

**AGENDA**  
**HUMAN SERVICES COMMITTEE**  
111 S. Michigan Ave., Room 200, Saginaw, MI 48602  
**Monday, August 2, 2021 – 4:00 p.m.**

Members: James Theisen – Chair, Michael Webster – Vice-Chair, Gerald Little, Cynthia Winiecke, Carl Ruth

Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *Media*

- I. Call to order
- II. Welcome/Roll-Call
- III. Correction/Approval of Minutes (*May 3, 2021 - Attached*)
- III. Public comment

- *Speakers limited to 3 minutes*

IV. Agenda

1. **Jessica Sargent, Director, Commission on Aging, re:**

- **8-17-3** Submitting a summary of its application to the Region VII Area Agency on Aging for FY 2022 funding of its programs (*Receive & File*)

2. **Christina Harrington, Director, Health Department, re:**

- **8-17-23** Requesting approval of the Saginaw County Health Department Accounts Receivable Write-Off Report in the amount of \$14,798.15 for the period October 1, 2019 through September 30, 2020
- County COVID Update/County Vaccination Update

3. **INFORMATIONAL COMMUNICATIONS** (*To be received and filed in committee*)

- **8-17-1** **REGION VII AREA AGENCY ON AGING** submitting its proposed Annual Plan for FY 2022
- **8-17-2** **REGION VII AREA AGENCY ON AGING** notifying Saginaw County that Requests for Proposals will be submitted for grant funding available for FY 2022
- **8-17-4** **SAGINAW COUNTY COMMUNITY ACTION COMMITTEE, INC (CAC)** sending notice of its application to Region VII Area Agency on Aging to administer the Minority Senior Outreach and Advocacy Program in FY 2022
- **8-17-5** **ASCENSION ST. MARY'S HOSPITAL** sending notification of its application to Region VII Area Agency on Aging for funding for its Guardian Angel Respite Adult Day Care in FY 2022
- **8-17-6** **SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY** submitting its Annual Report "Adapting Transforming and Creating Opportunity in Response to the Pandemic" for the year ending September 30, 2020

- V. Miscellaneous
- VI. Adjournment

# MINUTES

## HUMAN SERVICES COMMITTEE

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

**Monday, May 3, 2021 – 4:00 p.m.**

**VIA ZOOM PER PA 267 of 1976/PA 228 of 2020**

**& Local Emergency Declaration dated April 8, 2021**

Present: James Theisen – Chair (*Thomas Twp., MI*), Michael Webster – Vice-Chair (*Saginaw, MI*), Gerald Little (*Saginaw, MI*), Cynthia Winiecke (*Freeland, MI*), Carl Ruth (*Saginaw, MI*)

Others: Robert Belleman, Bill Smith, Vanessa Guerra, Barb Smith, Christina Harrington, Koren Thurston, Jennifer Broadfoot, Jessica Sargent, Norm Bamberger, Trent Boyd, Trisha Charbonneau-Ivey, Suzy Koeplinger, Cindy Louchart, Sue Arceo

***The Human Services Committee meeting was held via Zoom.***

***As the County Building is closed to the public, except by appointment, this meeting was held remotely pursuant to and consistent with PA 267 of 1976 / PA 228 of 2020 and a Local Emergency Declaration dated April 8, 2021.***

- I. Call to order---***Theisen at 4:00 p.m.***
- II. Welcome---***Roll-call with location was taken by the County Clerk***
- III. Correction/Approval of Minutes (*April 5, 2021 - Attached*)  
---***Moved by Ruth, seconded by Little, to approve. Motion carried by unanimous approval.***
- III. Public comment---***None***
- IV. Agenda

1. **Jessica Sargent, Director, Commission on Aging, re:**

- **5-18-6** Region VII Area Agency on Aging submitting its Draft Allocation Plan with preliminary planning figures in anticipation of federal and state appropriates for FY 2022 (*Receive & File*)

***---Ms. Sargent provided a brief overview of the role the Draft Allocation Plan (DAP) plays on funding for Commission on Aging. Region VII is the fiduciary for the Older Americans Act and the DAP is required by the State of Michigan. Draft Allocation Funds are driven by the population of residents age sixty (60) and older. The Commission on Aging will apply for funds from Region VII in May of 2021. Moved by Ruth, seconded by Webster, to receive and file. Motion carried.***

2. **Robert Belleman, Controller/CAO, re:**

- **5-18-7** Requesting approval and authorization to submit a grant application to the Michigan Department of Health and Human Services (MDHHS) to provide suicide prevention training for 300 county employees

***---Mr. Belleman introduced Barb Smith who provided a brief overview of the training and the provisions of the \$60,000 grant. The grant will cover the cost of the 3.5-hour training for 300 employees. There are strict protocols in place for COVID19 safety. Moved by Little, seconded by Ruth, to approve. Motion carried by unanimous roll-call vote. (Board Report)***

3. **Christina Harrington, Health Officer, Saginaw Health Department, re:**

- County COVID Update
- County Vaccination Update

***---Ms. Harrington provided a brief update on COVID-19 statistics for the State of Michigan and Saginaw County including:***

- ***The State of MI positivity rate is 12.7% and falling in the last two (2) weeks.***
- ***Eight (8) counties in Michigan have moved from red to orange***
- ***Saginaw City is currently at 16.4% positivity rate***
- ***Saginaw County is at 15.5% positivity (428 cases per million) Saginaw County reached a 4% positivity rate last summer (2020)***
- ***Michigan counts for 10% of variants reported in the U.S. and is second to Florida***

***The Health Department will publish a calendar on its website to provide dates and times of pop-up/walk-in clinics. Some clinics will be open in the evening and some on Saturdays. As people are beginning to return to work, some are finding it challenging to take time off to go to a vaccination clinic. Providing varying times will alleviate the need to take time off from work and allow more residents access to vaccination.***

***Moved by Ruth, seconded by Webster, to receive and file. Motion carried.***

V. Miscellaneous---***None***

VI. Adjournment---***Moved by Ruth, seconded by Winiecke, to adjourn. Motion carried; time being 4:40 p.m.***

Respectfully submitted,  
James Theisen, Committee Chair  
Suzy Koepplinger, Committee Clerk  
Vanessa Guerra, County Clerk



# HUMAN SERVICES

## SAGINAW COUNTY COMMISSION ON AGING

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

MEMO

July 22, 2021

8-17-3

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2021 JUL 26 AM 8:32

Honorable Carl Ruth, Chair  
Saginaw County Board of Commissioners  
111 S. Michigan Avenue  
Saginaw, MI 48602

**RE: 2022 APPLICATION SUMMARY FEDERAL/STATE FUNDING THROUGH  
REGION VII AREA AGENCY ON AGING**

Dear Chairman Ruth:

Attached to this correspondence is a summary of the Commission on Aging's application to the Region VII Area Agency on Aging for FY 2022 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

As required by the State of Michigan, Offices of Services to the Aging, I am required to inform the local Board of Commissioners with intent to file a Request for Proposal for these services. These 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. The RFP was approved by motion by the Saginaw County Advisory Board at the June 17, 2021 board session. Should there be a change, we will make the necessary changes to the county budget through the regular process.

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,

Jessica Sargent  
Director



## **SAGINAW COUNTY COMMISSION ON AGING**

### **2022 APPLICATION SUMMARY FOR FEDERAL/STATE FUNDING THROUGH REGION VII AREA AGENCY ON AGING**

The Saginaw County Commission on Aging is submitting application for FY 2022 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:

<b>SERVICE CATEGORY</b>	<b>FY 2021 ALLOCATION</b>	<b>FY 2022 ALLOCATION</b>
Case Coordination & Support	\$98,092	\$100,092
Senior Center Staffing	18,000	19,000
Senior Center Operations	12,000	13,000
Caregiver Support Program	50,173	50,173
Congregate Nutrition Program	120,731	123,537
Home Delivered Meals	399,660	417,660
Minority Outreach/Senior Center Staffing/Transportation	40,685	40,685
In Home Support Services	286,208	292,208
<b>TOTAL</b>	<b>\$1,025,549</b>	<b>\$1,056,355</b>

**The FY 2022 funds reflect an increase of \$2,000 for Case Coordination and Support, \$1,000 increase for Senior Center Staffing, \$1,000 increase for Senior Center Operations, \$2,806 increase for Congregate Nutrition, \$18,000 increase for Home Delivered Meals, \$6,000 increase for In Home Support Services. For all programs an increase of \$30,806.**

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

**Service Objective:** COA proposes to provide **7,949 units of CCS** and serve **1,672 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 in particular low-income, have traditionally been under-served in relation to their representation within the older population, special efforts will be undertake to serve this segment of the population.

**Staffing:** The proposed Case Coordination & Support staffing plan shall consist of four full-time & one part-time professional Caseworker, and social work student interns when available. Full-time CCS 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 **2,111 units of Senior Center Staffing** and **serve 256 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 **1893 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 **1,730 units of Care Giver Support Services/serve 192 clients.**

**Work Statement:** The Caregiver Support Program is a service which provides an opportunity for care givers 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 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 general 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 Case Workers, and one part-time Care Management Coordinator.

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

**Service Objective:** COA proposes to provide **49,353 units (MEALS)** and serve **1,008 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 **166,332 units (MEALS) of Home Delivered Meals (HDM)** and **serve 1,181 eligible older clients.**

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 **867 units (ONE HOUR OF SERVICE) of information and assistance** and **serve 254 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.

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 **2,248 (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 **1,038 units (ONE HOUR OF STAFFING)** and **serve 104 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, one part-time registered nurse, and eight hours of clerical assistance.

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



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

**HUMAN  
SERVICES**

July 28, 2021

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

8-17-23

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2021 JUL 29 PM 2:02

RE: **ACCOUNTS RECEIVABLE WRITE-OFF REPORT**

Dear Chairman Ruth,

Please find attached the **Saginaw County Health Department Accounts Receivable Report** for the period October 1, 2019, through September 30, 2020. This was presented to the Board of Health at its July 27, 2021 meeting.

Please note columns differentiating "contractual adjustments" from "write-offs." Contractual Adjustments are the difference between charges for services and what insurance companies actually pay. Write-Offs are amounts determined to be uncollectable generally due to age of the balance or client failure to pay sliding fee scale responsibility. The FY2020 write-off amount was \$14,798.15. This equates to 5.3% of total charges for FY2020 compared to \$15,370.05 or 2.5% of charges in FY2019.

Health Department accounting staff continue to work with clients, qualified health plans and the State of Michigan on any payment issues.

Please consider placing this item for approval on the August Human Services Committee agenda.

Respectfully,

Christina A. Harrington, MPH  
Health Officer

**SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH  
ACCOUNTS RECEIVABLE REPORT FOR THE PERIOD  
10/1/2019 - 9/30/2020**

	BALANCE @9/30/2019	CHARGES 10/1/19-9/30/20	PAYMENTS 10/1/19-9/30/20	CONTRACTUAL ADJUSTMENTS	WRITE-OFFS 10/1/19-9/30/20	BALANCE @9/30/2020
<b><u>FAMILY PLANNING</u></b>						
Self Pay	2,555.22	2,918.87	5,023.72	-	(1,312.37)	1,762.74
Medicaid	2,239.56	240.00	2,284.13	107.43	88.00	(0.00)
Healthy Michigan Plan	3,487.26	12,312.00	12,476.70	2,742.19	580.37	-
Managed Care	865.18	15,268.00	10,647.82	3,630.77	1,854.59	0.00
Commercial Insurance	2,980.00	17,000.00	16,404.17	786.15	2,549.68	240.00
<b>TOTAL FAMILY PLANNING:</b>	12,127.22	47,738.87	46,836.54	7,266.54	3,760.27	2,002.74
<b><u>STD</u></b>						
Self Pay	244.64	1,139.00	1,246.00	-	88.82	48.82
Medicaid	-	-	-	-	-	-
Healthy Michigan Plan	24.00	18.00	21.98	20.02	-	-
Managed Care	(136.00)	108.00	(76.45)	40.45	8.00	0.00
Commercial Insurance	8.00	24.00	11.06	4.94	16.00	-
<b>TOTAL STD:</b>	140.64	1,289.00	1,202.59	65.41	112.82	48.82
<b><u>BLOOD LEAD</u></b>						
Medicaid	112.00	1,080.00	738.42	277.58	176.00	-
Managed Care	792.00	3,424.00	2,235.35	1,852.65	128.00	-
<b>TOTAL BLOOD LEAD:</b>	904.00	4,504.00	2,973.77	2,130.23	304.00	-
<b><u>IMMUNIZATIONS</u></b>						
Self Pay	7,393.85	8,450.00	8,280.54	-	4,041.05	3,522.26
Medicaid	730.00	8,555.00	3,789.97	6,145.03	(650.00)	-
Healthy Michigan Plan	2,010.00	12,700.00	11,456.80	3,298.20	(45.00)	-
Managed Care	11,305.00	37,085.00	22,400.53	24,942.47	1,047.00	-
Medicare/Medicare Plans	2,142.82	9,150.00	7,610.66	986.72	2,695.44	-
Commercial Ins.	24,355.00	110,445.00	125,302.76	5,624.67	2,802.57	1,070.00
<b>TOTAL IMMUNIZATIONS:</b>	47,936.67	186,385.00	178,841.26	40,997.09	9,891.06	4,592.26
<b><u>HEARING &amp; VISION</u></b>						
Medicaid	2,960.00	2,950.00	4,987.20	432.80	370.00	120.00
Managed Care	5,370.00	17,310.00	20,037.60	1,772.40	360.00	510.00
<b>TOTAL HEARING &amp; VISION :</b>	8,330.00	20,260.00	25,024.80	2,205.20	730.00	630.00
<b><u>LABORATORY</u></b>						
Medicaid/Managed Care/Programs	3,875.56	17,765.92	17,681.54	3,915.14	-	44.80
<b>TOTAL LABORATORY:</b>	3,875.56	17,765.92	17,681.54	3,915.14	-	44.80
<b>TOTALS:</b>	73,314.09	277,942.79	272,560.50	56,579.61	14,798.15	7,318.62
<b>TOTAL WRITE-OFF:</b>					<b>14,798.15</b>	

**COMPARISON  
TO PREVIOUS YEAR**

	BALANCE	CHARGES	PAYMENTS	CONTRACTUAL ADJUSTMENTS	WRITE-OFFS	BALANCE
2019	160,363.61	618,958.25	584,836.28	105,801.44	15,370.05	73,314.09
2020	73,314.09	277,942.79	272,560.50	56,579.61	14,798.15	7,318.62
<b>CHANGE</b>	(87,049.52)	(341,015.46)	(312,275.78)	(49,221.83)	(571.90)	(65,995.47)

**Note: Negative numbers posted in write-offs are a result of Insight posting donations to the self pay account**



# REGION VII AREA AGENCY ON AGING



CASE MANAGEMENT FOR  
LONG-TERM SERVICES & SUPPORTS

YVONNE CORBAT, CHAIR

BOB BROWN, EXECUTIVE DIRECTOR

# HUMAN SERVICES

June 28, 2021

8-17-1

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2021 JUL -7 AM 9:49

Carl Ruth, Chairperson  
Saginaw County Commissioners  
111 S. Michigan Ave.  
Saginaw, MI 48602

Dear Chair Ruth:

Enclosed for review and adoption by your County Board of Commissioners is a copy of Region VII Area Agency on Aging's proposed Annual Plan for FY 2022. 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 4:30 p.m. on August 2, 2021. 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 Barb Hair or Jackie Gilles at 989-893-4506 or email [hairb@region7aaa.org](mailto:hairb@region7aaa.org) or [gillesj@region7aaa.org](mailto:gillesj@region7aaa.org).

