

*Michigan Department
of Community Health*



Rick Snyder, Governor
Nick Lyon, Director

Office Of Services to the Aging Fiscal Year 2016

**Presentation to House and Senate Appropriations
Subcommittees on Community Health
March 3, 2015**

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Our Guiding Principles

Mission

The Michigan Department of Community Health will protect, preserve, and promote the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and under-served populations.



Vision

Improving the experience of care, improving the health of populations, and reducing costs of health care.

Leadership, Excellence, Teamwork

Michigan Department Of Community Health 2015 Strategic Priorities

- ✓ Promote and Protect Health, Wellness, and Safety
- ✓ Improve Outcomes for Children
- ✓ Transform the Healthcare System
- ✓ Strengthen Workforce and Economic Development

Services to the Aging Highlights*

Health & Nutrition

10 million meals served to 106,000 older adults

7.7 million home-delivered; 2.3 million congregate

Senior Project FRESH served 15,000 low-income older adults

300 markets/road side stands representing 2,800 farmers participated

9,400 older adults participated in volunteer programs

1,135 people completed at least four of six chronic disease self-management sessions; 2,356 people participated in 89 “Matter of Balance”

Choice & Access

6,900 caregivers received 680,000 hours of service (e.g. respite, counseling)

19,700 older adults received 680,000 hours of services in the home

64,600 older adults received a wide variety of community-based services (e.g. elder abuse prevention, disease prevention)

Elder Rights & Quality of Life

32,000 hours of legal services were provided to 9,000 older adults

63,000 people received public benefits counseling through Michigan Medicare/Medicaid Assistance Program

State Long-Term Care Ombudsman consulted with 3,141 individuals and 1,177 nursing home staff

420 low-income older adults were employed through the Senior Community Service Employment Program

*FY 14

Office of Services to the Aging

Promote the independence and enhance the dignity of Michigan's diverse population of older adults and their families.

Aging Network

- 16 area agencies on aging
- 1,100 service providing agencies

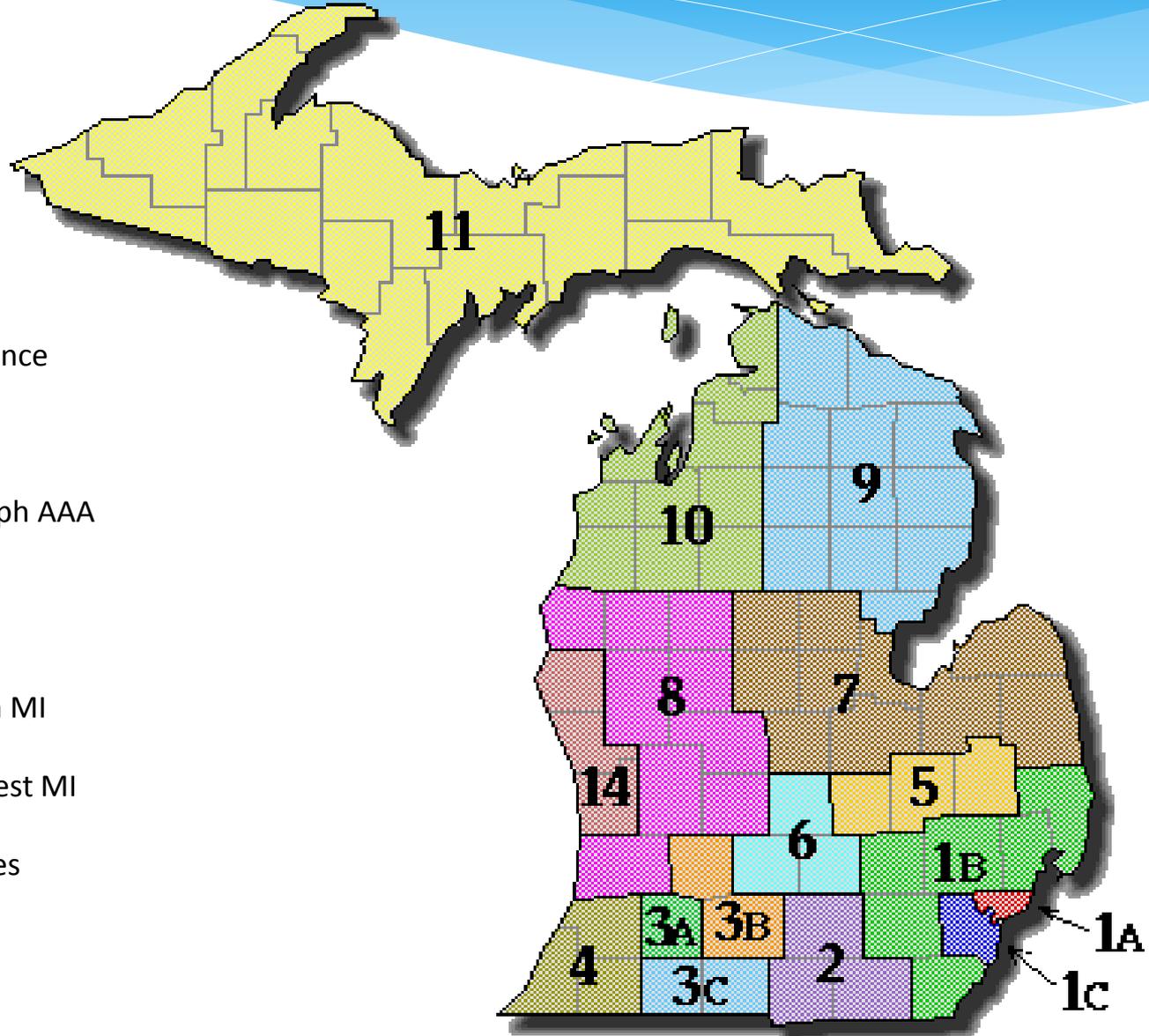
Services

- In-home, nutrition, older volunteers, respite and adult day, legal help, disease prevention, information & assistance, outreach, etc.

Goals

- Improve the health and nutrition of older adults
- Ensure older adults have choice through increased access to services
- Promote elder rights, quality of life and economic security
- Improve effectiveness, efficiency and quality of services

Area Agencies on Aging



- 1A: Detroit AAA
- 1B: AAA-1B
- 1C: The Senior Alliance
- 2: Region 2 AAA
- 3A: 3A AAA
- 3B: 3B AAA
- 3C: Branch-St. Joseph AAA
- 4: Region IV AAA
- 5: Valley AAA
- 6: Tri-County AAA
- 7: Region VII AAA
- 8: AAA of Western MI
- 9: Region IX AAA
- 10: AAA of Northwest MI
- 11: UPCAP
- 14: Senior Resources

Michigan's Aging Population

Increase in number of older adults

- **2 million** older adults aged 60+ in Michigan (19% of population)
- 85+ age group is the fastest growing; **102% projected increase** by 2030

Demographics*

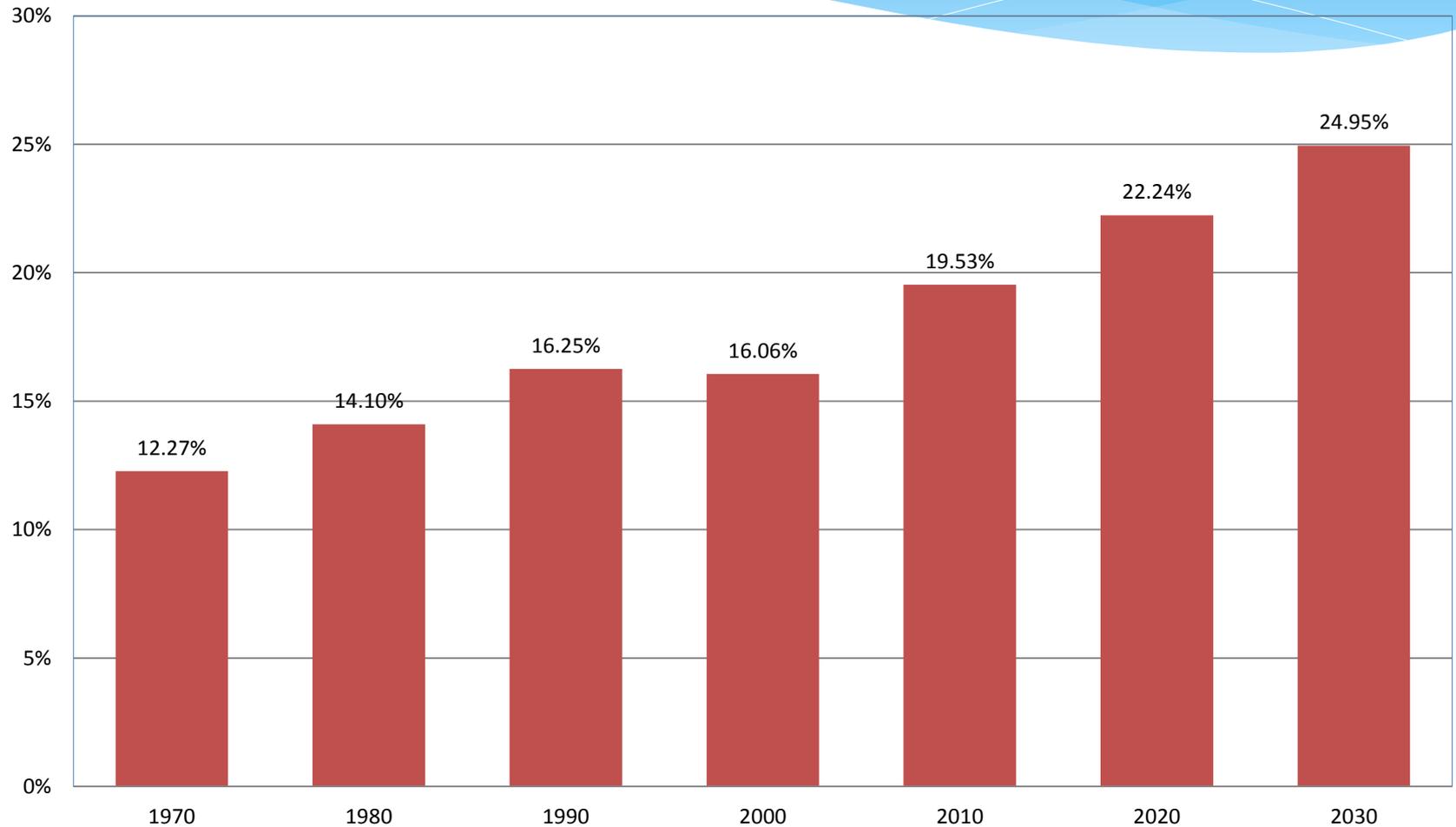
- Majority of this age cohort is women (**55%**)
- More than **13%** identified as something other than European ancestry
- More than **20%** of this age cohort is employed
- Nearly **12%** of adults 60+ have dementia, and **45%** of adults age 85+ have dementia
- **1 in 5 caregivers** care for someone with symptoms of dementia

More demand for services

- Availability of choice – expand community-based system of care
- Coordination and collaboration within long term care networks
- Increase in need for services – nutrition programs fastest growing

