Year: 505	Planned Next Year: 1,400
Total number of clients (carry over plus new):	Current Year: 748	Planned Next Year: 2,000
Staff to client ratio (Active and maintenance per Full time care manager):	Current Year: 1:62	Planned Next Year: 1:60



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**Direct Service Request**

This section applies only if the AAA is submitting a new request to provide an in-home, community, or nutrition service directly that was not previously approved in this multi-year planning cycle.

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision is defined as "providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting." Direct service provision by the AAA may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the AAA's administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

**Instructions**

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any new Direct Service Request for FY 2025. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2025 are to be included under the Direct Service Budget tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified on the Support Services Detail page.

Please skip this section if the AAA is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2025.

**Medication Management**

Total of Federal Dollars     \$0.00                      Total of State Dollars     \$110,000.00

Geographic Area Served     All 10 counties

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

Direct assistance in managing the use of both prescription and over-the-counter (OTC) medication.

Allowable program components include:

Face-to-face review of client's prescription, OTC medication regimen, and use of herbs and dietary supplements.

Regular set-up of medication regimen (Rx pills, Rx injectables, and OTC medications).

Monitoring of compliance with medication regimen.

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Cueing via home-visit or telephone call.

Communicating with referral sources (physicians, family members, primary care givers, etc.) regarding compliance with medication regimen.

Family, caregiver, and client education and training.

The program shall employ a licensed Pharmacist who supervises program staff and is available to staff when they are in a client's home or making telephone reminder calls. Each program shall employ program staff who are appropriately licensed, certified, trained, oriented, and supervised.

The supervising Pharmacist shall review and evaluate the medication management care plan and the complete medication regimen, including prescription and OTC medications, dietary supplements and herbal remedies, with each client and appropriate caregiver. Each program shall implement a procedure for notifying the client's physician(s) of all medications being managed.

The program shall be operated within the five basic levels of service as follows:

Level 1: Telephone reminder call/cueing with maintenance of appropriate documentation. Program staff performing this level of service shall be delegated by the supervising nurse.

Level 2: In-home monitoring visit/cueing with maintenance of appropriate documentation.

Level 3: In-home medication set up, instructions, and passing and /or assistance with medications (e.g., putting in eye drops, giving pills and injections). Program staff performing level 3 services shall be delegated by the supervising nurse.

Level 4: The program shall maintain an individual medication log for each client that contains the following information:

- a. Each medication being taken.
- b. The dosage for each medication.
- c. Label instructions for use for each medication.
- d. Level of service provided and initials of person providing service.
- e. Date and time for each time services are provided.

Level 5: The program shall report any change in a client's condition to the client's physician (s) immediately.

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Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

(A) Provision of the Medication Management by Region VII AAA is necessary to assure an adequate supply of assistance with healthcare.

(B) Healthcare services provided by the Pharmacist are directly related to Region VII AAA's Administrative functions and will be coordinated with other services to assure optimal health and wellbeing of persons served.

(C) Region VII AAA has been providing Medication Management services under a contract with a local hospital.

**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

The agency has a licensed Pharmacist who has the capacity to provide the service. Region VII AAA has the administrative functions in place to provide, document, and bill for the services and will achieve an economy of scale by providing this service directly.

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

Presented the slides that included all information about Medication Management. Discussed the process Region VII AAA uses to provide this service. No questions were asked.

**Friendly reassurance**

Total of Federal Dollars     \$24,166.00                      Total of State Dollars     \$0.00

Geographic Area Served     All 10 Counties

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

Goal: To make regular contact, through either telephone or in-home visits, with home-bound older persons to assure their well-being and safety and to provide companionship and social interaction



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Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

(A) Friendly Reassurance service by Region VII AAA is necessary to ensure the well-being of our clients.

(B) Friendly Reassurance services are directly related to Region VII AAA's administrative functions and will be coordinated with other services to assure optimal health and well-being of persons served.