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

Sincerely,

DocuSigned by:

*Bob Brown*

CF4F3B98A34F44B...

Bob Brown  
Executive Director

BB/bh

Enclosure

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



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**Executive Summary**

Include a brief description of the planning and service area and any significant changes to the current area plan: (A) Any significant new priorities, plans or objectives set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2022. If there are no new activities or changes, note that in your response. (B) Include changes, if any, to the access, in-home and community-based services and supports provided within the plan. (C) Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs brought on by this emergency. (D) Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources). (E) A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2022.

Region VII Area Agency on Aging (AAA) was established in 1974 following an amendment to the Older Americans Act (OAA). The organization is accredited for three years by the National Committee for Quality Assurance (NCQA) and continues with the mission 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 also located in Bad Axe, Gladwin, Harrison, Cass City, and Sandusky which provides access to Care Management and MI Choice Waiver services for residents in the surrounding areas.

Each county in the planning and service area has a senior tax millage which supplements OAA funding and is used by the well-established county units on aging to operate a robust service delivery system.

Age progression continues to trend upwards in all counties with 80+ being one of the fastest growing demographics. This has caused a shift towards more in-home supportive services. These individuals that "age in place" will benefit from additional outreach for services such as personal care, transportation, homemaking, home repair, and home delivered meals. The younger senior population have benefited from the expansion of programs at senior centers such as local entertainment, evident-based health, wellness, and fitness programs. However, due to the pandemic, these services have been offered via online services. Our PSA has a diverse age group, a challenge that Region VII AAA attempts to address by understanding the needs of the communities.

During FY2020, our Board of Directors and Management Staff established a Strategic Planning Committee where we updated our mission, vision, and goals for the future. Our new mission is to provide effective and innovative care to improve the well-being of community residents. We envision a community where residents are supported and have access to services to live safe, active, independent, and meaningful lives where they choose. Our goals are to provide participant-driven, high-quality, integrated services, strengthen Region VII AAA's organizational awareness, and to build a sustainable care model.

The COVID-19 Pandemic has created changes in the normal operating procedures and client service delivery

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in our PSA. Some of the changes include Congregate sites shutting down, staff required to work from home, and telephonic client visits. Assessments and reassessments are still being conducted via phone or via video conferencing software. Thousands of items of Personal Protective Equipment (PPE) has been distributed from our office to our vendors and clients.

Curbside pickup for Congregate Nutrition is still being offered at most of our county units on aging as an alternative to the closed Congregate sites. Our aging network partners have seen a large increase in clients requesting Home Delivered Meals (HDM). Technology (e.g. Zoom meetings) continues to play an important role in our continuous contact with vendors, board members, staff, and most importantly, clients. Mandatory vendor training has been conducted via Zoom technology as well.

In September 2020 Region VII Area Agency on Aging identified that receiving influenza vaccines would be increasingly important due to the COVID-19 pandemic. Our agency worked diligently to ensure that all policies and procedures were prepared, all paperwork submitted and any training completed per the Michigan Department of Health and Human Services requirements. Region VII also obtained the needed equipment, including a vaccine refrigerator, vaccine freezer and vaccine coolers, in order to make the program successful. Our agency received approval from MDHHS to be a vaccine provider in early November 2020 and began vaccinating clients later that month. We administered a total of 250 influenza vaccines, about 130 of which were to home bound individuals and would have been unlikely to otherwise get a dose. Of those doses provided, about 60% were administered to those over 60 years of age. Even though a significant number of patients we impacted were under the age of 60, it is implied that by vaccinating anyone, regardless of age, we would be protecting those who are 60 and older. This success with the flu vaccine allowed Region VII the opportunity to be a COVID-19 vaccinator. Our agency has provided over 1,000 COVID-19 vaccines primarily to homebound clients and those increasingly vulnerable to the vaccine. Region VII continues to assist in revising COVID-19 vaccines to those in need. Going forward we plan to provide vaccines to those in need and those who otherwise may have difficulty obtaining them in their community.

Most staff continue to work remotely. Anyone wishing to visit Region VII AAA (including all staff) are required to get a temperature check at the door via our new electronic temperature system.

Region VII AAA was ranked #2 in Quality by MDHHS for fiscal year 2020 out of a total of 20 MI Choice Waiver agents in the State of Michigan.

Region VII AAA was awarded a 3 year Accreditation through the National Committee for Quality Assurance (NCQA) on 12/21/2020 for Case Management for Long-Term Services & Supports for its MI Choice Waiver and Care Management Programs.

**New Priorities, Plans or Objectives**

Region VII AAA is requesting funding to cover the cost of proposed expenditures to fill the gap of services not necessarily provided during a food crisis, pandemic, weather-related emergency, and staffing for emergencies. Region VII AAA has shown that we have the resources and staff available to handle such emergencies if the funding is granted.

Region VII Area Agency on Aging (AAA) was able to replace dry wells for safe drinking water when the floods

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hit Gladwin, Midland, and Saginaw. Staff assisted in meal delivery when programs were shut down, and Region VII AAA provided Personal Protective Equipment (PPE) for those in need during the COVID pandemic. Because of the newest strains of this virus and the unstable environment it is causing, gap-filling services for emergency situations is crucial.

Recently, Region VII AAA worked with one of our HDM vendors to quickly get shelf stable meals to three counties whose Congregate and HDM kitchens were shut down due to COVID. The meals were sent via Fed-Ex overnight to assure a timely delivery.

Supports Coordinators document services not currently available to meet the needs of the participants in and around our 10-county PSA. This, then, is analyzed to determine the need for gap-filling to those that are most vulnerable.

**Changes, if any, to the access, in-home and community-based services and supports provided within the plan**

Services for emergency needs will be available where they weren't prior to this plan.

**Region VII AAA's response to the COVID-19 pandemic emergency and continuing needs brought on by this emergency**

During the Pandemic last year, Region VII AAA provided services and PPE as follows:

- 25,000+ pairs of gloves
- 500+ packages of disinfecting wipes
- 10,000+ disposable gowns
- 100,000+ face masks
- 2,000+ fresh produce boxes
- 2,000+ face shields
- 500+ pairs of shoe coverings
- 917,254 meals to keep seniors safe at home
- 200+ gallons of hand sanitizer, creating 3,000+ (1 oz. and 4 oz.) bottles of hand sanitizer
- 1,200+ Q-boxes containing shelf-stable foods
- Extra food for 1,000+ seniors
- 76 participants received vision services
- 119 participants received dental and orthodontic services (false teeth, extractions, oral surgery)
- 139 participants received hearing services including hearing aids
- 8 dry wells were dug to provide safe drinking water after the floods hit Gladwin, Midland, and Saginaw Counties

**Continuing Needs Brought on by COVID-19**

Recently, a vendor was unable to provide food in three of our counties for our providers due to a staff shortage from COVID-19. We were able to contact a food vendor to send shelf-stable meals via Fed-Ex, so participants wouldn't have to go without a meal for almost two weeks. This is one of the continuing needs happening during the Pandemic. Though the numbers of people contracting the virus seem to be declining, there is no certainty that this or any other strain of COVID won't attack our state/country again.

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**Contingency Planning**

Region VII AAA has in place a plan for prioritizing service in the event of a 10% funding reduction. Region VII AAA's Board of Directors, along with management, would implement a course of action to lessen the impact of service cuts by identifying our most at-risk clients and using the funds available to assist them first. We would modify service delivery to maintain critical nutrition and in-home services for the most vulnerable older adults in our 10-county region. A priority scale would then be created to assist those in greatest need.

**Advocacy**

Advocating on behalf of older adults and persons with disabilities is the responsibility of everyone at Region VII AAA, playing a role in maintaining and strengthening the security and protection for older adults and persons with disabilities by advocating for legislative action, adequate funding, and full community inclusion. Region VII AAA's management team presents to local governmental bodies annually and continues to add to the list of organizations requesting presentations. These meetings emphasize the importance of linking constituents with services where they live and defines the return on investment, benefiting the community as a result of participation with Region VII AAA. In addition, Region VII AAA's Executive Director maintains contact with local and state legislators on an ongoing basis to advocate for our older population. Staff are encouraged and expected to distribute materials representing the criteria for programs at every level of the access and service coordination range.

At the state level, Region VII AAA has representation at the Michigan Senior Advocates Council (MSAC) and also the Senior Advisory Council (SAC) who work to educate lawmakers about priorities of older adults and persons with disabilities.

Approximately 20 Region VII AAA advocates attended the Older Michiganians Day Virtual Conference to advocate for those in our PSA who are most vulnerable.



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**County/Local Unit of Government Review**

The Area Agency on Aging must send a request to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), for approval of the final AIP by August 2, 2021. Notification can be sent via US mail or by electronic means, with delivery and signature confirmation, by no later than June 28, 2021. Describe the efforts made to distribute the AIP to, and gain support from, the appropriate county and/or local units of government.

On or before June 25, 2021, Region VII AAA will send a hard copy of the FY 2022 AIP along with a cover letter to the chair of each County Commission and to the Saginaw Chippewa Indian Tribe (SCIT) via certified letter. This letter will outline our request for approval by their board of commission by August 2, 2021, and will include an offer of staff to present the draft Annual Implementation Plan.

The FY 2022 AIP draft will also be available on [www.region7aaa.org](http://www.region7aaa.org), by calling 1-800-858-1637, or at the front desk of Region VII AAA, 1615 S. Euclid Avenue by June 5, 2021. A PowerPoint presentation will address all of the draft AIP at the public hearings. Copies will be emailed to participants upon request.

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**Public Hearings**

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. A narrative description of the public input strategy and hearing(s) is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and the resultant impact on the AIP. Indicate whether the meeting complied with the Michigan Open Meetings Act. (See Transmittal Letter 2021-448.)

Date	Location	Time	Barrier Free?	No. of Attendees
06/21/2021	ZOOM	10:00 AM	Yes	1
06/21/2021	ZOOM	02:00 PM	Yes	1
06/22/2021	ZOOM	09:00 AM	Yes	1

Our online Public Hearing Zoom meetings were advertised via emails to all vendors (AASA and Waiver), Region VII AAA Board, and to the Region VII AAA Advisory Council. Vendor View notices to all vendors (AASA and Waiver) were sent, and notification was posted on our website. The Draft AIP will be presented via PowerPoint presentation.

Five people attended our first Zoom AIP Public Hearing on 6/21/2021 at 10:00 a.m. There were no questions or comments. We encouraged them to call or send an email if they had any questions or comments.

Six people attended our second Zoom AIP Public Hearing on 6/21/2021 at 2:00 p.m. We received the following comment regarding our request for gap-filling funds:

\*The cost of temporary motel stays for anyone displaced from their home or needing to quarantine for example. Another thought is transportation assistance (bus tickets or gas cards or car repairs).

Nine people attended our third Zoom AIP Public Hearing on 6/22/2021 at 9:00 a.m. There were no questions or comments. We encouraged them to call or send an email if they had any questions or comments.

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**Regional Service Definitions**

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

**Service Name/Definition**

Gap-Filling Direct Services

Gap-Filling Definition: Efforts such as purchasing services and equipment are provided to fill crucial identified needs that are not met by existing informal and formal resources.

Resource development activities that support basic services that promote lifelong dignity, independence and choice, such as survival needs (food, shelter, clothing), health care needs (physical, mental), functional needs, including activities of daily living (ADLs); health promotion needs (wellness, prevention), cultural, social and geographical isolation, recreational and diversion needs, and local initiatives. This service will provide funding when gaps are found in traditional service delivery.

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

Due to the COVID-19 Pandemic and emergency declarations due to dam failures and emergency meals, Region VII AAA has encountered unprecedented instability in client service delivery.

