

REGION 3B AREA AGENCY ON AGING



PROMOTING HEALTH • INDEPENDENCE • CHOICE

DRAFT

FY 2020-2021

Annual Implementation Plan



CareWell Services Southwest

Region 3B Area Agency on Aging

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Mission: Promoting health, independence and choice for seniors, persons with disabilities and caregivers

Vision: A community where people are cared for with dignity and respect

INTRODUCTION

The Older Americans Act (OAA) and Older Michiganians Act (OMA) require that each area of the state be divided into planning and service areas (PSA) and an area agency on aging (AAA) be designated to serve that area. Every three years, the AAA is required to develop a Multi-Year Plan (MYP) that outlines the planned efforts and work plan on behalf of older adults in Barry and Calhoun counties. Region 3B Area Agency on Aging (d/b/a CareWell Services Southwest) is one of 16 area agencies on aging designated by the Michigan Aging and Adult Services Agency as the mandated focal point for aging services in Barry and Calhoun counties charged with the responsibility to address, respond to and advocate for the needs and concerns of seniors in the region. To this end, the agency engages in advocacy, program planning and development, service coordination, funding, and building strategic collaborations to support this goal. Additionally, CareWell Services maintains a contract as a MI Choice Waiver agent for Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties and partners with other organization throughout Southwest Michigan to ensure a quality continuum of care for seniors, persons with disabilities, and caregivers.

Annually, the AAA provides an update to the MYP that shows any significant new priorities, plan or objectives and a description of progress made through advocacy efforts to date and focus on FY 2021 planned advocacy efforts. This document represents the Annual Implementation Plan (AIP) for the second year of the three-year MYP for the period October 1, 2020, until September 30, 2021. It provides a narrative description of the implementation strategies, goals and objectives, partnerships, and service array. The plan also outlines the method of allocation of Older Americans Act and Older Michiganians Act resources provided through the Michigan Aging and Adult Services Agency.

EXECUTIVE SUMMARY

CareWell Services Southwest is a multi-service nonprofit that funds, coordinates, and delivers programs and services throughout southwest Michigan. It has as its mission to promote health, independence and choice for seniors, persons with disabilities and caregivers. The organization has a vision of a community where people are cared for with dignity and respect and is guided by the values of integrity, quality, commitment, financial responsibility and engaged advocacy.

CareWell Services provides services directly, funds organizations through grants, and purchases goods and services through a vendor network. To meet the increasing demands on OAA and OMA resource, the agency seeks funding through grants and contracts from public and private sources including the Calhoun County Senior Millage, Michigan Health Endowment Fund, private and community foundation grants and contracts. These funding streams help ensure that the most critical services are funded using state-funding while enabling the agency to adapt and respond to local needs and participate in community initiatives.

The five service categories receiving the most funding are proposed to be home delivered meals, congregate meals, personal care, adult day services and senior center staffing. The five service categories with the greatest number of anticipated participants are senior nutrition, adult day services, personal care, MMAP and information and assistance.

The AAA's planning and service area (PSA) includes Barry and Calhoun counties which are rural areas located in southwest Lower Michigan. The population of Barry and Calhoun counties are 59,607 and 134,327 respectively. The total population in the PSA is 193,934, of which 46,158 are aged 60 or over, representing 23% of the total population. This percentage equals the percentage of children under age 18 in the region. In Barry County, the number of seniors has surpassed the number of youths in the county.

In Barry County, 39% of seniors live below 185% of poverty and in Calhoun County, 46% of seniors live below 185% of poverty. Additionally, a large percentage of seniors (53% in Barry and 62% in Calhoun) live alone.

As part of its 2019 Strategic Planning, the agency identified its critical success factors – those conditions that exist that contribute positively to the agency’s capacity to fulfil its goals and mission. These included a focus on prevention, collaboration, innovation and getting ahead of perceived needs; a focus on continually assessing, aligning and adapting our efforts to ensure adequate resources to address demands; expanding business lines that create positive net revenue; serving as a leader in the senior services and disability space; a strong emphasis on collaboration as a priority; and demonstrated organizational leadership and effectiveness in key areas. Barriers to success were identified and included: Changing demographics; funding concerns and a trend toward managed long-term care; capacity of staff to manage increasing workload while needing to grow in their knowledge, skills and aptitude; competing organizations for mandated functions and role of AAA and crowded space (health plans, for profit, etc.); and the impact of politics at the local, state and Federal level on policy, as well as relationships, competing local priorities and focus.