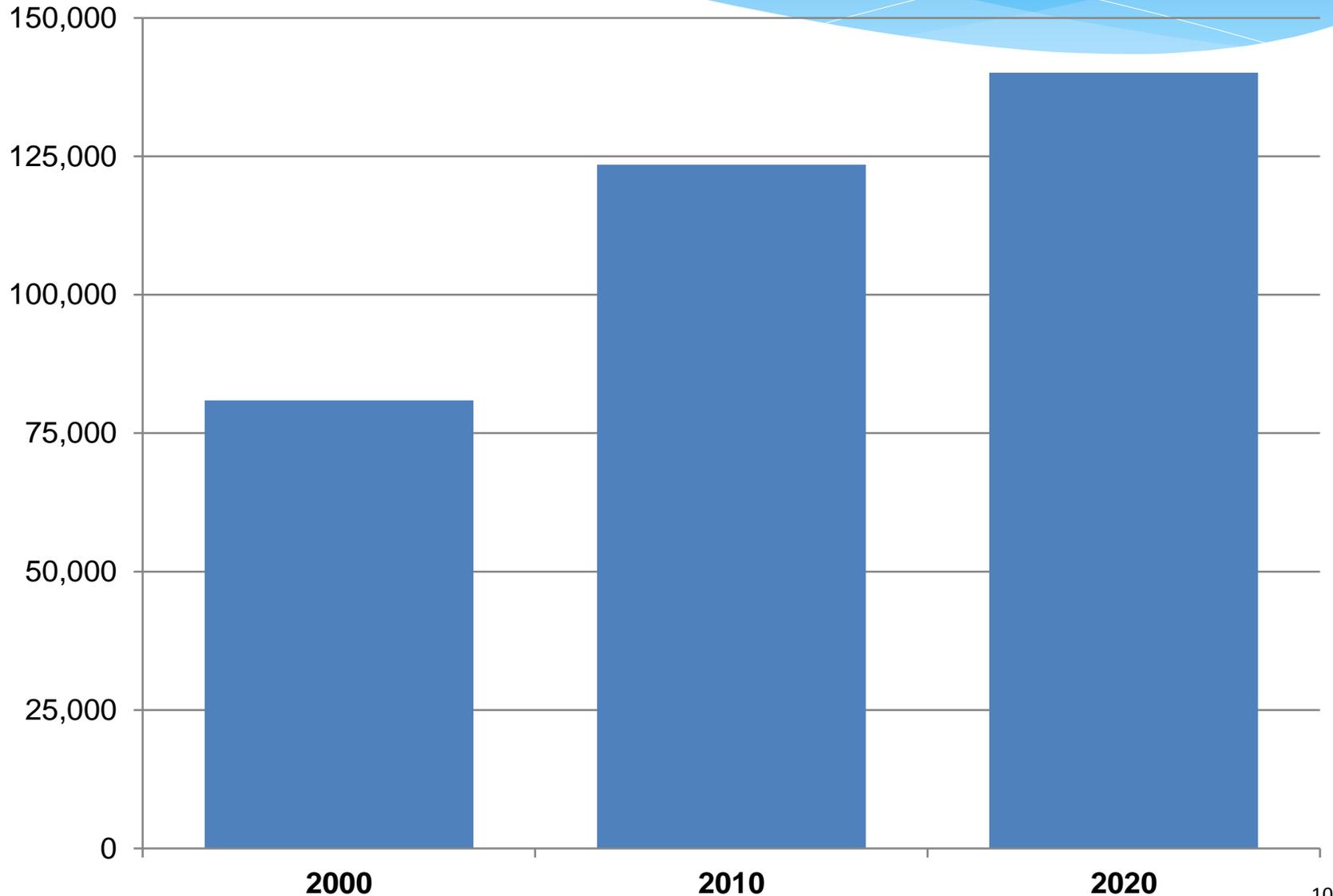
* 2010 Census data

Michigan's 60+ Population



Source: 1970 - 1980: 1980 Census, General Population Characteristics, Table 20 - Age by Race and Sex: 1990 to 1990
1990: 1990 Census, General Population Characteristics, Table 16 - Single Years of Age by Sex, Race and Hispanic Origin: 1990
2000: 2000 Census Summary File 1, Table P012 - Sex by Age
2010: 2010 Census Summary File 1, Table P12 - Sex by Age
2020-2030: Centers for Disease Control and Prevention, Census Population Estimate, <http://wonder.cdc.gov>

Number of People in Michigan Turning 60



Profiles of Individuals Served

In-Home Services:

19,690 older adults were supported by 680,000 hours/units of care management, case coordination, chore, homemaker, home health aide, and personal care.

Home Delivered Meals:

48,050 home delivered meal participants received 7,702,752 meals.

Participant Characteristics

In-Home Services Participant Characteristics	Home-Delivered Meal Participant Characteristics
67% were 75 years of age or older	65% were aged 75+
71% were female	64% were female
56% lived alone	50% lived alone
56% resided in rural areas	39% resided in rural areas
30% were low-income	37% were low-income
15% were minority by race and/or ethnicity	29% were minority by race and/or ethnicity

Governor's Special Message on Aging

Making Michigan a Place You Can Live Well and Age Well

- Independence & Choice
- Putting People Above Programs
- Safety & Security
- Age-Friendly Michigan
- Talent
- Reinventing Retirement

FY 15 Initiatives

No Wait State for Aging Services: \$5M Gross/GF

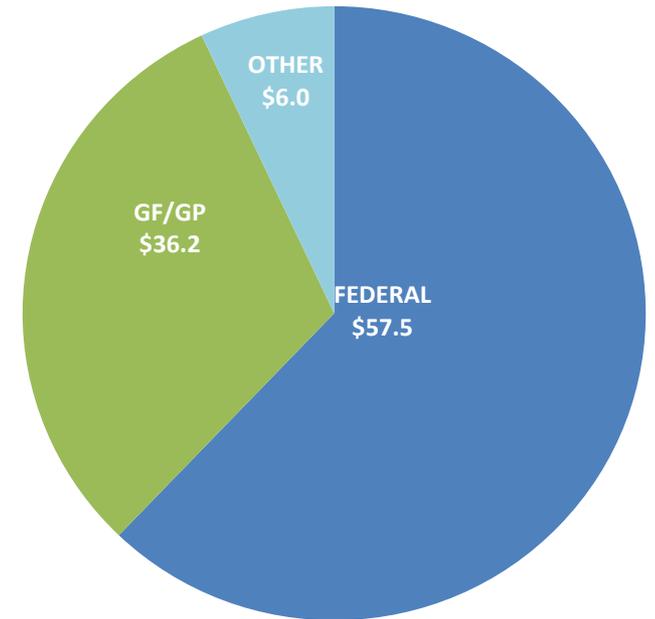
- Decrease waiting lists for:
 - Home Delivered “Meals on Wheels”
 - In-Home Services (ex: personal care)

Elder Abuse Prevention & Awareness: \$1M Gross/GF

- Support of Ongoing Elder Abuse Prevention/Detection Efforts
- Statewide Trainings on Elder Abuse Laws & Reporting
- Review of Current Elder Abuse System

Aging – Budget (in millions)

	2015	2016
Administration	\$7.6	\$7.8
Community Services	39.0	39.0
Nutrition Services	39.0	39.0
Volunteer Services Program	4.5	4.5
Employment Assistance	3.5	3.5
Respite Care Program	5.9	5.9
Total	\$99.5	\$99.7



FY 16 Initiatives - Nursing Homes

Long-Term Care Ombudsmen: \$357,500 GF

Replace Civil Money Penalty (CMP) Funds

- Support local long-term care ombudsmen: \$200,000
 - Advocate for residents rights and quality care
- Support State Long-Term Care Ombudsman Program: \$157,000
 - Administration of program, local trainings

Culture Change Initiative: \$200,000 CMP funds

- Improve the quality of life in nursing homes
 - Person-centered practices
 - Long-term care culture change methods
- Provide training, education, technical assistance

Contact Info and Useful Links

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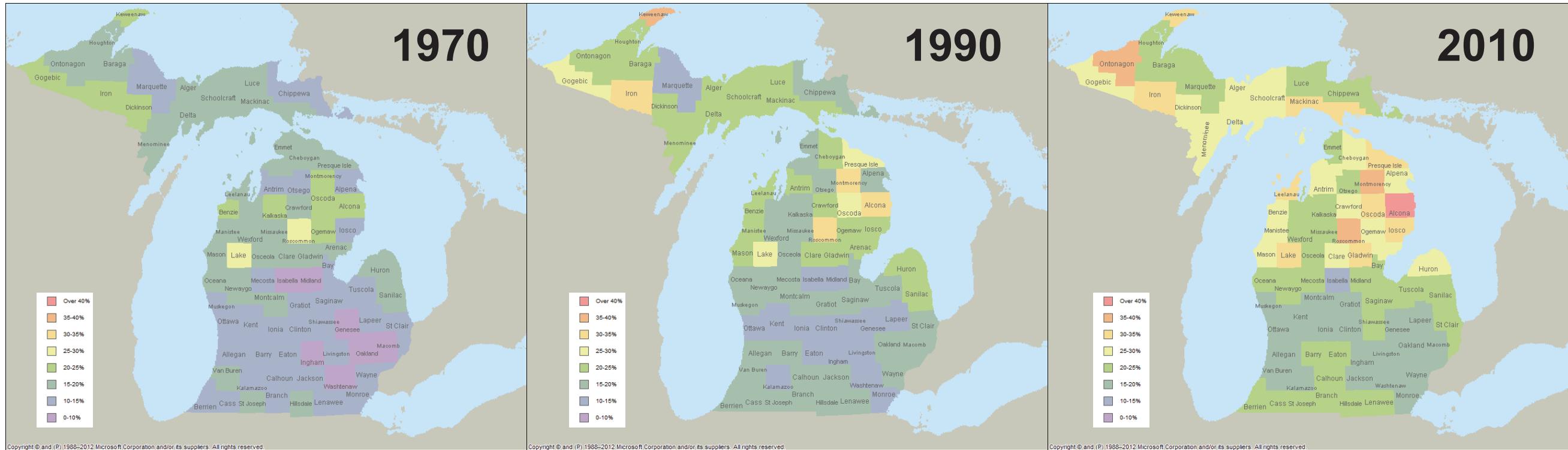


A PROFILE OF OLDER ADULTS 2010 Census Data

- The population of individuals age 60 and older consists of 1,930,341 people, or 19.5 percent of the total state population.
- There are 334,179 more residents age 60 and older today than in 2000, an increase of 20 percent.
- There are 182,322 persons between age 85 and 95, and 1,729 who are age 100 and older.
- The age 85 and older age bracket has grown by 35 percent in the past 10 years and now represents nearly 10 percent of individuals age 60 and older.
- Between 2000 and 2010, the population 65 years and over increased at a faster rate (15.1 percent) than the total U.S population (9.7 percent).
- The majority of Michigan's age 60 and older population is female – 1,067,897 or 55.3 percent and 862,444 or 44.7 percent are males.
- More than 13 percent of the state's population age 60 and older identify as something other than of white European ancestry.
- African Americans represent the largest of such groups at 10 percent of the state's population age 60 and older.
- The second largest group is comprised of Hispanics, which represent 1.2 percent of the age 60 and older population.
- In 2011, the overall percentage (prevalence rate) of people with a disability age 65 and older is estimated to be 37 percent.

The Michigan Office of Services to the Aging provides leadership, resources and support for older adults throughout Michigan. Visit www.Michigan.gov/osa or call 517-373-8230 for more information.

Percent of population age 60 or older (1970 - 1990 - 2012)



Source: 1970: 1980 Census, General Population Characteristics, Table 46. Persons by Age for Counties
 1990 Census, General Population Characteristics, Table 54. Age and Sex by Race and Hispanic Origin
 2010 Census, Census Summary File 1, Table PCT-12. Single Year of Age by Sex by County



DEFINING SUCCESS
OSA SERVICE METRICS & MEASURES

OSA tracks a variety of program metrics and measures to ensure the effectiveness of the home-delivered meals and in-home services programs, including metrics intended to quantify the impact of increased funding for home delivered meals (HDM) and in-home services in FY 2015. Statewide data and service-related metrics are tracked by OSA on a quarterly and annual basis.

Waiting Lists: OSA monitors HDMs and in home services waiting lists on a quarterly basis. Other related measures (ex: Michigan’s older adult population) are also analyzed to better plan for expanded service delivery.

Example of waiting list data for FY 14

Fiscal Year	Quarter	Number On HDM Waiting List	HDM Stay less than 30 days	HDM Stay 30 to 60 Days	HDM Greater than 60 days	HDM Greater than 180 Days
1st	1st	945	246	314	360	25
2nd	2nd	557	248	162	109	38
3rd	3rd	314	214	53	40	7
4th	4th	410	249	59	96	6

Service Expenditures: OSA monitors service expenditures on a quarterly basis. Expenditure data is analyzed for cost per service and cost per client trends to support service planning.

