

AREA IX AGENCY ON AGING'S

AGING PLAN

For the Period

OCTOBER 1, 2015 through SEPTEMBER 30, 2019

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AREA IX AGENCY ON AGING

AREA PLAN

SECTION A

**VERIFICATION of INTENT
and
SUBMITTAL**

SECTION A – 1 VERIFICATION OF INTENT AND SUBMITTAL

This Area Plan on Aging is hereby submitted for Planning and Service Area IX serving Flathead County for the four (4) year period October 1, 2015 through September 30, 2019.

This plan includes all assurances and plans to be followed by AREA IX Agency on Aging under provisions of the Older Americans Act of 1965, as amended during the period identified. This plan also includes two requests for waivers to provide direct services under Attachment F of this plan.

AREA IX Agency on Aging and its Executive/Governing Board assumes full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Older Americans Act and Regulations, Administrative Rules of Montana, and related State policy. In accepting this authority, the Area Agency on Aging assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the Planning and Services Area.

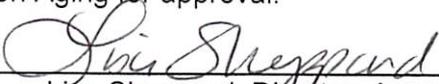
This plan takes in to consideration the views, needs and unmet needs of the elders, including the recipients of these services, in the Planning and Service Area and identifies the methods used in developing this plan. Furthermore, this plan identifies and addresses major issues and objectives identified during the planning process within the Planning and Service Area.

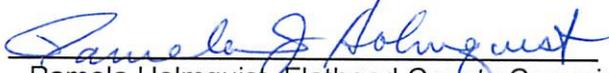
The hearing(s)/public meetings on this plan was/were conducted at the following venues/dates:

Flathead County Commission, County Courthouse, October 8, 2014
Agency on Aging Advisory Council, The Summit, November 14, 2014
Eagle Transit Transportation Advisory Committee, Heritage Place, December 4, 2014
Eagle Transit Transportation Coordination Plan, Flathead Co. Health Dept., January 16, 2015
Whitefish Community Center, January 22, 2015
Area IX Agency on Aging, January 23, 2015
North Valley Senior Center, January 26, 2015
The Gathering Place, Lakeside Chapel, February 3, 2015
Bigfork Senior Center, February 4, 2015

The views and comments of those who participated in the public hearing(s) are documented and on file in the Area Agency on Aging office. Opportunity was also given for people to submit written comments. The issues and concerns from the participants of the public hearing(s) as well as written comments were considered in the draft of the plan.

The Area Plan on Aging has been developed in accordance with all rules and regulations as specified under the Older Americans Act, has been reviewed by the Area Agency on Aging Advisory Council and the Executive/Governing Board of the Area Agency on Aging, and is hereby submitted to the State Office on Aging for approval.

Date: 7/20/2015 Signed: 
Lisa Sheppard, Director, Area IX Agency on Aging

Date: 7/20/2015 Signed: 
Pamela Holmquist, Flathead County Commissioner

Date: 7/9/15 Signed: 
Lois Katz, Advisory Council Chair

AREA IX AGENCY ON AGING

AREA PLAN

SECTION B

NARRATIVE

SECTION B - 1 EXECUTIVE SUMMARY OF THE AREA PLAN

The aging population is exploding nationally, across Montana and in Flathead County. Agency data shows:

- 1. We are already experiencing a significant increase in demand for services across the board.**
- 2. We primarily serve a vulnerable population of older adults who have very limited incomes and are at a high risk of costly institutionalization.**

Area Agencies are one of the very few sources of non-Medicaid support for older adults and as such play a pivotal role in preventing or delaying entry into the Medicaid long-term care system.

We have been fortunate in Area IX to have enough resources to meet the growing needs in the short term, but are very concerned about our ability to do so in the medium and long terms given the increased costs of doing business and the rapid demographic changes.

Although clients are very pleased with Agency services overall, when services aren't available or provided as expected, or when the amount provided is too infrequent or too limited, it is at best a cause of frustration and more often a true hardship that can result in the loss of independence.

Demographics

As of 2013, 24% of Flathead County residents were age 60 or older, jumping to 26% by 2020. ***This demographic shift is unprecedented and has far-reaching social and economic implications.***

Older adults are aware of their growing numbers and are very concerned about access to services now and in the future. They vary in their understanding of the systemic, political and financial issues that determine the help available to them.

Area IX Agency on Aging Client Characteristics

Of the 1,526 adults served in 2014:

Age

- the average and median age was 76
- 39% were age 80 or older
- almost 1/4 were age 85 or older

Income

95% met the federal low income guidelines

- 32% were living at or below poverty (compared to only 7% of all seniors in Flathead County)

- more than 1/4 reported extremely low to very low incomes
- living on very limited incomes complicates everyday life and is a barrier to accessing needed supports

At Risk

- 60% live alone (compared to 10% of the same age group county-wide)
- 62% have physical or medical conditions that potentially threaten their independence
- 85% of those receiving in-home assistance were assessed at a moderate to high risk of institutionalization based on presenting issues related to physical health, mental health, cognitive functioning, nutritional needs, ability to complete ADLS or IADLS, mobility, communication, transportation, social connectivity, caregiver support and access to needed services.
 - 38% were assessed at the highest risk level in at least one category

Increasing Demand for Agency Services

Examples of increased demand for services from state/county FY 2013 to FY 2014:

- The number of total meals served increased 15%
- The number of Meals on Wheels recipients increased 29%; the number of congregate meal recipients increased 5%
- General information and assistance contacts increased 5%; Medicare counseling services increased 10%
- Independent Living services increased 3%
- The number of specialized transit customers increased 113%

Areas of Need

1. **Increased capacity to provide meals** given the sharp increase in demand over the last year and what we expect to materialize in the coming years. Meals on Wheels support is especially critical as volunteer drivers also provide a daily welfare check for clients who are often isolated.
2. **Enhanced benefits counseling and education for the increasing number of eligible individuals.** In addition to the need for Medicare related assistance, we find most individuals and their families are unaware of or even misinformed about other critical benefits, especially Medicaid long-term care options.
3. **Increased person-centered, in-home and community-based services, with an emphasis on supporting social and community connections for older adults.** A primary issue of concern is the lack of family or other informal supports for many older adults, which results in both social isolation and dependence on formal, paid services to maintain independence. Many older adults also live in rural areas which can make it difficult to maintain connections. Others have conditions that limit their activity and interaction with others. Lack of adequate transportation options also increases isolation. The cost of isolation, regardless of the cause, is high in terms of reduced quality of life, poor physical and mental health outcomes and premature institutionalization.

4. **Proactive, robust support for families and other informal caregivers who are at the forefront of keeping older adults in their homes and communities.** Many caregivers need help, especially respite, but they are often "hidden" by virtue of their caregiving responsibilities. They may be unaware that assistance is available or may be too overwhelmed to seek it out on their own.
5. **Increased local mental health services for the growing number of older adults whose conditions negatively impact their safety, well-being and independence.** Agency staff spend an increasing amount of time and resources attempting to serve those needing mental health assistance with very limited success due to inadequate local resources.
6. **Increased funding for the Ombudsman Program which advocates for the rights and best interests of long-term care facility residents.** The problems and needs that ombudsmen are called upon to address are increasingly complex and often difficult to resolve. Funding for the program is minimal, so we must reallocate funds from other equally important services in order for the program to function.
7. **Enhanced legal and protective services.** We are experiencing a noticeable increase in requests for legal assistance, such as wills and other documents, and advocacy, particularly landlord/tenant issues. Agency staff also work very closely, often daily, with the local Adult Protective Services office on a wide variety of issues including exploitation, abuse/neglect, unmet mental health needs, client resistance to care, etc. We are also in need of viable guardianship options in our area.
8. **More flexible, affordable, accessible transportation** as many older adults no longer drive or are limited in their driving. Lack of adequate transportation alternatives limits individuals' access to services as well as opportunities for socialization and community engagement.
9. **Support for Senior Centers** to help them achieve their program goals. The area Centers vary in terms of the scope of the programs and activities they offer and the degree to which they have engaged memberships. We see the Centers as vital pieces of the aging services puzzle as they are "on the ground" in their communities, and we want to support them to grow and thrive.

Goals and Objectives

Given the unique position of Area Agencies, especially in a frontier state like Montana, it is more critical than ever that we solidify and strengthen the federal/state/local funding partnership, explore new funding opportunities, build collaborative community-based coalitions and focus on providing creative, person-centered services.