(C) Region VII AAA will economically provide this important Friendly Reassurance service.

**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

Region VII AAA is uniquely qualified to administer the Friendly Reassurance service, and this program will allow one person at Region VII AAA to provide the service to all 10 counties. Region VII AAA, as a service provider, is locally based yet not restricted by county actions. Region VII AAA is able to still check on clients even when county services are closed due to weather, emergencies, or disasters.

The regular calls and/or visits assure that any possible changes in the client's health are identified and recorded, helps reduce isolation, and allows clients to feel more connected to the community by enabling them to remain independent in their own homes.

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

Presented the slides that included all information about Friendly Reassurance. Discussed the process Region VII AAA uses to provide this service. No questions were asked.

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**Regional Direct Service Request**

This section applies only if the AAA is submitting a new request to provide a regional service directly that was not previously approved in the multi-year planning cycle.

It is expected that regionally defined services, as identified in the category above, will be provided under contract with community-based service providers, but when appropriate, a regional service provision request may be approved by the CSA to be provided directly. The basis for requesting direct provision of a regional direct service by the AAA would be if, in the judgment of the ACLS Bureau: A) provision is necessary to assure an adequate supply; B) the service is directly related to the AAA's administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

**Instructions**

AAAs that have a new request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after the screen refreshes. Select the link for the newly added regional direct service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional direct service request for FY 2025. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Regional Direct Service Budget details for FY 2025 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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Region VII Area Agency On Aging

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Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

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



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**Approved MYP Program Development Objectives**

**APPROVED MYP GOALS AND OBJECTIVES**

Goals and objectives previously set by the AAA and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established objectives, a text box is included for the AAA to provide information on progress toward the objectives to date. This text box is editable.

**Instructions**

Please provide information on progress to date for each established objective under the section tab entitled "Progress."

For the Diversity, Equity, and Inclusion (DEI) objective, the ACLS Bureau Operating Standards for AAAs have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly.

*Please refer to Operating Standards for AAAs sections C-2 and C-4 along with the Document Library for the ACLS Bureau training completed on Embedding Diversity, Equity & Inclusion (DEI) within Aging Services across Michigan for the MYP Cycle.*

Within the progress tab, ensure to address, at a minimum, the below:

**Objective 1-** Increase services provided to veterans Black, Indigenous (Tribal), and People of Color (BIPOC), and LGBTQ+ seniors served in your region. Please share progress made from FY 2023 through FY 2024 on this objective including any data that the AAA has collected and/or tracked that supports efforts to outreach and/or serve more BIPOC and LGBTQ+ seniors within the PSA. New for FY 2025 AIP, AAAs please describe current methods of outreach and/or targeting of older adults who have served in the US military and ways the AAA could potentially increase services and coordination for veterans and their spouses within the PSA.

**Objective 2-** Increase the number of AAA staff, providers, caregivers, and volunteers trained in implicit bias, cultural competencies, and root causes of racism. Please describe how the AAA ensures cultural competency trainings reflect the demographics of the seniors residing within the PSA and how the AAA evaluates how staff, providers, caregivers, and volunteers apply this training.

**Objective 3-** Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. Please include the top 3 requested linguistic translation services for your PSA. How does the AAA ensure staff are trained to identify a possible linguistic translation need of a senior, caregiver, and/or family member?

**Area Agency on Aging Goal**

- A. Provide training, resources, and technical assistance to vendors, caregivers, and staff regarding implicit bias, cultural competencies, and root causes of racism.

Objectives

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1. Increase the number of well-trained, qualified, and supportive multicultural direct care workers through collaboration by elevating the workforce, improving retention, promoting its collective value, and supporting opportunities to increase wages.