The agency’s goals were organized around themes that include innovation, responsiveness, collaboration, effectiveness and advocacy. Strategies to achieve the agency’s will focus on new opportunities such as preparing for accreditation, exploring private pay, better aligning funding with needs, and development of new business lines; Capitalizing on relationships and core competencies through outreach/awareness, building legislative relationships, building strategic partnerships and key collaborations; developing systems that will assist the agency in monitoring trends, building relationships with funders; and focusing efforts on continually exceeding performance standards, ensuring accountability, and creating and implement effective measurements to gauge our strength, challenges and opportunities.

COUNTY/LOCAL UNIT OF GOVERNMENT REVIEW

The Annual Implementation Plan (AIP) is provided to each local unit of government for review prior to being submitted to the State Commission on Services to the Aging (CSA). The CSA, a 15 member body appointed by the Governor, also reviews and approves grants received by AASA and participates in the development of the state plan and budget as required by the federal Older Americans Act of 1965, as amended. The CSA also advises the Governor, Michigan Legislature, and the Aging and Adult Services Agency on matters of policy and programs for older adults in Michigan.

A copy of the completed AIP is sent to each county administrator and Board of Commissioner chairperson no later than June 30, 2020, with a request for approval by August 3, 2020. CareWell Services seeks support and active approval from each Board of Commissioners through a presentation made to the commissions by the CEO of CareWell Services.

PLAN HIGHLIGHTS

A. Plan Objectives and Priorities: As part of the MYP and AIP, the AAA establishes specific program development objectives that outline the timeline, planned activities and expected outcomes the AAA will pursue during the planning period. Program development goals are developed to align with the Michigan Aging and Adult Services Agency’s State Plan Goals and strategic focus of the organization. Objectives are designed to address specific needs within the planning and service area based on prioritization of services determined through a Community Needs Assessment process that is coordinated with the Barry County Commission on Aging and Calhoun County Senior Services.

The planned program development objectives for the three-year Multi-Year Plan are described below. Those objectives that will be undertaken during the FY 2021 Annual Implementation Plan are noted. Most objectives carry through all three years of the MYP rather than stand on their own. No new activities are planned and there are no changes to the planned program development objectives from the MYP.

State Plan Goal 1: Advocate, inform, and empower those we serve

Strategic Focus: (E) Lead advocacy and educational initiatives that increase awareness and address the needs of seniors, persons with disabilities and caregivers

Objectives:

1. Expand outreach efforts in rural areas, among health care providers, and among marginalized and underserved populations (2020 and ongoing)
2. Engage two communities in the region in efforts to receive recognition as a Community for a Lifetime or Dementia Friendly Community (2021 and 2022)
3. Participate in initiatives to increase engagement, build knowledge and improve awareness among providers on issues that impact older adults and caregivers (2020 and ongoing)
4. Strengthen regional capacity to support individuals with dementia and other cognitive impairment and their caregivers (2020 and ongoing)

Outcome: Those who are served in the region, the aging network service provider and other community stakeholders are well equipped to effectively deliver services, advocate on behalf of seniors, and meet the increasing demands within the region

State Plan Goal 2: Help older adults maintain their health and independence at home and in their community

Strategic Focus: (A) Innovation: Engage in responsive and prevention-focused innovations to proactively respond to changes in the environment and the needs of those we serve, (B) Responsiveness: Lead efforts to strengthen and maximize resources to address the needs of those we serve

Objectives:

1. Continued implementation of Health Access Hub programs throughout region that increases integration and coordination with medical service providers to address social determinants of health with a focus on prevention of decline due to the impact of multiple chronic conditions (2020 and ongoing)
2. Provide services and supports that address the unique needs of caregivers and persons living with dementia (2020 and ongoing)
3. Re-design case coordination and support program to meet the needs of seniors not eligible for care management but at risk of decline (2022)
4. Support community efforts that address gaps in services through ongoing coordination and collaboration, especially on behalf of underserved populations such as LGBT+; veterans; isolated and rural seniors; and, persons living with a disability (2020 and ongoing)
5. Continue to expand access to evidence-based disease prevention programs in the region (2021 and ongoing)

Outcome: The diverse needs of older adults in the region are met and support their continue health and independence at home and in their community

State Plan Goal 3: Promote elder and vulnerable adult rights and justice

Strategic Focus: (C) Collaboration: Build strategic collaborations and key partnerships

Objectives:

