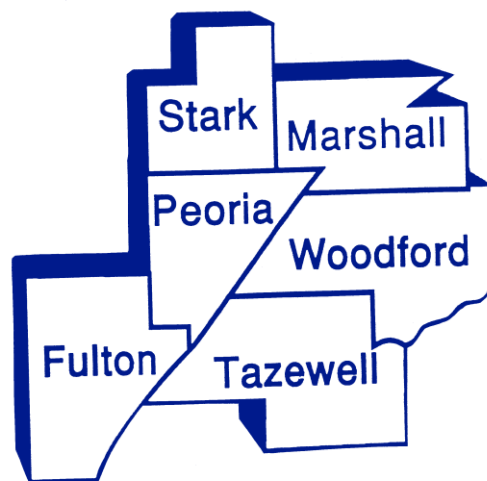


CENTRAL ILLINOIS AGENCY ON AGING, INC.
700 HAMILTON BOULEVARD
PEORIA, IL 61603

PUBLIC INFORMATION DOCUMENT
FY 2024 AMENDMENT TO THE
FY 2022, FY 2023, FY 2024
AREA PLAN ON AGING

PUBLISHED APRIL 24, 2023



“PROMOTING INDEPENDENCE, CHOICE AND ACCESS TO SERVICES FOR
ALL AGES, INCOMES, ABILITIES”

Purpose of the Public Information Document

This Public Information Document (PID) represents a summary of the Central Illinois Agency on Aging, Inc.'s (CIAA's) proposed FY 2024 Amendment to the FY 2022, FY 2023, and FY 2024 Area Plan on Aging. The Area Plan on Aging is the official planning document required by the Illinois Department on Aging (IDoA) every three years. The Area Plan on Aging may be amended each year as plans and activities are subject to available funding. Amendments are published in a PID for that year.

The Area Plan on Aging covers CIAA's Planning and Service Area 04 (PSA 04) which includes the six counties of Fulton, Peoria, Marshall, Stark, Tazewell, and Woodford.

The PID will be presented at three Public Hearings, as listed on the next page.

CIAA will present a summary of comments received to the Area Advisory Council Planning Committee by June 08, 2023, the Area Advisory Council by June 12, 2023 and the Board of Directors by June 12, 2023, after which a copy of comments and official response will be available upon request.

Any comments on the proposed Area Plan on Aging must be received by May 26, 2023 and may be submitted in writing or by e-mail to:

ATTENTION: Keith Rider, President/CEO
Central Illinois Agency on Aging, Inc.
700 Hamilton Boulevard
Peoria, IL 61603
Phone: (309) 674-2071; Toll Free (877) 777-2422
Fax: (309) 674-3639
E-mail: ciaa@ciaoa.net

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Notice and Purpose of the Public Hearings

Central Illinois Agency on Aging, Inc. (CIAA) will hold three public hearings to inform older persons, caregivers, and other interested persons about the proposed FY 2024 Amendment to the FY 2022, FY 2023, and FY 2024 Area Plan on Aging.

The public is welcome and encouraged to attend the public hearings to discuss and comment on the Area Plan on Aging. The three public hearings will be in person with the May 18th meeting in addition having the option of being virtual on zoom. The link to join the zoom meeting is posted below and on our website at ciaoa.net. You may also email us at ciaa@ciaoa.net and we will send you an invite with the link.

The hearings will focus on CIAA's plan for providing access to needed services and giving attention to the State of Illinois' Statewide Initiative and CIAA's Local Initiative. The public hearings will also provide information on funding, budget, service priorities, and future plans.

The PID will be presented at the three public hearings, as listed below:

Wednesday, May 17, 2023

At 10:00 am

Toulon United Methodist Church

229 W. Main Street

Toulon, IL 61483

Thursday, May 18, 2023

**At 10:00 am Central Time (US and Canada) on Zoom or In Person at
Central Illinois Agency on Aging, Inc.
700 Hamilton Blvd., Peoria, IL 61603**

Join Zoom Meeting

<https://us06web.zoom.us/j/84684825636?pwd=WFkyL2NtSmx3Y1dQRVRqUVBuNkg0dz09>

Meeting ID: 846 8482 5636

Passcode: 441734

Dial +1 312 626 6799 US (Chicago)

Friday, May 19, 2023

At 10:00 am

Maple Manor Apartments

250 S. Main

Canton, IL 61520

Central Illinois Agency on Aging, Inc.

Mission Statement

Central Illinois Agency on Aging, Inc.'s (CIAA)'s Board, Council and Staff believe in the independence and dignity of older persons, and that each older person should, to the extent possible, be empowered to exert control over her or his own life. The Agency believes that all older persons should have access to needed services of quality, but targets funding for services for older persons with greatest economic need. The efforts of the Agency are based on the needs and priorities of older persons, as identified by older persons themselves, the requirements of the State of Illinois and Federal Government, and the expert opinions of the Board, Council, Staff, and other Provider Organizations.

Who We Are

Area Agencies on Aging are authorized by the Older Americans Act of 1965 as amended to provide services to older persons and their caregivers. CIAA is one of 13 Area Agencies on Aging in Illinois, and one of 622 throughout the country. Area Agencies on Aging in Illinois are authorized by the Illinois Act on Aging and the Illinois Department on Aging (IDoA), and have Planning and Service Areas (PSAs) that cover that entire state.