Example of service expenditure data

Service Expenditures - 1st Quarter FYs 2013-15	FY2013	FY2014	FY2015	FY15 vs. FY14
Home-Delivered Meal Expenditures	\$7,689,927	\$7,579,874	\$7,944,625	4.8%
In-Home Service Expenditures	\$1,779,221	\$1,572,432	\$2,248,882	43.0%

Service Levels: OSA monitors service levels on a quarterly basis across the state. Service levels are used in trend analysis and service planning purposes.

Example of service level data over time

Service Levels - 1st Quarter FYs 2013-15	FY2013	FY2014	FY2015*	FY15 vs. FY14
In-Home Clients	7,649	7,252	8,040	10.9%
In-Home Service Hours	126,511	143,538	158,405	10.4%
Home-Delivered Meal Clients	26,697	25,262	26,328	4.2%
Home-Delivered Meals Served	1,737,949	1,671,645	1,809,048	8.2%

**FY 2015 service levels based on partial year reporting*

Note: In FY 14 you can see a slight reduction in service reduction. This is due to sequestration at the federal level.



Service Population Targeting & Characteristics: Service population analysis allows for the development of a comprehensive profile of participants and services over time to ensure that services are participant-driven and provide maximum flexibility, effectiveness and coordinated service options.

Example of HDM Service Population Characteristics – Trend Data

Home Delivered Meals	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
85+	37%	37%	37%	36%	41%
Live Alone	51%	49%	51%	49%	50%
3+ ADLs	82%	81%	0%	81%	82%
Poverty	38%	36%	35%	36%	37%
High Nutritional Risk	66%	64%	69%	66%	71%
Avg. Meals Per Client	158	163	157	154	162

Customer Satisfaction: OSA works with a network of 16 area agencies on aging (AAA’s) to gauge the success of the services provided at the local level. Each AAA oversees a customer satisfaction survey process at the local level to ensure programs and services are being delivered in a way that older adults both want and need them.

Surveys may vary slightly from region to region, but they contain many of the same elements:

- Overall, how satisfied are you with the care/services you are receiving?
- How satisfied are you with your in-home caregiver/meals/volunteer/etc.?
- Has your overall health or well-being improved?
- Would you recommend the services to your friends or family?
- Do you feel respected when receiving support?

Attached you will find an example of a customer satisfaction report from one of the local AAA’s.

National Aging Program Information Systems (NAPIS): Each area agency on aging (AAA) collects data on local service delivery and enters it into a national reporting system. Three principal types of data are included in the NAPIS design:

1. Performance data on programs and services funded by the Older Americans Act (OAA);
2. Demographic/descriptive data on the elderly population; and
3. Descriptive data on the infrastructure of home- and community-based services in place to assist older persons.



Elder Abuse Prevention – PREVNT Initiative

The Michigan Office of Services to the Aging (OSA) recently awarded more than \$800,000 to three organizations in an effort to combat one of the fastest growing crimes in Michigan, elder abuse. Funding was available to applicants under OSA's Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative.

The PREVNT initiative is made possible through state funding in fiscal year 2015 when a \$1 million investment was supported for elder abuse prevention efforts. The remaining funding will be available this month in the form of elder abuse prevention mini grants.

The initiative is focusing on the following outcomes:

- 1) Determine the cost/feasibility of developing an integrated elder abuse reporting system
- 2) Support abuse detection, and reporting training for financial services employees
- 3) Expand Michigan's Adult Abuse and Neglect Prevention (AANP) training and awareness program to reduce abuse in long-term care and home care settings
- 4) Support interdisciplinary investigative teams at the local level
- 5) Develop and implement an ongoing state level presence/oversight stakeholder body for elder abuse efforts following a proven format used in domestic violence
- 6) Increase elder abuse identification and reporting by medical professionals through the deployment of interactive elder abuse web-based screening and/or applications for tablets and smartphones

The organizations that received funding include:

- Paraprofessional Healthcare Institute (PHI Midwest): \$234,000
 - Expand Michigan's Adult Abuse and Neglect Prevention (AANP) training and awareness program
- Prosecuting Attorneys Association of Michigan (PAAM): \$133,000
 - Support detection and reporting of financial abuse of Michigan's most vulnerable residents, and to support interdisciplinary investigative teams at the local level
 - Pilot programs in Eaton, Ingham, Clinton and Otsego Counties.
- Elder Law of Michigan (ELM): \$450,000
 - Determine the cost and feasibility of developing an integrated elder abuse reporting system and to develop and implement an ongoing state-level oversight stakeholder body for elder abuse prevention efforts following a proven format
 - ELM will also increase elder abuse identification and reporting by medical professionals through training and the deployment of interactive web-based screening tools or applications for tablets and smartphones

Defining Success

Training:

- Prepare 40 trainers to effectively deliver customized “Training to Prevent Adult Abuse and Neglect” (TPAAN) curriculum
- Train 2,000 direct access staff working in home and community-based settings in the TPAAN curriculum.
- Improve the sustainability of TPAAN curriculum and identify local philanthropic resources to expand TPAAN training opportunities.
- Train in-home Medicaid nurses on the use of tracking and detecting elder abuse

Local Interdisciplinary Teams:

A majority of counties in Michigan do not have multidisciplinary teams to investigate crimes against vulnerable adults. PAAM will do the following to address this:

- Launch four interdisciplinary teams in pilot regions
- Hire an investigator that will create reports that generate much-needed data
- Create a data reporting system to demonstrate the levels of crime that are occurring. Data will include:
 - Whether financial capacity is at issue
 - Whether competency is at issue
 - Whether the purport documents were legal
 - Number of hours spent investigating
 - Resolution, if any
 - Those that resulted in criminal charges
 - Number of complaints denied or referred to other agencies
- Review durable powers of attorney cases to ensure they meet legal requirements
- Review completed cases for prosecution when appropriate
- Contract with a forensic accountant to track the financial loss and prepare documents that simplify a complex scheme into something a jury can comprehend

Systems:

- Create a statewide team to help determine the role, authority, and composition of an elder justice taskforce
- Design and test an online screening and referral system to connect elder abuse victims to needed services
- Feasibility study for an integrated reporting system
 - Develop standardized benchmarks to define, quantify and report statewide elder abuse and prevention by the use of technology, ongoing training, and a yearlong feasibility study with a pilot project that can be tested to determine the scope and total costs of elder abuse crimes in Michigan



Nursing Home Culture Change Project

As stated in Governor’s Snyder’s Special Message on Aging in 2014, quality nursing homes remain an important component of our long-term care system. For most individuals living in a nursing home, the quality of care increases when more choices are available in how and when services are delivered. **Right now, less than 30 percent of Michigan’s more than 400 nursing homes have “person-centered” or “culture change” programs in place.**

To provide nursing home residents more choices in how they live their lives, the Governor directed the Office of Services to the Aging (OSA) and the Department of Licensing and Regulatory Affairs (LARA) to develop Michigan-specific quality measures and person-centered performance incentives for nursing homes. This project will align with and seek to promote the person-centered values and principles adopted by the Department of Community Health and the Department of Licensing and Regulatory Affairs.

Project planning includes the following framework:

- Training for nursing home leadership teams, middle management and direct care workers to integrate person-centered thinking (PCT) and person-centered planning (PCP) into practice.
 - This training, developed by OSA, is already in place for community-based long-term support and service providers and will be adapted for the nursing home setting.
- Public recognition for nursing homes completing the different levels of PCT/PCP training.
- Education and assistance on culture change models and adopting/implementing them.
- Development of benchmarks for quality, minimum regulatory compliance and reporting criteria for nursing homes who adopt/implement a culture change model to receive a future Medicaid financial incentive.
- Mentoring and peer support from current culture change nursing homes for nursing homes (and their staff) new to implementing a culture change model.

Approximately 45 homes per year will be provided training, public recognition, assistance and mentoring/peer support through this project. Nursing home participation in this project is voluntary. Projected Civil Monetary Penalty (CMP) funding would be spent as follows:

Training on PCT/PCP/Public Recognition	\$165,000
Education Assistance on Culture Change Models	20,000
Benchmark and Financial Incentive Development	10,000
Mentoring/Peer Support	5,000
TOTAL	\$200,000*

**Note – CMP funds must be applied for and approved by the DCH Medical Services Administration and the Federal Centers for Medicare and Medicaid Services.*

MICHIGAN LONG-TERM CARE OMBUDSMAN PROGRAM

Housed at the Michigan Office of Services to the Aging

The Long-Term Care Ombudsman Program was created to help address the quality of care and quality of life experience by residents who reside in licensed long-term care facilities such as nursing homes, homes for the aged and adult foster care.

The Michigan Long-Term Care Ombudsman Program actively works to improve the long-term care system, representing the interests of residents and monitoring the development of federal, state, and local laws, regulations and policies.

The program is authorized in the federal Older Americans Act and the Older Michiganians Act.

LOCAL OMBUDSMAN SERVICES

Local Ombudsmen work with individual residents to resolve problems and promote high quality care. They provide a community presence by routinely visiting residents of long-term care facilities.

There are just under 17 full time equivalent (FTE) staff serving all 83 counties.

Local Ombudsmen are skilled in providing the following:

- Explaining residents' rights
- Empowering residents to communicate their concerns individually or collectively
- Assisting in the resolution of resident concerns
- Promoting community education and awareness regarding long term care issues
- Promoting the use of best practices
- Seeking solutions to identified problems within the long term care system

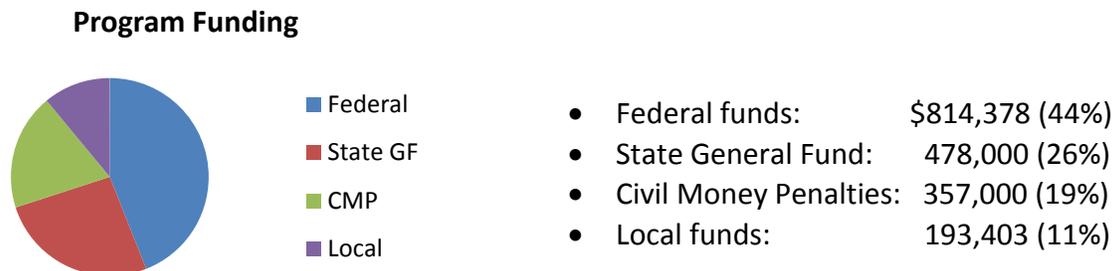
STATE OMBUDSMAN OFFICE

The State Long-Term Care Ombudsman office provides support and training to local ombudsmen, technical assistance on difficult complaint cases, legal back-up to local ombudsmen, and participates in state level policy development to bring the voice of residents to the table.

The office is housed at the Office of Services to the Aging and has 3 FTE employees.

FUNDING

The Ombudsman program's total budget is **\$1,842,781**. Funding breakout:



To reach a local ombudsman, call our statewide toll-free number: 1-866-485-9393



STATE OF MICHIGAN
EXECUTIVE OFFICE
LANSING

RICK SNYDER
GOVERNOR

BRIAN CALLEY
LT. GOVERNOR

June 2, 2014

A Special Message from Governor Rick Snyder:
Making Michigan a Great Place to Live Well and Age Well

To the Michigan Legislature:

The state's older adult population is growing rapidly, just as it is in the rest of the country. There are nearly two million Michigan residents age 60 and older, a 20 percent increase over the past 10 years. By 2030, nearly one in four residents will be age 60 and older.

Michigan's residents are living longer and are enjoying a better quality of life in their later years. The fastest growing segment of Michigan's population is age 85 and older. As of 2010, there are more than 182,000 residents between the ages of 85 and 95, and more than 1,700 centenarians.

Older adults have varying levels of independence as they age. While many are in good health, others have limited mobility. We must continue to improve our aging services and create opportunities for Michigan's older adults to live not only a longer life, but a high quality one. To do so, there are four critically important factors worth considering.

The first is living a healthy lifestyle. Nearly 42 percent of older adults are overweight and nearly 30 percent are obese. Eating right, exercising and maintaining a healthy weight are the keys to aging well.

Remaining active and engaged is also important. Older adults in Michigan are rethinking retirement through volunteerism, education and entrepreneurial pursuits. In fact, nearly 25 percent of older adults volunteered last year. We must retain the talents and skills of older adults at the same time we work to create opportunities for younger generations.