1. Cultivate increased awareness, prevention and response to elder abuse and exploitation through outreach and education for community members (2020 and ongoing)
2. Conduct at least one training annually for professionals to increase awareness of strategies for prevention of abuse or neglect and increase awareness of resources to support potential victims of abuse (2020 and annually)

Outcome: Vulnerable adults and seniors, and those who care for or provide services to them, are knowledgeable about elder abuse and well equipped to prevent abuse and provide remedies for victims

State Plan Goal 4: Conduct responsible quality management and coordination of Michigan's aging network

Strategic Focus: (D) Effectiveness: Leverage technological and human resources to strengthen organizational effectiveness and our ability to grow and adapt

Objectives:

1. Enhance professional development efforts to increase aptitude and improve knowledge, skills and abilities
2. Engage in culture change initiative focused on improving retention and attraction of staff
3. Initiative process change to improve communication flow

Outcome: The agency demonstrates quality, excellence and the capacity to grow and adapt in the effective and efficient coordination and delivery of programs and services

Required 2021 Goal: Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals

Objectives:

1. Ensure that AAA staff and subcontractors are trained in diversity, equity and inclusion through partnership with Truth and Titus project and other local partners
2. Ensure that programming and outreach is culturally sensitive and welcoming to all through training and assessment conducted by Truth and Titus and other local partners
3. Ensure that culturally and linguistically appropriate outreach is directed to non-English speaking persons and that providers are trained to adapt to diverse cultural needs through an internal review of materials and appropriate translation of materials available, as well as outreach to non-English speaking supportive agencies in the region.

Outcome: The agency's capacity to promote and foster a culture that values diversity, equity and inclusion is improved, thus increasing access and diminishing the impact of bias that can result in poorer health outcomes and services for older adults and caregivers within marginalized or historically underserved communities.

B. Contingency Planning: For the FY 2021, there are no new activities or changes planned to the program development objectives established under the MYP. However, the agency has engaged in contingency planning for potential reductions in federal funding. Although the agency aggressively pursues alternative funding to fill in the gaps where state and Federal funding is inadequate to fund the needs within the PSA, reductions of Federal funding would require the agency to reduce services in those areas where the funding is inadequate. The Policy Board of Directors has instituted a budgeting method by which a portion of its operating reserves are earmarked for reinvestment, that planned reinvestment would be insufficient to offset the reduction.

C. Advocacy Efforts: CareWell Services advocacy strategy is continually focused on fostering and facilitating a comprehensive network of funders, providers, and grantees that ensure seniors have access to needed services and that local, state and federal policies support continued engagement, quality of life and choice of seniors, persons with disabilities and caregivers. To this end, the agency has increased its focus on services that support prevention; empower and engage consumers; and support innovation that increases capacity of the aging network. The Advocacy Strategies developed for the agency are highlighted below and an update on efforts to date is included, as well as what efforts will be undertaken during the 2021 AIP planning period:

1. Improve resource navigation and service coordination through purposeful partnerships: Efforts to align access and integration of options counseling continue, working with regional partners. A redesign of the resource navigation role within the agency continues, which includes improvements to data analytics and collection to better tell the story of this important service.
2. Expand use of effective technology that improves capacity to serve seniors, improve efficiency of operations and lowers costs: Ongoing efforts to analyze current systems, identify data systems that are not effective; and pursue improved systems that are not only cost effective, but provide greater utility.
3. Sustain focus on education, public awareness and collaboration that highlights the issues facing an aging community especially related to transportation, direct care workforce, elder abuse prevention and dementia: Working with the Michigan Dementia Coalition and Miles for Memories, the agency continues efforts to raise awareness and obtain funding for expanded services for persons with dementia and their family members.
4. Expand capacity to communicate key issues presented in legislation at the local, state and national level, including improving communication methods with consumers, key stakeholders, and elected officials using a variety of modes and methods: This will be a stronger focus in 2021 for the agency. In 2020, the agency was able to identify a member for the Michigan Senior Advocates Council. The agency has expanded its use of social media to communicate with stakeholders and consumers. More effective methods of communicating with elected officials is being developed to ensure that there is consistency of message, and that the agency is a trusted source of information.
5. Engage in more purposeful advocacy with legislators including informing staff on the impact of pending legislation: Efforts to increase how and what is communicated with stakeholders, board and advisory council members, and through what methods is being developed alongside the agency's improved marketing efforts.
6. Increase empowerment and education of Advisory Council, enabling members to take a more proactive role in advocacy: We have worked to better inform and engage Advisory Council members in a more meaningful way. This has included trainings and presentations during their meetings and placing an Advisory Council member on the MSAC. We have also included the Advisory Council on focus groups and with input sessions. During 2021, we will work more closely with the Senior Advisory Council and our local representative, to share information and improve the Advisory Council's knowledge of key issues that can impact our region.