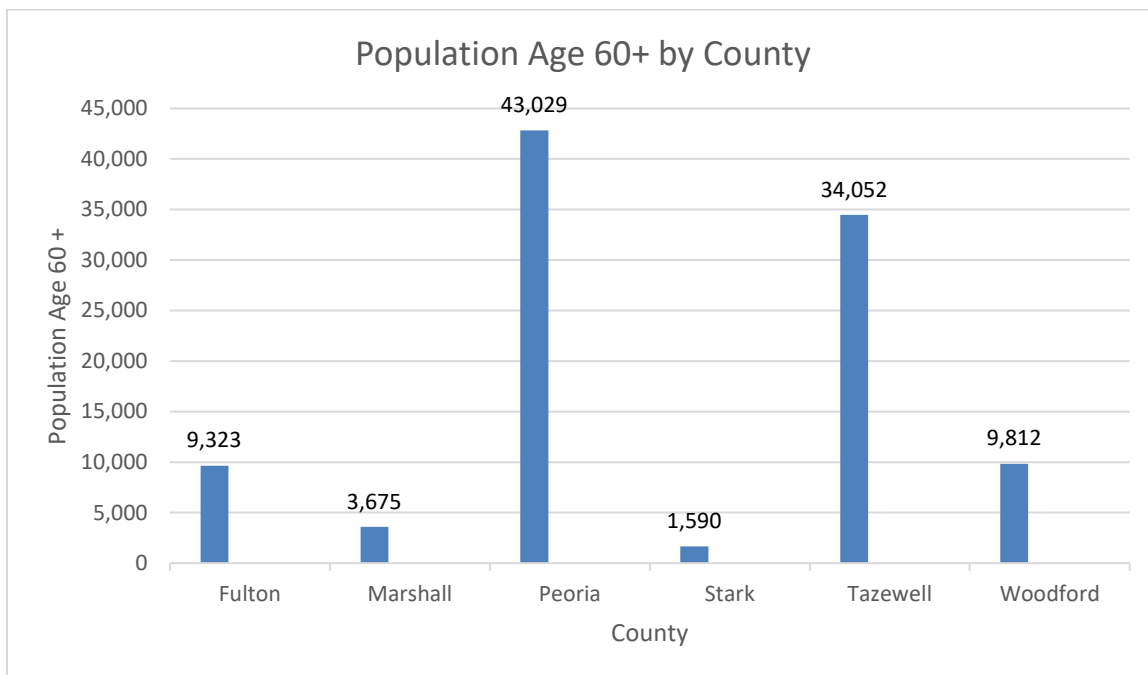
CIAA is an independent not-for-profit organization with a 49-year history of providing services to older persons and caregivers. CIAA strives to serve older persons and their caregivers in a holistic way by our guiding principles which are:

- **BELIEVE** in the independence and dignity of older persons;
- **EMPOWER** older persons to exert control over his or her own life;
- **INCREASE ACCESS** to needed services of quality;
- **TARGET** services to older persons with greatest economic and social need;
- **DEVELOP SERVICES** based on the needs and priorities of older persons.

CIAA's Board of Directors is comprised of three representative members from each county and ex-officio members as determined. The Board of Directors makes decisions on policy, programs, and funding. The Area Advisory Council membership is based on the total population by county as outlined in the By-Laws. The Council advises the agency on the issues and needs of older persons and caregivers in our service area.

Who We Serve

CIAA serves the six-county area of Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford counties. In 2021 the total population for this area was estimated to be 404,226. (Source: 2021 American Community Survey, U.S. Census Bureau) This was an increase of 479 from the previous year. Of this, there were 101,481 persons age 60 years and older living in this service area, which was a decrease of 65 from the previous year. Persons age 60 years and older were 25% of the total population. The chart below shows the total persons age 60 years and older by county.



Although base funding continues to be determined largely by the number of persons age 60 years and older, CIAA serves individuals of all ages, but targets funding for services for older persons with greatest economic need.

For our six-county service area, in 2021 the number of persons living in poverty was 8,482. (Source: 2021 American Community Survey, U.S. Census Bureau)

Also in our service area, there were 8,649 minority persons in 2021 (Source: Population and Housing Unit Estimates Datasets, U.S. Census Bureau), and 26,465 persons living alone in 2021. (Source: The American Community Survey, U.S. Census Bureau)

What We Do As An Agency

CIAA does planning, coordination, program development, advocacy, direct service provision, administrative and administratively-related direct service activities to provide services and resources for older persons and caregivers in our service area.

These activities will be performed as a cost of supportive services commensurate with the requirements for administratively-related direct services.

PLANNING

The Planning Committee of the Area Advisory Council and CIAA staff work together to develop CIAA's Area Plan for services for older persons. Throughout this collaboration, information and insight are drawn from a variety of national, state and local sources and updated as frequently as additional information is available. Planning therefore is a continuous activity given inevitable changes occurring in society based upon identifiable needs, measurable resources, and sustainable outcomes. In addition to statistical reports and analysis, information gathered from older persons and caregivers themselves is invaluable and a vital part of the process used in the development of the Area Plan.