Service Category	Fund Source			Unit of Service
<input type="checkbox"/> Access	<input checked="" type="checkbox"/> Title III PartB	<input type="checkbox"/> Title III PartD	<input type="checkbox"/> Title III PartE	1 unit = 1 hour of service or one item purchased
<input checked="" type="checkbox"/> In-Home	<input type="checkbox"/> Title VII	<input checked="" type="checkbox"/> State Alternative Care	<input type="checkbox"/> State Access	
<input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> State In-home	<input type="checkbox"/> State Respite		
	<input type="checkbox"/> Other _____			

**Minimum Standards**

Participants must be age 60 or older or caregiver for an individual 60 or older

This service will provide funding when gaps are found in traditional service delivery.

Examples of this may be: replacement of dry wells for safe drinking water, staff assisting in meal delivery when programs are shut down, provision of Personal Protective Equipment (PPE), or other needs that may be identified.

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**Access Services**

Select from the list of access services those services the area agency plans to provide directly during FY 2022, 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>	10/01/2020	<u>Ending Date</u>	09/30/2021
Total of Federal Dollars	\$0.00	Total of State Dollars	\$525,386.00

Geographic area to be served

Clare, Huron, Sanilac, Tuscola

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

Goal 1: Ensure appropriate care delivery to program participants.

Activities: Initial assessments and quarterly reassessments by qualified, unbiased, professional Supports Coordinators (Registered Nurses, Licensed Social Workers) will ensure that participants receive necessary assistance to remain in their home and community-based setting through the development of person-centered plans of care with a strong emphasis on community resources.

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

Activities: Supports Coordinators and Agency staff (Waiver Director, Supervisors, Quality 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 (MDHHS) and the Aging and Adult Services Agency (AASA) through the development, implementation, and monitoring of Quality Assurances and Quality Improvements.

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

Activities: Supports Coordinators and Agency staff (Waiver Director, Supervisors, Quality 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 (MDHHS) and the Aging and Adult Services Agency (AASA) through the development, implementation, and monitoring of Quality Assurances and Quality Improvements.

Goal 4: Maintain ongoing communication with AASA staff regarding Care Management policies, procedures, and practices.

Activities: Attendance and participation at Care Management meetings when sponsored by AASA.

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Goal 5: Continue to work towards the implementation of the Community Living Program.

Activities: Supports Coordinators will continue to participate in training opportunities and attend local meetings throughout the 10-county region. Supports Coordinators will honor participant choice and will work with the participant to maintain their independence in the least restrictive environment based on their preferences and objectives.

Number of client pre-screenings:	Current Year:	34	Planned Next Year:	85
Number of initial client assessments:	Current Year:	22	Planned Next Year:	30
Number of initial client care plans:	Current Year:	22	Planned Next Year:	30
Total number of clients (carry over plus new):	Current Year:	53	Planned Next Year:	85
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:13	Planned Next Year:	1:48

**Information and Assistance**

<u>Starting Date</u>	10/01/2020	<u>Ending Date</u>	09/30/2021
Total of Federal Dollars	\$0.00	Total of State Dollars	\$83,355.00
Geographic area to be served			
All Ten Counties			

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

Goal 1: Participate in the national and state Organizations for I&A.

Activities: Continuing education as it relates to I&A and maintain certification from the Alliance of Information and Referral Certification in aging/disability. Region VII AAA will continue to conduct semi-monthly Quality Assurance Surveys on 10% of the I&A calls received and provide follow up as needed.

Goal 2: Update Region VII's website as well as the Information/Services/Resources links as needed.

Activities: Update Region VII AAA information materials as needed for the community in all counties. Promote public awareness to community groups and faith-based organizations within all Region VII AAA counties. Attend Senior Fairs and Project Connects within all Region VII AAA counties.

**Outreach**

<u>Starting Date</u>	10/01/2020	<u>Ending Date</u>	09/30/2021
Total of Federal Dollars	\$138,519.00	Total of State Dollars	\$0.00
Geographic area to be served			
All Ten Counties			

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

Region VII AAA Executive Director, management and staff will continue presenting information about available



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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 business, healthcare entities, and community-based organizations.

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**Regional Direct Service Request**

Area agencies 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 left after screen refresh. 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 2022. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Include any COVID-19 policy waiver-approved regional direct provision of service that is continuing into FY 2022. Address any discussion at the public hearing related to each new regional direct service provision request. Regional Direct Service Budget details for FY 2022 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.

**Gap-Filling Direct Services**

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.

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.

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

**Gap-Filling**

Total of Federal Dollars      \$0.00

Total of State Dollars      \$1,000.00

Geographic Area Served      All Ten Counties

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

Planned activities - Region VII AAA will reach out to community partners, looking for unserved needs and whether they can be met using gap filling funds. Supports Coordinators (SCs) will reach out to current participants and analyze unmet needs to see if they qualify for gap filling as well.

Planned goals - Region VII AAA will partner with local agencies (e.g, Community Action Committee, Commissions on Aging, etc.) to get their thoughts, opinions and buy-in on identifying needs. In addition, Region VII AAA will educate these entities about these funds so that they can be accessed in extreme emergency situations (like massive floods or a pandemic).

**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 such services by the Area Agency is necessary to assure an adequate supply of such services .**

**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.**

We are requesting funding and the need for flexibility with these funds to meet emerging needs such as food , transportation, natural disasters, etc. Region VII AAA has shown that we have the resources and staff available to handle such emergencies if the funding is granted.

Supports Coordinators document services not currently available to meet the needs of the participants in and around our 10-county PSA. As these are identified, gap-filling can allow us to have funding to meet the need

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where it is.

Region VII Area Agency on Aging (AAA) was able to replace dry wells for safe drinking water when the floods hit Gladwin, Midland, and Saginaw. Staff assisted in meal delivery when programs were shut down, and Region VII AAA provided Personal Protective Equipment (PPE) for those in need during the COVID pandemic. Because of the newest strains of this virus and the unstable environment it is causing, gap-filling services for emergency situations is crucial.

Recently, Region VII AAA worked with one of our HDM vendors to quickly get shelf stable meals to three counties whose Congregate and HDM kitchens were shut down due to COVID. The meals were sent via Fed-Ex overnight to assure a timely delivery.

Region VII AAA is currently in the process of hiring up to 10 Home Health Aides (HHA) to fill the large gap created by the Direct Care Worker (DCW) shortage in our 10-county area.

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

Our Public Hearing for Gap-Filling was June 14, 2021, at 2:30 p.m. via Zoom. There were 15 people in attendance.

One question was asked: Will this funding be used specifically for any unmet needs?

Answer: Any needs that are not met under existing informal and formal resources.

Attendees were asked to email any ideas they may have.

Comment 1: the need for Respite Care as there are a lot of requests for this program.

Comment 2:

Hearing aids

Dental

Ramps

Retirement education series

Home monitoring (video) systems

Medication management systems

Safety bracelets indicating medical conditions such as diabetes or dementia

Moving Services

Transportation

Medicine Pick ups/delivery

Family Pets: Occasional carpet cleaning or care in home with services that take care of cat litter or to take a dog out. Also temporary boarding for when clients go into a rehab facility.

Comment 3: A gap in funding in the Home Delivered Meals Program/ Delivery. Historically the program was predominantly volunteers that drove their own vehicles and were reimbursed mileage. Once Covid hit, we lost all but one volunteer and under the circumstances they don't want to come back. Comparatively as a

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reference, in 2019 the Delivery costs were 57,480. In 20 they were \$75,710 and so far in FY21 we have almost exceeded the entire fiscal year (20) number.

Ultimately we have seen an increase in expenses of 40k just in delivery, and that does not include purchasing vehicles which we are slowly doing.

Comment 4: Purchase fans and AC units for seniors (requested often in summer months); Additional Home Repair funding; Ramp funding (costly with very few resources available).

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**Approved MYP Program Development Objectives**

Program development goals and objectives previously set by the area agency and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established program development objectives, a text box is included for the area agency to provide information on progress toward the objectives to date. This text box is editable. 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, include progress on trainings for staff and subcontractors in DEI and unconscious bias. Discuss efforts to ensure that programming and outreach is culturally sensitive and welcoming to all participants, including non-English speaking persons. Discuss efforts to ensure that providers are trained to adapt to diverse cultural needs.

**Area Agency on Aging Goal**

**A. Advocate, inform, and empower those we serve**

Objectives

1. Increase brand recognition of Region VII AAA by 10% in the PSA.  
Timeline: 10/01/2019 to 09/30/2022

Progress

Over the last year, we've received an increase in calls to the agency.

Region VII AAA Advisory Council members are distributing handouts and flyers in their communities covering 10 counties.

Billboards and TV ads were added to increase Region VII AAA's brand recognition.

**B. Help older adults maintain their health and independence at home and in their community**

Objectives

1. Include the Community Health Workers (CHW) into the program to create a reduction in hospital readmittances for people age 60 and older.  
Timeline: 10/01/2019 to 09/30/2022

Progress

Region VII AAA has contracted with the University of Michigan's College of Pharmacy to conduct a comprehensive analysis and review of our Care Transitions program. Currently all data collection has been completed and the university is working to now analyze the data. They are also planning to start client surveys in the near future. We are collaboratively working to identify which scholarly journals we will be submitting this to for publication. Additionally, it is our intent, with the university, to present our results at a number of conferences, both local and nationwide.

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**AGING AND ADULT SERVICES AGENCY**

**FY2020-2022 Multi Year Plan**

**FY 2022 Annual Implementation Plan**

**Region VII Area Agency On Aging**

**FY 2022**

Our agency, throughout the COVID-19 Pandemic continues to provide care transition services to clients in need. Our team continues to provide transition services to 80-100 clients each month. Our program has had to adapt as we have not been able to enter clients homes but we have continued to make a positive impact on those in need. Our readmit rate continues to be at about 3%, which is a significant reduction from the average 15-20% readmit rate for our client population.

**C. Promote elder and vulnerable adult rights and justice**

Objectives

1. Link with PSA work groups and look for funding opportunities.

Timeline: 10/01/2019 to 09/30/2022

Progress

Joe Sowmick, Ph.D., Minority Representative to Region VII AAA's Advisory Council, presented Title XIV Saginaw Chippewa Tribal Elder Protection Code, a policy of the Saginaw Chippewa Indian Tribe to protect Tribal Elders who are unable to properly care for themselves from abuse and exploitation. This Code encourages community cooperation and the use of services and resources to reduce the risk of harm to Tribal Elders and shall be liberally construed to achieve this purpose.

Region VII AAA has been able to apply for more funding opportunities in the form of grants to further our mission "to provide effective and innovative care to improve the well-being of community residents."

Recently, Dr. Sowmick was part of the Biden Administration's presentation for the "American Rescue Plan Act," delivering much-needed relief to Americans affected by the COVID-19 pandemic, which includes nearly \$4 billion in funding to strengthen mental health and substance use disorder services.

**D. Improve the accessibility of services to Michigan's communities and people of color, immigrants and LGBTQ+ individuals**

Objectives

1. Provide training for all Region VII AAA (R7) staff and subcontractors on the following quality improvement directives: 1) R7 will ensure that AAA staff and subcontractors are trained in diversity, equity, and inclusion. This topic will be presented monthly at the all staff meeting and at all vendor meetings throughout the year. This topic will follow the training already received through a joint MHEF grant through SAGE and R7. In addition Region VII will have staff complete appropriate training modules in our Human Resources PayCor system. Region VII will also send have appropriate management sent to formal training and conferences. 2) Region VII will utilize the same training format already recognized in item one to ensure that AAA staff and subcontractors are trained on how to recognize and address unconscious bias. 3) Region VII will ensure that programming and outreach is culturally sensitive and welcoming to all. R7 will have these programs reviewed on an on-going basis by its' diverse Advisory Council and appropriate community groups. Region VII will ensure that culturally and linguistically appropriate outreach and materials is directed to non-English-speaking persons, and that providers are trained to adapt to diverse cultural needs. Region VII will continuously have its' systems reviewed by its' diverse Advisory Council and appropriate community groups.



STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**AGING AND ADULT SERVICES AGENCY**

**FY2020-2022 Multi Year Plan**

**FY 2022 Annual Implementation Plan**

---

**Region VII Area Agency On Aging**

**FY 2022**

Timeline: 10/01/2020 to 09/30/2022

Progress

Region VII AAA staff has had monthly diversity training as follows:

- o From Insights to Inclusion: On Building Diverse Teams
- o Creating Value Through Diversity and Inclusion: Understanding Unconscious Bias
- o Creating Value Through Diversity and Inclusion: Understanding Diversity and Inclusion
- o Creating Value Through Diversity and Inclusion: Strategies for Tackling Unconscious Bias
- o Culture Series: Valuing Diversity
- o Culture Series: Standing Up
- o Culture Series: Speaking Up
- o Culture Series: Owning Up
- o What is Diversity and Inclusion
- o How to get serious about diversity and inclusion in the workplace
- o Diversity and Inclusion – April 2021

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**AGING AND ADULT SERVICES AGENCY**

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Region VII Area Agency On Aging

FY 2022

**2022 Program Development Objectives**

The area agency must enter each new program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals. There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal. A narrative for each program development 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 the Program Development section.)

**Area Agency on Aging Goal**

A.

State Goal Match:

Narrative

Objectives

1.

Timeline: to

Activities

Expected Outcome

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**AGING AND ADULT SERVICES AGENCY**

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Region VII Area Agency On Aging

FY 2022

**Supplemental Documents**

This year, the completion of the Quality Outcome Measures Reporting Form (six-month report) and the Emergency Management and Preparedness document are required and may be found in the Document Library.

Supplemental Documents A through F are presented in the list below. Select the applicable supplemental document(s) from the list on the left. 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.