PUBLIC HEARINGS: CareWell Services normally holds public hearings in both Barry and Calhoun counties as part of its effort to gain insight and feedback on the proposed Multi-Year Plan and hear the concerns of those for whom the plan serves. Originally, Calhoun County's public hearing was held on March 16, 2020 in Calhoun County hosted by the Advisory Council. In Barry County, the public hearing is hosted by the Barry County Commission on Aging board and was scheduled for May 19, 2020. Due to COVID-19 those were both canceled. One public hearing is scheduled via Zoom and will be streamed on Facebook Live on June 22, 2020. The agency publishes the notice of the public hearing in newspapers, on the agency's website, social media and mailed notices to agency partners and service providers. The summary of the AIP is available 15 days prior to the hearing.

REGIONAL SERVICE DEFINITIONS: CareWell Services has regional service definitions for gap filling services and Health Access Hub. Regional services represent services that are critical for the region but that are not part of the service definitions within the Michigan Aging and Adult Services Agency. There are no new regional service definitions being proposed. The currently approved regional service definitions for the AAA are Health Access Hub and Gap Filling services.

Health Access Hub: Using person-centered principles of choice, empowerment, and shared decision making, Community Health Workers (CHWs) help seniors, persons with disabilities and caregivers navigate and access services and resources and adopt strategies to support positive health outcomes, especially during transitions of care. CHWs support individuals as they seek to manage their ongoing health concerns or address social determinants of health by serving as intermediary between health care and services. CHWs provide assistance and coaching in daily management of chronic conditions, social/emotional support, facilitating linkages to clinical and community resources, options counseling, advocating for individual's health needs, benefits access, and home-care assistance to support ongoing independence. Services are intended to be provided through one-on-one home visits and telephonic support and designed to be short term and/or intermittent under a person-centered plan of service. This service reflects a continuum of services that is more intense than outreach or information and assistance but does not rise to the level of need that is provided through Case Coordination and Support or Care Management.

Gap Filling Services: Gap filling services eliminate or alleviate a potential threat to independence, health or safety that requires immediate attention when other resources are not available for those individuals not enrolled in other programs. This helps ensure that there are flexible, cost effective and person-centered services available in the region to meet the needs of seniors. Because of the extensive wait list for ongoing care management services in the region, gap filling services allows the agency to meet pressing needs that are usually one-time or intermittent.

PLANNED SERVICE ARRAY

Access services are provided directly by the AAA in its role as the mandated focal point for aging services and the primary access point to assist people in navigating services offered throughout the PSA as provided in the Older Americans Act. They represent the core competencies of area agencies on aging. The AAA is better positioned to leverage additional funding to support expansion of capacity in the area of information and assistance, outreach, options counseling, and case coordination and support.

When appropriate, an area agency on aging can deliver in-home and community services after receiving a direct service provision waiver from the State Commission on Aging. Direct services for non-access services may be provided by the area agency on aging when the service is directly related to the agency's core functions, when provision is necessary to assure an adequate supply or if the service can be provided by the area agency on aging more economically and with comparable quality than a service contractor.

Direct Services Provided – Access Services: Information and assistance; outreach; options counseling, care management; case coordination and support; and disaster advocacy and outreach.

Direct Services Provided – Community Services (approved direct service waiver): Senior center staffing, elder abuse prevention, Creating Confident Caregivers; disease prevention/health promotion; caregiver education, support and training; home care assistance; MMAP, and medication management

Regional Service Definition: Health Access Hub (direct service); gap filling (purchase of service)

Grant-funded Services: Transportation; chore; legal assistance; LTC Ombudsman; senior center staff; outreach; adult day services; kinship; congregate and home delivered meals; disease prevention/health promotion

Direct Purchase of Service: Respite care; adult day services; home delivered meals; homecare assistance; homemaking; medication management; personal care; assistive devices and technology; community living supports; chore; transportation

In addition to the services funded under the Multi-Year Plan, the following services are available within the region through local millage funding or grants obtained by CareWell Services:

Millage-funded Direct Services: Personal emergency response services; benefits counseling (MMAAP); and senior nutrition (which is sub-contracted to providers)

Grant-Supported Programs/Services: Dementia supportive services; medication management; Health Access Hub (CHW-led initiatives); elder abuse prevention; resource navigation; and mobile health kiosk.