COORDINATION

Coordination performed by CIAA includes working with other funding agencies and service providers to develop a network of services and benefits and to encourage providers to work together to meet the needs of older persons and family caregivers as fully as possible. Some examples of coordination are entering into agreements to work with other agencies and providers, acting as a liaison between health care organizations and social service agencies, and conducting a forum for the exchange of current information among providers and agencies.

PROGRAM DEVELOPMENT

Program development services include the creation of new services, or the expansion or improvement of existing services. Some examples of CIAA's program development services are forming partnerships and collaborations with other organizations, helping service providers expand their services to unserved communities or to underserved population groups, and providing assistance to grassroots organizations and other groups of volunteers and seniors to provide services.

ADVOCACY

Through its Advocacy services, CIAA represents and supports older persons in their efforts to get services and benefits. Advocacy services include informing elected officials and private or public agencies of the needs of older persons, holding public hearings or forums on the needs of older persons and distributing information about their needs, and participating in community activities to meet the needs of older persons.

DIRECT SERVICE PROVISION

Direct services provided by CIAA include the following: (Listed in Alphabetical Order)

- Benefit Access
- Care Coordination – Mature Solutions Case Coordination Unit
- Caregiver Support - Access Assistance, Education/Training, Information, and Respite
- Congregate Meals
- Evidence-Based Programs – A Matter of Balance
- Gap-Filling
- Gap-Filling – Alzheimer’s Disease & Related Dementia Services
- Home Delivered Meals
- Information & Assistance
- Person-Centered Counseling
- Prescription Medication Assistance - State Health Assistance Program (SHAP), State Health Insurance Program (SHIP), Senior Medicare Patrol (SMP), and Medicare Improvements for Patients and Providers (MIPPA)
- Senior Employment Services
- Transportation

ADMINISTRATIVE AND ADMINISTRATIVELY-RELATED DIRECT SERVICE ACTIVITIES

CIAA also performs administrative and administratively-related direct service activities that manage, monitor, and evaluate services available to older persons. These include the following activities:

- Helping transportation providers understand the special needs of some older persons
- Providing assistance to the needs of older persons in emergency situations
- Checking that services meet the needs of older persons
- Developing the Area Plan and other documents through which Federal and State funds are made available for services in Central Illinois
- Awarding funds through grants and contracts with local organizations for services that are needed by older persons
- Managing information about the services provided and funds spent, and reporting this information to the State
- Monitoring and evaluating services to assure that standards are met and older persons are helped in the most complete and best ways possible
- Working with the Area Advisory Council and Board of Directors, through which local citizens make key decisions and set policies about local services
- Collaborating with other Area Agencies on Aging and the IDoA to integrate local services into the best possible statewide network of services for older persons.

Summary of the Results of the Needs Assessment and Planning Process

The planning process CIAA used to identify the needs of older persons and to determine service priorities involved assessing the needs of older adults in our service area and deriving a priority list of services found to be of greatest need.

Survey Assessment of Needs

The assessment of the needs of older persons living in our service area involved administering two surveys:

1. Nutrition Survey of Home Delivered Meal (HDM) Recipients
2. Survey Monkey (Online) of Community Persons

The surveys asked participants to identify what were their greatest individual needs were. Demographic data was also collected. The results of these surveys are as follows:

Nutrition Survey of HDM Recipients

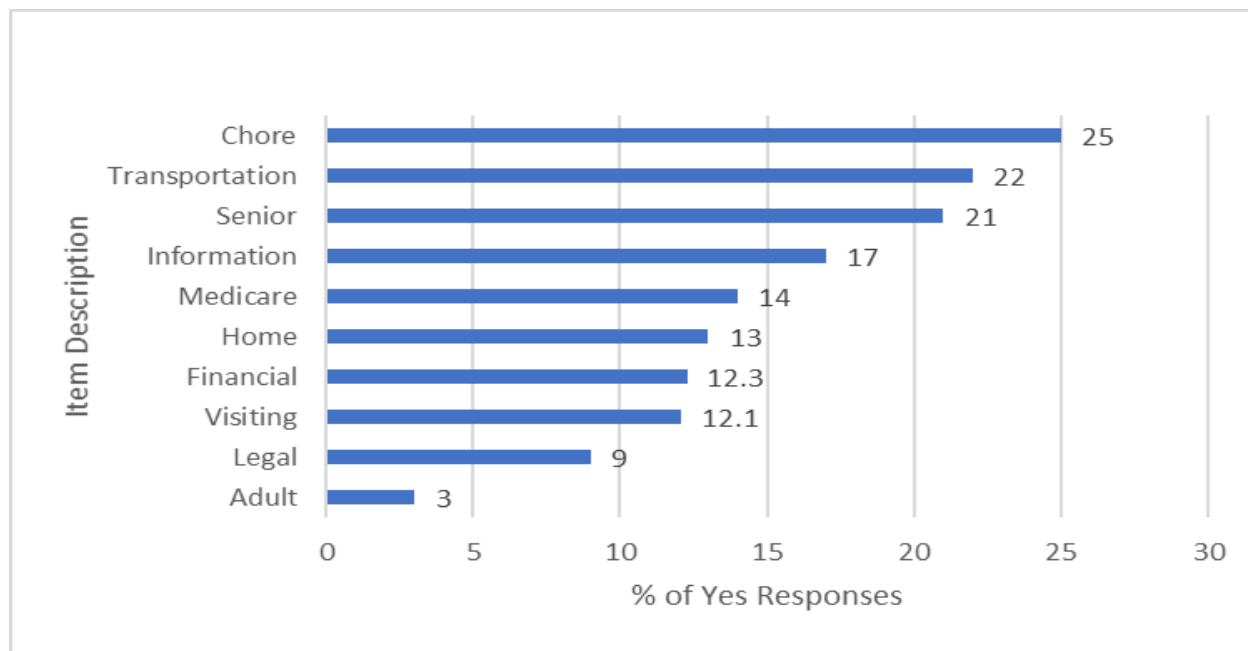
HDM recipients in our service area were surveyed between March 22 and April 2, 2021. A total of 480 paper surveys were distributed by HDM drivers. Of those, 323 were returned to the drivers for a 67% return rate.