- A. Policy Board Membership - Required
- B. Advisory Council Membership - Required
- C. Proposal Selection Criteria - *should only be completed if there are new or changed criteria*
- D. Cash-In-Lieu-Of-Commodity Agreement - *should only be completed if there are new or changed criteria*
- E. Waiver of Minimum Percentage of a Priority Service Category - *should only be completed if there are new or changed criteria*
- F. Request to Transfer Funds - *should only be completed if there are new or changed criteria*

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**AGING AND ADULT SERVICES AGENCY**

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Region VII Area Agency On Aging

FY 2022

**SUPPLEMENTAL DOCUMENT A**

**Board of Directors Membership**

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	0	0	4	12
Aged 60 and Over	0	1	0	0	0	4	11

Board Member Name	Geographic Area	Affiliation	Membership Status
Darryl E. Thomas	Saginaw County		Appointed
Patrick Beson, Treasurer	Bay County		Appointed
Yvonne Corbat, Chair	Midland County		Appointed
Christine J. Lee	Sanilac County		Appointed
Thompson Moffit, V-Chair	Isabella County		Appointed
Brenda Moore	City of Saginaw	City of Saginaw Mayor	Elected Official
Corinne (Corey) Netzley	Gratiot County		Appointed
William Sanders	Tuscola County		Appointed
Mike Tobin M-A-L	Clare County		Appointed
Joel Vernier	Gladwin County		Elected Official
William Walters	Sanilac County	Region VII Advisory Committee Representative	Appointed
Hank Weitenberner	Huron County		Appointed

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**AGING AND ADULT SERVICES AGENCY**

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Region VII Area Agency On Aging

FY 2022

**SUPPLEMENTAL DOCUMENT B**  
**Advisory Board Membership**

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	1	0	1	5	12
Aged 60 and Over	0	0	1	0	0	5	12

Board Member Name	Geographic Area	Affiliation
Sandra Bristol	Clare County	
Diane Conroy-Kellogg	Gratiot County	
Jacqueline Curtis	Isabella County	
Mary Donnelly	Bay County	Representative of Health Care Provider Org.
Dan Glaza	Huron County	
Chris Lauckner	Midland County	
Melvin McNally	Bay County	
LaVel Smith	Gladwin County	Represents Family Caregivers
Joseph Sowmick	Isabella County	Minority Representative
Jack Tany	Saginaw County	
William Walters	Sanilac County	Labor Representative
Henry Wymore	Tuscola County	



# REGION VII AREA AGENCY ON AGING

# HUMAN SERVICES



YVONNE CORBAT, CHAIR

BOB BROWN, EXECUTIVE DIRECTOR

3 YEARS

June 7, 2021

8-17-2

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2021 JUN 10 AM 11:36

Carl Ruth, Chairperson  
Saginaw County Board of Commissioners  
111 S. Michigan Ave.  
Saginaw, MI 48602

Dear Mr. Ruth:

The Region VII Area Agency on Aging Request for Proposal process has begun. Each Applicant 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 28, 2021.

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 6, 2021, in order to be considered by the AAA Board of Directors.

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

Sincerely,

DocuSigned by:

F843EFD1C76047B...

Stacey Dudewicz  
PACE Director

SD/jg

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

1615 S. EUCLID AVENUE  
BAY CITY, MI 48706

989-893-4506 ■ FAX 989-893-3770  
1-800-858-1637 ■ WAIVER FAX 989-893-2651

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

6240 W. MAIN STREET  
CASS CITY, MI 48726  
1-800-276-2137 ■ 989-872-5477  
FAX 989-872-5691



Saginaw County Community Action Committee, Inc.  
2824 Perkins Street  
Saginaw, MI 48601  
989-753-7741  
989-753-2439 (Fax)

# HUMAN SERVICES

Hurley Coleman, III  
Executive Director

Brenda F. Moore  
Chairperson

June 22, 2021

8-17-4

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2021 JUL - 8 AM 11:47

Honorable Chair and Members of the  
Saginaw County Board of Commissioners  
Saginaw County Governmental Center  
111 South Michigan Avenue  
Saginaw, MI 48602

Dear Chairman and Board of Commissioners:

Saginaw County Community Action Committee, Inc, will submit an application to Region VII Area Agency on Aging to administer the Minority Senior Outreach and Advocacy Program, effective October 1, 2021 thru September 30, 2022.

As a part of the application process, CAC is required to forward to the Board of Commissioners a project narrative and budget. The required information is submitted under this cover letter.

Should have questions, please feel free to contact me.

Sincerely,

Hurley Coleman III

CC: Bob Brown, Executive Director, Region VII AAA  
Brenda Moore, Chairperson, CAC Board of Directors  
Saginaw County Board of Commissioners (11)





Saginaw County Community Action Committee, Inc.  
2824 Perkins Street  
Saginaw, MI 48601  
989-753-7741  
989-753-2439 (Fax)

Hurley Coleman, III  
Executive Director

Brenda F. Moore  
Chairperson

**SAGINAW COUNTY COMMUNITY ACTION COMMITTEE, INC. (CAC)  
MINORITY SENIOR OUTREACH AND ADVOCACY PROJECT  
OCTOBER 1, 2020 - SEPTEMBER 30, 2021**

**I. PROJECT NARRATIVE**

Saginaw County Community Action Committee, Inc. (CAC) will administer the Minority Senior Outreach and Advocacy (MSOA) program to identify and link eligible low-income senior with available services to meet their needs.

The agency will expand outreach in northeast Saginaw County, adjacent areas and “inner city” Buena Vista Township. These areas have been determined to have the greatest number of senior citizens, 60 and older, in general and minority citizens, in particular. However, Saginaw County will serve as boundaries for this project.

In general, the project will operate to:

1. Identify eligible seniors, primarily minority
2. Refer and link seniors to available community services
3. Refer and link seniors to wrap around services of the CAC
4. Refer seniors to the Commission on Aging case management
5. Advocate on behalf of seniors at state, local, and federal levels, and
6. Follow-up to ensure that their needs are met.

Statistics and data from the State and Region VII Area Agency on Aging suggest a need for an on-going, concentrated effort to reach minority seniors and to bring them into the mainstream of the existing elderly services network to meet their needs.

## **II. PROPOSED PROJECT GOALS AND OBJECTIVES**

### **A. GOALS**

1. To identify and serve eligible seniors, 60 years and older, in Saginaw County, with an emphasis on persons with the greatest economic and social needs and those residing in concentrated low-income designated communities, particularly in Northeast Saginaw County and the “inner city” of Buena Vista Township.
2. To provide units of service through outreach, advocacy, referral, and follow-up activities, to link eligible seniors to existing programs and service-provider agencies that target the elderly population.

### **B. OBJECTIVES FOR ACCOMPLISHMENT**

1. The CAC will administer the MSOA Program. The CAC will staff the program with trained outreach workers. The agency will use other resources to support clerical and direct supervision of staff as in-kind, where possible. We will house the MSOA Program in the City of Saginaw, Community Action Center, located at 2824 Perkins Street, Saginaw. Staff will focus on areas where significant concentrations of low-income minority seniors reside and provide outreach to likely sites throughout Saginaw County. Staff will identify and link seniors to needed services on an ongoing basis.
2. The CAC Minority Senior Outreach and Advocacy Program is designed to identify and contact isolated older persons and link them to appropriate services. Trained staff will maintain a resource file/directory of available services to respond to requests for such assistance. Appropriate client records will facilitate and document all client specific activity.
3. Outreach staff will complete initial intake, assessment and pre-screening to determine clients’ needs for services. MSOA Workers will:
  - a. Interview the Senior and complete the intake application;
  - b. Assess the customer’s needs by completing a baseline assessment;
  - c. Create a customer file in our data management system;
  - d. Obtain required documentation;
  - e. Maintain all client-specific documents in limited access files to assure strict confidentiality;
  - f. Make appropriate referrals based upon the needs identified from the assessment;
  - g. Upload all documents into the FACS-Pro/data management system;
  - h. Complete follow-up contacts on a 30, 60, or 90 day interval, as needed;
4. MSOA Staff will maintain cooperative agreements with; Commission on Aging, Visiting Nurses/Special Services, Human Development Commission, Depart of Human Services, to name a few. Staff will collaborate with community partners to ensure that the needs of seniors are met, that they are treated with respect, and that they are able to live healthy and socially productive lives with dignity.

5. Primarily, clients will enter the MSOA Program through:
  - SORA staff efforts;
  - Intra- and inter-agency referrals;
  - Periodic press releases and public service announcements;
  - Flyers, posters, handbills, and/or brochures;
  - Presentations and dissemination of information at agency and community events;
  - Coordination with other senior program activities;
  - Senior Education activities, and
  - Word-of-mouth.
6. The CAC will publicize the MSOA Program and available services through the use of one or more newsletter, radio, television, and Facebook announcements. Staff will distribute brochures and other printed materials through civic, labor, religious, and business organizations. Staff and agency partners will display flyers and posters in public buildings, business places, senior centers, housing, and nutrition sites. The program shall utilize whatever means is most effective in reaching the target population. Potential clients will also learn about program services through the direct actions of the MSOA Program Outreach Team and the agency website: [www.saginawcac.org](http://www.saginawcac.org).
7. Staff will conduct on-site presentations and distribute program information at places where immobile seniors may reside and at appropriate agencies/organizations which target the mental or physically disabled.

### **III. HISTORY OF APPLICANT ORGANIZATION**

The Saginaw County Community Action Committee, Inc. (CAC) is a private, non-profit, (501-C-3), agency that has served low-to-moderate income and disadvantaged individuals and families residing in Saginaw County for more than 55 years. Our primary mission is to promote opportunities to assist families in attaining self-sufficiency. In addition, we advocate on behalf of targeted populations to improve the overall quality of life.

In carrying out this mission, CAC serves as an umbrella organization for a variety of services, including:

- Senior Outreach and Advocacy
- Affordable Housing/Homeownership/Rental Opportunities
- Weatherization Assistance – LIHEAP
- Weatherization Assistance – DOE
- Outreach, Information, and Referral
- FEMA – Emergency Shelter Assistance
- LIHEAP Deliverable Fuel Assistance
- CARES – Emergency Assistance
- Elderly and Disabled Home Repairs Program
- Unity in the Community Neighborhood Association
- Department of Natural Resources Summer Youth Employment Program
- Keep It Moving

- MSHDA Neighborhood Enhancement Program
- Family Self-Sufficiency Case Management
- Gardening Community
- TEFAP Food & Nutrition Program
- Financial Literacy

For more than five decades, CAC has attained a successful track record for establishing and nurturing a variety of public and private partnerships at local, state, and federal levels to ensure that the needs of the poor and disadvantaged are met. Implementation of programs and services are affected through networking efforts, cooperative liaison and agreements with a host of existing organizations and services.

General management of the programmatic and fiscal affairs of the organization is vested with a 12-15 member Policy Board of Directors. This body composed of public officials, private individuals, and representatives of the poor, who meet monthly to ensure effective and efficient operations of the agency.

The agency employs a very capable, well-trained staff possessing years of experience and a demonstrated sensitivity for working with culturally diverse populations.

To this end, CAC has determined that the needs of the minority senior population in Saginaw County require a focused and concentrated approach to provide a meaningful impact on improving their overall quality of life.

**SAGINAW COUNTY COMMUNITY ACTION COMMITTEE, INC.**  
**SENIOR OUTREACH**  
**OCTOBER 1, 2021 through SEPTEMBER 30, 2022**

<b><u>COST CATEGORY</u></b>	<b><u>REGION BUDGET 21/22</u></b>
SALARIES	58,590.00
FRINGES	8,227.00
CONSULTANT & CONTRACTS	0.00
AUDIT	325.00
TRAVEL	100.00
OCCUPANCY	5,000.00
SUPPLIES	408.00
TRAINING	0.00
COMMUNICATIONS	600.00
OTHER	<u>1,750.00</u>
SUB TOTAL	75,000.00
IN-KIND	8,333.00
OTHER RESOURCE	30,143.00
TOTAL	<u><u>113,476.00</u></u>



**Ascension  
St. Mary's Hospital**

**HUMAN  
SERVICES**

8-17-5

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

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2021 JUL -8 AM 11:47

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 2022 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 2022. This notification advises the Board of Commissioners of the opportunity to comment on submitted applications on or before July 6, 2021.

The FY 2022 adult day services funding allocation is projected to provide 26,455 hours of service to 79 clients/participants attending Guardian Angel Services. The FY 2022 adult day services funding allocation is estimated to serve 45 clients with income levels below the 185% poverty level at the greatest economic need (GEN) and 7 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. Guardian Angel completed expansion of the current day program at the Howard Street location to specialize in services to adults ages 55 and older who experience conditions such as: Dementia, Alzheimer's, Parkinson's disease, Huntington's disease, and other mentally debilitating conditions that are affecting the individuals engagement in their personal interests and ability to participate in daily activities. This additional program currently has the capacity to serve 15 participants per day, five days per week.

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.

Guardian Angel Respite & Adult Day Services  
801 Howard St.  
Saginaw, Michigan 48601

989-907-7348  
[ascension.org/michigan](http://ascension.org/michigan)

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 helps to prevent out-of-home placement and, in many situations, delays nursing home placement. 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 health care 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, dietitians 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.



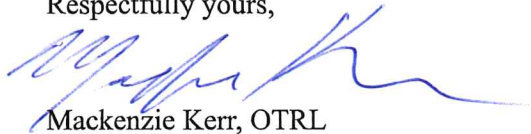
Philosophy: Guardian Angel Respite & Adult Day Services believes that individuals with special needs must be treated as a person first and foremost and their challenges are secondary.

Mission and Core Values of St. Mary's of Michigan: 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 2022 funding. If you have any questions, or would like additional information, please contact me at (989) 907-7345.