ACCESS SERVICES: Some Access Services may be provided to older adults directly through the area agency without a direct service provision request.

CARE MANAGEMENT

Goal: The health and continued independence of frail older adults and their caregivers are adequately addressed through a coordinated and person-centered model of care that addresses their unique needs and reduces the risk of institutionalization.

1. Provide telephonic and in-person assessment, consultation, care planning and home and community-based services to meet the needs of older adults at risk of institutionalization
2. Engage in continuous quality improvement supported by the Quality Shared Decision Team (SDT) and tools such as the AASA Quality Outcome Measures, annual client surveys, and accreditation readiness survey
3. Increase efforts to preserve and expand resources by exploring improved models for cost-sharing
4. Explore certifications available for staff in specialized areas (dementia, case management, etc.) with a focus on future opportunities for accreditation
5. Conduct at least four trainings annually for care management staff in areas that improve their core competency
6. Expand capacity to identify data, analytics and performance metrics that support data-driven decision making within each program service category (agency wide activity)

CASE COORDINATION AND SUPPORT

Goal: Enhance access to existing community services and other supports and services for individuals who do not meet the AAA Care Management criteria and are not eligible for the MI Choice Waiver program to adequately address their social, psychological and physical health needs

Activities:

1. Provide comprehensive assessment, options counseling, service arrangement and ongoing monitoring of the developed service plan
2. Ensure high level of satisfaction and adequacy of services through continue evaluation and monitoring of effectiveness and benefit of services
3. Expand capacity to identify data, analytics and performance metrics that support data-driven decision making within each program service category (agency wide activity)

DISASTER ADVOCACY

Goal: Ensure necessary capacity to be responsive during a time of emergency through continued involvement in training, local emergency response efforts and awareness

Activities:

1. Continue engage with local emergency management services
2. Maintain CERT trained volunteer staff person
3. Conduct at least one training with providers, older adults and/or staff on disaster preparedness

INFORMATION AND ASSISTANCE

Goal: Enhance the awareness, effectiveness and quality of information and assistance available in the region

Activities:

1. Transition to AIS system
2. Continue to enhance the skills of staff providing information and assistance
3. Engage in targeted outreach and efforts to improve awareness of information and assistance among caregivers and older adults seeking services to achieve a 10% increase in contacts with the agency annually
4. Conduct survey of at least 10% of all calls to I&A related to quality
5. Achieve 100% follow up for all calls with accurate and appropriate documentation and the provision of resources that address their needs
6. Expand capacity to identify data, analytics and performance metrics that support data-driven decision making within each program service category (agency wide activity)

Goal: Increase awareness of, access to and utilization of services for seniors at greatest social-economic need with a focus on isolated, underserved or under-represented seniors

Activities:

1. Continue efforts to improve awareness of services available for seniors, persons with disabilities and caregivers in region through targeted events and outreach efforts using a variety of methods
2. Engage in key partnerships to address identified unmet needs or expand service capacity within the region including partnerships that further integrate AAA services with health care providers, payors, and new service delivery models
3. Use social media, local media outlets and sponsorships to promote AAA programs more consistently to develop brand identity

IN-HOME SERVICES – DIRECT SERVICE**HOME CARE ASSISTANCE**

Goal: Ensure adequate access to in-home assistance with activities of daily-living and routine household tasks for seniors with functional imitations

Activities:

1. Determine eligibility criteria
2. Identify staffing needs
3. Develop process for delivery of services according to standards

Justification: The ability to potentially provide this service directly specifically addresses unmet needs within the PSA related to the lack of capacity by providers or gaps in service array within the PSA. The majority of in-home services are purchased through agreements with a pool of vetted providers. However, in-home services are one of the largest unmet needs, so it is imperative that the services continue to be available throughout the PSA and can reach all areas of the service area. The ability to contract with and retain quality home health workers continues to be a challenge in the region. Filling shifts for care management clients (including those in the MI Choice Program) is becoming increasingly difficult due to lack of workers, poor quality and lack of consistency of the employee pool coupled with low reimbursement rates as a result of the MI Choice Waiver contract rates. For programs like the Health Access Hub, quality and consistency is important. However, the intensity of work and reimbursement for this work is much lower and therefore, difficult to obtain through purchase of service. To combat this, the AAA is piloting the delivery of home care assistance using directly hired staff. The goal is to have the services be more "concierge" style delivered in an entirely person-centered way using community health workers as the entre into the home, working with participants to identify those "helping services" they desire. The difference between these services and traditional in-home services is the lower intensity (intended to come along and assist individuals not do for them) and the lack of care management services as individuals will not meet the level of care determination in terms of frailty or medical need.