Goals for this 4 year Plan period:

- Goal 1:** The Agency obtains designation as an Aging and Disability Resource Center (ADRC) to further develop our capability to provide information and assistance to adults age 60 and older and people with disabilities age 18 and older, as well as their families and caregivers.
- Goal 2:** The Agency enhances its visibility and status as the trusted "go to" for information and assistance.
- Goal 3:** Agency programs support access, choice, independence, social and community connectedness, quality of life, health and well-being.
- Goal 4:** The Agency empowers and supports individuals and families to engage in informed planning and decision-making regarding benefits, services and care options.
- Goal 5:** The Agency promotes the safety and rights of older and vulnerable adults and helps to prevent abuse, neglect and exploitation.
- Goal 6:** The Agency prepares for and helps other organizations prepare for the rapid increase in the aging population.

SECTION B - 2 CONTEXT OF THE AREA PLAN

B - 2 – 1 Summary of Needs Assessment and Findings

In assessing the needs of older adults and their families and caregivers in Flathead County, we considered the following:

Demographics

In 2010, the U.S Census showed 21.2% of Flathead County residents were age 60 or older (the eligibility age for Older Americans Act Services). New census statistics for 2013 estimate 24.2% of Flathead County residents are now age 60 or older (a 3% increase) and 14.5% are age 65 or older. According to the Montana State Plan on Aging (October 2011-September 2015), the 60+ population is predicted to jump to 25.7% in 2020 and again to 26.8% in 2025.

Although many do not need assistance, others have challenges that make life difficult to manage without help. Among older adults in Flathead County, 34% have a disabling condition, almost 10% live alone and 7% live below the poverty level.

This demographic shift is unprecedented and will require sustained innovation and investment at all levels to ensure quality of life, health and well-being for all.

Service Statistics

MASTS

Of the 1,526 adults age 60 or older we served across all services in state/county fiscal year 2014, both the average and median age was 76. The range was 60 to 100. (Note: Those under 60 were excluded from the count as almost all of them were non-seniors who ate congregate meals.) The percentage breakdown in age was as follows:

- 55% age 75 or older
- 39% age 80 or older
- 23% age 85 or older
- 8% age 90 or older

Of the service recipients who provided us with both household and income information:

- 32% were living at or below poverty
- 27% reported extremely low to very low incomes
- 23% reported very low incomes
- 5% reported very low to low incomes
- 10% reported low incomes
- Only 5% had incomes above the low income threshold

The Agency is clearly serving those with the most need. The majority of those we assist are in the older age groups. In addition, 95% of those who provided us with income information are living on low incomes or less, with 82% living on very low incomes or less. Compared to 7% of the total senior population in Flathead County

living at or below poverty, 32% of our clients do so.

Internal Agency Database

The Flathead County IT Department created an internal database for the Agency in 2014 to allow us to track and report on client demographics, assessments, and service status/usage as well as maintain electronic notes.

One of the assessments we use is a "vulnerability" matrix to help us determine the degree to which a client may be at risk of institutionalization. Of those older adults currently receiving in-home assistance services through the Agency, approximately 85% are assessed at a moderate to high risk of institutionalization based on presenting issues related to physical health, mental health, cognitive functioning, nutritional needs, ability to complete ADLS or IADLS, mobility, communication, transportation, social connectivity, caregiver support and access to needed services. In addition:

- 62% are at moderate to high risk based on physical health needs
- 45% need assistance with transportation
- 13% are experiencing cognitive decline
- 17% have mental health needs
- 17% have limited social connections
- 66% need help with household and/or personal tasks
- 60% live alone
- 38% are assessed at the highest risk category in at least one category

It is interesting to note that 10% of all older adults in Flathead County live alone, while 60% of our in-home assistance clients do; 34% of all older residents have a disabling condition, while 62% of our clients have physical conditions that potentially threaten their independence.

Our data shows we are experiencing an increase in demand for services across the board. We have been fortunate to have enough resources to meet the growing needs in the short term, but are concerned about our ability to do so in the medium and long terms given the increased costs of doing business and the rapid demographic changes.

Examples of increased demand for services from FY 2013 to FY 2014:

- The number of total meals served increased 15%
- The number of Meals on Wheels recipients increased 29%
- The number of congregate meal recipients increased 5%
- General Information and Assistance contacts increased 5%
- Independent Living services increased 3%
- Medicare counseling services increased 10%
- The number of paratransit customers (older adults/people with disabilities) increased 113%
- RSVP volunteer hours served increased 21%

Public Input

We highly value client and community input and consider it the foundation of our Plan.

On October 8, 2014, the Flathead County Commissioners held a public meeting to hear citizen input on and discuss the future of the Agency and its services. 107 people attended the meeting. Fourteen individuals gave testimony in support of the Agency and the services it provides. The Commissioners passed three motions:

1. To continue the Agency and its services as they are now and discontinue study of other options.
2. To move forward with the South Campus building project and go to bid by the end of the year. *Note:* This new building will house the Agency.
3. To instruct the County Administrator and the Finance Department to bring forward any amendments to the Capital Improvement Plan needed to ensure the building project proceeds as planned.

In addition, from November 2014 to February 2015, Agency staff conducted three surveys, facilitated three focus groups and arranged six public meetings as part of our planning process. See Section B-2-2 for details.

Agency Staff Input

Agency staff represent decades of experience serving older adults, their families and caregivers. Their observations and ideas are invaluable. Staff identified the following as areas of need:

Meals

1. Increased capacity and funding for meals given the sharp increase in demand over the last year and what we expect to materialize in the coming years. In addition to the meals we serve, many area seniors depend on local food banks to stretch their food budgets. For example, approximately 14% of those receiving assistance from the Flathead Food Bank are older adults; 640 also receive home-delivered commodities each month.
 - a. The new Agency building will double seating capacity for congregate meals in Kalispell and will have a state-of-the-art commercial kitchen that will increase production efficiency for all meals, but adequate funding will continue to be an issue.
 - b. Ideally we would have the capacity to support evening and weekend meals as well.
2. Increased ability to incorporate fresh and/or locally produced food into the meal program through collaboration with local farmers and other groups as well as additional funding to accommodate the cost of healthier eating.
 - a. Almost 7,000 people in Flathead County (7.3% of the population) live in "food deserts," low income areas with limited access to grocery stores.

Information and Assistance

1. Enhanced benefits counseling and education to address the needs of the increasing number of eligible individuals. In addition to the need for Medicare related assistance, we find most individuals and their families are unaware of or even misinformed about other benefits, especially Medicaid long-term care options.
2. Increased capacity to provide person-centered, in-home and community-based services, with an emphasis on increasing social and community connections for older adults and supporting caregivers.
 - a. Many older adults live outside the population centers making it difficult to provide services and increasing the likelihood of isolation.
 - b. One of the most successful efforts we have engaged in to both reduce social isolation and provide creative respite is paying for older adults to participate in the Lifeside Farm Program (also known as the Care Farm Program) coordinated by A Plus Health Care in partnership with local farmers. Program participants experience real, working farm life – feeding animals, gathering eggs, making the noon meal, etc. – and the farmers are trained and paid to support them.
3. Build on recent achievements in outreach and community education efforts to establish the Agency as the widely recognized “go to” for information and assistance related to aging and disability services and to identify/serve those who may be falling through the cracks.
 - a. Better training and utilization of area Senior Center staff and volunteers would expand the Agency's reach.
 - b. The Agency's Retired and Senior Volunteer Program is a potential resource to increase volunteer participation in this area.
4. Work at the state and local levels to support increased local mental health services for the growing number of older adults whose conditions negatively impact their safety and well-being. Agency staff spend an increasing amount of time and resources attempting to serve those needing mental health assistance with very limited success due to the lack of adequate local resources.

Elder Justice

1. Increased funding for Ombudsman Program: The Ombudsman Program is critical tool in advocating for the rights and best interests of long-term care facility residents in Flathead County. Funding for the program is minimal, so we must reallocate funds from other equally important services in order for the program to function. Although adequate funding is our most pressing concern, there are other issues that ultimately impact the success of the program:
 - a. The problems and needs that ombudsmen are called upon to address are increasingly complex and often difficult to resolve. The complicated nature of the work involves greater staff time and requires staff to have high- level, professional problem-solving, system navigation, negotiating

and interpersonal skills. The need for more and more highly skilled staff further complicates the funding dilemma.

- b. One of the most difficult issues encountered by ombudsmen is the growing number of facility residents with mental health conditions and/or challenging behavior. Facility staff are ill-equipped to meet their needs and adequately address resulting safety concerns. Local facilities are seeking help from the Ombudsman Program, but mental health resources and alternative placement options are slim or non-existent.