Respectfully yours,



Mackenzie Kerr, OTRL  
Respite Services Manager

Agency: Ascension St. Mary's Guardian

Budget Period: 10/1/2021 to 9/30/2022

**PLANNED EXPENDITURES**

**SERVICE CATEGORIES**

LINE ITEMS	Program Name	1	2	3	4	5	6	7	8	9
Salaries		581,995							TOTAL	Admin
Fringe Benefits		145,499								64,700
Personal Svc. Contracts										
Travel/Conferences		2,300							2,300	1,800
Supplies		8,100							8,100	2,100
Equipment										
Occupancy		41,944							41,944	
Communications		2,100							2,100	2,100
Other		61,462							61,462	3,000
TOTAL		843,400							843,400	73,700
Program Income (minus)		159,744							159,744	
NET COSTS		683,656							683,656	73,700
<b>FUNDING SOURCES</b>										
Area Agency Funds (90%)		121,427							121,427	
Local Match (10%)		13,492							13,492	
Cash										
In-Kind		13,492							13,492	
Other Resources		548,737							548,737	
TOTAL FUNDS		683,656							683,656	

Adm %  
8.74%

CERTIFICATION:

SIGNATURE OF AGENCY DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_

## Page 2 of 4

## SERVICE CATEGORIES

FRINGE BENEFITS											
Amount for Full-Time										119,417	119,417
Amount for Part-Time										26,082	26,082
TOTALS										145,499	145,499

11-Support Svcs Budget (1)

## Page 3 of 4

## SERVICE CATEGORIES

11-Support Svcs Budget (1)



# SUPPORT SERVICES BUDGET DETAIL

Agency: Ascension St. Mary's Guardian Angel

## I. Local Cash Match Detail

Service	Source	Dollar Amount
TOTAL Local Cash Match		

## II. Local In-Kind Match Detail

Service	Source	Dollar Amount
Adult Day Services		13,492
TOTAL Local In-Kind Match		13,492

13,492

## III. Other Resources Detail

Service	Source	Dollar Amount
Adult Day Services	Volunteer Salaries	7,864
Adult Day Services	Volunteer Fringes	2,123
Adult Day Services	Other Funding	538,750
TOTAL Other Resources		548,737

437,370

July 26, 2021

Mr. Robert Belleman, Controller/CAO  
County of Saginaw  
111 S. Michigan Ave  
Saginaw, MI 48602

8-17-6

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

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2021 JUL 26 PM 12:16

Subject: 2020-2021 Annual SCCMHA Progress Report

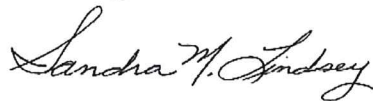
Dear Mr. Belleman & Mr. Webster,

In accordance with reporting requirements as per Resolution E, amended as of March 19, 2019, we are providing our annual report, *Adapting, Transforming and Creating Opportunity in Response to the Pandemic* for the year ending September 30, 2020. The report may also be viewed on the SCCMHA website at [www.sccmha.org/news-information/annual-progress-report.html](http://www.sccmha.org/news-information/annual-progress-report.html). Please note hard copies will be sent over to you and members of the Saginaw County Board of Commissioners in the next few days as the report is best read as a hard copy due to the graphic layout of the report. Hard copies of the report will be provided to Suzy for Commission members as well.

I also wanted to mention that our sincere thanks for the County Bond Funding and assistance from the Saginaw Public Health Department and the Emergency Management Office are called out in the report on pages 12 and 13.

Do not hesitate in contacting me should you have any questions.

Sincerely,



Sandra M. Lindsey, CEO

Cc: SCCMHA Board of Directors  
Suzy Koeplinger

SERVICES  
HUMAN

2008 JUL 29 01:51:10

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THIS YEAR



ANNUAL REPORT 2020/2021

# Adapting, Transforming and Creating Opportunity in Response to the Pandemic



SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

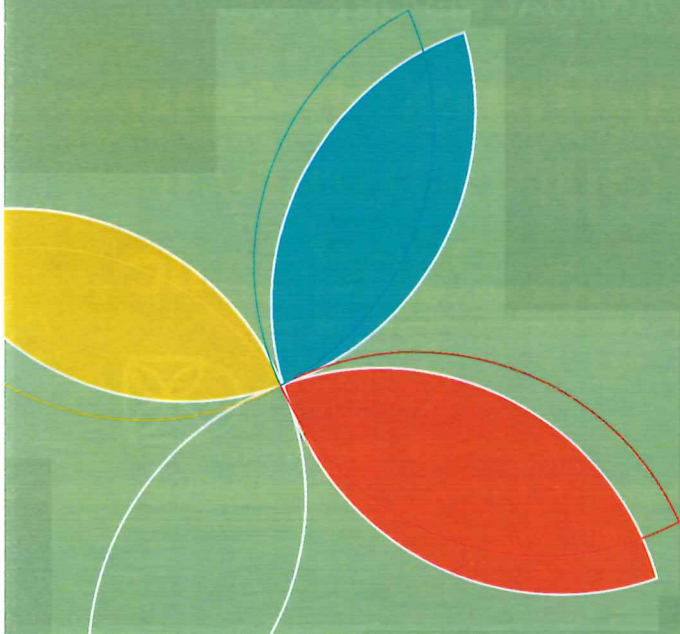


# re·sil·ient

/ rə'zilyənt /

*adjective*

1. (of a person or animal) able to withstand or recover quickly from difficult conditions.
2. (of a substance or object) able to recoil or spring back into shape after bending, stretching or being compressed.



RESILIENT



# Adapt, Transform and Create

## Meeting Challenge with Resilience in a Year Unlike Any Other

Even in the most challenging of times, we are honored to share our 2020/2021 Annual Report with you. It chronicles our achievements, our resilient response to the COVID-19 pandemic and unexpected dam failures and resulting flooding around one of our facilities. Through it all, we continued to provide uninterrupted service to the people and communities we are honored and charged with serving.

The Saginaw County Community Mental Health Authority's (SCCMHA) mission of managing supports and services for citizens with mental illness, developmental disabilities and chemical dependency across the life span, and their families, was challenged like never before. Our entire organization and community demonstrated steadfast resilience — rising to the occasion as we adapted, transformed and created new ways of delivering our vital and essential services.

To meet the challenges before us, we had to pivot and **ADAPT** our clinical services and programs to meet the increasing mental health needs of our consumers and their families. As demand grew we increased our hours and developed new ways of providing supports and services.

We had to **TRANSFORM** the way we worked with and supported our contracted network service partners — ensuring uninterrupted delivery of consumer services. From procuring personal protective equipment and disinfecting supplies to establishing new protocols for delivering services remotely, in person and in some cases with a hybrid option.

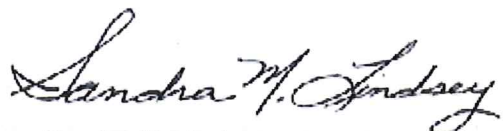
Our team had to rethink and **CREATE** new ways of delivering vital services using the most advanced information technology solutions. Our IT department helped make much of that happen by implementing a telehealth platform and accessing and distributing new software and mobile devices.

Also included in this report, you will find our dashboard of metrics highlighting key indicators of our organization's performance — all in an effort to be as transparent as possible.

We want to extend a heartfelt thank you to all of our staff member colleagues, contracted providers and community stakeholder partners — outlined in greater detail in the back of this report. Without their above-and-beyond support and performance over the past year, we would not have been able to adapt and transform as effectively as we did.

Despite the obstacles this year brought, it challenged us to remain resilient and true to our mission, vision and made us reinvent ways of delivering services — some of which we will continue with moving forward. On a personal note, I am so incredibly proud of our entire team, contract service partners and our community who rose to the occasion to keep on servicing our consumers — at the end of the day, that is what SCCMHA is all about.

Be well and stay kind to one another.



**Sandra M. Lindsey**  
Chief Executive Officer



**Sandra M. Lindsey**

# ADAPTING SERVICES

## to Meet Consumer and Family Needs During the Pandemic

On March 23, 2020, Governor Gretchen Whitmer issued the first of many “Stay Home, Stay Safe” executive orders and the way Saginaw County Community Mental Health Authority (SCCMHA) provided services changed dramatically. As staff were sent home and administration planned for an uncertain future, decisions were made assuring that SCCMHA would continue to meet the mental health needs of consumers, families and the greater Saginaw community.

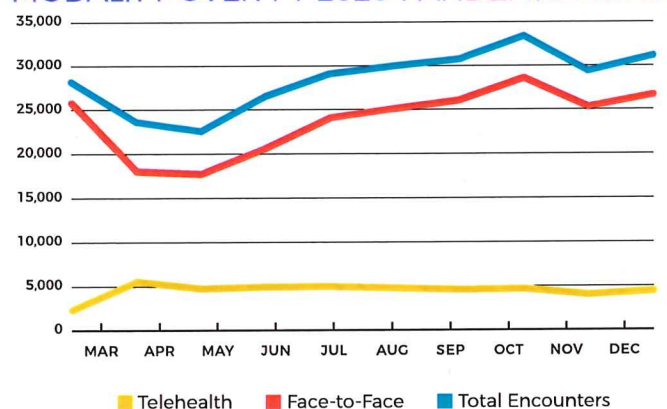
**J**ust over 40 percent of SCCMHA staff worked remotely during the “Stay Home, Stay Safe” orders. This portion of the workforce included remote workers that were essential to meet consumer needs and were able to do so using a HIPAA-compliant telehealth platform. Thirty-eight percent of SCCMHA staff — largely those that worked in group day programming or provided transportation to those programs — were placed on a paid furlough and regrettably eventual layoff. Twenty-one percent of SCCMHA staff were classified as essential workers and remained at the Hancock and A&W buildings to address the needs of staff, the organization and community. Six other SCCMHA buildings were closed. The service providers that remained in the office and continued to provide face-to-face services during the beginning months of the pandemic included the Crisis Department, Psychiatry, Nursing Services, Central Access and Intake Services.

### An Increased Need for Services

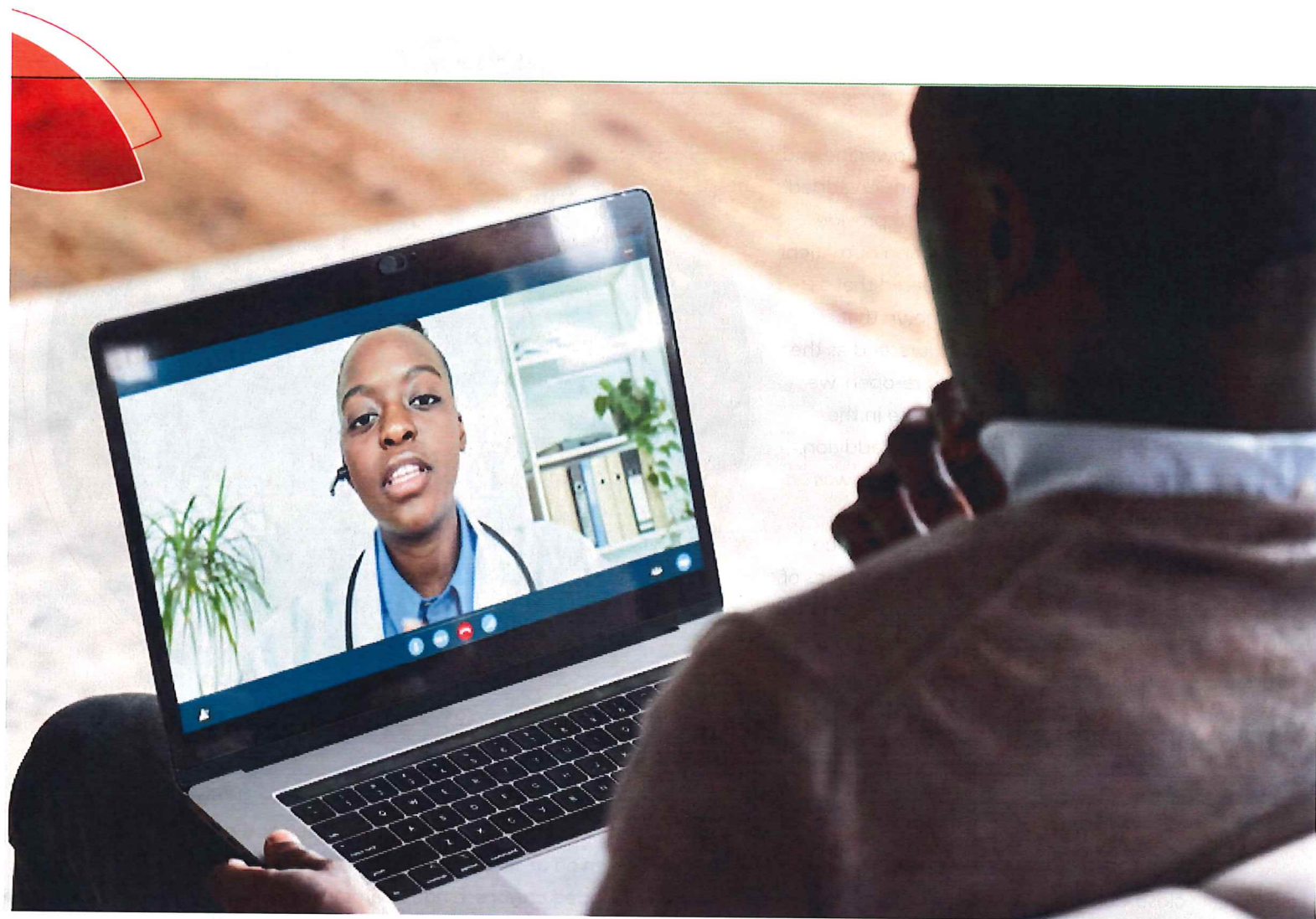
Throughout the year and as the pandemic continued, SCCMHA found that individuals needed mental health services more than ever. With

the COVID-19 pandemic, social unrest and the stay-at-home orders, many individuals became overwhelmed, anxious and despondent. As an agency, we witnessed an increase in the use of the crisis services at both Covenant Hospital's Emergency Care Center where our staff are stationed after hours and on weekends and at our Hancock location. Due to the increased need for mental health services, on June 1, 2020, essential remote staff returned to the office to

**SCCMHA SERVICE ENCOUNTERS AND MODALITY OVER FY 2020 PANDEMIC MONTHS**







address consumers' needs, through both face-to-face (in-person services) and telehealth service modalities. To accommodate the needs of returning staff, four more buildings were reopened and reconfigured to allow for social distancing and other measures to keep staff and consumers safe.