We also can't ignore the importance of financial security. Michigan's families must take steps early to plan for their future. In addition, we all need to regularly reevaluate and adjust our retirement plans as we age.

Finally, maintaining independence and choice is essential to living well. While the state plays a significant role through our aging network, residents and communities must also do their part. Older adults and our local communities should work together to make Michigan more "age-friendly."

The simple truth is that Michigan has work to do to prepare for its growing older adult population. The time is now for all of us to work together to make Michigan a place where our residents live well and age well.

Independence for Older Adults

Age doesn't matter; we all share a common goal of maintaining independence.

Prevention

Maintaining independence starts with maintaining a healthy lifestyle. Each of us can improve our health by eating right and exercising regularly.

Michigan's Health and Wellness 4 x 4 Plan can be used to achieve a healthy lifestyle. This plan centers on practicing healthy behaviors and monitoring key measures closely tied to chronic disease. Michigan is home to hundreds of great senior centers and local recreation facilities that are leading the way with health and wellness classes. I encourage Michigan's older adults to find out what is available in their communities and take part in these activities.

All across the state, communities, employers, health care providers and other organizations are working on innovative programs to improve health and wellness. Presbyterian Villages of Michigan (PVM) is doing just that. In urban, suburban and rural communities across the state, PVM is using evidence-based practices to help older adults eat healthier, increase physical activity, reduce their risk of falling and better manage chronic health conditions. Through its Village Victory Cup, an annual daylong competition, it is inspiring older adults to engage in healthy behaviors year-round.

The state will also continue to support health and wellness programs for older adults. In 2013, in partnership with the Legislature, we created the Michigan Health Endowment Fund to improve the health and wellness of our state, with a focus on children and older adults. With a starting fund balance of \$100 million, I know the board is committed to finding innovative ways to improve the lives of older adults in Michigan.

Family Caregivers

While many older adults can live independently with little or no help, some need support and services to maintain their independence.

Michigan has more than 1.2 million caregivers who often make great sacrifices to ensure their family and friends get the help they need. These individuals should be commended for their efforts.

Employers can play an important role for family caregivers of older adults, just as they can for families with children. One Michigan employer that should be noted as a great example is Midland's MidMichigan Health. A four-time winner of AARP's Best Employers for Workers Over 50, MidMichigan Health offers older adults many workplace benefits. Employees are offered time off and short- and long-term leaves of absence to allow for caregiving. Referral services are available for child care, care for grandchildren and elder care. Employees are offered flex time, compressed work schedules, job sharing, and telecommuting. Full-time employees can also move to part-time work on a permanent or temporary basis.

Today, I challenge the business community to embrace policies that help hard-working Michiganders strike the delicate balance between responsibilities at work and at home.

Commitment to Home and Community-Based Services

Michigan has a legacy of providing quality services through a statewide network of Area Agencies on Aging and nearly 1,200 local service providers.

In my 2014 State of the State address, I called for making Michigan a “no wait state” for services for our older adults. To do this, my proposed budget includes an additional investment of nearly \$20 million for Meals on Wheels, in-home services and other programs that help older adults stay in their homes.

This funding will equip our local partners with the resources they need to be more responsive to the needs of older residents. Currently, some individuals wait 180 days or more for critically important services, like Meals on Wheels and other in-home services.

A great example of what these funds can do is seen through the work of UPCAP (Upper Peninsula Commission for Area Progress). This innovative organization goes the extra mile in service delivery for Michigan’s older adults. It provides services in all 15 counties, including partnering with other providers like the Luce-Chippewa-Mackinac Community Action Agency to deliver meals by snowmobile.

I know the Legislature shares my commitment to Michigan’s older adults and I urge them to make Michigan a “no wait state” for home and community-based services. This investment will allow thousands of older adults to live in the setting of their choice.

Dementia

June is Alzheimer’s and Brain Awareness Month. The fastest growing age group in Michigan is age 85 and older, and nearly half of those individuals will have some form of dementia. More than 180,000 Michiganders have Alzheimer’s disease. For the month of June, the Pure Michigan “M” will turn purple on state websites to raise awareness and honor those struggling with this disease every day.

The Alzheimer’s Association of Michigan plays an important role in helping families care for individuals who have dementia. Earlier this year it asked the Legislature to support a pilot program called the Michigan Alzheimer’s Care and Support Program. This pilot will help families have a greater understanding of dementia and the supportive programs available in a home-based setting, leading to a higher quality of life for all involved.

I want to thank the Alzheimer’s Association for bringing this program to Michigan’s attention. This is a program that deserves our support.

In addition, a unique state program through the Michigan Historical Museum for individuals with dementia is called “Elder HeART.” This program gives people with dementia a chance to interact with others and explore exhibits from each decade which can help stimulate memories. Today, I am excited to announce the expansion of Elder HeART so more individuals can participate. I encourage other museums to consider adopting this innovative model and increasing opportunities for Michiganders with dementia.

It is important to have programs available for individuals with dementia and their families. It is equally important that we come together to better understand and address dementia in our state. Recently, the University of Michigan, Michigan State University

and Wayne State University have developed the Michigan Alzheimer's Disease Research Center which will foster and enhance innovative research in Alzheimer's and dementia across the state. I applaud their leadership on this important issue.

Putting People Above Programs

Nursing Homes

While Michigan continues to invest in home and community-based services, quality nursing homes are also an important component of our long-term care system.

Too often, nursing home residents lack the choices that many of us living independently take for granted, like when to sleep or eat. Of Michigan's more than 400 nursing homes, less than 30 percent have person-centered or culture change programs in place. This needs to change. The adoption of these principles can improve the resident's and the family's care experience.

For example, through the adoption of a nationally recognized culture change model, older adults who live at Thornapple Manor in Hastings maintain control over their daily lives according to their personal preferences.

Michigan's nursing homes are making strides to improve quality, based on national benchmarks, such as reduced hospital readmission rates and increased resident satisfaction. While we have seen improvements, there is more that we can and must do to improve the quality of care for Michigan's 40,000 plus nursing home residents.

To accelerate our state's progress, I am directing the Department of Licensing and Regulatory Affairs (LARA), Department of Community Health (DCH) and the Office of Services to the Aging (OSA) to develop Michigan-specific quality measures and person-centered performance incentives for nursing homes. Together, this team will work to develop a model similar to Michigan's Agriculture Environmental Assurance Program where industry can choose to proactively participate, outcomes are improved and we all win.

A Long-Term Plan for Long-Term Care

Accessing long-term care has been challenging for many Michigan residents for decades due to a lack of coordination between state departments. We recognize the need to put people first and are working to better coordinate our aging efforts at the state level.

For example, today individuals with both Medicare and Medicaid coverage have to navigate two completely independent, complicated programs. Through the new MI Health Link program, all services will be integrated into a single health care delivery model. MI Health Link will launch in four areas in 2015 including the Upper Peninsula, eight counties in southwest Michigan, Macomb County, and Wayne County. This important first step will integrate services for more than 100,000 older adults.

Despite this progress, we know there is more work to be done. The Long-Term Care Supports and Services Advisory Commission spent the past year reviewing strategies to revamp Michigan's long-term care system. Those recommendations focus on a coordinated system that puts people above programs.

I applaud the work of the commission. As a result, I am directing OSA in conjunction with the Good Government Leadership Team to lead an effort to reinvent our long-term care system in partnership with the Department of Human Services, DCH and LARA.

Access to Programs and Services

Michigan has numerous programs that need to be packaged in a way that will be easily accessible. Currently it is challenging for older adults and their families to figure out what aging services are available to them. This is largely due to the fact that there is not one place dedicated to connecting older adults to all available services.

This is not a unique challenge. Historically, Michigan's veterans did not have easy access to services and support. Michigan has more than 660,000 veterans, almost half of whom are 65 and older. Many of these individuals have not applied for benefits that were earned through their military service. With the creation of the Michigan Veterans Affairs Agency, we have begun to increase coordination among all programs for our veterans, including programs for older adults. This will help to ensure our veterans receive the benefits they have earned.

All of our older adults deserve easy access to services too. I am directing the Department of Technology Management and Budget in partnership with OSA, to build a new website for older adults and their families to get connected to Michigan's aging-related programs and services. This website will be consumer-driven and ultimately lead to a single portal for aging resources in our state by early 2015.

Safety and Security

Adult Protective Services

DHS is charged with protecting Michigan's vulnerable adults from abuse, neglect and exploitation through its Adult Protective Services (APS) program. APS maintains a 24-hour hotline to take calls of suspected abuse. From 2013-14, APS saw referrals of vulnerable adults increase approximately 31 percent.

Unfortunately, not all of our older adults have been getting the service they need through APS. Many have not received timely assistance, comprehensive follow up or easy entry into this program. This is not acceptable. We will do far better and DHS has already taken steps to ensure that we do.

Where the program fell short to meet the needs of our older adults, action has been and will continue to be taken. This includes review of cases, improved oversight and accountability and, where appropriate, disciplinary action.

Elder Abuse Prevention

Ensuring the safety and security of our older residents is critical to Michigan's reinvention. Each year thousands of older adults in Michigan fall victim to elder abuse, neglect or exploitation. The costs of these crimes, both financial and emotional, are devastating.

Significant strides have been made in the past few years, most notably, a 10-bill package of elder abuse prevention legislation, improving Michigan's ability to prevent, detect and investigate elder abuse and strengthening penalties for those convicted of

crimes against older adults.

Michigan adults age 65 or older make up about 15 percent of all fraud crime victims in the state. Michigan can and should partner with its financial institutions to ensure older adults are aware of certain terms and conditions of joint accounts before opening the account. Together with the help of the local banks and credit unions, we can prevent unacceptable financial exploitation of our older residents.

Also, Michigan needs additional resources to help integrate elder abuse prevention efforts into state and local service systems. Many communities have already worked hard to train law enforcement officers, health care providers and other professionals to recognize and respond to elder abuse, but we can do more. My proposed budget includes an additional \$1 million to address elder abuse.

I urge the Legislature to support this investment to help prevent and reduce crimes against Michigan's older adults. These much-needed resources will fund a new integrated reporting system, additional training and the formation of the Michigan Elder Abuse Prevention Task Force.

No one organization can stop elder abuse. The state, Michigan's aging network, the justice system, law enforcement and the financial industry must work together to prevent and reduce elder abuse crimes. June 15 is Elder and Vulnerable Adult Abuse Awareness Day in Michigan. Let's use this important day as an opportunity to raise awareness and do our part to prevent and report these terrible crimes.

Age-Friendly Michigan

Age-friendly communities are part of a placemaking strategy that capitalizes on local assets and creates good public spaces. When people live, work and play in a walkable place, it results in social, economic and health benefits for themselves and their communities.

Michigan has great programs to help communities be more age-friendly. OSA's Communities for a Lifetime (CFL) program was developed by the Michigan Commission on Services to the Aging. Through this program, communities review a variety of areas including walkability and access to healthcare and develop an action plan. Twenty-three communities across Michigan have received CFL designation since the program began.

A great example of a city doing wonderful things is Auburn Hills. Auburn Hills received designation as a CFL in April of 2013 by reviewing assets and opportunities for improvement in multiple categories including walkability, safety, transportation, supportive community systems, housing, commerce and enrichment. In addition to receiving their CFL designation, the city also enrolled in AARP's Age Friendly Communities Network.

Our state departments can do more to help create age-friendly places. Today I charge the Michigan State Housing Authority (MSHDA) to partner with communities to create more age-friendly places by working with OSA and Michigan Economic Development Corporation (MEDC) to align the state's community development programs.

Access to Transportation

Part of making Michigan more age-friendly is the availability of transportation options within our communities and throughout the state. We need to ensure there are reliable, affordable transportation options for older adults.

Michigan has a well-developed network of local transit agencies and authorities. There is some level of transit in all 83 counties, including 58 with countywide service. Michigan's 78 transit agencies provided 4.4 million rides to older adults last year.