2. Enhanced Legal Services and APS:

- a. Legal assistance is a growing need in our area.
 - i. The legal document clinics while infrequent have been well-received. We could fill one clinic per year if the resources were available.
 - ii. We are experiencing a noticeable increase in requests for legal advocacy, particularly landlord/tenant issues. We highly value the assistance of the Legal Services Developer on these issues and welcome any additional support that could be provided.
 1. We partner with two local attorneys who provide free consultation to individuals we refer. However, they are unwilling to address landlord/tenant issues or anything which involves a dispute between parties.
- b. Adult Protective Services is a key partner.
 - i. Agency staff work very closely, often daily, with the local APS office on a wide variety of issues including exploitation, abuse/neglect, care complications due to unmet mental health needs, client resistance to care, hoarding, etc. However, without the ability to substantiate abuse or neglect, APS has limited authority to resolve such situations. Additionally, APS faces the same barriers our staff do in obtaining mental health services for clients, especially those who will not voluntarily seek assessment or treatment.
 - ii. There is a critical need for guardianship options in our area, both temporary guardianship to obtain safe placement in an emergency situation and permanent solutions. APS used to fill the temporary role but no longer. There are currently no non-APS guardianship programs in our area.
 1. Conservator Corporation of Montana is a good model and a viable resource for those with substantial assets needing assistance because of exploitation or inability to manage financial matters.
 2. Western Montana Chapter of Elder Abuse is available for those needing a payee, typically by court order.
- c. Fraud and abuse prevention education continues to be a much-needed service.
 - i. Older adults are constant "scam" targets. This is reflected in both Agency calls and local media reports.
 - ii. SMP funds help support outreach and education.

Transportation

1. More flexible, affordable, accessible transportation is needed county-wide as many older adults no longer drive or are limited in their driving. Lack of adequate transportation alternatives limits individuals' access to services as well as opportunities for socialization and community engagement.
 - a. The Agency is fortunate to be the public transit provider for Flathead County, offering city routes for the general public and door-to-door Dial-A-Ride service for people who are age 60 or older or have a disability. Last year 25% of all rides, city and Dial-A-Ride, were for older adults and 26% were for people with disabilities. We provided a total of 25,662 Dial-A-Ride rides, with daily rides often topping 200. However, both city routes and Dial-A-Ride are only available to a portion of those who need them because of geographic restrictions. In addition, the strict rules for Dial-A-Ride can be difficult for some riders to follow.
 - b. Escorted Transportation is another valuable service the Agency provides, but funding limitations have caused us to restrict the service to rides for dialysis and other medical treatment.
2. The Agency and public funding cannot meet the need alone. Community partnerships and collaborative efforts are essential to creating and implementing innovative solutions.
 - a. Area cities are underrepresented in planning for and supporting local transportation.
 - b. Community health providers and businesses have a stake in affordable, flexible transportation options for older adults.

Senior Centers

1. Individualized support for area Senior Centers to help them achieve their program goals. The area Centers vary in terms of the scope of the programs and activities they offer and the degree to which they have engaged memberships. We see the Centers as vital pieces of the aging services puzzle as they are "on the ground" in their communities, and we want to support them to grow and thrive.
 - a. Whitefish is an example of a Center in our area that has changed its name and its focus to a Community Center model with expanded programs and activities to appeal to diverse interests.
 - b. Flexible, affordable, accessible transportation is a barrier to participation for all Centers
 - c. Intergenerational programs could enhance the Center experience for members and the community-at-large.
2. Area Senior Centers have been the focus of our Health Promotion efforts in the past, but if they are to continue as such they will need assistance to meet the new evidence-based program requirements. Only one of the Centers currently offers approved programs. The transition to evidence-based criteria is a difficult one as the Centers have taken pride in their exercise and other health-related

programs and the participants have benefited greatly from the resulting camaraderie and sense of belonging. Many have expressed a feeling of being devalued by the new requirements; they feel they are no longer "good enough" and are being discarded.

Internal Documents

The Agency prepares other planning and reporting documents that contain information that is pertinent to the Area Plan. Many of the needs identified above were informed by these documents.

Performance Reports

Flathead County practices performance-based budgeting. The Agency annually develops performance measures to provide the foundation of our budget and to guide our work. The measures include both outcomes and output targets. Monthly, the Agency Director gathers and analyzes performance data and reports results to the Flathead County Commissioners, along with other information regarding Agency activities. Each report includes a table that compares current fiscal year data to both current targets and data from the two years prior, which allows for an ongoing review of trends. Reports and performance tables can be viewed on the Agency website at the following link: http://flathead.mt.gov/aging/Commissioner_Reports.php

Fiscal Year 2016 Transportation Coordination Plan

Annually, the Agency must update its Transportation Coordination Plan as part of its application for federal transportation funding. The planning process includes input from:

- the Transportation Advisory Committee, which is comprised of members representing community businesses, service providers, senior centers and riders
- the general public, through open meetings
- other public or private transportation providers
- area county/city planners (and growth policies related to public transit)

The Plan for FY 2016 identifies expanded hours in half-day service areas, new service to unserved areas and expanded Dial-A-Ride parameters as high priority needs.

Five Year Transportation Development Plan, November 2013

Every 5 years the Agency hires an independent consultant to prepare an updated development plan that speaks to current and future transportation needs and the cost/feasibility of potential solutions. The Plan can be viewed at the following link: http://flathead.mt.gov/eagle/documents/FlatheadCountyE.T.5YearPlan_Updated11_2013.pdf

External Documents

The Agency consulted a number of externally produced documents in the process of developing this Plan, including the following:

Flathead County Community Health Needs Assessment 2012-2013

The report is the result of a joint effort by the Flathead County-City Health Department, Kalispell Regional Healthcare and North Valley Hospital. Our Agency was represented in the focus groups. The report provides demographic information and statistics relative to local health issues and identifies areas of need. Particular items of interest include projected increases in the number of people who will be diagnosed with Alzheimer's and the high rate of suicide in Flathead County compared to other areas of Montana and the country as a whole. Focus groups noted access to mental health services as one of the most significant unmet needs in our community. Also, expanding transportation options was suggested as a priority requiring a collaborative community effort.

<http://flathead.mt.gov/health/documents/CommunityHealthAssesment.pdf>

CAPNM Community Input Meetings, Summer 2014

Community Action Partnership of Northwest Montana completed a community needs survey with 99 respondents, 57 of which were age 65 or older. Some data to note about those respondents 65 and older:

- 68% are unmarried
- They are almost evenly split between owning their own home and renting
- 38% said they or someone in their home have a disability
- 61% receive financial assistance for housing or utility bills
- 75% drive their own vehicle
- 19% said their monthly expenses exceed their monthly income
- Only 2 respondents reported not having medical insurance
- Almost half had not sought dental care in the last year because of no dental insurance/cost
- 65% take medication for chronic pain or illness
- 42% use local food banks
- 19% said they could use assistance with home repairs

The CAP website also shows the results by city/area: <http://www.capnm.net/community-input-meeting-results/>

B - 2 - 2 Solicitation and Input for Developing Plan

We employed multiple methods to solicit input from older adults, caregivers, service providers and the community-at-large. Below is a summary of each method.

Surveys

We completed three surveys in conjunction with developing the Area Plan:

1. Nutrition

In May 2014, we sent out two surveys, one for congregate meals (150 sent, 106 returned) and one for home-delivered meals (200 sent, 91 returned). Respondents had one month to return the completed survey.

Questions on both surveys covered frequency of use of the services, meal quality and the helpfulness/friendliness of staff and volunteers. The form included space for written comments. The congregate meal survey also asked whether respondents experienced an increased opportunity to socialize by coming to the meal site, and the Meals on Wheels survey asked whether the meal service supports them to remain in their homes.

Result highlights:

Congregate Meals

- 73% of respondents eat at the site weekly; almost one-third eat daily
- 99% are satisfied or very satisfied with the quality of the food
- 92% say eating at the site improves their ability to socialize
- 99% find staff friendly and helpful
- 96% would recommend the service

Home-Delivered Meals

- 97% receive meals at least 4 times per week
- 99% are satisfied or very satisfied with the quality of the food
- 92% report the meals help them maintain their independence
- 18% say the driver is the only person they see during the day; 32% say that is sometimes the case
- 100% would recommend the service

Possibly most telling are comments like these:

- "Some days Meals on Wheels is the only meal I eat for that day."
- "The drivers are always friendly and smile."
- "When I started Meals on Wheels I was not well and was not eating or cooking. Now I am well and will be able to do some more things for myself."
- "Can't say enough, you help make my life so much easier. I send my monthly menus to my sister who lives in North Carolina in a nursing home."