Many measures were implemented to minimize COVID-19 exposure and transmission within SCCMHA buildings. Upon entering, staff and consumers were asked four questions on the Self-Screening Surveillance Attestation. Also implemented were social distancing guidelines, a mask mandate in all buildings, new placement of hygiene stations, vast deployment of personal protective equipment, closures or seating reductions of conference and staff lunchroom spaces, and special signage to prompt safety

compliance, among other safeguards — all of which remain in place.

### **Increasing Hours to Meet Growing Demand**

While staff returned to the office, it was not business as usual as there were various barriers to delivering care. Not all consumers had the needed equipment to participate in telehealth services, many transportation companies were not providing services, childcare was limited or not available which impacted consumers ability to attend appointments, and "normal" business hours were not always accommodating to the consumers' schedules. To address consumer needs, on November 2, 2020, we extended our hours on Mondays (8:00 am – 7:00 pm), Wednesdays (8:00 am – 7:00 pm) and Fridays (8:00 am – 6:00 pm)



at the main Hancock Street, Towerline and Bay Road locations. This expansion added an extra five hours per week to provide needed case management and outpatient therapy services. It is anticipated that as it becomes more widely known that SCCMHA has expanded hours, and as the State of Michigan begins to re-open, we intend to see a greater increase in the use of these extended hours. In addition, the development of new protocols was critical to determine when and how expanding in-person services would be delivered in the office and in the homes of consumers or other outside locations where telehealth connections were not viable in meeting consumer needs for care and treatment.

### Community Ties North and South Day Programs

Following Governor Whitmer's direction to Michigan public and private schools on March 12, 2020, to close, SCCMHA made the decision to close Community Ties North and South programs starting on March 16, 2020. This decision was made to keep both consumers and staff healthy and safe. During this time, case holders and day program supervisors remained in contact with consumers and families, monitoring for the desire to return to program. In the early fall of 2020, the day program supervisors and coordinators began planning for the return of day programs on a virtual platform. Day program staff were provided iPads and with 11 willing consumers at each program to start, staff began providing services via ZOOM on November 23, 2020.



## EXTENDED HOURS

**5 additional hours** per week at **3 locations** to better serve client's needs



Day program staff created activity materials that would be needed the following week and dropped them off at consumers' homes on Fridays. Packets included crayons, bingo boards, markers, paint brushes, paint, activity sheets and pens. Consumers could then choose from the following classes: bingo, virtual tours, arts and crafts, cooking, learning personal information and health and safety. As classes continued and more homes obtained technology to participate in virtual day programs, the classes began to grow.

During this time, consumers and families often expressed that they missed attending day programs. As COVID-19 infection rates decreased, planning began for the re-opening of in-person day programming. Safety plans were written, and staff were trained on extra safety precautions. Consumers and families were contacted and those willing to attend programs were scheduled to return for face-to-face programming on April 8, 2021. Currently, Community Ties North and South continue to offer both virtual and face-to-face options, with a plan to increase face-to-face services further in 2021.



# COVID-19 PREPAREDNESS



**65%**

reduction in seating capacity  
in conference rooms and  
common spaces to encourage  
social distancing



**134 thousand**

square feet of managed space



**8**

independent facilities



**108 hours**

of custodial services daily



**47,250 ml.**

antibacterial  
hand soap

**12 gal.**

hand sanitizer

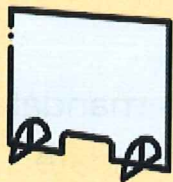
**1,536 oz.**

concentrate multi-  
purpose cleanser  
available daily for use



**10**

ultraviolet  
sterilization  
cabinets



**12**

acrylic shields



**53**

hygiene stations equipped  
with disinfecting wipes, facial  
tissues and hand sanitizer



**173 postings**

environmental signage encouraging health and safety



## CONTRACTED NETWORK SERVICES




# TRANSFORMING

## as We Pivoted to Support Contracted Network Services

As COVID-19 hit the state of Michigan, SCCMHA received the mandate from Governor Gretchen Whitmer to slow the spread. This mandate included providing services remotely via telehealth, where possible, in order to socially distance.

**T**he first priority of SCCMHA Network Management was to assess how Residential, Community Living Supports (used to assist persons in their homes to cook meals, do household chores and assure persons are taking their medications) and Medication Administration Services could be provided

in a safe way. The first step was to assess the adequacy of each of these services and the availability of personal protective equipment (PPE) and sanitation supplies. SCCMHA Provider Network staff, working with contracted providers, developed plans for disinfection, obtained PPE and devised social distancing protocols for all



persons served. Some providers were prepared for the pandemic and had stocked PPE prior to the governor's "Stay Home, Stay Safe" orders.

All providers worked to obtain adequate PPE, thermometers, hand sanitizer and cleaning supplies to maintain services. SCCMHA continued communication with all these providers to assure they had the necessary resources to continue services. In April 2020, Mid-State Health Network, working with member community mental health agencies, agreed to offer stabilization payments to assist with the cost of the PPE, direct care staff wage increases and additional related costs for consumer and staff safety provisions related to the pandemic. SCCMHA was also able to provide face shields to the residential and community living supports staff for added protection, as well as KN95 masks that were distributed from the State of Michigan PPE Stockpile.

SCCMHA Provided \$904,065 in Network Provider Stabilization Payments. This amount also included expense requests for IT equipment to support telehealth, and unusual expense requests from residential providers for staff overtime, PPE and sanitation supplies, food delivery charges, hotel rooms for COVID positive asymptomatic staff to stay on duty and not infect their own households. In addition, there were two different issuances of Direct Care Staff Premium Pay in 2020. The first a \$2.00/hour staff increase plus 12% administrative costs from April 1, 2021 through February 28, 2021 and then an extension to \$2.25/hour plus 12% administrative cost totaling \$2,864,291 for the full year.

### **Delivering Services Remotely and In Person**

As the pandemic lingered on, SCCMHA found it necessary to be able to see people in residential settings to assure individuals received adequate care — especially in facilities where consumers and staff were testing positive for COVID-19. SCCMHA was able to purchase two tablets for each of the

specialized residential homes through COVID-19 emergency grant funding. This also allowed face-to-face contacts via telehealth rather than just phone contacts. The ability to talk face to face helped with isolation but also allowed the those providing services to gauge how well people were doing and if an actual face-to-face visit was necessary where people were testing positive.

At the onset of the pandemic, only one provider of the Applied Behavioral Analysis (ABA) had adequate PPE and continued to provide face-to-face services to individuals. As others obtained sanitation supplies and PPE, they put together a plan for re-opening that included training on proper usage of PPE, safe sanitation methods and social distancing of staff and consumers. By May 2020, all ABA programs were providing in-person services either in the individual's home or at the ABA provider facility.

For staff providing case management, supports coordination, therapy and psychiatry, these programs found additional challenges with





working remotely in that they had to obtain portable devices to provide telehealth services. As staff learned how to use these devices and platforms, there were additional challenges faced by consumers. Some did not have the technology to participate in telehealth appointments, some did not have the skills to use the technology and others had both challenges.

Other consumers had these same challenges but also had limited resources to make use of use the technology, such as not enough minutes on a cell phone or no internet connection. With these various challenges, consumers had to be seen face to face just to make sure they were okay and to assure they had their basic needs met, such as adequate housing, utilities, food and medications. The SCCMHA Transportation Department was called into action because the public transportation system in Saginaw was shut down for everything but medical appointments. Many individuals did not have resources to go to the bank, or the grocery store or food banks to obtain food. The Transportation Department got those in need to where they needed to be.

In an attempt to determine the extent of available PPE for all providers in our network, SCCMHA Network Services engaged in frequent communication with all providers to determine what adaptations should be and could be made to keep staff and consumers served safely. All providers submitted plans to continue providing services in a safe manner or provided re-opening plans once sanitation supplies and adequate PPE were secured. As plans were submitted, reviewed by SCCMHA management and sites were inspected for ability to provide services through socially distanced means, more persons were served. All consumers were served via telehealth for Applied Behavioral Health Services, Case Management, Supports Coordination, Therapy Services and Psychiatry. The Clubhouse

(Bayside Lodge) and Drop-in Center (Friends for Recovery) reached out to individuals when they were unable to provide in-person services to keep individuals engaged and to assist those who were feeling socially isolated during the pandemic. By the beginning of April 2020, many providers were offering services face to face as PPE was available to do so safely.

By July 2020, Friends for Recovery Center, Bayside Lodge and Guardian Angels programs re-instituted face-to-face services in a reduced capacity with limited transportation. Opening these services to consumers helped with the isolation many were feeling. July and August also saw many of the case management, therapy and psychiatry services provided under SCCMHA contract, also reopening to in-person contacts with consumers and their families. All clinical and residential providers were provided a screening tool to check people living in the facility to assure no one had symptoms of COVID-19.

The SCCMHA Network provider staff members were also asked to report on individuals' and families' statuses of COVID-19 symptoms and testing. This was important to the safety of those served, as well as assuring consumers had access to proper care for COVID-19 signs or symptoms.

## **Training and Auditing Departments Pivot to Virtual Activities**

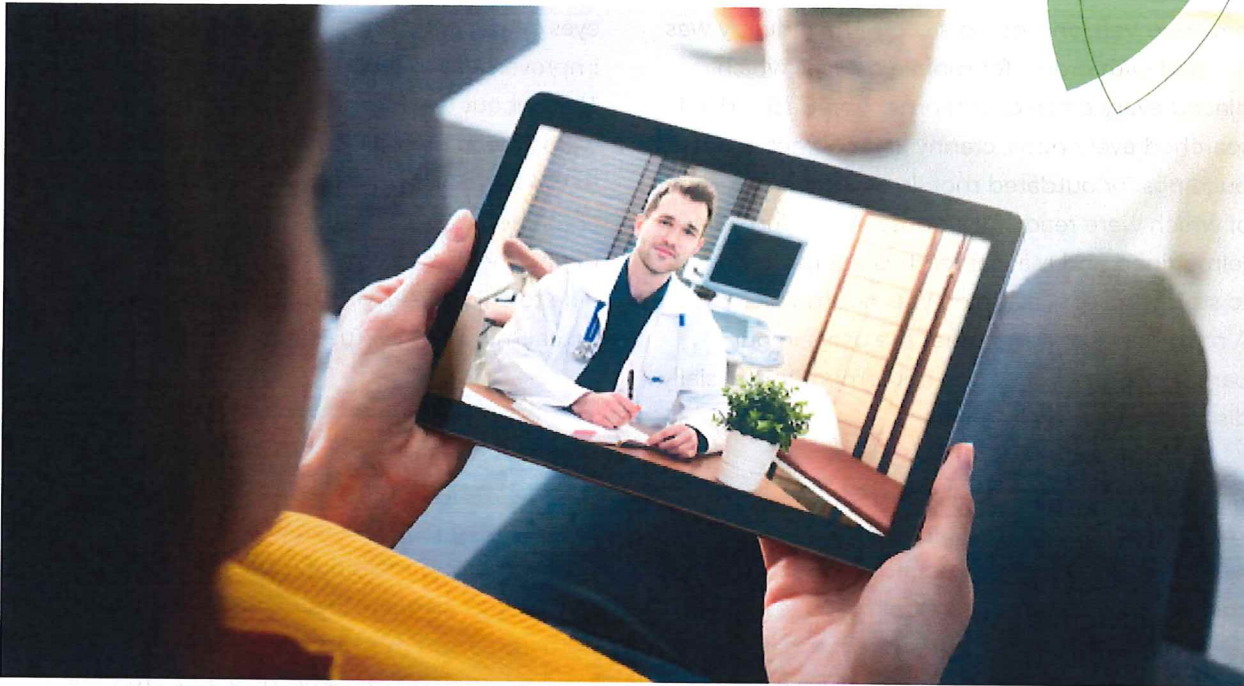
The SCCMHA Continuing Education and Training Unit pivoted from live to virtual trainings via ZOOM very early in the pandemic. It was important for SCCMHA to make sure staff had basic training to care for individuals in residential settings and provision of community living supports.

The SCCMHA Auditing Unit completed one actual on-site audit during fiscal year 2020 and 212 audits virtually. SCCMHA has an electronic medical records system that is used by all clinical record holders and many other providers that allowed the auditors to review charts remotely.

## INFORMATION TECHNOLOGY

# CREATING

## New Ways of Delivering Services with Information Technology



As most of the world knows, the third quarter of FY 2020 came in like a wrecking ball. It changed the way we serve our consumers, the way we do business, how information technology departments support our users and the amount of IT infrastructure needed to provide it all.

**T**he second half of March 2020, SCCMHA's Information Technology (IT) staff began a sprint, and this pace continued into a marathon. The team all pulled together, working long hours, and accepted the challenge with eyes and arms wide open to embrace it all.