Participants were given a list of 10 items or needs and were asked to indicate “Yes” if it was a need for them or “No” if it was not a need. The results of their responses are shown below in Exhibits 1 - 2. Demographic data results are shown in Exhibits 3 – 5.

Exhibit 1: Table of Item Descriptions (Needs), % of Yes Responses, and Rank

Item Description or Needs	% of Yes Responses	Rank
Chore services (shoveling snow, raking leaves)	25	1
Transportation (to medical appts., grocery shopping)	22	2
Senior center / social & recreational activities	21	3
Information & assistance (connecting with resources)	17	4
Medicare / Medicaid information & assistance	14	5
Home modifications & repair (wheelchair ramps, steps)	13	6
Financial assistance (utilities, rent, etc.)	12.3	7
Visiting services & telephone reassurance (soc. support)	12.1	8
Legal assistance -power of attorney, wills, family issues	9	9
Adult protective services (for abuse, neglect, crime)	3	10

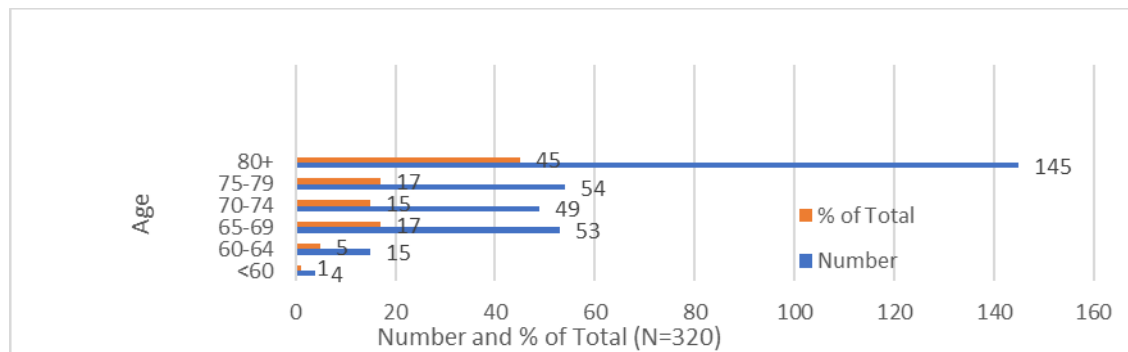
Exhibit 2: Bar Graph of % of Yes Responses for Each Item (Need)



The exhibits above show the items that were selected most frequently by respondents as a need were chore services (shoveling snow, raking leaves), followed by transportation (to medical appointments, grocery shopping), and senior center/social & recreational activities. The item selected the least frequent was adult protective services (for abuse, neglect, crime). The top three items selected above appear to support the current State Initiative of reducing social isolation. Socially isolated older adults are generally not able to perform the tasks of

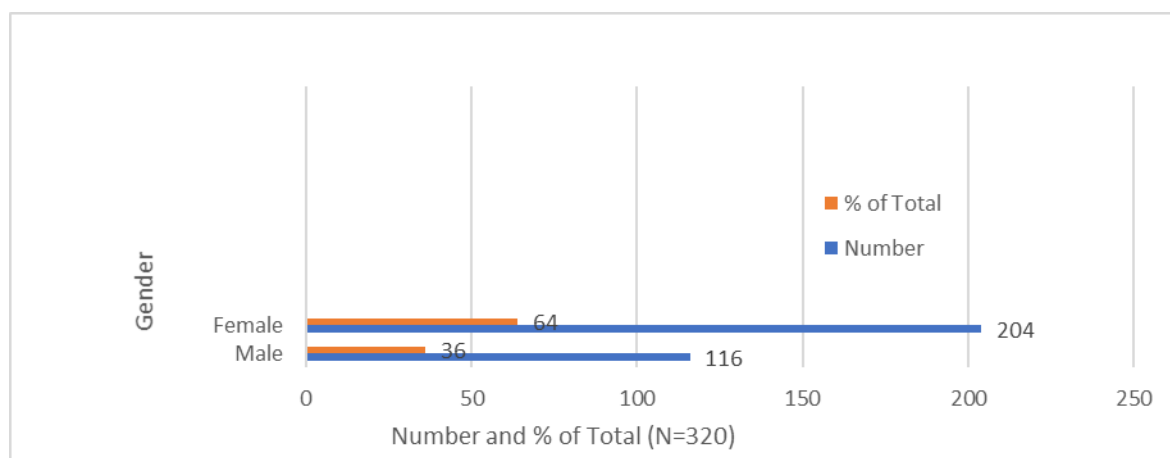
shoveling snow and raking leaves at their homes. They also tend to be in need of transportation (as they have no one else who will transport them) and senior center / social & recreational activities.