Timeline: 10/01/2022 to 09/30/2025

Progress

In FY 2024, the following trainings were provided to staff:

- \* Diversity and Inclusion
- \* Corporate Compliance
- \* False Claims Act
- \* HIPAA Compliance
- \* HIPPA Privacy and Security
- \* Implicit Bias
- \* Unconscious Bias
- \* Team Working Excellence
- \* A Safe Workplace-OSHA and Right-to-Know Laws in the US
- \* Fire Safety Training
- \* Infection Control Overview
- \* Reducing the Spread of Infection
- \* Abuse and Elder Justice
- \* Communication and Ethics
- \* Communicating Effectively
- \* Mental Health at Work
- \* Understanding Cyber Security
- \* Understanding Sexual Harassment
- \* Blood Borne Pathogens and Your Exposure Control Plan
- \* CPR/First Aid
- \* Introduction to LGBTQ+ Older Adults
- \* BIPOC training

Direct Care Workers received premium pay in addition to their regular wages as a means to retain workers. In FY 2024, staff and providers will be mandated to participate in additional trainings.

- B. Partner with local minority agencies to ensure services for all clients, including people of color and the LGBTQ+ communities.**

Objectives

1. Identify local minority agencies servicing seniors.

Timeline: 10/01/2022 to 09/30/2025

Progress

On March 3, 2023, Region VII AAA partnered with MiGen-Michigan LGBTQ+ Elders Network to provide and synchronous/instructor-led training. The training was offered to all of the providers in the network as well as the staff of Region VII AAA.

On January 14, 2024, a BIPOC training was provided to vendors in the PSA Network.

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Information and Assistance has LGBTQ+ friendly resources available to share with the community if they are requested. Region VII AAA has participated in the PRIDE event for 2 years in a row providing information on services that are offered. This is an annual event. Information and Assistance also has LGBTQ+ friendly resources available.

Outreach will continue to be provided to all areas of the PSA reaching a diverse group of people. Region VII AAA also is reaching out to local community leaders to share information on services that are available.

Region VII AAA has been collaborating with MPH Salud which is a Hispanic Outreach Program for Community Health Workers. Region VII AAA is learning how to reach immigrant elders and get services to them. It has been learned that language is not the biggest barrier, but the knowledge that services are available. Several staff have been participating in monthly meetings. Region VII staff or translators would be able to communicate with non-English speaking people if services were needed.

Region VII has a Board of Directors member who serves on the Michigan Seniors Advocates Council and is also a member of the Saginaw Chippewa Indian Tribe. He has been actively involved in the Aging in Place initiative. Region VII AAA Advisory Council has recently added two new Minority Representative seats to help reach out to the minority population and spread the word of the available services. They are going to senior centers and congregate meal sites to share the information about services that may be available to them. Region VII AAA also has a Veteran's Administration representative on the Advisory Council. With the collaboration between Region VII AAA and Veterans Administration there has been several referrals to the MI Choice Waiver Program to assist veterans with much needed services. Additionally, there is also a collaboration between the two agencies to work with older adults who need additional training for the 55+ community in the Senior Community Service Employment Program (SCSEP).

**C. Identify additional vendors to provide linguistic translation services and communications based on the cultural needs in our 10-county PSA, and inform current providers of these services.**

Objectives

1. Research and identify linguistic providers of need  
Timeline: 10/01/2022 to 09/30/2025

Progress

On several occasions, Region VII AAA has reached out to V.O.I. C. E. - Valley Organization for Improved Communications and Equality for the Deaf and Hard of Hearing. The Medicare and Medicaid Assistance Program (MMAAP) had a client who was deaf and needed a sign language interpreter. This agency came to the Region VII AAA office to translate for her appointments. V.O.I.C.E. also has interpreters for other languages such as Spanish and Mandarin. Region VII AAA has the ability to use the V.O.I.C.E. services as needed.

MMAAP has also requested Medicare and You 2024 books in English, Spanish, and Braille.