While the majority of Michiganders have access to public transit services, services are not uniform throughout the state. Like many other government services, transit is organized according to local political jurisdictions. Some transit agencies serve a single city or village. Others serve multiple cities and townships but not an entire county and only a handful operate within a multi-county area. Transit trips that require crossing from one jurisdiction to another may be very difficult, and in some cases, impossible.

A great example of an agency that coordinated to make service simpler to use is the Thunder Bay Transportation Authority (TBTA). Prior to 2006, the city of Alpena operated a dial-a-ride bus service, and the Thunder Bay Transportation Corporation provided specialized services to seniors and persons with disabilities in the surrounding county areas. In 2006 the TBTA was formed to better coordinate service and now operates seamless service throughout Alpena, Alcona and Montmorency counties.

Michiganders, including many older adults, need regional mobility and transit providers need to become more regionally focused. This is both an urban and rural issue. While Michigan took an important step with the creation of the Regional Transportation Authority (RTA), Southeast Michigan is not the only region that needs regional transit.

Today I direct the Michigan Department of Transportation (MDOT) to partner with our metropolitan planning organizations and regional planning agencies to work on the issue of regional transit mobility. Michigan needs to identify the most significant gaps in regional mobility, especially for the aging population, and eliminate those gaps. A critical first step is to achieve better coordination between transit agencies for more efficient and effective transfers from one transit service to a service in the neighboring county.

Talent

As we continue Michigan's comeback, we must do a better job of harnessing the talents and skills of our state's older residents. Michigan's older adults have vast knowledge and experience – we should look to them to help shape Michigan's future.

Volunteerism

In 2012, more than 2.2 million Michigan residents volunteered in some capacity, nearly a quarter of whom were older adults. Older volunteers typically dedicate more time than any other age group.

Older adult volunteers help communities in a variety ways, from helping other older adults live independently in their homes to tutoring and mentoring at-risk children.

It's been demonstrated that young people benefit from interpersonal relationships with persons from a different age group, who can provide guidance, wisdom and support. Likewise, older adults benefit from interaction with young people.

We've seen examples all across the country of how older adult volunteers can help children learn and grow. For example, New York City formed the NYC School Success Mentoring Program, which helps chronically absent students stay in school through the use of older adult volunteers. This program helped older adults connect to their community and students gained more than 11,800 days of attendance.

Today I'm charging DHS and OSA with launching a pilot program in select Pathways to Potential schools. This pilot will connect older adults with schools, opportunities to mentor and a space to interact with all generations. I'm proud to announce today that our first pilot will be in a Detroit Public School this fall.

As we expand volunteer opportunities, we can learn from strong local efforts like the Grand Rapids Encore Initiative. This program, with support from the Grand Rapids Community Foundation, has more than 30 local nonprofits that are matched with volunteers age 50 and older. Its work demonstrates that the energy and expertise of older adults is a powerful tool that can help organizations achieve their missions.

Traditionally, Encore participants have engaged with the non-profit and private sectors, but today I am proud to announce a new Encore Executives-in-Residence Program with the State of Michigan. We too have much to learn from the experience of our older adults. This new partnership will engage top-level talent who are on the verge of retirement but have a passion to contribute to the greater good.

With so many great ways to get involved, I encourage residents to visit www.DoSomethingMichigan.com to get connected with local volunteer opportunities.

Older Adult Workforce

Changing perceptions of retirement, increased workplace flexibility and the healthy aging of our older population are all contributing to people working longer. Even with these trends, job creators are finding it challenging to develop and retain talent, and older job seekers are struggling to connect their expertise with employer's needs.

Talent remains the biggest resource for employers and is a driver of economic growth in the state. We have some of the best and brightest older adults in the country. The retirement of the baby boomer population doesn't have to lead to a significant loss of talent in our job market.

Job providers with new and innovative programs to attract and retain older workers will reap many positive benefits. Workforce planning is a necessity in today's competitive, global economy.

One company that is leading the way is Bosch Enterprises, a global engineering firm with a strong presence in Michigan. Recognizing the need to retain their critical engineering talent, workers close to retirement or those simply requiring more flexible work have the option to work as consultants through a Bosch subsidiary. The program averages about 650 participants with 150 on an assignment at any given time. This is a

great example of how we can retain the best talent in Michigan. I encourage other companies to adopt similar programs, especially those looking to retain talent in the skilled trades workforce.

There are a broad range of policies that can and must be implemented to attract and retain our most experienced workers. They include options like flex time, job sharing, part-time employment, job rotation, and on-call work. In addition, businesses need to take advantage of older workers' experience to mentor younger talent.

Today, I'm directing the MEDC and the Workforce Development Agency to work with our private sector partners like Kelly Services and the Michigan Manufacturers Association to educate businesses about the positive benefits of employing mature workers. To support this, I'm also directing the MEDC to enhance the www.MITalent.org website.

It's clear that for our businesses to thrive we need to not only train new talent, but retain older talent. Leveraging the skills of older adults will help us meet the demands of a 21st century economy.

Health Care Industry Workforce

The aging of Michigan's population will result in an increased demand on Michigan's health care system.

Older adults account for a disproportionate share of healthcare services including 34 percent of all prescriptions, 38 percent of all emergency medical responses and 90 percent of all nursing home use. This is why it is critically important that Michigan's health care system prepare for its aging population now.

However, this is just one piece of a larger health care workforce puzzle. We must facilitate better access to necessary care and medications for all Michiganders, while ensuring providers have adequate education and training to provide services. As part of our efforts to modernize our state's public health code, we will take steps to ensure that our laws and regulations enable this access.

Entrepreneurs

Our youngest entrepreneurs are often highlighted for their achievement. However, it is not just our youngest innovators that are growing companies and creating jobs. In fact, far from it. Older adults make up the fastest growing age segment of entrepreneurs in the country. In 2012 about 20 percent of all new businesses in the United States were started by entrepreneurs age 50 to 59.

The idea of senior entrepreneurship is not new to Wally Blume of Wayland. Blume worked in the dairy business for two decades, first for the grocery chain Kroger, and later as sales and marketing director for a large dairy in Michigan. In 2000 at age 61, Blume mortgaged his house and leveraged every asset he could, buying out his partners to start a new business. That same year, he launched Denali Flavors, a marketing and licensing company that creates new ice cream and dessert concepts, like "Moose Tracks," for independent regional dairies nationwide. Now in his 70s, Blume's company is growing rapidly, with annual sales reaching \$100 million.

Today, many older adults are seeking an encore career or considering entrepreneurship. There are a lot of resources available, but the hard part is navigating the system and knowing where to start. It's time to put all of these resources in one place and market and streamline access to these programs so older adults who are interested in being an entrepreneur can get the information they need.

To accomplish this, I'm directing the MEDC to better coordinate entrepreneurial resources and increase access for older adults. MEDC will be responsible for working more closely with the federal partners and programs from the Small Business Administration, including the Senior Corps of Retired Executives (SCORE) and the Small Business and Development Centers (SBDC), as well as coordinating efforts with our state and local public and private sector partners.

Reinventing Retirement

Older adults have helped to build the Michigan we know and love today. As the state plans for the future it must make responsible decisions to ensure future generations have the same opportunities as those who came before them.

The way many Michiganders view retirement has changed and will continue to do so in the future. Today's retirees live longer, are more active, are more connected to their community, and continue to be an important contributor to society.

It's important for all residents to understand why we made changes to Michigan's retirement income exemption. Some want Michigan seniors to believe that the reforms we made to that exemption were done to harm them and will cause significant hardship. That is simply not the case.

Since the 1960's, inequities in the tax system led to people paying different effective tax rates even if they had the same income. A fair solution was to make reforms to the system. The reforms we implemented protect current seniors, who experience no change to their retirement income exemption. The reforms also lowered everyone's tax rate, and they will gradually transform the existing exemption, which only benefits some seniors, into a senior exemption that benefits all seniors.

Reforming the retirement income exemption and transforming it into a broad based exemption that benefits all seniors created a more simple, fair and efficient tax system and it was the right thing to do. Even after the changes, Michigan's senior exemption is the 8th most generous in the nation.

I'm proud of Michigan's seniors and the commitment they have to Michigan's comeback.

Retirement Planning

Everyone wants to be financially secure in retirement. Planning is the key and there are many decisions Michiganders need to make as they plan for their later years.

Choosing when to retire is an important first step. Decisions made sooner rather than later ensure a greater chance of financial security. For those who still haven't had these conversations with family or financial professionals, it's never too late to plan for the future. Every Michigander should have access to the best tools available to do so.

I've directed the Department of Insurance and Financial Services (DIFS) to create comprehensive financial planning tools and to coordinate with OSA, state financial experts and community leaders to develop a public awareness campaign. It will provide older adults and Michigan families a place to go to get information, better tools and guidance to navigate financial challenges that can derail even the best plans.

Lifelong Learning

There are numerous lifelong learning opportunities all across the state for older adults. Many colleges and universities have senior-specific programs and many of these are even free or low-cost. When older adults commit to lifelong learning it benefits them, their community and the state.

One of the leaders in enrollment for adults age 65 and older is Kellogg Community College in Battle Creek. Both the college and the community should be commended for demonstrating a commitment to lifelong learning.

In addition to traditional education opportunities, we know that today's learning need not be limited by distance or the four walls of a classroom. Numerous online learning opportunities offer flexible and affordable options and should be considered.

I encourage Michigan's older adults to reach out to their local educational institution and see what it has to offer.

Travel and Recreation

Travel and recreation play an important role in the lives of older adults. Michigan is home to an abundance of natural beauty just waiting to be enjoyed. The state has the world's longest freshwater coastline, hundreds of public beaches and hundreds of miles of hiking trails. In addition, Michigan has world-class museums, art galleries, festivals, and events. This is why we welcome between 75 and 85 million leisure travelers each and every year.

Michigan's older adults are active participants in Michigan's natural and cultural resources. They provide tremendous volunteer support to the Michigan Department of Natural Resources (DNR) and other organizations that engage in resource management across the state.

In 2013, more than 200,000 Michigan older adults age 65 and older purchased at least one hunting or fishing license and when surveyed, 75 percent reported that they engaged in at least one outdoor recreation activity in the previous year.

Older adult volunteers play a key role in the state's work with natural resources. The "On-the-Ground" partnership with the Michigan United Conservation Clubs is a good example of this. Volunteers spend an afternoon assisting in wildlife habitat creation on state game areas. Approximately 25 percent of volunteers are older adults.

Older adults are also critical to helping young people get engaged in the outdoors and are among the best recruiters we have to ensure future generations continue Michigan's strong heritage of hunting and fishing. For example, more than 550 of the state's 3,200 Hunter Education instructors are age 65 and older. Notably, 42 of them have been volunteers for 40 or more years.

From camping to lighthouse tours, I encourage everyone, especially our older adults to get outside, go new places and check out what's new in Pure Michigan.

Conclusion

To ensure Michigan is a great place to age well, the state, the private sector, our communities and each Michigander will need to do his or her part.

The state can do its part by supporting those who are most vulnerable and by providing quality services to those who need a helping hand. In addition, the state must partner with the private sector to increase awareness of financial planning resources and opportunities for encore careers.

Michiganders can enrich their own lives by committing to a healthy lifestyle, remaining active and engaged, taking steps to achieve financial security, and maintain independence.

Michigan's population is aging rapidly. We will miss great opportunities if we don't support, value and make use of the experience, knowledge and extraordinary talents of our older residents.

Let's all make a commitment today to plan for the future and continue to make Michigan a place where our residents can live well and age well.

Annual Report

MICHIGAN OFFICE OF SERVICES TO THE AGING | FISCAL YEAR 2014



Program data presented in this report is preliminary, compiled through December 2014. Final data will be submitted to the federal Administration for Community Living by February 2015, and certification is expected in March 2015.

The Michigan Office of Services to the Aging is an equal opportunity employer and program provider. This report, required by state law, is developed with federal funds by authority of the Older Americans Act of 1965, as amended.

This report was distributed electronically.

Annual Report

Michigan Office of Services to the Aging

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SUMMARY

Public Act 180 of 1981, the Older Michiganians Act, requires the Michigan Office of Services to the Aging (OSA) to submit an annual report to the governor and the Michigan Legislature by January 31 each year.