They tell her they sure do feed us well in Montana and have even done some of our meals there at the home.”

2. In-Home Service Recipients

In collaboration with Samuel A. Herbert, PhD, a volunteer with more than 30 years' experience in organizational management consulting, we developed and implemented a survey of individuals receiving Homemaker, Respite and Escorted Transportation services. The survey was mailed in July 2014 to 250 service recipients along with a letter from the Agency Director that included instructions and an explanation of the survey's purpose. We received 75 responses which represents a 30% return rate. The survey included the option to participate in a follow-up interview, 20 of which were conducted either in-person or over the phone once all the surveys were collected. All responses were anonymous except for those who agreed to be interviewed.

The purpose of the survey/interviews was to gather information to inform management decisions and improve service delivery as well as aide in the development of the Area Plan. Questions focused on customer service, the quality and quantity of services provided, and identification of unmet needs. Questions were asked regarding clients' experience with both Agency and subcontractor staff.

Result highlights:

- Almost 98% responded favorably to questions about Agency staff and services provided directly.
- Contracted staff/services were rated somewhat lower than Agency staff/services:
 - 84% responded favorable about Homemaker services.
 - 87% responded favorably about Escorted Transportation.
 - 89% responded favorably about Respite services (although there did appear to be confusion among some respondents about what respite is).
 - Note: The survey occurred shortly after all clients were transitioned to a new provider as a result of contract changes. Some respondents referenced the old provider and some the new provider.
- Three themes emerged.
 - Empathy: Both Agency staff and contractor staff have good interpersonal skills and clients feel staff care about them.
 - Respect: Both Agency staff and contractors treat clients with respect and dignity.
 - Lack of individual assertion: Those interviewed were hesitant to express concerns out of fear of being considered “whiners” or losing service.

3. Public Transportation

A questionnaire was sent to 84 businesses and organizations where Eagle Transit transports passengers to gather information and feedback about community transit needs. Recipients included area hospitals and medical practices, senior and community centers, senior and other apartments, assisted living and other residential services, public assistance and social services organizations, etc. Flyers promoting the January 16, 2015 open meeting were also included in the mailing.

The questionnaire was comprised of three sections: 1) transportation services provided to or used by the recipient's clients or customers, 2) unmet transit needs, and 3) space for narrative comment. We received 47 responses. Of those received, 36 were from Kalispell, 10 from Whitefish and 1 from Columbia Falls.

Result highlights (responses will not add up to 100% as respondents could choose multiple answers):

- 40% of respondents assist their clients or customers to access Eagle Transit services
- 66% said their clients or customers make their own arrangements to ride Eagle Transit buses
- 34% report their business is on or near a bus stop
- 17% feel that all transit needs are fully met
- Between 23% and 36% would like to see new or expanded services

Focus Groups

Three focus groups were held to obtain input from select groups; 31 total participants.

1. Area IX Agency on Aging Advisory Council

The Advisory Council is made up of diverse representatives of the community appointed by the Flathead County Commission. Members include a Flathead County Commissioner and a state senator, aging services providers, other service providers, area senior center members, RSVP Director and volunteers and the community at large. Meetings are open to the public and posted on the County website as well as in the Daily Inter Lake "Daybook" calendar of local events.

The focus group took place on November 14, 2014. Fifteen (15) members and two guests participated.

Summary:

- The greatest issues/needs for older adults in Flathead County were identified as: social isolation, access to transportation, overall increase in

demand for aging services, limited ability to pay privately for in-home services, too little long term care planning.

- Community education and engagement could be enhanced through: development of a Speakers' Bureau, use of interns to supplement staff efforts, creation of intergenerational programs, engaging in efforts that support "neighbors" to help each other.
- The Agency should build more collaborative relationships to leverage resources, set local standards for best practices, fully engage the faith-based community, and create a multi-generational volunteer program.
- Outreach/education should target family caregivers and promote respite. The Agency should support area Senior Centers to become "information centers."

2. Transportation Advisory Committee

The Area IX/Eagle Transit Transportation Advisory Committee (TAC) meets at least quarterly. Meetings are open to the public and posted on the County website as well as in the Daily Inter Lake "Daybook" calendar of local events. Members represent a good cross-section of the community, including Kalispell Regional Medical Center, North Valley Hospital, Flathead Valley Community College, area senior and community centers, all but one of the main population centers, the Area IX Agency on Aging Advisory Council and the Flathead County Commission.

The focus group was held on December 4, 2014, with nine (9) members participating. The focus group results were also used to help develop the FY 2016 Transportation Coordination Plan.

Summary:

- Expanded services are needed in Whitefish and Columbia Falls which currently have only half-day service.
- Start-up services are needed in Lakeside/Somers and Bigfork.
- We need to consider "feeder routes" for unserved neighborhoods that are likely to have a high concentration of residents who would use public transit if it were available.
- We need transportation solutions for the rural areas outside of the population centers
- Active marketing and promotion of existing routes is critical to reaching all who would benefit from the service and to increasing ridership.
- User-friendliness needs to be improved regarding bus stops, schedules and the length of time riders spend on the Kalispell/Evergreen route.
- Despite doubling ridership over the last 5 years, many people still don't know about the service or the bus doesn't go where they need to go.
- Developing partnerships is critical to expanding service, particularly with the cities and the medical and business communities.

3. Faith-Based Community

We invited six pastors of area churches and the director of Love INC, a faith-based volunteer organization in the North Valley, to participate in a focus group geared toward better understanding the needs of older adults in the community from a faith-based perspective. We knew from the public meetings and other feedback that many older adults look to their churches for help from within their own congregations and for information on outside resources when necessary.

The group met on February 10, 2015. Participants asked questions about Agency services and other community providers serving older adults and exchanged information about each of their efforts to serve their congregations and the broader community.

Summary:

- Affordable, accessible transportation was identified as a critical need in all areas but especially for those not currently served by Eagle Transit.
- The churches are able to meet most of the needs of their congregations. They try to watch for seniors who seem to be struggling to get out of the house. They use volunteers to bring them meals, visit them in their homes, bring them to church, etc., but sometimes older adults feel like a burden and sometimes volunteers get burned out.
- Long-term needs are harder to meet with volunteers as are some types of needs, like personal care. For example, Love INC gets a lot of requests for respite but can't help if the person needs "hands-on" care. Volunteers are often uncomfortable with or do not have the skills to provide this type of care.
- Rebranding Senior Center meals and activities as social and/or volunteer opportunities rather than "help" might increase participation.
- The churches would like Agency staff to do onsite Medicare and benefits counseling and presentations about services.
- Church members could be good candidates for joining RSVP.

Public Meetings

We coordinated and promoted a series of public meetings throughout Flathead County to obtain community input on current services, unmet needs and concerns or ideas related to aging issues. A total of 146 people participated.

- Five meetings were held at area Senior Centers/Meal Sites:

Whitefish Community Center

January 22, 2015

17 attended

Summary:

- The need to expand Eagle Transit services in Whitefish and develop more transportation options for older adults was the main topic of discussion.

Participants also want to see better education about and support for older adults to learn how to use existing transportation services.

- Participants would like access to a good senior-focused directory of services. Some existing directories were discussed.
- The importance of senior centers was emphasized and ways to make them successful were discussed.
- Participants would like to see more education about Medicaid.

Flathead County/Area IX Agency on Aging, Kalispell

January 23, 2015

39 attended

Summary:

- Participants had questions about the new building and also about how the Agency and the Kalispell Senior Center will interact once they share the new space.
- Issues/needs noted by participants included: increase dependability of contracted services, provide more public transportation, add "home chore" services in addition to homemaker, offer companion care for those who live alone, provide more help with meal planning and preparation, include home repair as a service, help with basic needs, etc.
- Suggestions were made to improve outreach including radio, print and web.
- Several participants encouraged others to get involved on issues that affect them and to contact their elected officials with their concerns and ideas.

North Valley Senior Center, Columbia Falls

January 26, 2015

28 attended

Summary:

- Participants asked a lot of questions about transportation and other Agency services and how they work.
- Members suggested multiple ways in which the Agency could better get the word out about services, including using the Centers themselves more effectively.
- Several participants encouraged others to contact their federal elected officials about supporting reauthorization of the Older Americans Act.