Region VII AAA has received a grant to translate the agency brochure in Spanish. These brochures have been shared throughout the PSA to spread the awareness that services are available for all people of the community. Region VII AAA staff, Board, and Advisory Council members are distributing them in all 10 counties.



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Staff are trained to be culturally sensitive and recognize body language and ask if the person requesting/needing services would like to have a representative or other support to be with them to attend a meeting. If a translator is needed, Region VII AAA would be able to accommodate this request. Region VII AAA also has several bilingual speaking staff. Staff are also required to take Diversity, Equity, and Inclusion training as well as Unconscious Bias training.

- D. Continue the work previously done under the No Wrong Door Grant to connect seniors experiencing social isolation with their family, friends, doctors, etc. by providing technology (e.g. Tablets/IPads)**

Objectives

1. Find someone to research and identify partners to continue with the program  
Timeline: 10/01/2022 to 09/30/2025

Progress

The No Wrong Door Grant has ended, but Region VII AAA has a Friendly Reassurance Program to help seniors with isolation and resources. These seniors receive weekly, biweekly, or monthly check in calls to see how they are doing and if they need resources such as rides to doctor appointments.

Region VII AAA will continue to look for new opportunities to assist the seniors of our community.

Region VII was able to give an additional 10 tablets to seniors in January 2023.

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**2025 Program Development Objectives**

**FY 2025 AIP COLLABORATION WITH STATE PLAN GOALS**

Please provide information for any new goals and objectives that are proposed by the AAA during FY 2025.

**Instructions**

The AAA may enter a new goal in the appropriate text box. It is acceptable, though not required, if some of the AAA's goals correspond to the ACLS Bureau's state plan goals. There is an entry box to identify which, if any, state plan goal(s) correlate with the entered goal. See the Document Library for Michigan's State Plan on Aging for FY 2024 – FY 2026.

A narrative for each goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box.

Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective (see Document Library for additional instructions on completing this section).

**Area Agency on Aging Goal**

A.

State Goal Match:

Narrative

Objectives

1.

Timeline:                      to

Activities

Expected Outcome

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**Supplemental Documents**

Document A: Policy Board Membership (Required).

Document B: Advisory Council Membership (Required).

**SUPPLEMENTAL DOCUMENTS FOR SPECIAL APPROVAL**

Select the supplemental document(s) from the list below only if applicable to the AAA's FY 2025 AIP.  
Provide all requested information for each selected document. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

Document C: Proposal Selection Criteria - should only be completed if there are new or changed criteria for selecting providers (only if applicable).

Document D: Cash-In-Lieu-Of-Commodity Agreement (only if applicable).

Document E: Waiver of Minimum Percentage of a Priority Service Category (only if applicable).

Document F: Request to Transfer Funds (only if applicable).



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SUPPLEMENTAL DOCUMENT A

Board of Directors Membership

	Asian	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Native Hawaiian or Other Pacific	Middle Eastern or North African	White	Total Membership
Membership Demographics	0	2	1	0	0	0	9	12
Age 60 and Over	0	1	1	0	0	0	8	10
Identifies as Female	0	1	0	0	0	0	2	3
Identifies as Male	0	1	1	0	0	0	7	9
Identifies as Transgender, Non-Binary, or Another Gender	0	0	0	0	0	0	0	0
Gender Undisclosed or Declined to Answer	0	0	0	0	0	0	0	0
Persons with Disabilities	0	0	0	0	0	0	0	0
Persons who Served in the US Military	0	0	0	0	0	0	1	1

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Board Member Name	Geographic Area	Affiliation	Membership Status
Patrick Beson	Bay County	Treasurer	Appointed
Joseph Sowmick	Isabella County	Member-at-Large	Appointed
Dan Glaza	Huron County		Appointed
Christine Lee	Sanilac County		Appointed
Brenda F. Moore	Saginaw County	City of Saginaw Mayor	Elected Official
Corrine (Corey) Netzley	Gratiot County		Appointed
William Sanders	Tuscola County		Appointed
Darryl Thomas	Saginaw County	Chair	Appointed
Mike Tobin	Clare County	Member-at-Large	Appointed
Joel Vernier	Gladwin County	Vice Chair	Appointed
William Walters	Sanilac County	Secretary Advisory Council Liaison	Appointed
Geoff Malicoat	Midland County	Member-at-Large	Appointed