The annual report details the progress OSA and the Michigan Commission on Services to the Aging (CSA) have made in implementing Michigan's state plan on aging, which is required for federal funding through the Older Americans Act of 1965.

As the designated state unit on aging, OSA is granted authority to develop and administer the state plan, and is responsible for coordinating all state activities related to the intent of the Older Americans Act, as amended, and the Older Michiganians Act. The CSA is granted authority for expenditure of all funds related to both laws.

All state plans are reviewed annually to ensure Michigan continues to build toward a future in which every Michigander has the opportunity to live a high quality of life in the setting of their choice as they age.

The activities and accomplishments outlined in this report are based on a newly-developed, three-year state plan for fiscal years 2014-2016.

MICHIGAN'S OLDER ADULT POPULATION*

- Michigan has 1,996,185 people age 60 or older – 20.2% of the total state population.
- The majority of the older adult population is female – 1,099,898 or 55.1%; and 896,287 or 44.9% are males.
- More than thirty-two percent (32.8%) of all households in the state of Michigan contain someone age 60 or older living in them.
- There are 417,203 Michigan veterans age 60 or older.
- More than thirteen percent (13.2%) of the 60-or-older population identifies as something other than of white European ancestry. African Americans represent the largest of such groups at 10.3%; Asians represent 1.4%; American Indians and Alaska Natives comprise 0.4%; and 0.8% identifies as being two or more races. Additionally, 1.6% of the population identifies themselves as Hispanic.
- For the 60-or-older age group, 84% graduated from high school; 26.6% have had some college (Note: this includes associate degrees); and 21.7% have a Bachelor's degree or higher.
- More than forty-five percent (45.1%) of people age 60 or older live with a spouse; 40.1% live alone; 9.6% live with relatives; 2.4% live with non-relatives; and 2.7% live in group quarters.
- More than twenty-four percent (24.6%) of people age 60 or over volunteer in their community, averaging 142 hours per person each year.
- Twenty-one percent (21%) of people age 60 or older are in the labor force.
- Approximately 126,000 Michigan residents age 65 or older identify themselves as having a cognitive disability.
- More than 77,000 grandparents live with their own grandchildren under the age of 18. Approximately 24,000 grandparents live with grandchildren under age 18 without the child's parent being present.

**Data presented for the age 60 or older age group was from the 2013 American Community Survey.*

ABOUT OSA

The Michigan Office of Services to the Aging (OSA) is Michigan's designated state unit on aging, formed under the Older Michiganians Act of 1981.

OSA operates under the authority of the Older Americans Act, which was signed into law in 1965 to meet the diverse needs of the growing numbers of older adults in the United States. The Older Americans Act set out specific objectives for maintaining the dignity and welfare of older adults and established the National Aging Network, which is comprised of the Administration for Community Living at the federal level, state units on aging, and area agencies on aging at the local level.

OSA has a unique role within state government, serving as an:

- Informed leader, advocate, and expert on aging
- Information source for older adults and their families, friends, neighbors, and the general public
- Effective steward of federal and state taxpayer dollars
- Agent that works to improve the effectiveness, efficiency, and quality of supportive services provided through Michigan's aging network and its partners

While OSA provides leadership on aging programs and policies at the state level, serving Michigan's older adult population is a collaborative process. OSA works with Michigan's aging network – a partnership of the state of Michigan, 16 regional area agencies on aging, and more than 1,200 community-based agencies.

In fiscal year 2014, OSA provided financial and program oversight of all 16 area agencies on aging in the following ways:

- Area service plans were thoroughly reviewed, then submitted to the Commission on Services to the Aging for approval
- Formal area plan performance assessments were conducted
- Financial, program, and audit reports were reviewed
- On-site monitoring of area agency on aging governance and program/financial operations was conducted
- Technical assistance was provided as needed

The following commissions and advisory councils also work closely with OSA and Michigan's aging network to shape policy and address the concerns of older adults across the state.



Michigan Commission on Services to the Aging meeting held in Port Huron on July 18.

Michigan Commission on Services to the Aging

The Commission is a 15-member, bi-partisan body that advises the governor, Legislature, and OSA on matters relating to aging policies and programs.

The Commission approves funds for services, participates in the preparation of the state plan, determines aging policy as needed, and appoints a 40-member State Advisory Council to advise state-level decision-making. In its work as an effective and visible advocate for older adults in government decisions, the Commission convenes public hearings to learn, first hand, what is important to older adults, as well as to service providers throughout the state.

The Commission meets monthly to conduct its work. All meetings are open to the public. In fiscal year 2014 it held public hearings in St. Joseph, Lansing, Coldwater, Port Huron, and Gaylord.

State Advisory Council

The State Advisory Council on Aging, established by the Michigan Commission on Services to the Aging, has an important role in being the eyes and ears of older adult issues at the local level. This 40-person body brings a wealth of experience and expertise to advising on state level decision-making, as it represents the interests of older adults statewide. Among their duties, council members have input on the state plan, aging policies, and legislative advocacy.

Each year the Council studies an aging topic or area of concern deemed important by the Commission, by holding workgroup conference calls over the winter months and four face-to-face meetings in the spring, summer and fall. Council recommendations for future action on each topic are presented to the Commission at an annual joint meeting.

In 2014, the Council's charge to research Baby Boomers was continued, and the Council presented practical ideas on what can be done at the state level to address the growing number of Boomers. In November 2014, the Commission approved the Council's preliminary report, entitled Baby Boomers – Now and in the Future. As an offshoot of this report, the Council will work closely with OSA and the Commission on a positive aging campaign in 2015.

Michigan Long-Term Care Supports and Services Advisory Commission

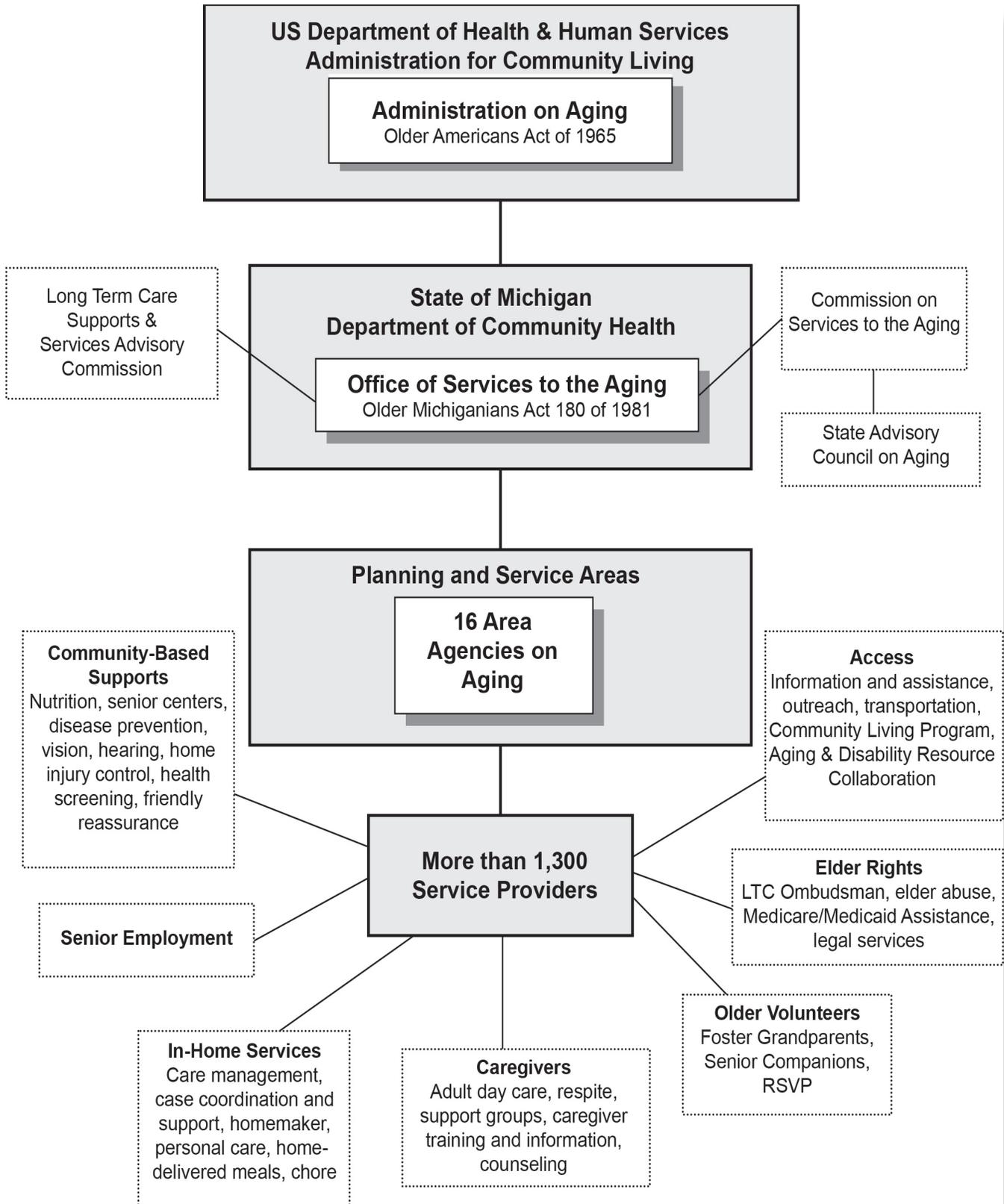
The Michigan Long-Term Care Supports and Services Advisory Commission was established as a forum for discussion on issues related to long-term care services and supports. The Commission is also charged with making recommendations as requested by the governor or OSA director for improving the lives of Michigan's older adults and individuals with a disability.

Over the past two years the Commission has focused on ways to provide a person-centered care model that empowers patients to customize their preferred choice of service and provider.

In April 2014, the Commission submitted 13 recommendations to Governor Snyder for consideration in support of the current and future needs of the long-term care system. These recommendations will help Michigan have a more integrated, coordinated, and consumer-focused long-term care system.

ABOUT MICHIGAN'S AGING NETWORK

A Federal, State and Local Partnership



MICHIGAN STATE PLAN ON AGING - 2014-2016

The Michigan State Plan on Aging - 2014-2016 outlines a policy and program framework to provide services to Michigan's older adult population.

OSA has adopted the following goals for the Michigan State Plan on Aging - 2014-2016:

- I. Recognize and celebrate the cultural, economic, and social contributions of older adults, and create opportunities for engagement in their communities.
- II. Use person-centered planning to ensure older adults have independence and self-direction through an array of long-term supports and services provided in the setting of their choice.
- III. Provide a variety of opportunities for older adults to enhance their physical and mental well-being, using evidence-based practices and other innovative programs.
- IV. Provide advocacy, information, training, and services to support the rights of older adults to live free from abuse, neglect, and exploitation.
- V. Develop and enhance public and private partnerships to better serve older adults.
- VI. Employ continuous quality improvement and innovation to accommodate the changing needs of older adults.

Visit www.michigan.gov/osa to read the full plan.

CORE SERVICE ACTIVITIES AND ACCOMPLISHMENTS

Core services help older adults live in the setting of their choice for as long as possible, and complement care provided by family or friends by supporting activities of daily living like bathing and food preparation.

These services are targeted to those who are frail, and those who are economically and socially vulnerable, including American Indian elders and older adults residing in rural areas. Core services in Michigan include Access, Caregiver, Community, In-Home and Nutrition.

Access Services

Access services help older adults and their families find local services and programs. Access services through Michigan's aging network include care management, case coordination and support, information and assistance, outreach and transportation.

Service Type	Clients	Hours/Units
Care Management	3,355	23,589
Case Coordination	8,885	45,683
Information & Assistance	N/A	123,005
Outreach	N/A	100,711
Transportation	6,961	125,424

Caregiver Services

Family caregivers are relatives, friends or neighbors who provide support to individuals who need help with activities of daily living because of a physical or mental disability or another health issue. Family caregivers are the foundation of Michigan's long-term care system and provide up to 80 percent of care for Michigan's older adults and residents who have a disability.

Caregiving presents many physical, emotional and economic challenges. Research has clearly demonstrated that caregivers often neglect their own personal needs while caring for others, and if they are given proper support in their role they are able to provide better care for longer.