Exhibit 3: Bar Graph of the Number and % of Total of Respondents in Each Age Group



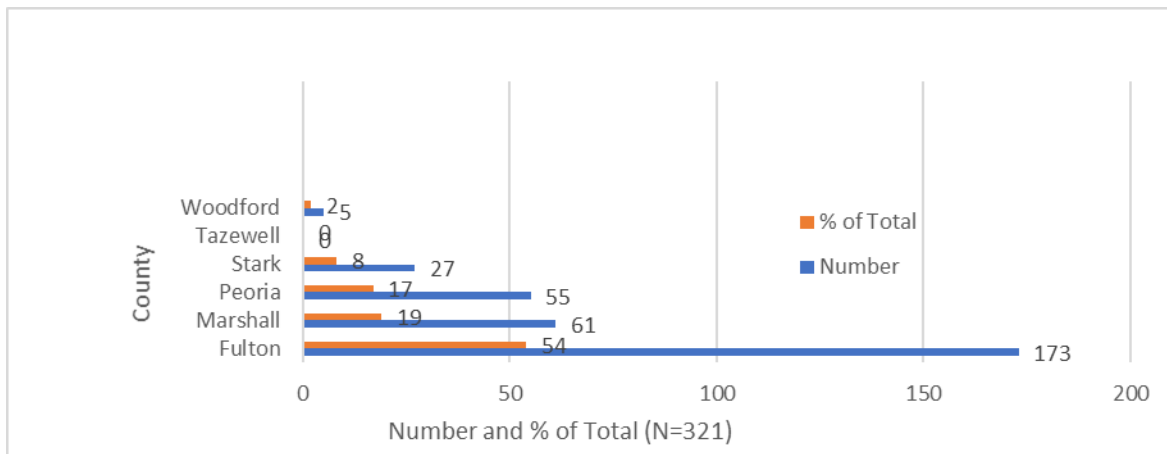
The graph above shows that the highest number of respondents were in the 80+ age group by a wide margin. There was a total of 145 respondents age 80 and over or 45% of the total. This is compared to the next highest age group 75-79 which had 54 respondents or 17% of the total. This is followed closely by the 65-69 age group with 53 respondents or 17% of the total. The lowest number of respondents were in the <60 age category with only 4. These may have been individuals with a disability or private pay, as these meals are generally for those of age 60 and above.

Exhibit 4: Bar Graph of the Number and % of Total of Respondents in Each Gender Category



The graph above shows that there were more female respondents than males. Sixty four per cent were female.

Exhibit 5: Bar Graph of the Number and % of Total of Respondents by County



The graph above shows that the highest number of respondents lived in Fulton County. The low numbers for Peoria and Tazewell Counties are because the primary provider for these counties was not asked to participate in this survey at this time due to temporary internal challenges.

Survey Monkey Survey of Community Persons

An online survey using Survey Monkey was open to the general community through word of mouth, emails, and CIAA newsletter subscribers between March 4 and April 4, 2021. A total of 57 persons responded and, of those, an average of 46 persons answered each item. Participants were asked to rate 25 items or needs that they may have on a scale of 1-5, where 5 was a great need and 1 being a minimal or not a need. Values in between (2-4) would indicate moderate levels of need. Demographic data was also collected. The results of their responses are shown below in Exhibits 6 - 9.

Exhibit 6: Table of Item Descriptions or Needs, Average Rating, and Rank

Item Description or Needs	Average Rating: 1-5	Rank
Homemaker services to assist with daily living	4.17	1
Chore services (shoveling snow, raking leaves)	4.11	2
Transportation (to medical appts., grocery shopping)	4.09	3
Financial assistance (utilities, rent, etc.)	4.07	4
Caregiver information, support, education and training	4.02	5
Information & assistance (connecting with resources)	3.96	6
Home modifications & repair (wheelchair ramps, steps)	3.91	7
Respite care to provide the caregiver a break	3.87	8
Medicare / Medicaid information & assistance	3.80	9
Technology assistance / Assistive devices	3.75	10
Legal assistance -power of attorney, wills, family issues	3.74	11
Geriatric medical services and medical equipment	3.73	12
Meals – home delivered or congregate	3.72	13
Senior center / social & recreational activities	3.72	14
Visiting services & telephone reassurance (social support)	3.70	15
Adult protective services (for abuse, neglect, crime)	3.68	16
Health promotion / Disease prevention	3.59	17
Counseling – individual and/or group	3.55	18
Veterans services	3.51	19
Dementia / Alzheimer’s programs	3.50	20
Money management / Tax filing assistance	3.49	21
Housing options – affordable / accessible	3.44	22
Adult day care services in a group setting	3.15	23
Grandparents Raising Grandchildren services	3.00	24
Employment	2.95	25

The exhibit above shows that the top five items or needs were homemaker services, chore services, transportation, financial assistance, and caregiver information and support. All had an average rating of 4.0 or greater.