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**SUPPLEMENTAL DOCUMENT B**

**Advisory Board Membership**

	Asian	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Native Hawaiian or Other Pacific	Middle Eastern or North African	White	Total Membership
Membership Demographics	0	1	0	1	0	0	11	13
Age 60 and Over	0	1	0	0	0	0	9	10
Identifies as Female	0	1	0	0	0	0	4	5
Identifies as Male	0	1	0	1	0	0	6	8
Identifies as Transgender, Non-Binary, or Another Gender	0	0	0	0	0	0	0	0
Gender Undisclosed or Declined to Answer	0	0	0	0	0	0	0	0
Persons with Disabilities	0	0	0	0	0	0	0	0
Persons who Served in the US Military	0	0	0	0	0	0	1	1

Board Member Name	Geographic Area	Affiliation
Sandra Bristol	Clare County	
Diane Conroy-Kellogg	Gratiot County	Secretary
Jacqueline Curtis	Isabella County	
Mary Donnelly	Bay County	Representative of Health Care Prov. Org.
Jim Peck	Midland County	
Melvin McNally	Bay County	Vice-Chair



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Wayne Susalla	Huron County	
Kenneth Roberts	Gladwin County	VA Representative
Linda Troutman		Minority Representative
Jack Tany	Saginaw County	
William Walters	Sanilac County	Chair Labor Representative
Henry Wymore	Tuscola County	
Daniel Soza		Minority Representative

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**SUPPLEMENTAL DOCUMENT F**  
**Request to Transfer Funds**

1	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer  323,607
2	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition Services</b> to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer  0
3	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition</b> to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer  0

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**Planned Service Array**

Complete the FY 2025 AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

	Access	In-Home	Community
<b>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> <li>• Outreach</li> <li>• Care Transition Coordination and Support</li> </ul>	<ul style="list-style-type: none"> <li>• Medication Management</li> <li>• Friendly Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> <li>• Legal Assistance</li> <li>• Long-term Care Ombudsman/Advocacy</li> </ul>
<b>Participant Private Pay</b>		<ul style="list-style-type: none"> <li>• Home Care Assistance</li> <li>• Home Injury Control</li> <li>• Home Health Aide</li> <li>• Assistive Devices &amp; Technologies</li> </ul>	<ul style="list-style-type: none"> <li>• Health Screening</li> <li>• Assistance to the Hearing Impaired and Deaf</li> <li>• Vision Services</li> <li>• Counseling Services</li> </ul>
<b>Funded by Other Sources</b>	<ul style="list-style-type: none"> <li>• Disaster Advocacy and Outreach Program</li> <li>• Options Counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Home Injury Control</li> <li>• Home Health Aide</li> </ul>	<ul style="list-style-type: none"> <li>• Dementia Adult Day Care</li> <li>• Nutrition Counseling</li> <li>• Nutrition Education</li> <li>• Creating Confident Caregivers</li> </ul>
<b>Contracted by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management *</li> <li>• Case Coordination and Support</li> <li>• Outreach *</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore *</li> <li>• Home Injury Control</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Personal Care</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Assistance to the Hearing Impaired and Deaf</li> <li>• Home Repair *</li> <li>• Legal Assistance</li> <li>• Long-term Care Ombudsman/Advocacy</li> <li>• Senior Center Operations *</li> <li>• Senior Center Staffing *</li> <li>• Programs for Prevention of Elder Abuse, Neglect, and Exploitation</li> <li>• Caregiver Supplemental Services</li> <li>• Kinship Support Services</li> <li>• Caregiver Education, Support and Training</li> </ul>