### Mobilizing Our Workforce

In a matter of two days, we mobilized much of our workforce so that they were able to

continue to serve our community consumers remotely during the state's stay-at-home orders. IT purchased various mobile devices throughout the year such as laptops (46), Microsoft Pro tablets (232), iPads (218) and iPhones (58) to outfit these users. Many of our own staff were already setup with these devices since we had recently purchased Microsoft Surfaces to make our workforce more mobile. Many staff did not have internet at home or they had to serve



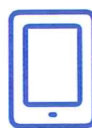
## CONNECTED TO COMMUNITY

To allow our workforce to continue to serve the community remotely, IT purchased:



46

LAPTOPS



232

MICROSOFT PRO TABLETS



58

IPHONES



218

iPADS

our consumers in the field, in these cases we provided Verizon Hotspots (175). The industry was flooded with orders for mobile devices which placed every piece of equipment on backorder. IT searched every nook, cranny and cabinet in our buildings for outdated mobile equipment, some of which were ready for disposal. We refurbished, reimaged and reallocated this equipment to staff whose workstation was not mobile. A member of our team met the users in our parking lot and issued the equipment in a socially distanced and safe manner.

### Discovering and Embracing Telehealth

With the abrupt end to face-to-face services, as well as the increased mental health needs of our consumers, it became apparent that a telehealth solution was not only needed but mandatory. Various telehealth solutions were discovered and vetted in less than a week's time. A telehealth solution branded DOXY.ME was chosen as the best option considering the needs of our service providers and the available resources of our consumers. The top criteria were ease of use and implementation time needed. The product was presented to the SCCMHA Management Team, the blessing was given, and the rollout began. There were two types of virtual clinics that were created. The service providers, who had a continuous flow of service, were assigned a single devoted account. Teams that were on a schedule of providing services with clinic time never overlapping, were assigned a team account. During FY2020, there were 47 virtual clinics and by the second quarter of FY2021, there were 53. The rollout was a success. It provided an easy-to-use platform that required

minimal training, which allowed our staff to put eyes on our consumers to provide a much-needed improvement to the remote services we offered. Throughout the second half of FY2020, consumers were able to enjoy 4,532 virtual visits, totaling 81,674 actual minutes of virtual care. As telehealth continued to become more and more embraced, during the first half of FY2021, consumers were able to enjoy 5,272 virtual visits, totaling 120,527 actual minutes of virtual care.

### The End of In-Person Meetings

SCCMHA has a strong, longstanding culture of leadership as a team. This is supported through the engaged participation in management, staff and workgroup meetings. Due to the need for social distancing, the "new normal" put an end to these in-person meetings. Regardless, the show must go on. The pandemic only escalated the need for this team collaboration method. The need for non-verbal communication became apparent. The available, yet unused product, Microsoft Skype for Business, became the saving grace. Installations, configurations and training began. Teams, committees and workgroups were now able to safely meet while following required social distancing requirements.

### The Order is on Backorder

As the demand for webcams increased, the supply of the industry's vendors quickly depleted. Equipment was on backorder everywhere. Coupled with increased demand, manufacturers were also affected with the reduction in their workforce. Whether a vendor's workforce was due to COVID-19 positive staff, quarantined staff, scared

staff, isolated staff or staff who were benefitting from the available unemployment funds and stimulus checks, it was the reality we all had to manage. SCCMHA proactively chose laptops, iPads, tablets and Surface Pros as the preferred workstation equipment, and were able to utilize the built-in camera capability which reduced the affect the backorders had on our audio and video conferencing needs. After supply slowly began to become available, SCCMHA was able to procure 98 webcams. The IT Department also reissued many legacy 20" monitors that were in storage to staff who needed a second or a larger monitor.

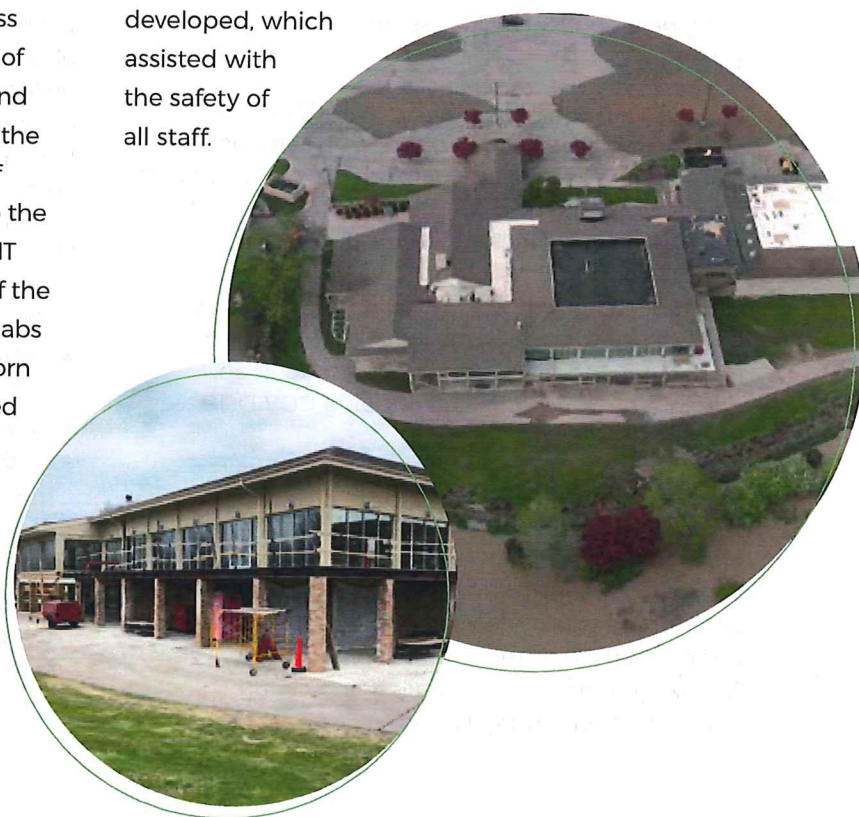
### A 500-Year Flood

Miles away from Saginaw County the Edenville and Sanford Dams became compromised due to extremely heavy rainfall. Ultimately the dams infrastructure failed on May 19, 2020. This resulted in catastrophic flooding that included rivers overflowing and wiping out towns and water levels rising to fill wet lands which became large bodies of water. Buildings located in lowlands of the county were threatened by rising water that we knew was on its way. SCCMHA's Albert and Woods Professional Development and Business Center was one of those buildings in the path of down-river storm surge. The water level rose and flooding quickly approached the entrances of the building. All available IT, Facility and other staff volunteers were assembled and dispatched to the location. The building's servers and other vital IT equipment were located on the lowest level of the building. On the same level were multiple PC labs and staff offices. The server room racks were torn down and equipment and furniture was moved to higher floors. The PCs, monitors, printers, scanners and other peripheral equipment was removed and moved. With less than a half inch of clearance before breaching the doors of the entrance, the water began to retreat. After the threat was eliminated, the chore of rebuilding the server room and reinstalling workstations began. Again,

the IT department and many other SCCMHA staff members embraced the challenge and completed the task in short order.

### Returning and Welcoming Staff Back

One month later, in June 2020, as the first wave of staff began to return to our buildings, our network became over-loaded. One of the reasons was that every workstation needed to run updates and group policies that were put into place over the previous three months when staff were away from the office. These processes would begin to run at the same time at the start of the workday for all users. We immediately recognized the issue and put a halt on all returns. A schedule was assembled which slowly brought 170 staff back to six of our eight buildings between June 19 and July 1. We also had a member of the IT team on site to run the updates, the group policies and install any new apps or upgrades that were rolled out during their absence. This allowed the IT staff to troubleshoot any issues the user may have, sometimes multiple issues at a time. A custom online COVID-19 screening tool for staff was also developed, which assisted with the safety of all staff.





## COMMUNITY PARTNERS

# A HEARTFELT THANK YOU

## to Our Community of Allies and Partners

It takes a village to care for a community, and the people and organizations of Saginaw County came through when we needed them most. In a year that brought unprecedented challenges, the following healthcare, government, board, network and community partners helped us carry the load. We could not have done it without you — thank you!

### Healthcare Partners

The following healthcare partners went beyond the call of duty in their management and administration of COVID-19 vaccinations for our SCCMHA staff, provider network and the individuals we serve. The personnel from the following organizations were kind, helpful, organized and efficient in their efforts to get as many individuals vaccinated as quickly as possible:

- Covenant Health Care
- Genoa Healthcare
- Great Lakes Bay Health Centers
- Saginaw County Health Department
- Walgreens

Special thanks to **Mid-State Health Network** and the **Michigan Department of Health and Human Services (MDHHS)** for policy guidance and assistance with personal protective equipment (PPE), premium pay funding for direct care professionals and perpetual problem-solving assistance. We also wish to thank the **Saginaw County Health Department** for their expertise, leadership and guidance in working to keep our county safe during the ongoing COVID-19 pandemic.

### Donation of Masks and PPE

Throughout the COVID-19 pandemic, many individuals and organizations also stepped up to assist SCCMHA with PPE and other donations when there was not an adequate supply across our network. The tremendous generosity by the following donors under challenging circumstances was very much appreciated:

- Arletta French
- Bittersweet Quilt Shop of Pinconning
- Covenant HealthCare
- Great Lakes Bay Health Centers
- Lowes of Midland
- Michigan Department of Health and Human Services (MDHHS)
- Mid-State Health Network

### Assistance at Albert & Woods Center During Edenville and Sanford Dams System Failures

We also want to thank the following organizations for their help in preparing the A&W Center for the impact of potential flooding caused by local dam failures on May 19, 2020. Their responsiveness to our call for assistance was swift and purposeful, allowing SCCMHA to prepare in every way possible to protect the first floor of the building and its contents. The building was in the direct path of the downstream flood surge. Ultimately flooding of the first floor was avoided in the very early morning hours on May 21, 2020 by mere inches, thanks to help from these business partners.

- **NetSource One** IT hardware support and assistance in the disassembly of our server rack
- **Remer Plumbing** HVAC system, including turning off the natural gas connection and shutting down the boiler and chiller in the lower level
- **Saginaw Bay Underwriters** helping us understand our insurance coverage and taking pre-event photos
- **VanHerweg Electric** disconnecting our UPS in the server room and turning off all unnecessary electrical connections



- **Wobig Construction** extending the height of the berm behind the building and the earthen barrier at the front door
- **Saginaw County Emergency Management** expert guidance on forecasting the arrival time of flood waters and level of surge anticipated
- Thanks to the **SCCMHA staff** who moved our vehicle fleet from the A&W Center to protect these assets, the hours and hours of work moving furniture and equipment to higher building floors and the subsequent reset of furniture and equipment in the week that followed.

### **Saginaw County Board of Commissioners for Issuing a Public Bond to Support SCCMHA Capital Improvements**

Thanks to the Saginaw County Board of Commissioners for issuance of a Public Bond on behalf of SCCMHA that allowed for low-cost financing for a plethora of capital upgrades and technology purchases. The following is a list of projects completed to date during much of the pandemic period:

- New additional parking lot for Hancock Building
- 50 new Surface Pro tablets to support Phase I of Mobile Clinical Workforce capability. Purchase/setup in Q1, pre-pandemic, allowed for immediate pivot to telehealth modalities for continued consumer service
- New roof and balcony replacement at the Albert and Woods Center
- New meeting and treatment group rooms on the first floor of the Hancock Building
- WiFi lock set replacement at Hancock Building
- Telephone system upgrade completion
- IT server upgrades

### **Board of Directors, SCCMHA Staff and Provider Network**

It is in unusual times such as these that organizations rely significantly on their leadership and governance structures for support and guidance. We want to thank the **SCCMHA Board of Directors** and its committees for their tireless work and support over the last year — it has been much appreciated.

Thanks as well to the **SCCMHA Citizen's Advisory Council** for helping us stay connected to the real experiences of consumers and families during the pandemic and their unwavering support of our organization and its network.

Thanks to the **SCCMHA Management Team and Service Management Team** for your leadership, long hours, perpetual problem solving and focus on staff and consumer service and safety. Thanks as well to all of our **Department and Unit Supervisors** for helping convey a multitude of often time sensitive, ever changing and complex instructions and requests to staff members, contracted providers, consumers and families.

Thanks as well to our **Human Resources Department**, who maintained their regular functions while also managing recall status, tracking COVID infected staff, while coordinating with SPHD and MIOSHA to ensure all safety guidelines were met in the workplace.

### **Adult Foster Care and Residential Supports Network**

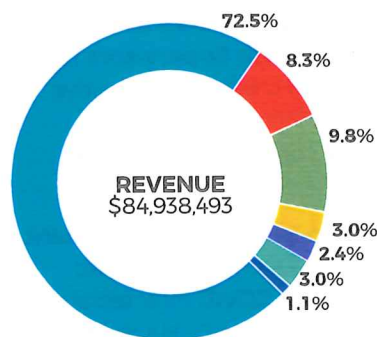
Deepest thanks and gratitude to the **Specialized Adult Foster Care Providers** and other **Residential Support Providers** for doing all they could to keep consumers and their staff members safe during COVID-19 pandemic. Your 24/7 service and leadership in the face of COVID-19 has been heroic.

SCCMHA is so very thankful to SCCMHA's **Committed and Diligent staff** and our **Contracted Network of Providers** for their work serving consumers during the COVID-19 pandemic. Your efforts in support of SCCMHA's mission/vision, and core values assured accessibility of services to persons served in this very difficult environment are much appreciated. Your continued adherence to safety policies and procedures has kept COVID-19 infection rates very low among our workforce.