Caregiver services through Michigan's aging network include, but are not limited to, education and support training, respite care and adult day care.

In 2014, 6,963 caregivers were supported by 681,180 hours of adult day care, respite care, counseling services, training and supplemental care. Additionally, 80,869 home-delivered meals were served as respite care.

Profile of registered caregivers:

- 70% were female
- 45% were younger than 65 years of age
- 43% resided in rural areas
- 27% of caregivers were daughters or daughters-in-law; 29% of caregivers were spouses
- 31% were low-income
- 26% were minority by race and/or ethnicity

Profile of caregiving:

- 64% provided daily, hands-on care
- 73% have been caregiving for more than one year; 50% for three or more years 51% lived with the individual(s) that they care for; 40% travel up to one hour to provide care 44% indicated that there were “no other family members willing or able” to help provide care
- 36% were employed full or part-time
- 29% described their health as “fair” or “poor”
- 7% were kinship caregivers (e.g., caregiving for grandchildren)

Community Services

Community services help older adults maintain their independence at home and in their community. These services complement other services provided through existing medical and health care systems to help prevent hospital readmissions by supporting activities of daily living.

A priority service under the community services umbrella is legal services. Michigan has nine legal assistance providers and a legal hotline for Michigan’s older adults. Legal services include information and referral, advice and counseling, education and direct representation. These services target older adults with economic or social needs, including limited English proficiency, low-income minority individuals, and those who live in rural areas. In fiscal year 2014, 17,407 cases were closed and 80 percent of those served were living 200 percent below poverty.

Community services through Michigan’s aging network also include, but are not limited to, disease prevention/health promotion, health screening, assistance to the hearing impaired, home repair, vision services and programs for prevention of elder abuse, neglect and exploitation.

Service Type	Clients	Hours/Units
Assistance to the Hearing Impaired	1,589	4,386
Assistive Devices & Technologies (e.g., PERS)	774	7,081
Community Support Navigator	2,899	5,988
Counseling	97	482
Crisis Service Energy Assistance	723	435
Disease Prevention/Health Promotion	7,398	31,522
Elder Abuse Prevention	6,948	6,117
Friendly Reassurance	175	19,533
Health Screening	646	445
Home Injury Control	838	2,059
Home Repair	145	4,462
Information & Assistance	N/A	123,005
Legal Assistance	9,128	31,784
Medication Management	2,960	6,161
Nutrition Education	361	361
Outreach	N/A	100,711
Senior Center Operations/Staffing	12,083	36,386
Transportation	6,961	125,424
Vision Services	948	1,549
Wellness Center Support	4,105	27,859

In-Home Services

In-home services help residents who have functional, physical, or mental characteristics that limit their ability to care for themselves, and who have insufficient or unavailable informal supports such as family or friends. Targeting for in-home services is based on social, functional, and economic characteristics.

In-home services through Michigan's aging network include, but are not limited to, chore, home care assistance, home injury control, homemaking and personal care.

In 2014, 19,690 older adults were supported by 679,510 units (hours) of care management, case coordination and support, chore, homemaker, home health aide, personal care and other in-home services.

Profile of registered participants:

- 67% were 75 years of age or older
- 71% were female
- 56% lived alone
- 56% resided in rural areas
- 30% were low-income
- 15% were minority by race and/or ethnicity



Older adults volunteering at a local food bank.

Nutrition Services

Adequate nutrition is critical to maintaining a healthy and active lifestyle and achieving a high quality of life. That is why nutrition services have always been an essential service for older adults. In addition to providing nutritious meals, nutrition services significantly reduce social isolation and give older adults the knowledge to eat healthier through nutrition education. While there is no “means test” for program participation, services are targeted to older adults with the highest need through the aging network.

Nutrition services through Michigan’s aging network include congregate meals, home-delivered meals, nutrition counseling and nutrition education.

A total of 9,970,525 meals were served to 105,903 participants in fiscal year 2014.

Home-Delivered Meals

A total of 48,050 home-delivered meal (HDM) participants received 7,702,752 meals. *

Participant profile:

- 65% were aged 75 or older
- 64% were female
- 50% lived alone
- 39% resided in rural areas
- 37% were low-income
- 29% were minority by race and/or ethnicity

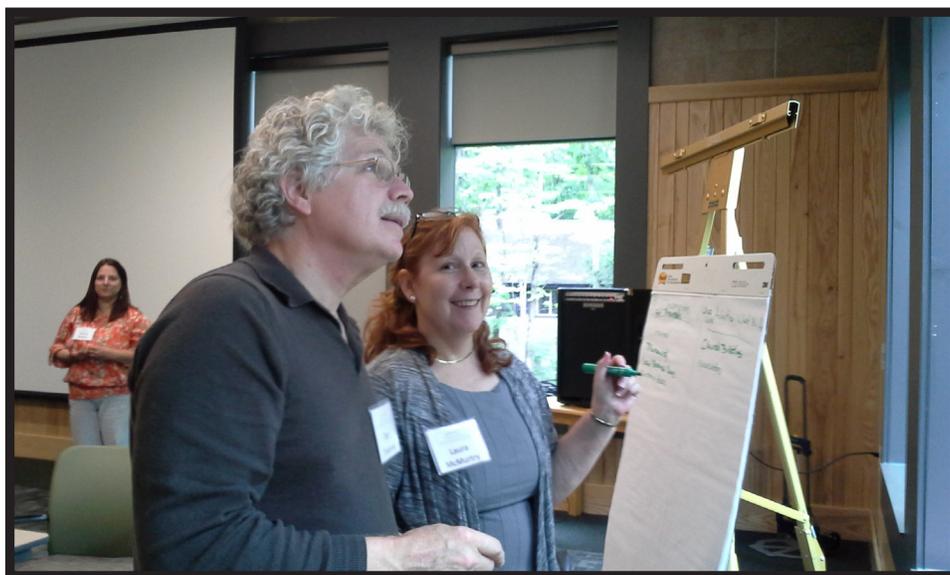
Congregate Meals

A total of 57,853 congregate meal participants received 2,267,773 meals.

Participant profile:

- 52% were aged 75 or older
- 63% were female
- 32% lived alone
- 60% resided in rural areas
- 29% were low-income
- 81% were minority by race and/or ethnicity

*Includes HDM respite meals



OSA's Dan Doezema and Laura McMurtry lead a breakout session during the Nutrition Summit in Roscommon.

Nutrition Summit

“Action, Challenges, and Tenacity” was the theme of the 2014 Nutrition Summit held on September 11 at the Department of Natural Resources’ Ralph A. MacMullan Conference Center in Roscommon. More than 80 people involved with older adult nutrition programs across the state came together to discuss current practices and challenges, as well as discuss new ideas to increase participation in congregate meal programs.

Breakout sessions included person-centered planning, using social media, activities that can be incorporated into the meal time and new meal ideas. A question and answer session was also conducted for the updated nutrition standards and the nutrition reporting system.

SPECIAL PROGRAM ACTIVITIES AND ACCOMPLISHMENTS

Special programs have been developed and implemented over the years to complement core aging services offered through the Michigan's aging network.

Communities for a Lifetime

The Communities for a Lifetime (CFL) program provides guidance to local communities interested in reshaping their vision, public policies, and practices to create more desirable and welcoming living environments for people of all ages, including older adults. The program is part of a broader national movement called Creating Aging Friendly Communities, and was developed by the Michigan Commission on Services to the Aging in 2007 with input from the State Advisory Council on Aging.

In fiscal year 2014 the program achieved the following:

- Livingston and St. Joseph Counties were designated as "Communities for a Lifetime" by OSA and the Commission on Services to the Aging, bringing the total number of recognized CFL communities to 23.
- A Communities for a Lifetime Forum was held for communities that received CFL designation from 2007-2014. The forum provided information sharing, expert foundation and community development speakers, and technical assistance resources for sustaining aging-friendly community improvements.
- A CFL presentation was made to the Council of Michigan Foundations, Michigan Economic Development Corporation, Michigan Association of Senior Centers and Michigan Community Action Agency Association.
- A fact sheet was developed on economic benefits of better serving persons age 50 or older.

Emergency Preparedness

As part of the state's emergency preparedness and disaster response system, OSA reports to the State Emergency Operations Center (SEOC) when it is activated in response to an emergency.

In fiscal year 2014, OSA participated in the SEOC's Southeast Michigan flood emergency response, ensuring that aging service delivery was not disrupted, and that information on accessing Federal Emergency Management Agency (FEMA) disaster recovery resources was made available to the aging network. Last year OSA also regularly attended emergency preparedness trainings and practice drills provided by the Michigan State Police and the Michigan Department of Community Health, as well as participated in statewide emergency preparedness activities including cyber-attack training, an Ebola response drill, and six exercises for nuclear power plant emergencies.

At the local level, OSA worked with the aging network to be better prepared to respond to emergency events. In June, OSA coordinated with five area agencies on aging to provide ten FEMA trainings designed to help both caregivers of seniors and local community leaders improve their natural disaster awareness. Trainings were held in Traverse City, Escanaba, Grayling, Bay City, and Southfield. A total 78 caregivers of older adults and 115 local community leaders participated.

Gatekeeper Program

Launched in 1987, the Gatekeeper Program is made possible through a partnership between Consumers Energy, DTE Energy and Michigan's aging network. The program identifies older adults in need through the utility company's employees who have frequent and direct contact with natural gas and electric customers.

Employees are trained to stay alert to warning signs that may indicate an older adult needs help. They look for signs of distress in communication, economic condition, social condition, emotional health, personal appearance, physical limitations and condition of the home. When an issue for an older adult is suspected, a referral is generated and that in turn, prompts communication with Michigan's aging network to help.

Each year two Gatekeepers are recognized by the OSA and the Commission on Services to the Aging for going above and beyond to help an older adult in need. In fiscal year 2014, David Popp of DTE and Toni Fabus of Consumers Energy were chosen for this honor. Mr. Popp, a service technician, witnessed an older adult slip and fall and got her the help she needed, which allowed her to continue living an independent life. Toni Fabus, an electric meter services worker, found a woman collapsed on the floor of her home. This was a case of personal neglect and it prompted Adult Protective Services to investigate and help her find alternative housing.

Senior Citizens of the Year

Each year two senior citizens are named Senior Citizen of the Year by OSA, the Commission on Services to the Aging, and Consumers Energy at a special ceremony during Older Michiganians Day at the State Capitol. Helen Buccella-Costa of Ann Arbor and Eleanor Nielsen of Grand Rapids were honored in 2014.

Ms. Buccella-Costa, nominated by Arbor Hospice, was instrumental in establishing Arbor Hospice's pet therapy program. She and Alpine, a trained Golden Retriever, bring comfort, compassion, and peace to individuals at the end of their lives, as well as their family members. Her volunteer work spans seven counties. She has clocked 1,100 volunteer hours and has traveled 12,000 miles at her own expense.

Eleanor Nielsen, nominated by the Area Agency on Aging of Western Michigan, has played a major role in establishing the aging network in Western Michigan since the 1980s. Among her many accomplishments, she served on the Area Agency on Aging Policy Board; she formed the Allegan County Commission on Aging; and was a catalyst in launching the first Allegan County senior millage.

Senior Volunteer Programs

In partnership with the Corporation for National and Community Service, OSA oversees three volunteer programs – the Foster Grandparent Program, the Senior Companion Program, and the Retired and Senior Volunteer Program (RSVP) – that connect older adults to people, community projects, and organizations in need.

A total of 9,429 older adults participated in Michigan’s three older-adult volunteer programs in fiscal year 2014.

Participants in the Foster Grandparent Program help children who have “exceptional” or “special” needs.

- 1,055 Foster Grandparents served 2,500 children and youth with exceptional and special needs in 750 different settings within 333 non-profit organizations.

Senior Companion Program volunteers help other older adults maintain their independence by providing help with activities of daily living like simple chores and transportation to medical appointments.

- 533 Senior Companions served 3,333 adults with special needs in 921 different settings within 185 organizations.

RSVP matches the skills, interests, and availability of older adults with community volunteer opportunities that will most benefit from them.