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Local Millage Funded	<ul style="list-style-type: none"> <li>• Care Management *</li> <li>• Case Coordination and Support</li> <li>• Outreach *</li> <li>• Transportation *</li> </ul>	<ul style="list-style-type: none"> <li>• Chore *</li> <li>• Homemaking *</li> <li>• Home Delivered Meals *</li> <li>• Personal Care *</li> <li>• Respite Care *</li> </ul>	<ul style="list-style-type: none"> <li>• Congregate Meals *</li> <li>• Home Repair *</li> <li>• Legal Assistance *</li> <li>• Senior Center Operations *</li> <li>• Senior Center Staffing *</li> <li>• Creating Confident Caregivers *</li> <li>• Kinship Support Services</li> <li>• Caregiver Education, Support and Training *</li> </ul>
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\* Not PSA-wide

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**Planned Service Array Narrative**

**Describe the area agency's rationale/strategy for selecting the services funded under the AIP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.**

**Instructions**

**Use the provided text box to detail the Planned Service Array narrative.**

Region VII AAA's planned service area reflects the preferences of the local communities within its PSA, whether it be suburban, heavily populated areas, or rural, wide-spread communities. Region VII AAA has public hearings, and has ongoing discussions with local agencies on preferences of the clients in the PSA, as well as collecting new ideas. Agency staff work continuously and closely with county units on aging staff and other providers of human services to identify gaps in service, locate new sources of funding for aging services, launch new programs that match a community's needs, and to strengthen the safety net for older adults and people with disabilities.

The organization plans to utilize Region VII AAA's primary pharmacist, community health workers and a full-time contracted dietitian to integrate chronic care management for those who are unable to leave the house for routine healthcare appointments.





FY 2025 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL											
Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>Nutrition Services</b>										
C-3	Congregate Meals	459,457		17,908		165,354	-				642,719
B-5	Home Delivered Meals		1,041,608		888,579	605,900					2,536,087
C-4	Nutrition Counseling										-
C-5	Nutrition Education										-
B-12	Carry-out Meal (COM)										-
	AAA RD/Nutritionist*	60,000									60,000
	<b>Nutrition Services Total</b>	519,457	1,041,608	17,908	888,579	771,254	-	-	-	-	3,238,806

\*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by AASA.

FY 2025 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL										
Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>LTC Ombudsman Ser</b>									
C-11	LTC Ombudsman	14,922	17,920		40,524	16,648	-	-	-	90,014
C-15	Elder Abuse Prevention			12,171			-	-	-	12,171
	<b>Region Specific</b>									
	<b>LTC Ombudsman Ser Total</b>	14,922	17,920	12,171	40,524	16,648	-	-	-	102,185

FY 2025 AREA PLAN GRANT BUDGET-RESPITE SERVICE DETAIL										
Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore									-
B-4	Homemaking									-
B-2	Home Care Assistance									-
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM									-
B-8	Personal Care									-
	<b>Respite Service Total</b>	-	-	-	-	-	-	-	-	-

FY 2025 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL										
Op Std	SERVICE CATEGORY	Title III-B	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL			
	<b>Kinship Ser. Amounts Only</b>									
C-18	Caregiver Sup. Services						-			
C-19	Kinship Support Services		32,853				32,853			
C-21	Caregiver Education						-			
C-22	Caregiver Training						-			
C-23	Caregiver Support Groups						-			
	<b>Kinship Services Total</b>	-	32,853	-	-	-	32,853			