Lakeside Chapel Gathering Place

February 3 2015

14 attended

Summary:

- Agency staff provided a brief overview of services at participants' request.
- Transportation was cited as the most urgent need for the area (as regular Eagle Transit service is not currently available). People are particularly interested in medical rides and once or twice weekly service into Kalispell.

- Participants made multiple suggestions about how to effectively reach out to older adults and families/caregivers in the Lakeside area.
- Participants noted services of interest to them including tax assistance, respite, legal services, identifying and addressing exploitation, ombudsman, health screenings and toenail clinics.
- Participants noted isolation of older adults as a concern and gave examples.

Bigfork Senior Center

February 4, 2015

34 attended

Summary:

- Agency staff provided a brief overview of services at participants' request.
 - The need for public transportation and/or other transportation options was discussed at length as Bigfork is currently not served by Eagle Transit except through Country Dial-A-Ride, which is too expensive for many. Participants offered ideas for creative solutions.
 - In-home services are important for older adults and caregivers but many people don't know about them.
 - Other needs noted were a support group for those caring for loved ones with Alzheimer's, more locally based services rather than out of Kalispell, and more flexible services for those who have Medicaid.
 - Participants offered suggestions for how to best do outreach and education in the Bigfork area.
- A public transportation open meeting was held on January 16, 2015 pm at the Flathead County Health Department to solicit public input on area transit services and needs as part of developing the FY 2016 Transportation Coordination Plan. Fourteen (14) people attended. Participants were also invited via a follow-up email to the February 5, 2015, TAC meeting where the Plan was discussed and voted on.

Summary:

- The following topics were discussed: improvement of bus schedules, ensuring access to bus shelters, increased service for dialysis patients, expansion of Park-N-Ride sites, expanded days of service for Country Dial-A-Ride, flexibility concerning carry-on items, barriers to riding, better outreach and education, expanded routes and hours, expanded Dial-A-Ride parameters, and results of the Five Year Transportation Development Plan.
- Participants expressed a desire to hold quarterly public meetings and/or participate on a "citizen committee."

The public meetings were promoted as follows:

- Local media, including radio and newspapers – ads, PSAs, inclusion in community calendars, featured on the Agency Director's monthly radio spot and on the Kalispell Senior Center monthly radio spot on KGEZ

- Distribution of flyers
 - available on all buses
 - hand-delivered and emailed to area senior and community centers
 - posted countywide in a wide variety of businesses and common destinations
 - included with the transportation questionnaire/letter sent to area businesses and organizations
 - emailed along with a personal invitation from the Agency Director to all Flathead County Department Heads, all Agency Advisory Board Members (which include County Commissioners), the Transportation Advisory Committee, and other stakeholders
 - Posted on the Agency website
 - Included in local Chamber of Commerce calendars

B - 2 - 3 Findings

Several overarching themes emerged from the public input:

1. Those receiving services from the Agency are pleased with them overall and with the way they are treated by our staff and contracted providers. They especially feel Agency staff care about them and try hard to get them the help they need. Further, they are clear about the importance of the services to their quality of life and in helping maintain their independence. However, when services aren't available or provided as expected, or when the amount provided is too infrequent or too limited, it is at best a cause for frustration and more often a true hardship that could negatively impact a person's ability to remain in their home.

Those who live farther from the population centers are more likely to experience difficulty accessing needed services.

2. Although we have substantially increased our outreach and community education efforts over the last two years, many people, even those involved with the Agency, do not know about or are confused about what services we provide, eligibility/cost for services, and how to access the services. Many people used the public meetings as an opportunity to ask questions about Agency services.

In addition to being unfamiliar with Agency services, participants reported that they and other older adults often do not know about or are not adequately informed about critical benefits like Medicare and Medicaid.

3. More and more flexible transportation was the most often cited unmet need.
 - a. For those who live within the Eagle Transit service area (excluding those areas served by Country-Dial-A-Ride only), the requests primarily centered on new and expanded routes, additional service hours and an expanded geographic area for Dial-A-Ride service. Many participants also pointed to the need to make the service more user friendly, especially for older adults who may be intimidated by the process.

- b. For those who don't live in the Eagle Transit service area, requests focused on creative solutions to begin service, especially for medical rides. Participants frequently mentioned the cost of Country Dial-A-Ride as prohibitively expensive.
 - c. Most participants were unaware of but very interested in our Escorted Transportation service. They would like to see it expanded and also made available for trips other than medical rides.
4. Meals, both congregate and home-delivered, continue to be a highly valued service.
 - a. Many participants use the meal service. Almost all are satisfied or very satisfied and would recommend the service to others.
 - b. The service represents more than a meal - congregate meals provide opportunities for socializing and home-delivered meals help maintain independence.
 - c. Many meeting participants noted Meals on Wheels as a bright spot for those who are isolated. Sometimes the volunteer driver is the only routine outside contact the person has. There have been multiple instances where a MOW driver finds a person injured or incapacitated and gets medical help that saves the person's life.
 - d. Kalispell residents are especially excited about the new Agency building that will be completed in 2016 and will include an expanded, updated kitchen and inviting dining area with double the seating capacity of the current building.
5. Caregivers need support, but they are often "hidden" by virtue of their caregiving responsibilities. Most participants reported knowing someone who is a caregiver, and some had been a caregiver themselves at some point. Only one said he was currently a caregiver for his wife who has Alzheimer's. Participants noted the difficulties faced by caregivers and want to see more outreach to them as they likely don't know help is available or may be too overwhelmed to seek assistance on their own.
6. A primary issue of concern is the lack of family or other informal supports for many older adults throughout the county, which results in both social isolation and dependence on formal, paid services to maintain independence. The consensus is that many older adults do not have an adequate network of family and friends who are able and/or willing to be involved. Many older adults also live in rural areas which can make it difficult to maintain connections. Others have physical or medical conditions that limit their activity and interaction with others. Lack of adequate transportation options increases isolation. The cost of isolation, regardless of the cause, is high in terms of reduced quality of life, poor physical and mental health outcomes and premature institutionalization. Meeting participants felt the Agency should focus on providing services that reconnect people to the community, support relationship-building and encourage people to help each other.
7. Many older adults live on very limited incomes which complicates their lives and

access to needed supports. Participants frequently mentioned the cost of services as a barrier to asking for help. Many were surprised to learn that our services are mostly provided on a donation basis.

8. Exploitation of older adults is a concern. While sometimes expressed directly as an issue in its own right, it was more often discussed in the context of lack of services and supports that make older adults more vulnerable.
9. Each of the communities within Flathead County has a unique identity and perspective as well as differing strengths and challenges related to demographics and geography. The Agency needs to develop creative and individualized approaches to support each of the areas, especially the Senior Centers.
10. Older adults are aware of their growing numbers and are concerned about access to services now and in the future. They vary in their understanding of the systemic, political and financial issues that determine the help available to them. Some participants urged others to find the power in their collective voice and use it to influence decision-makers.

AREA IX AGENCY ON AGING

AREA PLAN

SECTION C

GOALS, OBJECTIVES and STRATEGIES

SECTION C – 1 GOALS
SECTION C – 2 OBJECTIVES
SECTION C – 3 STRATEGIES

Goal 1: The Agency obtains designation as an Aging and Disability Resource Center (ADRC) to further develop our capability to provide information and assistance to adults age 60 and older and people with disabilities age 18 and older, as well as their families and caregivers.

ADRCs were developed through a partnership between the federal Administration on Aging (AOA)/Administration on Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). The ADRC Program is designed to empower individuals to effectively navigate the long-term care system through informed decision-making and streamlined access to services and supports. The vision is to have an ADRC in every community serving as a highly visible and trusted source of comprehensive information and a single point of entry into public long-term support programs and benefits.

ADRCs are also a resource for those who are able to privately pay for services. The intent is to provide information and options counseling to people before they become Medicaid eligible to help them learn about alternatives for making better use of their own resources and preventing or delaying spend-down to Medicaid.

Objective 1: Engage in transition activities to become a fully functioning ADRC

Strategies:

- Develop new and strengthen existing partnerships with area Independent Living Center and disability service providers
- Pursue Memoranda of Understanding with IL Center, local Office of Public Assistance and others as appropriate
- Build staff expertise through training on working with adults with disabilities, Options Counseling, etc.
- Identify and implement cross-training opportunities

Objective 2: Include veterans as a specific target population and implement the Veteran Directed Home and Community-based Services Program.