MEDICATION MANAGEMENT

Goals: Reduce risk of adverse effects due to medication non-adherence or adverse reaction.

Activities:

1. Utilize CHWs to expand use of MNT and/or annual medication reviews by pharmacists using technology to connect seniors to pharmacists
2. Develop program for telephonic cueing and/or in-home monitoring using CHWs in partnership with health care providers with a goal of identifying ongoing funding to support the program

Justification: Through a grant from the Michigan Health Endowment Fund, the AAA began working with a local health care system and pharmacy to provide connections with seniors with complex care needs in their own home. The program was built upon the utilization of certified CHWs with supervision by an RN, working in concert with primary care managers.

The program identified that a key determinant in readmission or non-stabilization in the home was medication non-adherence or improper utilization. As the program developed, we were able to use I-pad equipped with technology to connect the pharmacist with the senior. This service is not available in our community and is an innovative approach. CHWs are a cost-effective choice for this service. The partnership with the pharmacy and health care providers ensures proper oversight and that CHWs remain within their scope of practice.

DISEASE PREVENTION/HEALTH PROMOTION

Goal: Promote continued self-management and prevention of disease and injury among older adults and caregivers through a comprehensive cadre of programs with a strong emphasis on rural areas and programs within senior centers and health care providing agencies

Activities:

1. Maintain evidenced-based program certification
2. Add at least one new program
3. Reach annual goals for participation and number of completers within each program

Justification: Through previous funding from the Michigan Health Endowment Fund, the AAA expanded its focus on evidenced-based programs in the region. While many programs are designed to be delivered by lay leaders, the reality is that these types of volunteers are difficult to find in our region. Using paid staff allows for the greatest flexibility in scheduling the programs as we have strong relationships with the senior centers and hospitals in our region. This allows us to keep costs very low. To increase the availability and variety of programs, the AAA also provides funding to two other providers in the region. However, because the funding is so inadequate in the Title IIID and the have limited staffing and much higher costs to deliver the programs, the AAA is a key partner in the community for these programs. We also generate extensive grant-funded revenue to support the expansion of the programs. They also lack the connections to health care providers that can help integrate these programs into self-management strategies.

Additionally, because the number of programs available, there is no duplication of programs. With the AAA now housing the National Family Caregivers program, it also provides another avenue for recruitment for evidenced based programs. We also recruit participants as we work with health care partners as they interact with Community Health Workers.

SENIOR CENTER STAFFING

Goal: Seniors throughout the region have access to multi-faceted senior centers that serve as focal points for socialization, recreation, learning and wellness activities that contribute positively to their physical and psychological health

Activities:

1. Support continued efforts to improve sustainability of Forks Senior Center
2. Contribute time and resources to senior center in Marshall including serving an operational partner

Justification:

In order to ensure sustainability of the Forks Senior Center and Heritage Commons Senior Enrichment Center in Marshall, technical assistance and support has been requested by the Forks Senior Center board and the steering committee for HCSEC. The AAA, working with Calhoun County Office of Senior Services, are best positioned to offer this type of support. This service provision will ensure strong leadership and stable financial position for each of the senior centers over the next three years that contributed to the achievement of their strategic objectives.

With the support of CareWell Services and the Calhoun County Senior Millage, Calhoun County now has a senior center in each of its major communities: Battle Creek's Kool Family Community Center, which is a multi-use facilities owned by the Battle Creek Community Foundation; Albion's Forks Senior Center, which now has a strong and stable executive director through their management services agreement with CareWell Services; and Marshall's Heritage Commons Senior Enrichment Center, which is directly operated by CareWell Services in partnership with the Calhoun County Senior Millage, Oaklawn Hospital and the City of Marshall. CareWell provides the operational support and supports the

efforts that are directed by the Steering Committee, which is made up of members of the center and a non-voting representative from each partner.

The AAA has a strategic objective to continue its support of efforts to stabilize and sustain the existing senior centers and support work on development of a new centers within the region. Albion and Marshall are important strategic locations for information and assistance and other programming. The sustainability and stability of the center is vital to ensuring adequate access to services within the eastern part of Calhoun County. Without the AAA, the centers could not operate as effectively.

Our strategic objective is further supported through funding for the Barry County Commission on Aging's senior center in Hastings. Funding to support this location has steadily increased in the last three years.