Planned Services Summary Page for FY 2025

PSA: 7

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
<b>ACCESS SERVICES</b>					
Care Management	\$ 473,831	6.42%			
Case Coordination & Support	\$ 423,290	5.73%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 74,953	1.02%			
Outreach	\$ 129,194	1.75%			
Transportation	\$ 87,336	1.18%			
Option Counseling	\$ -	0.00%			
Care Transition Coordination and Support	\$ 100,000	1.35%			
<b>IN-HOME SERVICES</b>					
Chore	\$ 27,883	0.38%			
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 686,853	9.30%			
Home Delivered Meals	\$ 2,536,087	34.35%			
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 110,000	1.49%			
Personal Care	\$ 501,181	6.79%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 257,585	3.49%			
Friendly Reassurance	\$ 24,166	0.33%			
<b>COMMUNITY SERVICES</b>					
Adult Day Services	\$ 385,041	5.22%			
Congregate Meals	\$ 642,719	8.71%			
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 61,793	0.84%			
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf Community	\$ -	0.00%			
Home Repair	\$ 44,000	0.60%			
Legal Assistance	\$ 56,000	0.76%			
Long Term Care Ombudsman/Advocacy	\$ 90,014	1.22%			
Senior Center Operations	\$ 13,000	0.18%			
Senior Center Staffing	\$ 125,811	1.70%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse, Neglect, &	\$ 12,171	0.16%			
Counseling Services	\$ -	0.00%			
Carry-Out Meal (COM)	\$ -	0.00%			
Caregiver Supplemental Services	\$ 79,413	1.08%			
Kinship Support Services	\$ 32,853	0.45%			
Caregiver Education	\$ 56,814	0.77%			
Caregiver Training	\$ 74,006	1.00%			
Caregiver Support Groups	\$ 56,814	0.77%			
AAA RD/Nutritionist	\$ 60,000	0.81%			
<b>PROGRAM DEVELOPMENT</b>	<b>\$ 133,913</b>	<b>1.81%</b>			
<b>REGION-SPECIFIC</b>					
a. Gap Filling	\$ 1,000	0.01%			
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
e.	\$ -	0.00%			
f.	\$ -	0.00%			
<b>SUBTOTAL SERVICES</b>					
	<b>\$ 7,357,722</b>				
<b>MATF &amp; ST CG ADMINISTRATION</b>	<b>\$ 24,838</b>	<b>0.34%</b>			
<b>TOTAL PERCENT</b>		<b>100.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>
<b>TOTAL FUNDING</b>	<b>\$ 7,382,560</b>				

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.



**Ascension  
St. Mary's Hospital**

June 5, 2024

Saginaw County Board of Commissioners  
111 S. Michigan Avenue  
Saginaw, MI 48601

**HUMAN  
SERVICES**

RECEIVE & FILE

8-20-5

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2024 JUN 11 P 12:14

Dear Saginaw County Board of Commissioners,

Ascension St. Mary's Hospital Guardian Angel Respite & Adult Day Services will be applying for the service provider contract for FY 2025 through the Region VII Area Agency on Aging. The contract will provide funding to Guardian Angel for Adult Day Care in Saginaw County for fiscal year 2025. This notification advises the Board of Commissioners of the opportunity to comment on submitted applications on or before July 3, 2024.

The FY 2025 adult day services funding allocation is projected to provide 30,427 hours of service to 91 clients/participants attending Guardian Angel Services. The FY 2025 adult day services funding allocation is estimated to serve 40+ clients with income levels below the 185% poverty level at the greatest economic need (GEN) and 12 clients at low income minority (LIM). It is also estimated that the funding allocation will serve 2 clients age 60+ that are unable to perform three or more ADL's and 4 clients age 60+ with a cognitive impairment (CI). The target population for Guardian Angel Services will include any adults, ages 18 years and older, with a disability or chronic illness of any type, who is not a danger to themselves or others. This may include adults with intellectual disabilities, physical disabilities, or neurological impairments i.e., Alzheimer's disease, Traumatic Brain Injuries, and Stroke.