It is interesting that two of the top three needs between the Nutrition Survey (homebound) and Survey Monkey (community) are the same -- Chore and Transportation. The differences between the two techniques are: Nutrition Survey (homebound) – the difference is a need for a Senior Center, social and recreation, and for the Survey Monkey (community) - the difference is Homemaker services to assist with daily living. All of these findings are supportive of the high social isolation needs of our senior population.

Exhibit 7: Table of the Number and % of Total of Respondents in Each Age Group

Age Group	Number	% of Total
<60	9	20
60-64	13	29
65-69	11	24
70-74	7	16
75-79	3	7
80+	2	4

Totals: 45 100

The highest percentage of respondents were in the 60-64 age group, followed by the 65-69 age group. The lowest percentage was the 80+ group. In the HDM survey, this 80+ group was the highest.

Exhibit 8: Table of the Number and % of Total of Respondents in Each Gender

Gender	Number	% of Total
Male	13	33
Female	27	67

Totals: 40 100

There was a higher percentage of female respondents than males. Sixty-seven percent were female. This is consistent with the HDM survey where 64 percent were female.

Exhibit 9: Table of the Number and % of Total of Respondents in Each County

County	Number	% of Total
Fulton	1	2
Peoria	29	69
Tazewell	11	27
Marshall	0	0
Stark	0	0
Woodford	0	0
None of the Above	1	2

Totals: 42 100

The highest percentage of respondents were from Peoria County followed by Tazewell County. This is consistent with the higher populations in these counties.

Summary of Findings from Surveys

In the Nutrition Survey, the top three greatest needs were chore services, transportation, and senior center/social & recreational activities.

In the Survey Monkey Survey, the top three greatest needs were homemaker services, chore services, and transportation.

Two of the top three needs between the Nutrition Survey (homebound) and Survey Monkey Survey (community) are the same – chore services and transportation. Senior center/social & recreational activities came out high in one survey while homemaker services came out on top in the other.

Assessment of Needs from Focus Groups

The assessment of the needs of older persons living in our service area involved feedback from focus groups as well as the surveys. Five focus groups were conducted for the purpose of obtaining the opinions of the participants on their perception of what older persons, whom they work with as professionals or live with in their community, needed most. All group meetings were held virtually via Zoom.

Participants were simply asked what they thought were the greatest needs that older persons had in their communities.

The five focus groups and meeting dates were:

1. CIAA Service Providers – 4/1/21
2. The Aging and Disability Resource Network (ADRN) – 3/26/21
3. The Caring Connection Coalition – 3/2/21
4. Strategic Planning Committee of the CIAA Board of Directors – 2/22/21
5. Planning Committee of the CIAA Area Advisory Council – 2/11/21

Summary of Findings from the Focus Groups

Some common needs expressed arose from all of these five focus groups. The most common were:

- COVID vaccine
- Chore services
- Transportation
- Social isolation
- Homemaker services
- Home delivered meals
- Technology
- Information & assistance
- Financial assistance

Other Sources of Identifying the Needs of Older Adults

Other sources used to identify the needs of older adults in our service area included:

- Illinois Association of Area Agencies on Aging (I4A) and IDoA Bimonthly Meetings
- Systems Development Program and Community Care Program Advisory Committee
- Aging and Disability Resource Network (ADRN) Core Partner and Advisory Committee Meetings
- U.S. Census Data/Studies/Regulations, and also includes the American Community Survey
- Service Providers Ongoing Dialogue and Reports of Unmet Needs
- Caring Connection Caregiver Coalition, and participation in various local groups including TRIAD, Human Services Collaborative, Senior Care Network, TRI-County Interagency Council, Illinois Coalition on Mental Health and, Illinois Partners.
- Bradley University Counseling & Research Center
- CIAA Board of Directors and Area Advisory Council, including their committees
- CIAA internal staff

Service Priorities

CIAA has attempted to identify services that are most needed by older persons. Of greatest importance is continued support of existing services, upon which older persons have come to depend. Through the assessment of older persons' needs by surveys, focus groups, service providers, network of agencies, national, state, & local agencies, educational institutions, community organizations, Board, Council, and staff, we learn older persons and family caregivers most need the following services.

- *ADULT PROTECTIVE SERVICES*
- *BENEFIT ACCESS*
- *CARE MANAGEMENT*
- *CAREGIVER*
 - *Access Assistance*
 - *Counseling*
 - *Education & Training*
 - *Grandparents Raising Grandchildren (GRG)*
 - *Information*
 - *Respite*
 - *Support Groups*
- *CHORE SERVICES*
- *CONGREGATE MEALS*
- *FINANCIAL ASSISTANCE*
- *GAP-FILLING*
 - *Caregivers/GRG*
 - *General Services*
 - *Caregiver Alzheimer's-Dementia Related Supportive Gap Services*
- *HEALTH PROMOTION*
- *HOME DELIVERED MEALS*
- *HOMEMAKER SERVICES*
- *INFORMATION & ASSISTANCE*
- *LEGAL ASSISTANCE*
- *LONG-TERM CARE OMBUDSMAN*
- *OUTREACH*
- *PERSON-CENTERED COUNSELING*
- *PHARMACEUTICAL ASSISTANCE*
 - *Medicare Part D*
 - *Senior Health Insurance Program (SHIP)*
- *PROGRAM DEVELOPMENT*
- *SENIOR CENTER/SOCIAL & RECREATIONAL ACTIVITIES*
- *SENIOR EMPLOYMENT SERVICES*
- *SOCIAL ISOLATION*
- *TECHNOLOGY*
- *TRANSPORTATION*
 - *Assisted Transportation*