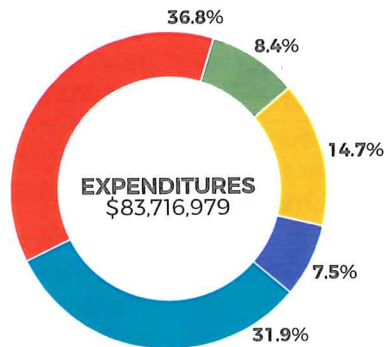
Thanks to **Genoa Health Care**, our pharmacy partner at Hancock, for staying open with us and continuing special medication packaging and group home delivery, as well as the Med-Drop program to help consumers with medication adherence throughout the pandemic.

**We especially want to thank our front-line staff providing in-person services throughout the pandemic at the Covenant Emergency Care Center and the Hancock Building, providing psychiatry, nursing and injection clinics, crisis service, central access and intake, mobile crisis response and stabilization, customer service staff administering necessary COVID-19 screenings at the front door, security staff, consumer transportation staff and last but not least, our custodial staff for ensuring our facilities were safe for fellow staff and visitors.**

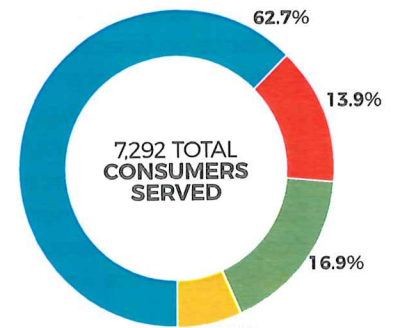
# Finance & Service Information



Medicaid: \$61,788,965  
 Healthy Michigan: \$7,090,687  
 Autism: \$8,348,453  
 General Fund: \$2,590,533  
 Grants: \$2,062,026  
 Local: \$2,431,405  
 Other: \$935,964

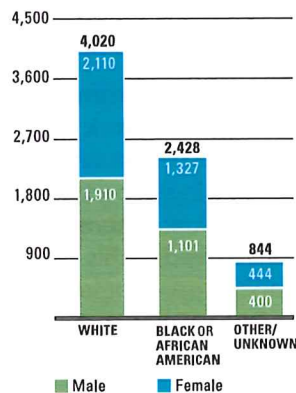


Adults w/ Mental Illness: \$26,989,699  
 Children w/ Intellectual and Developmental Disabilities: \$12,421,602  
 Other Programs: \$6,316,601  
 Adults w/ Intellectual and Developmental Disabilities: \$31,110,091  
 Children w/ Serious Emotional Disturbances: \$7,674,621

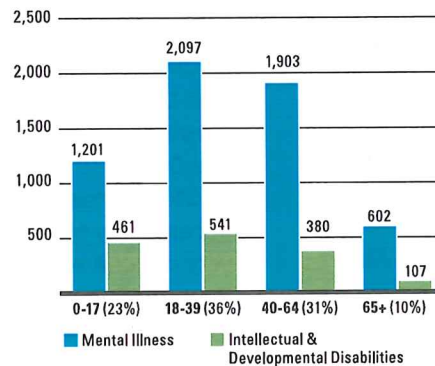


4,573 Adults w/ Mental Illness  
 1,016 Adults w/ Intellectual and Developmental Disabilities  
 1,230 Children w/ Serious Emotional Disturbances  
 473 Children w/ Intellectual and Developmental Disabilities

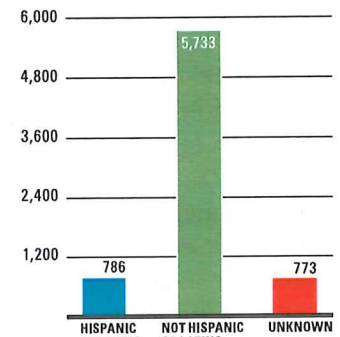
## GENDER & RACE



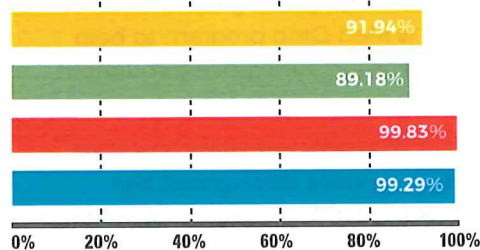
## AGE & PRIMARY DISABILITY DESIGNATION



## ETHNICITY

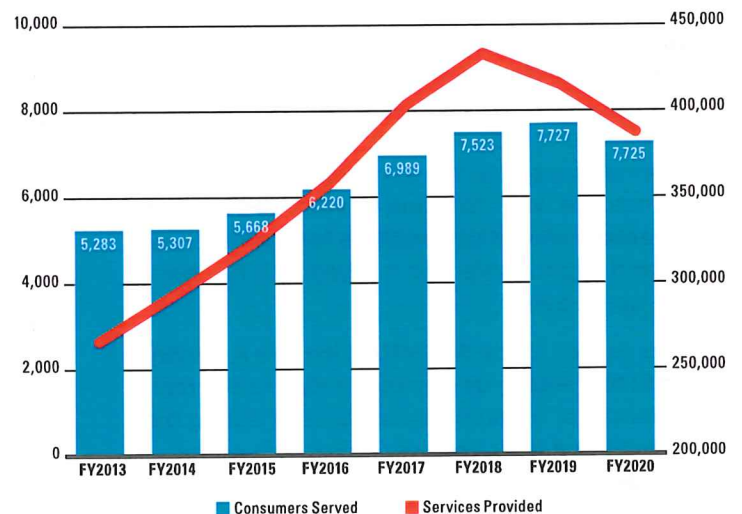


## ACCESS TIMELINESS PERFORMANCE



\* Effective FY2003. MDHHS has removed all exception reasons.  
 Standard = No Standard for first year of implementation.

## NUMBER OF CONSUMERS SERVED IN RELATION TO NUMBER OF SERVICES PROVIDED





# Network Service and Support Providers

## Specialized Residential Services Providers

Alternative Community Living, Inc. (Hope Network New Passages)  
 Angel's Place Corporation  
 Bay Human Services, Inc.  
 Beacon Harbor Homes, Inc.  
 Beacon Specialized Living Services, Inc.  
 Bethesda Lutheran Communities, Inc.  
 Beacon Specialized Living Services, Inc.  
 Bright Vision Services LLC  
 Central State Community Services Inc.  
 Flatrock Manor, Inc.  
 Hope Network Behavioral Health Services  
 Hope Network Southeast  
 Hope Network West Michigan  
 Independent Living Solutions, LLC  
 Kneaded Angels, Inc.  
 Krasinski AFC  
 Pal's Place, LLC  
 Pine Rest Christian Mental Health Service  
 Resident Advancement Inc  
 ResCare Premier  
 Select Residential Solutions  
 St. Louis Center  
 Sunnyside Home  
 The Prosperity House AFC  
 Valley Residential Services, Inc.  
 Wallace Street ALC

## Community Living Support Per Diem Providers

Beacon Harbor Homes, Inc.  
 Bethesda Lutheran Communities, Inc.  
 Bright Vision Services, LLC  
 Flatrock Manor, Inc.  
 JubeJu Co., Inc.

## Community Living Support Providers

APS Employment Services  
 Bethesda Lutheran Communities, Inc.

Miller, Matthew  
 Samaritas (Lutheran Social Services of Michigan)  
 Visiting Nurse Association of Saginaw

## Respite Services

APS Employment Services  
 Samaritas (Lutheran Social Services of Michigan)  
 St. Mary's Guardian Angel Respite & Adult Day Services (Ascension St. Mary's Hospital Davis & Howard St. Programs)

## Health Services Providers

Game Changer Pediatric Services, LLC  
 Lechner, William  
 Mercy Plus Healthcare Services  
 Paramount Rehabilitation Services  
 Rhymer, Katrina, LP  
 SCCMHA Enhanced Health Services  
 SCCMHA Family Support Subsidy

## Autism Service Providers

ABA Pathways  
 Acorn Health, LLC (Autism Centers of Michigan)  
 Attendant Care Autism Services  
 Autism Systems, LLC  
 Bay Human Services, Inc.  
 Centria Healthcare  
 Children's Therapy Corner  
 Game Changer Pediatric Services, LLC  
 Mercy Plus Healthcare Services  
 SCCMHA Autism Program  
 Spectrum Autism Center  
 Westlund Guidance Clinic

## Inpatient Psychiatric Hospital Providers

Cedar Creek Hospital  
 Havenwyck Hospital  
 HealthSource Saginaw  
 McLaren Bay Regional  
 Memorial Healthcare Hospital

MidMichigan Medical Center-Midland  
 Pine Rest Christian Mental Health Services  
 StoneCrest Center  
 Trinity Health-Michigan (St. Mary's Health Care)

## Children's Outpatient Clinic Service Providers/Children's Case Management

Saginaw Psychological Services, Inc.  
 SCCMHA Family Services Units  
 SCCMHA Transitional Aged Youth  
 SCCMHA Wraparound Unit  
 Westlund Guidance Clinic

## Crisis Service Providers

Alternative Community Living, Inc. (Hope Network New Passages)  
 APS Employment Services  
 Beacon Specialized Living Services, Inc.  
 Hope Network New Passages, Saginaw Meadows CRU  
 SCCMHA Centralized Access Intake  
 SCCMHA Crisis Intervention Services  
 SCCMHA Mobile Response and Stabilization Service

## Adult Outpatient Clinic/Case Management/Assertive Community Treatment/Support Coordination Services/Independent Facilitation Service Providers

Case Management of Michigan  
 Disability Network  
 Hope Network New Passages  
 Saginaw Psychological Services, Inc.  
 SCCMHA Community Supports Services  
 SCCMHA Health Home  
 SCCMHA OBRA/PASARR Unit  
 SCCMHA Self Determination

SCCMHA Support Coordination Services  
 Training & Treatment Innovations  
 Westlund Guidance Clinic

## Enhanced Adult Outpatient

Hope Network New Passages  
 Saginaw Psychological Services, Inc.  
 Training & Treatment Innovations  
 Westlund Guidance Clinic

## Fiscal Intermediaries

Wilson, Stuart CPA, P.C.

## Clubhouse/Employment/Skill Building Services/Drop-In Center

Bayside Lodge, Training and Treatment Innovation  
 Friends for Recovery Center, Training and Treatment Innovation  
 SCCMHA Community Ties North  
 SCCMHA Community Ties South  
 SCCMHA Housing Resource Center  
 SCCMHA Supported Employment  
 St. Mary's Guardian Angel Respite & Adult Day Services (Ascension St. Mary's Hospital Davis & Howard St. Programs)  
 SVRC Industries, Inc.

## Pharmacy

Genoa Healthcare, L.L.C.

## Limited English Proficiency

Communications Access Center for the Deaf and Hard of Hearing  
 Interpretalk  
 V.O.I.C.E. - Voice for the Hearing Impaired  
 Voices for Health

# FY 2020 Board of Directors



**Tracey Raquepaw**  
Chairperson



**Jill Armentrout**



**Mike Cierzniwski**



**Steve Fresorger**



**Larry Jones, Sr.**



**John Pugh**



**Andrea Schrems**



**Jane Sills**



**Comm. Chuck Stack**



**Leola Wilson**



**Jordan Wise**



**Robert Woods**

## MISSION STATEMENT

As the public manager of supports and services for citizens with mental illness, developmental disabilities and chemical dependency and their families, Saginaw County Community Mental Health Authority actively strives to develop a system of care and a community that values and embraces the potential and contributions of all individuals with disabilities.

## OUR VISION

- A belief in potential
- A right to dream
- An opportunity to achieve

## OUR VALUES

In support of our Mission and Vision, we pledge to develop and offer services that:

- Promote individual and community health, as well as treatment of illness and/or disability.
- Are responsive to consumer and community needs.
- Promote consumer choice and maximize self-determination.
- Focus on outcomes.
- Are integrated with the community, including collaboration with other service providers and family caregivers.
- Respect and value consumer rights and cultural diversity.
- Promote innovation and creativity to better serve our consumers.
- Assure accessibility to services.
- Promote an organizational culture committed to a learning organization that is responsive to change.
- Provide services that are cost-effective and efficient.





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#### **MAIN LOCATION**

500 Hancock Street • Saginaw, MI 48602

ph: 989.797.3400 fx: 989.797.3595

#### **24-Hour Crisis Hotline**

989.792.9732 or 800.233.0022

sccmha.org



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#### **OTHER LOCATIONS**

##### **Albert & Woods Professional Development & Business Center**

1 Germania Platz

Saginaw, MI 48602

ph: 989.797.3400 fx: 989.498.4219

##### **Child, Family & Youth Services**

3875 Bay Road, Suite 7N

Saginaw, MI 48603

ph: 989.797.3400 fx: 989.797.3523

##### **Community Ties North**

3830 Lamson Street

Saginaw, MI 48601

ph: 989.272.7208 fx: 989.754.2854

##### **Community Ties South**

17940 Lincoln Road

New Lothrop, MI 48460

ph: 989.272.7204 fx: 989.845.4650

##### **Salter Place Housing Resource Center**

2723 State Street, Suite 3

Saginaw, MI 48602

ph: 989.498.2263 fx: 989.790.2370

##### **Supported Employment**

1901 Maple Street

Saginaw, MI 48602

ph: 989.797.3400 fx: 989.791.1464

##### **Towerline Supports Coordination**

1040 Towerline Road

Saginaw, MI 48601

ph: 989.797.3400 fx: 989.754.7829



## **SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

It is the policy of Saginaw County Community Mental Health Authority that no person on the basis of race, sex, color, religion, national origin or ancestry, age, marital status, disability, sexual orientation, gender identity or veteran status, shall be discriminated against in employment, educational programs, and activities or admissions.





SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

500 Hancock Street • Saginaw, MI 48602 • 800.258.8678 • [sccmha.org](http://sccmha.org)