Strategies:

- Once ADRC status is obtained, complete Program Readiness Review
- Establish service

Goal 2: The Agency enhances its visibility and status as the trusted "go to" for information and assistance

Objective 1: Create a continuous and ubiquitous information "loop" that is easily accessed by all county residents

Strategies:

- Develop and implement a comprehensive marketing plan, emphasizing ADRC model
- Revamp the Agency website
- Update Agency informational materials
- Engage Senior Centers and other stakeholders as outreach and education partners
- Create a volunteer Speaker's Bureau

Objective 2: Showcase Agency expertise

Strategies:

- Sponsor community education events/activities
- Sponsor trainings for local service providers
- Contribute guest columns in local media forums
- Participate on local workgroups and coalitions

Goal 3: Agency programs enhance access, choice, independence, social and community connectedness, quality of life, health and well-being.

Objective 1: Employ a person-centered approach to service planning and delivery

Strategies:

- Train all staff on person-centered principles
- Provide in-depth training to I&A staff on person-centered strategies
- Review and adjust Agency processes, policies and procedures to ensure compatibility with a person-centered approach
- Evaluate current programs/services from a person-centered perspective and identify and implement needed changes
- Develop new programs/services targeted to desired outcomes using a person-centered model
- Offer person-centered training to partners and stakeholders

Objective 2: Invest in creative and innovative methods to achieve desired outcomes

Strategies:

- Research best practices and what's working in other areas, states, countries
- Enlist partners to brainstorm and collaborate
- Consider experiments and pilot projects to try out new ideas

Objective 3: Ensure programs demonstrate outcomes consistent with the goal.

Strategies:

- Define outcomes in measurable terms
- Develop appropriate measurement tools
- Review progress and make changes as needed

Objective 4: Prioritize developing/increasing transportation options

Strategies:

- Analyze current funding allocations across Agency services to determine if it's possible to use existing resources differently to increase transportation access and/or efficiency
- Work with the Area Agency Advisory Committee and the Transportation Advisory Committee to approach area health care providers and other businesses about the possibility of their financial participation
- Put together a local Transit Coalition to work collectively on transportation issues

Objective 5: Prioritize developing/increasing creative respite options

Strategies:

- Focus on alternatives that provide both a break for the caregiver and an enjoyable, meaningful experience for the person needing care
- Use success with the Lifeside Farm Program as a model for other programs/services
- Participate in Lifespan Respite efforts

Objective 6: Support Area Senior Centers to provide programs and activities consistent with this goal.

Strategies:

- Continue to assist with Flathead County's efforts to obtain a CDBG grant to bring three of the Centers into ADA compliance and make structural repairs and improvements

- Work individually with each Center to understand unique community needs and determine how the Agency can best support the Centers to meet those needs
- Continue to support Centers as meal program sites
- Help Centers that wish to do so meet the new criteria for evidence-based Health Promotion programs
- Assist Centers to become more proficient in providing information about services
- Provide oversight and monitoring to ensure programmatic and financial compliance

Objective 7: Consider private pay services to expand community-based supports

Strategies:

- Research successful efforts by other Area Agencies in Montana and other states
- Seek additional advice and assistance from the State Unit on Aging and n4a

Goal 4: The Agency empowers and supports individuals and families to engage in informed planning and decision-making regarding benefits, services and care options.

Objective 1: Increase benefits/services education and counseling efforts

Strategies:

- Continue and expand "mobile" appointments throughout the county targeting Senior and Community Centers, senior housing, low-income housing, churches, etc.
- Support Senior Center staff to gain I&A certification
- Recruit and train additional volunteer counselors through RSVP

Objective 2: Provide Medicare and Medicaid workshops

Strategies:

- Obtain Medicare 101 "trainer" training for staff
- Work with local OPA office and others with Medicaid expertise to design and implement workshops
- Promote workshops through a variety of methods
- Set an annual target of number of workshops and number of participants
- Consider obtaining sponsors to offset costs

Objective 3: Provide Options Counseling

Strategies:

- Implement as part of transition to ADRC

Goal 5: The Agency promotes the safety and rights of older and vulnerable adults and helps to prevent abuse, neglect and exploitation.

Objective 1: Protect the rights of nursing home and assisted living facility residents through the Ombudsman Program

Strategies:

- Continue to prioritize the Ombudsman Program and to allocate sufficient resources to allow the program to function
- Advocate for increased funding for the program
- Support ombudsman staff to obtain ongoing training
- Consider implementing a Friendly Visitor Program

Objective 2: Continue to partner with APS to ensure the safety of older adults and adults with disabilities

Strategies:

- Continue long-standing relationship with local APS office
- Continue to work collaboratively to protect and serve individuals in need
- Continue to participate in monthly Adult Protective Team Meetings, a collaborative effort of area service providers to address difficult situations
- Ensure all staff are trained on reporting responsibilities
- Advocate for and participate in the development of local guardianship options

Objective 3: Support and promote legal documents clinics and legal assistance and advocacy.

Strategies:

- Arrange, prepare for and promote legal document clinics in our area as resources allow
- Refer individuals as appropriate to the Legal Developer's office for assistance and advocacy
- Research the viability of expanding local attorney network willing to offer pro bono assistance to those referred by the Agency

Objective 4: Support other efforts to prevent elder abuse

Strategies:

- Use SMP funds to support volunteers to deliver fraud prevention counseling, training and education
- Through M4A continue to support Big Sky Services prevention efforts

Goal 6: The Agency prepares for and helps other organizations prepare for the rapid increase in the aging population.

Objective 1: Advocate for adequate funding and flexibility for Agency programs and other community services

Strategies:

- Participate in state level workshops, coalitions, etc. to promote flexible, person-centered policies and programs
- Continue active participation in M4A
- Continue to educate elected officials about issues and potential solutions
- Continue to educate Agency advisory boards and other stakeholders about pertinent issues and encourage them to take action
- Conduct advocacy workshops to educate interested parties about the process

Objective 2: Nurture existing partnerships and develop new ones to encourage creative, innovative, local solutions

Strategies:

- Work with subcontractors to identify and implement creative strategies for service delivery
- Participate in local workgroups and coalitions; initiate and lead new efforts as needed

Objective 3: Educate stakeholders, elected officials and the community-at-large about the impact of the changing demographics on individuals and families, the social service system, the workforce, businesses, city and county development, housing, etc.

Strategies:

- Stay abreast of related research and disseminate through stakeholder network
- Use monthly report to Flathead County Commissioners as a vehicle for providing impact information
- Convene community forums to provide information and promote discussion of issues
- Participate in the city planning processes to ensure inclusion of an aging and disability perspective

Objective 4: Initiate, encourage and support efforts to promote positive attitudes about aging and disability

Strategies:

- Support events/activities/media coverage that showcase contributions and celebrations
- Develop intergenerational and integrated programs and activities
- Build on the success of RSVP volunteers supporting a wide variety of community programs, including mentoring and teaching youth
- Continue and expand participation on local and state workgroups, coalitions, etc.

AREA IX AGENCY ON AGING

AREA PLAN

SECTION D

**SERVICES TO BE PROVIDED
AND
SPECIAL PROJECTS**

SECTION D - 1 SERVICES TO BE PROVIDED

Include how many people plan to serve in FY 16 and how many units of service

The following services will be provided throughout Flathead County, with the following exception:

- Dial-A-Ride (DAR) services are available M-F in a 3/4 mile radius of fixed route service in Kalispell, Columbia Falls and Whitefish. Adults age 60 and older ride for a donation. People with disabilities under the age of 60 pay \$1.50 per ride. Country DAR, a fee-for-service option, is available countywide twice a week.

Service	Annual Number Served	Annual Units of Service	Definition of Unit of Service
Nutrition			
▪ Congregate Meals	820	40,000	1 meal
▪ Home-Delivered	450	46,000	1 meal
Information and Assistance	N/A	17,000	1 contact
Outreach	N/A	1,000	1 home visit/intake
Community Education	N/A – maximum exposure is all of Flathead County via typical radio and TV coverage of the Agency	110	1 activity (presentation, ad, PSA, media interview/story, awareness event, guest editorial, etc.)
SHIP Counseling	797	1,900	1 contact
Personal Care	15	675	1 hour of service
Homemaker	140	2,500	1 hour of service
Respite	40	3,000	1 hour of service
Senior Companion	40	800	1 hour of service (includes attendant hours for Escorted Transportation)
Escorted Transportation (attendant time)	85	2,200	1 hour of service
Transportation (rides)			
▪ Assisted/Escorted	85	1,400	1 one-way ride
▪ Nutrition Rides		3,066	1 one-way ride
▪ Dial-A-Ride	325	26,000	1 one-way ride
Senior Centers	530	24,000	Operational support to 4 area Senior Centers
Ombudsman	N/A	2,338	1 hour of work
Legal Assistance	N/A		1 appointment with local attorney
Telephone Reassurance	20	3,600	1 call
Health Promotion	60	1,200	1 hour

SECTION D -2 SPECIAL PROJECTS

Aging and Disability Resource Center (ADRC): The Agency will take the necessary steps to obtain designation as an ADRC. See Goals, Objectives and Strategies section above.