Changes in the Service Delivery System from the Previous Fiscal Year

The COVID-19 pandemic in the previous fiscal year necessitated many changes in the service delivery system in order to follow CDC and state guidelines and mandates to protect the safety and health of our consumers, providers, and staff. A non-exhaustive list of some of these changes were:

- More services provided virtually by phone and internet (zoom).
- Reopening some congregate meal sites. Other sites continue with takeout meals only. It is anticipated that more sites will reopen this year.
- Reopening agency offices for face-to-face contact with consumers.
- Face masks not required but recommended.
- Social distancing not required but recommended in all situations.
- Lifted the required limit on number of riders in transportation vans for social distancing.

FUNDED SERVICES

To best serve our consumers CIAA funds the following services, some of which are directly provided by CIAA. The services are grouped by category.

Funds for service priorities are subject to availability under the Federal Older Americans Act and the Illinois Act on Aging through IDoA. Priority services are available contingent on the availability of funds to CIAA. In addition to funds available from CIAA, other resources are used to support the total costs of the services. Other resources include program income, other income and local contributions or match. The requirement for match is intended to promote and demonstrate local support for the services.

<u>Category</u>	<u>Services</u>
Access	Benefit Access, Information & Assistance
Caregiver	Caregiver Support – Access Assistance (including T-CARE), Counseling, Education/Training, Grandparents Raising Grandchildren (GRG), Information, Respite, and Support Groups
Community	Congregate Meals, Evidence-Based Programs, Health Promotion, Prescription Medication Assistance, Senior Employment Services, and Transportation
Elder Rights	Adult Protective Services, Legal Assistance, and Long-Term Care Ombudsman
In-Home	Care Coordination, Gap-Filling, Home Delivered Meals, Outreach, and Person-Centered Counseling

Direct Services Provided by CIAA

Services directly provided by CIAA are described below, listed in alphabetical order, with their activities and justification.

Benefit Access

Activities

- The Benefit Access program assists with free bus passes and a discounted license plate sticker. Benefit Access information is available on CIAA's website, www.ciaoa.net which gives a connecting link to the Illinois Department on Aging's website.

Justification

Assists eligible residents of Illinois with a discount on their license plate sticker and a free bus pass.

Care Coordination

Activities

- Mature Solutions is a Case Coordination Unit (CCU) that provides care coordination for Peoria County outside the city of Peoria limits.
- Persons must be 60 or older, physically in need/moderately impaired, meet asset requirements, and apply for Medicaid.
- Services available are Homemaker, Adult Day Services, Emergency Home Response (EHR) and assessment for the Home – Delivered Meal Program.

Justification

This CCU is part of the Illinois Community Care Program. Its goal is to keep participants in their homes and to avoid institutional placement in a nursing home.

Caregiver Support – Access Assistance, Education/Training, Grandparents Raising Grandchildren (GRG), Information, Respite

Activities

- Provides current information on resources and services with a focus on the unique situation of family caregivers and grandparents raising grandchildren.
- Provide information to account for needs of a racially/ethnically diverse caregiver population to include African-American, Asian, Hispanic/Latino, Middle Eastern, Native American and Caucasian caregivers.
- Provides access assistance to identify needs of caregivers, linking the caregiver to resources and services available within their communities, and offering follow-up to ensure the needed services were received or resources were accessed.
- Shares with our Provider an evidenced-based assessment tool called T-Care to help develop a care plan tailored to the specific needs found in the assessment.
- Develop and deliver caregiver education and training services as identified by accessing the needs of caregivers and input from the Caring Connection, the Caregiver Coordinating Council.
- Provide respite services for eligible caregivers, provide assessment of need, process requests, and coordinate with respite providers, and follow-up with caregivers.

Note: An increase in state funds for Caregiver Services is anticipated for FY 2024. Plans are to mainly use these funds to increase caregiver services for respite, education, GRG, and gap-filling.

- **GRG Program:** The Grandparents Raising Grandchildren (GRG) Program includes the Relatives Raising Grandchildren Programs. These programs assist grandparents or relatives of any age that provide care to grandchildren. CIAA embraces the opportunities to provide respite, educational assistance, and technological access for communication with incarcerated parents (as the law permits), intergenerational activities and events to nurture a positive relationship and strong familial foundation. Gap funding opportunities assists in providing clothing, school supplies and academic needs, food, and other assistance to help the grandparent or relative provide meaningful care to those they are responsible for. Collaborative efforts between CIAA and Bradley University assist participants of the GRG program in a variety of avenues to ultimately benefit the caregiver and the grandchild. The GRG program provides support groups and structured counseling opportunities for the grandparents to help them learn coping skills, parenting techniques, while embracing intergenerational spans.

The charts below represent information taken from the American Community Survey about the number of grandparent caregivers living in CIAA's counties.