The Guardian Angel Respite & Adult Day Services is a non-profit community service of Ascension St. Mary's Hospital. The program has two locations in Saginaw. One is located at 7540 Davis Road and a second facility at 801 Howard Street. The Guardian Angel Respite & Adult Day Services is a specialized full-service adult day care program operating under a social and medical model. The program services adults who need supervised care in a safe place outside the home during the day. Guardian Angel provides care to Saginaw County adults who have some form of disability, chronic illness or special needs. The program participants suffer with developmental disabilities, physical disabilities and/or neurological impairments such as Dementia/Alzheimer's Disease, Stroke, Cerebral Palsy and Down syndrome.

Since its opening in 1999, Guardian Angel Respite & Adult Day Services has grown significantly, offering new services to an ever-growing program population. As a vital part of the continuum of supportive services for families, respite services help to prevent out-of-home placement and, in many situations, delays nursing home placement.

**Guardian Angel Respite & Adult Day Services**  
7540 Davis Rd.  
Saginaw, MI 48604

989-753-0824  
[ascension.org/michigan](http://ascension.org/michigan)



Guardian Angel Respite & Adult Day Services also assists in preventing abuse and neglect situations, preserves the family unit, and supports family stability while simultaneously providing the participants with social and therapeutic activities to increase their independent living skills. The program's focus is to provide program participants with a stimulating, caring, warm atmosphere fostering independence. The program affords caregivers respite from the demanding responsibilities of caregiving. Their loved ones can take advantage of services up to five days per week in a loving and nurturing environment.

The Guardian Angel program provides comprehensive skilled healthcare including the following:

- A full range of interdisciplinary professionals to meet the physical, emotional, and social needs of participants and family caregivers.
- Professional nursing care for medication management as well as access to social workers, dieticians and exercise physiologists.
- On-site physical therapy, occupational therapy and speech therapy services.
- One direct care worker for every five participants, facilitating individualized, person-centered care enabling staff to care for increasingly complex needs.
- Can be a provider of long-term day care, transitional care, and short-term rehabilitation following hospital discharge.

Guardian Angel provides the following services to its participants:

- Social activities – interaction with other participants in planned activities appropriate for their conditions
- Transportation – door-to-door services
- Meals and snacks – participants are provided with meals and snacks meeting dietary guidelines
- Personal care – help with toileting, grooming, eating and other personal activities of daily living
- Therapeutic activities – exercise and mental interaction for all participants
- Community outings

The participants are involved in educational and therapeutic activities that foster physical, emotional, social, and cognitive growth with the greatest emphasis placed on increasing independence in activities of daily living, facilitating movement towards increased living opportunities. All participants' needs are assessed in these areas, and activities are planned according to their functional and/or cognitive abilities. The Guardian Angel program environment promotes participants to learn through active exploration and interaction with other adults.

**Mission:** The Guardian Angel Respite & Adult Day Services strives to foster a caring atmosphere by protecting and watching over individuals with disabilities, chronic illness, or other special needs by providing a warm and safe haven and respite (relief) to their families to enhance their quality of life.

**Philosophy:** Guardian Angel Respite & Adult Day Services believes that individuals with special needs must be treated as a person first and foremost and their challenges are secondary. Mission and Core Values of Ascension St. Mary's: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons, with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of

individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

The Joint Commission has surveyed the Guardian Angel Program and found them to meet the requirements for the Behavioral Health Care Accreditation Program. The program also meets program participation guidelines from Region VII, Saginaw County Community Mental Health, the Veterans Administration, A&D Waiver Program and Michigan Department of Transportation. Our annual patient satisfaction scores have consistently been at 100% when asking if our program would be recommended to others in the community.

Thank you for your consideration in providing Ascension St. Mary's Hospital Guardian Angel Respite & Adult Day Services with FY 2025 funding. If you have any questions, or would like additional information, please contact me at (989) 907-7348 or (989) 753-0824.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'Mackenzie Kerr', with a long horizontal flourish extending to the right.

Mackenzie Kerr, OTRL  
Respite Services Manager