Veteran-Directed Home and Community-based Services (VD-HCBS): Once ADRC status is obtained the Agency will complete the process for becoming a VD-HCBS provider. See Goals, Objectives and Strategies above.

ATTACHMENT A

AOA ASSURANCES AND ACTIVITIES

ASSURANCES

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies. The Area Agency on Aging assures that it will meet the following assurances.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will-

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (1);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will-

(1) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall—

Area IX Agency on Aging's Aging Plan for the period October 1, 2015 through September 30, 2019

(1) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will

pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

REQUIRED ACTIVITIES

The State Agency:

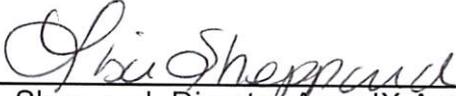
- (A) requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) The State plan is based on such area plans.
- (C) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
- (D) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
- (E) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.
- (F) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.
- (G) No supportive services, nutrition services, or in-home services are directly provided by an area agency on aging in the State, unless, in the judgment of the State agency—
 - (i) provision of such services by the area agency on aging is necessary to assure an adequate supply of such services;
 - (ii) such services are directly related to such area agency on aging's administrative functions; or
 - (iii) such services can be provided more economically, and with comparable quality, by such area agency on aging.

The Area Agency:

- (A) evaluates the need for supportive services, including information and assistance, and transportation services, nutrition services, and multipurpose senior centers within the area;
- (B) has developed a process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;
- (C) will conduct periodic evaluations of activities and projects carried out in the area

Area IX Agency on Aging's Aging Plan for the period October 1, 2015 through September 30, 2019

under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.



Lisa Sheppard, Director Area IX Agency on Aging

Date: 7/20/2015



Pamela Holmquist, Flathead County Commissioner

Date: 7/20/2015

ATTACHMENT B

INFORMATION REQUIREMENTS

The Area Agency must provide all applicable information to the State for each of the following OAA citation listed below. The completed attachment must be included with your Area Plan submission.

Section 305(a)(2)(E)

Describe the mechanisms) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home and legal assistance).

Section (307(a)(3)

The plan shall:

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared-

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency;* and

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, *and specify the ways in which the State agency intends to implement the activities.*

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) *a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6)*

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(J) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter:

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 7J 2 (a)(5) (C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(Hi) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households,' and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except :

(i) if all parties to such complaint consent in writing to the release of such information;

(if) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

ATTACHMENT C

AREA FUNDING FORMULA and ALLOCATION

The following describes the allocation (funding) formula established and used by the Area Agency on Aging for the distribution of funds to the counties, reservation and/or projects for services to be provided in the Planning and Services Area under the Older Americans Act.

The Agency's service area is Flathead County only so there is no need for an allocation formula to distribute funds to other counties.

ATTACHMENT D

GOVERNING and ADVISORY BOARD MEMBERS and TERMS OF OFFICE

AREA AGENCY GOVERNING BOARD PROFILE

1. General Responsibilities of Governing Board:

The Governing Board is the Flathead County Commission, which is comprised of three Commissioners elected to staggered 6 year terms. The Governing Board is responsible for:

- All matters of employment
- All budget authorizations
- All contractual agreements
- All decisions regarding significant program redirect, expansion or curtailment

2. Governing Board Members and Terms of Office:

Board Member	Contact Information	Term
Pamela Holmquist, Chair	406-758-5503	to 12/31/2016
Gary Krueger	406-758-5507	to 12/31/2018
Philip B. Mitchell	406-758-5506	to 12/31/2020

AREA AGENCY ADVISORY COUNCIL PROFILE

The Flathead County Commission has established an Area IX. Agency on Aging Advisory Council consisting of older adults who are participants or who are eligible to participate in programs under the Older Americans Act, representatives of older individuals, local elected officials, providers of aging services and the general public.

The Advisory Council is charged with helping further the Agency's efforts to develop and coordinate community-based systems of services for older persons in Flathead County.

The Council advises the agency relative to:

- Developing and administering the Area Plan
- Conducting public hearings
- Representing the interests of older persons
- Reviewing and commenting on community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.

The Advisory Council is not authorized to make any decisions regarding the Agency, its operations, funding, programs or personnel.

Advisory Council Members and Terms of Office:

Board Member	Contact Information	Term
Greg Bancroft	406-212-7695	12/31/2017
Tracy Bridges	406-752-9148	12/31/2016
Dee Brown	406-387-9494	12/31/2016
Jennifer Crowley	406-752-5821	12/31/2016
Jim Driscoll	406-270-2214	12/31/2016
Doug Gilbertson	406-253-3943	12/31/2015
Glenn Graham	406-752-1183	12/31/2016
Sharla Hinman	406-257-7484	12/31/2016
Sue Holst	406-758-2133	indefinite
Michael Huekhang	406-871-9669	12/31/2016
Jenna Justice	406-755-4923	12/31/2016
Lois Katz	406-314-4722	12/31/2017
Brenda Lynch	406-755-4968	12/31/2016
Phil Mitchell, Commissioner	406-758-5506	indefinite
Beth Morgenstern	406-253-6668	12/31/2016
Tom Murphy	406-752-1204	12/31/2016
Drucilla Parker	406-250-1876	12/31/2016
Mary Reckin	406-257-8160	12/31/2016
Dick Reedquist	406-314-4688	12/31/2017
Paula Robinson	406-892-5807	12/31/2017
Courtney Rudbach	406-250-0471	12/31/2017

ATTACHMENT E

PROVIDER PROFILE

The following is a list of the providers, by county or reservation, who the Area Agency on Aging contracts with to provide services to the senior citizens in the planning and service area. The provider agencies and organizations which have been identified and designated by the Area Agency on Aging as a "focal point" for comprehensive service delivery in each county in the Planning and Service Area are identified as such.

All services are provided in Flathead County.

<u>Provider name/address:</u>	<u>List services provided</u>	<u>Contact Information</u>
Bigfork Senior Center P.O. Box 2272 Bigfork, MT 59911	Nutrition, Activities	Phil Bolstad, Bd. Pres. 406-837-4157
Kalispell Senior Center 403 Second Ave. West Kalispell, MT 59901	Nutrition, Aactivities	Jean Penne, Site Mgr. 406-257-1598
Lakeside Community Chapel 7230 Highway 93 Lakeside, MT 59922	Nutrition	Dennis Reese, Pastor 406-871-8682
North Valley Senior Center 205 Nucleus Ave. Columbia Falls, MT 59912	Nutrition, Activities	Roxy Larsen, Site Mgr. 406-892-4087
Whitefish Community Center 121 Second Street Whitefish, MT 59937	Nutrition, Activities Health Promotion	Kathy Cozad, Site Mgr. 406-862-4923
Addus Healthcare 264 N. Main St. Kalispell, MT 59901	Homemaker Respite Escorted Transportation Personal Care	Stephanie Matz 406-257-1101
A Plus Health Care 1310 S. Main St. Kalispell, MT 59901	Homemaker Respite Escorted Transportation Personal Care Senior Companion	Brenda Lynch 406-752-3697
Loyal Care P.O. Box 1736 Kalispell, MT 59901	Homemaker Respite Escorted Transportation Personal Care	Nancy Kair 406-752-0191

ATTACHMENT F

REQUEST FOR WAIVERS

The following is a list of each service and funding source for which a waiver to provide direct services is being requested, the reason for requesting the waiver, and the time period to be covered by the waiver.

Nutrition Service:

Area IX Agency on Aging hereby requests a waiver for the delivery of nutrition service to older adults and people with disabilities in Flathead County.