- 7,841 RSVP volunteers provided service to 1,336 non-profit organizations, equating to 803,961 hours of service to local communities.

Tailored Caregiver Assessment and Referral®

Tailored Caregiver Assessment and Referral, TCARE®, has been funded since 2009 with the goal of reducing the burden and stress on people who are serving as caregivers to family or friends. Area agencies on aging and other partner agencies use existing federal caregiving funding to implement TCARE®.

In order to help caregivers who are at high risk from the stress of their duties, care-certified assessors work with them one on one to find specific community resources that are most apt to be beneficial and acceptable to their situation. This is an evidence-based individualized assessment and referral process.

Training for 12 new staff was held in fiscal 2014. There are now 35 certified TCARE® staff in Michigan. Each certified staff member serves three to five high-risk caregivers per year. The program is proven to be a valuable support in reducing caregiver stress and depression.

FY 2014 GRANT ACTIVITIES AND ACCOMPLISHMENTS

Last year OSA worked on several special grants aimed at improving upon or expanding the depth and breadth of core aging services and special programs offered through Michigan's aging network.



Creating Confident Caregivers training session in 2014.

Creating Confident Caregivers®

Since 2009, Creating Confident Caregivers® (CCC) has conducted 471 evidence-based programs for family members of all ages and incomes who are involved with helping a relative who has memory loss or dementia. More than 8,552 caregivers and persons with dementia have benefited from the program. The program was expanded in 2010 with a focus on serving urban and racially and ethnically-diverse caregivers.

Participant data from the initial CCC project found statistically-significant improvement in caregivers' well-being, skills, attitude, and self-care. These findings affirm the effectiveness of the program in reducing caregiver distress, when delivered as tested.

In addition to providing programs for caregivers, this year CCC master trainers also held dementia training sessions for person-centered counselors and personal care aides in order to familiarize them with a person-centered dementia approach.

Evidence-Based Disease Prevention Programs

Based on the premise that it's never too late to adopt a healthy lifestyle, evidence-based disease prevention programs (EBDP) are available to help older adults learn how to reduce their risk of developing chronic conditions, as well as learn how to better manage those conditions that already exist.

“Evidence-based” programs – referring to those that have been scientifically researched and tested with proven results – offer the benefits of self-efficacy and decreased health service utilization, and enable participants to adopt healthy self-management behaviors. The programs work best when participants are informed, motivated and involved as partners in their own care.

Programs offered through Michigan’s aging network include, but are not limited to, EnhanceFitness, Matter of Balance, Chronic Disease Self-Management, known as “PATH” in Michigan, Diabetes Self-Management, known as “Diabetes PATH” in Michigan, and Chronic Disease Self-Management.

In fiscal year 2014, OSA was in its second year of a two-year grant from the Administration on Aging called “Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education.”

The overall purpose of this grant is to help ensure that evidence-based self-management education programs are embedded into the state’s health and long-term services and supports systems.

In fiscal year 2014:

- 225 workshops on chronic disease self-management were held. A total of 1,608 people participated and of those, 1,135 people completed at least four of six sessions – a completion rate of 70.5%
- 2,356 people participated in 89 “Matter of Balance” workshops

This work has led Michigan to become a national leader in working with the Geriatric Education Center to educate medical professionals on the need to refer patients to self-management classes such as PATH. The grant includes working with medical students to be trained as PATH leaders. The education of medical professionals is taking place at conferences and workshops across Michigan.

Medicare Improvements for Patients and Providers Act

Michigan’s aging network received federal funding in fiscal year 2014 under the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 to help Michigan residents who are Medicare beneficiaries to apply for the Medicare Part D Extra Help/Low-Income Subsidy and the Medicare Savings Programs. In addition, funding also helped provide Part D counseling to Michigan residents who live in rural areas. Funding was divided between area agencies on aging, the Michigan Medicare and Medicaid Assistance Program, known as MMAP, and four local Aging and Disability Resource Collaboration (ADRC) partnerships.

In fiscal year 2014:

- MIPPA AAA partners assisted beneficiaries with 2,413 enrollment applications
- MIPPA MMAP partners assisted beneficiaries with 1,940 enrollment applications
- MIPPA ADRC partners assisted beneficiaries with 692 enrollment applications

Michigan Aging and Disability Resource Collaboration Program

In 2009, the U.S. Administration on Aging awarded Michigan a grant to streamline access to services and provide residents information on all aspects of life related to aging or living with a disability.

Michigan's program, the Aging & Disability Resource Collaboration (ADRC), is regionally-driven through several local programs located throughout Michigan. Each local program will serve as a connecting point for access to aging and disability services in its community. These collaborations were made possible through strong partnerships between the state's aging and disability communities and other partners and supporters throughout Michigan.

A part of the ADRC grant included funding for training for staff of aging and disability organizations at the local level to provide options counseling, also called person-centered counseling. In fiscal year 2014 nearly 48 person-centered counselors participated in in-person training sessions and monthly strategy calls were held for all person-centered counselors statewide.

By the end of fiscal year 2014, 17 partnerships between local aging and disability organizations covered all Michigan counties and met federal requirements to be considered "fully functional." A state-level ADRC Advisory Committee, comprised of aging and disability representatives, was also formed to share best practices and provide input on ADRC policy and shape the future direction of the program.



*Michigan Medicare and Medicaid Assistance Program
2014 volunteer award winners.*

Michigan Medicare and Medicaid Assistance Program

The Michigan Medicare and Medicaid Assistance Program (MMAP) works through Michigan's area agencies on aging to provide high quality and accessible health benefit information and counseling. It is supported by a statewide network of unpaid and paid skilled professionals that offer free, objective, and confidential health benefits counseling and information to assist Medicare and Medicaid beneficiaries.

In fiscal year 2014:

- The program served 82,319 Medicare beneficiaries
- MMAP counselors achieved savings of approximately \$60,389,000 for their clients
- Team members had 104,698 client contacts, 51,287 of these contacts were with individuals whose household's annual income is \$23,595 or less
- 22,640 contacts were with beneficiaries enrolled in Medicare due to a disability
- Team members spent 3,103 hours conducting community education and outreach
- Team members held 1,093 presentations that reached 45,391 individuals
- Team members participated in 322 health or senior and community resources fairs and 195 enrollment events
- 3,006 beneficiaries received enrollment assistance in a Medicare Prescription Drug Plan, Medicare Savings Program, or the Part D Low-Income Subsidy
- Primary topics discussed were Medicare eligibility and benefits, Medicare Part D plans and plan comparison, Medicare supplemental policies, Medicare Savings Program, and Part D Low-Income Subsidy eligibility

Personal and Home Care Aide State Training Program: Building Training...Building Quality

Michigan was one of six states in 2010 that received a federal grant from the U.S. Department of Health and Human Services to develop a state training program to boost Michigan's personal and home care aide workforce, and give these workers the knowledge and skills to provide better long-term care services and supports to individuals. Michigan's program, Building Training...Building Quality (BTBQ), focused on developing, implementing, and evaluating an evidence-based, model training program for personal care aides, using teaching methods for adults.

The program created a "gold standard" of training. It worked closely with personal care aides serving individuals enrolled in the MI Choice Waiver program, which provides in-home services similar to those provided in a nursing home. It also focused on the need to recruit more personal care aides, one of the fastest growing occupations in Michigan. It is estimated that by 2020 Michigan will need an additional 25,000 home health and personal care aides.

BTBQ program accomplishments included the development of a 77-hour core training program and the certification of 28 trainers from across the state. Nearly 400 people were trained in the core curriculum, 296 were trained to support persons with dementia, 193 received home skills training, and 308 were trained in the prevention of adult abuse and neglect.

BTBQ program evaluation findings showed:

- Significant knowledge, skills, and confidence were gained by BTBQ graduates
- Unemployment dropped from 58 percent to 36 percent among BTBQ graduates
- Improved job satisfaction - 99 percent stated they would recommend BTBQ to others
- Skills gained increased employability of BTBQ graduates
- Graduates identified essential training features that should be mandatory – person-centeredness, communication skills, and how to establish professional boundaries

A Michigan final report was developed in August 2014. Visit www.michigan.gov/osa to read the full report. The BTBQ program was made possible by a partnership between OSA, Michigan State University's Department of Family Practice within the College of Human Medicine, and PHI Michigan.

Senior Project FRESH/Market FRESH

The Senior Farmers Market Nutrition Program, known as Senior Project FRESH/Market FRESH in Michigan, provides those who qualify with unprocessed, Michigan-grown foods.

Qualified older adults and Michigan Department of Community Health (MDCH) Wisewoman participants receive coupons that are used to purchase Michigan-grown produce at registered roadside stands and farmers markets.

Participants are age 60 or over, and also younger women enrolled in the MDCH Wisewoman program. Each participant receives a minimum of ten, \$2.00 coupons for purchasing Michigan-grown fruits, vegetables and other non-processed food at registered roadside stands and farmers markets throughout Michigan.

The program is free for both the participant and the farmer. Senior Project FRESH/Market FRESH originates from U.S. Department of Agriculture funding. It is part of the Senior Farmers Market Nutrition Program and these federal dollars come out of the federal Farm Bill. The program was designed to benefit both farmers and older adults.

To qualify, an older adult must a MDCH Wisewoman participant or be:

- 60 years of age or older
- Have a total household income of 185% of poverty or less
- Live in the county where the coupons are issued

In fiscal year 2014:

- More than 230,000 coupons were distributed by 113 agencies in 82 counties to eligible participants
- More than 300 markets and roadside stands participated across Michigan, representing 2,800 farmers
- The program put more than \$500,000 into Michigan's agricultural economy

MICHIGAN STATE LONG-TERM CARE OMBUDSMAN

This program provides advocacy and information to individuals in need of long-term supports and services, particularly those living in nursing homes, homes for the aged, and adult foster care homes. The Ombudsman also provides training, oversight, and management of the local Ombudsman programs statewide.

Program Details

- Long-term care consultations were held with 3,141 individuals and 1,177 facility staff.
- 163 community education sessions were held.
- 92.5% of complaints were made against nursing facilities; 7.5% were made against adult foster care homes or homes for the aged.
- 1,658 complaint cases involving 3,214 complaint issues were completed and closed.

Top 5 Complaint Sources:

- 651 (40%) self-reported by residents
- 378 (23%) initiated by friends/relatives
- 245 (15%) reported by Ombudsman
- 188 (11%) anonymously reported
- 93 (6%) reported by facility staff

Top 10 Complaint Issues:

- Failure to respond to requests for help (235)
- Involuntary discharge/eviction from a facility (219)
- Lack of dignity/staff treatment of residents (181)
- Requests for less restrictive settings (146)
- Medication administration/mistakes (129)
- Guardianship, conservatorship, powers of attorney, wills (113)
- Inadequate care plans (101)
- Food - quality, quantity, choice (95)
- Civil rights, choice, preference, including right to smoke (94)
- Personal hygiene, grooming (77)

FY 2014 BUDGET APPROPRIATION

Line Item	Appropriation
OSA Administration	6,389,200
Community Services	36,614,400
Nutrition Services	37,244,000
Retired and Senior Volunteer Program	627,300
Foster Grandparent Program	2,233,600
Senior Companion Program	1,604,400
Employment Assistance	3,500,000
Respite Care	7,643,700
Appropriation Total	\$95,856,600
Total Federal Revenues	58,154,600
Title III - Older Americans Act	41,833,700
Title VII - Older Americans Act	807,300
Nutrition Services Incentive Program - DHHS	7,260,500
Bridging the Gap - ACL/DHHS	200,000
ADSSP Michigan Expansion - ACL/DHHS	265,000
NWD/ADRC Sustainability Project	484,000
USDA - DOA	332,000
Calhoun EAP - DOJ	200,000
Title V - DoL	3,663,500
Title XIX - Medicaid	3,108,600
Total State Restricted Revenues:	7,643,700
Abandoned Property Funds (Respite)	3,575,000
Merit Award Funds	4,068,700
Miscellaneous Private Revenues	677,500
General Fund/General Purpose	29,380,800
Revenue Total	95,856,600

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