The request to directly provide nutrition service is based upon the following:

1. The service is cost-effective as evidenced by the cost per meal (currently about \$6.00).
 - a. As a single county area producing all meals in a centralized kitchen, the Agency realizes costs savings through economies of scale in the purchasing of food, supplies, equipment, etc.
 - b. Our current commercial kitchen equipment offers efficiencies that reduce personnel costs. In spring 2016, the Agency will move into a new County-owned building with an upgraded, state-of-the-art kitchen.
2. Preparing meals directly allows for greater oversight and quality control over the service.
 - a. 99% of meal recipients are satisfied or very satisfied with the quality of the service.
 - b. The Nutrition Manager is involved in and monitors food preparation and meal quality on a daily basis. The Agency Director is also onsite.
3. Many meal recipients know the kitchen staff and report how much they value the relationships they have developed with them (they feel like the people who cook for them care about them), as do the Meals on Wheels volunteers. These personal relationships encourage participation in the service and support long-term volunteer retention.

Transportation Service:

Area IX Agency on Aging hereby requests a waiver for the delivery of certain transportation services to older adults and people with disabilities in Flathead County.

The request to directly provide certain transportation services is based upon the following:

1. The Agency, under the name Eagle Transit, is the public transportation provider for Flathead County and as such receives federal transportation funds for both general and specialized transit services. We supplement the transportation

budget with Title III B and state general funds to help support door-to-door, appointment based, ADA compliant bus service for adults age 60 and older and people with disabilities, as well as transportation rides to area meal sites.

Note: The Agency contracts with area service providers for Escorted Transportation Services.

This request for waiver is for the period October 1, 2015 to September 30, 2019.



Lisa Sheppard, Director Area IX Agency on Aging

Date: 7/20/2015



Pamela Holmquist, Flathead County Commissioner

Date: 7-20-15

ATTACHMENT A
 2016 Budget for
 Area IX Aging Services

	Area Admin	Direct Service Programs*	Contracted Services**	Total
Personnel	\$ 184,454	\$ 1,204,872	\$ -	\$ 1,389,326
Supplies	3,400	113,450	-	116,850
Raw Food/Meals	-	170,000	-	170,000
Raw Food/Commodities	-	17,400	-	17,400
Communications	850	13,850	-	14,700
Repairs/Maintenance	600	95,500	-	96,100
Travel & Training	1,500	10,600	-	12,100
Building Space	600	33,720	-	34,320
Insurance	-	36,057	-	36,057
Equipment	-	148,500	-	148,500
Contracted Services	750	76,100	209,259	286,109
Other	51,469	112,849	20,762	185,080
TOTAL	\$ 243,623	\$ 2,032,898	\$ 230,021	\$ 2,506,542

Sources of Funding:

					Allocation	Difference
FY15 Carryover	\$ -	\$ -	\$ -	\$ -	\$ -	-
IIIA	-	-	-	-	-	-
IIIB	-	30,622	41,323	71,945	71,945	-
IIIB Ombudsman	-	2,282	-	2,282	2,282	-
IIIC1	-	123,094	-	123,094	123,094	-
IIIC2	-	68,800	-	68,800	68,800	-
IIIE	-	-	47,855	47,855	47,855	-
IIID	-	-	7,881	7,881	7,881	-
VII Ombud	-	4,382	-	4,382	4,382	-
SHIP	-	34,041	-	34,041	34,041	-
State General Fund	-	305,751	83,139	388,890	388,890	-
NSIP***	-	26,100	-	26,100	26,100	-
Subtotal	\$ -	\$ 595,072	\$ 180,198	\$ 775,270	\$ 775,270	
Local Match	-	33,720	18,162	51,882		
Commodities	-	17,400	-	17,400		
Project Income	-	107,000	13,414	120,414		
Other Resources	243,623	1,279,706	18,247	1,541,576		
TOTAL	\$ 243,623	\$ 2,032,898	\$ 230,021	\$ 2,506,542		

* See Sections B1, C1, and C2 for detail.

**See Sections B2 and B3 for detail.

***Estimate

ATTACHMENT A
 Section B1

2016 Budget for
 Direct Supportive Service Programs

	2888	2888	2987	2888	2990	2888	
	I & A	Ombudsman	Project Training Services	SHIP Counseling Services	Transportation	Outreach	Total
Personnel	\$ 41,096	\$ 63,182	\$ -	\$ 38,236	\$ 769,927	\$ 78,731	\$ 991,171
Supplies	186	286	-	173	112,450	356	113,450
Communications	158	243	-	147	13,000	302	13,850
Repairs/Maintenance	-	-	-	-	95,500	-	95,500
Travel/Training	576	885	3,150	536	3,700	1,103	9,950
Building Space	1,484	342	473	-	-	2,637	4,936
Insurance	-	-	-	-	36,057	-	36,057
Equipment	-	-	-	-	148,500	-	148,500
Contracted Services	13,300	-	-	-	22,600	-	35,900
Other	1,749	2,689	-	1,744	53,677	3,314	63,172
TOTAL	\$ 58,548	\$ 67,626	\$ 3,623	\$ 40,835	\$ 1,255,411	\$ 86,444	\$ 1,512,486
Sources of Funding:							
FY15 Carryover	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IIIB	9,890	-	3,150	-	-	17,582	30,622
IIIB Ombudsman	-	2,282	-	-	-	-	2,282
IIIE	-	-	-	-	-	-	-
VII Ombud	-	4,382	-	-	-	-	4,382
SHIP	-	-	-	34,041	-	-	34,041
State General Fund	38,507	60,620	-	-	-	66,224	165,351
Sub-Total	\$ 48,397	\$ 67,284	\$ 3,150	\$ 34,041	\$ -	\$ 83,806	\$ 236,678
Local Match	1,484	342	473	-	-	2,637	4,936
Project Income	-	-	-	-	6,000	-	6,000
Other Resources	8,667	-	-	6,794	1,249,411	-	1,264,872
TOTAL	\$ 58,548	\$ 67,626	\$ 3,623	\$ 40,835	\$ 1,255,411	\$ 86,443	\$ 1,512,486

ATTACHMENT A
Section B3

2016 Budget for
Preventive Health Disease Services

2982

	Disease Prevention Services
<u>Contracted Services</u>	
Personnel	\$ -
Travel & Training	-
Contracted Services	7,881
Other	-
	<hr/>
TOTAL	\$ 7,881
	<hr/> <hr/>
<u>Sources of Funding:</u>	
FY14 Carryover	\$ -
IID	7,881
State General Fund	-
<i>Sub-Total</i>	<hr/>
	\$ 7,881
Local Match	-
Project Income	-
Other Resources	-
	<hr/>
TOTAL	\$ 7,881
	<hr/> <hr/>

ATTACHMENT A
 Section C1

2016 Budget for
 Congregate Meals

0.48 48% congregate
 0.52 52% MOW

2983

Total Nutrition Budget

		check		
Personnel	\$ 102,576	\$ 213,701	\$	213,701
Raw Food/Meals	81,600	170,000		170,000
Raw Food/Commodities	8,352	17,400		17,400
Travel & Training	312	650		650
Contracted Services	19,296	40,200		40,200
Building	18,464	28,784		
Other	23,845	49,677		49,677
	<hr/>			
TOTAL	\$ 254,445	\$ 520,412	\$ 491,628	
<u>Sources of Funding:</u>				
FY15 Carryover	\$ -			-
IIIB	-			-
IIIC1	123,094	123,094		123,094
IIIC2	-	68,800		68,800
State General Fund	45,567	140,400	140,400	140,400
NSIP*	12,528	26,100		26,100
	<hr/>			
Sub-Total	\$ 181,189			
Local Match	18,464	28,784		
USDA Commodities	8,352	17,400		17,400
Project Income	45,000	101,000		101,000
Other Resources	1,440	14,834		3,000
	<hr/>			
TOTAL	\$ 254,445	\$ 520,412	\$ 491,628	\$ (0)

*Estimate

ATTACHMENT A
 Section C2

2016 Budget for
 Home Delivered Meals

2983

Personnel	\$ 111,124.52
Raw Food/Meals	88,400
Raw Food/Commodities	9,048
Travel & Training	338
Contracted Services	20,904
Building	10,320
Other	<u>25,832.04</u>
 TOTAL	 <u>\$ 265,967</u>

Sources of Funding:

IIIB	\$ -
IIIC2	68,800
State General Fund	94,833
NSIP*	<u>13,572</u>
Sub-Total	\$ <u>177,205</u>
Local Match	10,320
USDA Commodities	9,048
Project Income	56,000
Other Resources	<u>13,394</u>
	<u>\$ 265,967</u>

\$ 0

*Estimate

Match	
IIIA	0.25
IIIB	0.15
IIIC1	0.15
IIIC2	0.15
IIIE	0.25