2019 American Community Survey 5 Year Estimates - Number of Grandparents Living with Own Grandchildren Under 18 Years of Age	
County	Number of Grandchildren
Fulton	646
Marshall	239
Peoria	2,931
Stark	107
Tazewell	2,114
Woodford	488
Total:	6,037

2019 American Community Survey 5 Year Estimates – Number of Grandparents Responsible for Grandchildren	
County	Number of Grandparents
Fulton	298
Marshall	228
Peoria	1,014
Stark	32
Tazewell	1,170
Woodford	137
Total:	2,879

- Future plans for Caregiver – Access Assistance, Education/Training, Grandparents Raising Grandchildren (GRG), Information, Respite include:
 - Promoting technology education
 - Adapting caregiver services to virtual media

Justification

Caregiver – Access Assistance, Education/Training, Grandparents Raising Grandchildren (GRG), Information, and Respite helps caregivers of all ages, abilities, and incomes have access to needed support. Support provided enables Caregivers, GRG, and Relatives as Parents to continue to provide direct or indirect care that prevents or prolongs the need for nursing home care, increases quality of life, and prevents children from living in foster care.

Congregate Meals

Activities

- Meals are served weekdays in sites including senior centers, churches, senior housing facilities, and community buildings. Since the pandemic, some congregate sites are still serving meals as pick-up meals to clients, due to the preferences of the clients.

Justification

Congregate Meals in the City of Peoria

CIAA received no responses to the Request for Proposals (RFP) for the congregate meal service in the city of Peoria. To maintain services, CIAA is operating this service as “Food and Fellowship Café” at four locations. This service has seen an increase with the pick-up meals increasing an average of about 60 per day (up from about 45 per day).

Congregate and Home Delivered Meals in Fulton County

No Letters of Intent were received for meal service in Fulton County since 2014, when the previous provider could no longer provide this service. Therefore, CIAA continues to operate this service. The number of clients coming to pick up meals are approximately 40 meals daily. The sites that serve home delivered meals continue to remain open to pack those meals for drivers to take to home delivered clients. The needs for home delivered meals has only increased since the pandemic. Daily meals served are approximately 166.

Congregate Meals service in Rural Peoria County

CIAA began serving the Rural Peoria County in FY 2018, when the previous provider could no longer serve this area. No Letter of Intent was received for FY 2020, 2021 and 2022. The Rural Peoria County has two congregate meals sites. When CIAA took over this area, there were less than 20 meals served daily. Since taking over as a direct service, the average number of meals served is approximately 60.

Evidence-Based Programs

Activities

- A Matter of Balance – Fall Prevention Program is an evidenced-based program based upon research conducted at by the Royal Center for Enhancement of Late – Life

Function at Boston University. It is designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls.

Justification

After completion of the program participants have shown improvements in their level of fall management, fall control, levels of exercise, and social limitations regarding concern about falling.

Gap-Filling

Activities

- Provides financial assistance to individuals and family caregivers aged 60 and above, and grandparents or relatives of any age raising grandchildren, for services to meet their individual needs that they are unable to pay for by themselves nor by other community programs.
- Examples of gap-filling include, but are not limited to, payments for: utilities, rent, medical and dental needs, medications, medical devices (such as hearing aids and eyeglasses), assistive devices (including lift chairs), and insect and rodent infestation such as bedbug, mice, and roach extermination treatments and services.
- Financial assistance is available only if there are available agency funds.

Justification

Gap-filling helps an individual to maintain independence, delay institutionalization, and live in a safe environment.

Gap-Filling - Alzheimer's Disease & Related Dementia (ADRD) Services

Activities

- Individuals with ADRD and their family caregivers will use the supportive gap-filling service to purchase goods, supplies, or items to meet their needs. The supportive gap-filling service will be used to pay for adult day services, behavioral health assessments and interventions, home health care, respite care, companion care, wanderer alarm systems, residential repair to make homes more accessible and other gap-filling needs of persons with ADRD and family caregivers.
- CIAA plans to collaborate/partner with the local Alzheimer's Association as a source of referrals, which will be used to provide person-centered supportive gap services.

Justification

As the number of older Americans grows rapidly, the numbers of new cases of Alzheimer's disease and related dementia will also increase. In 2016, it is estimated that Illinois had 220,000 individuals age 65 and older with Alzheimer's disease. It is projected that this number will increase to 260,000 (by 18 percent) by 2025 (Alzheimer's Association, 2016). With this increase in the number of persons with some form of dementia, Illinois will need to develop specialized services that will meet their needs, as well services that meet needs of family caregivers who provide ongoing care to the individuals with dementia.

Since individuals with ADRD and their family caregivers have additional needs for support compared to older adults without cognitive impairment, some of the additional funds will be used for a person-centered supportive gap-filling service which will address the unique needs of individuals with ADRD and their caregivers. This person-centered supportive gap-filling service was pilot-tested with temporary federal discretionary grant funds and has proven to be an effective program for family caregivers and individuals with ADRD.

Home Delivered Meals

Activities

When older adults cannot leave their homes and cannot personally prepare nutritious meals, home delivered meals are an available option. Volunteers and paid drivers who deliver meals to homebound older persons have an important opportunity to check on the welfare of the meal recipients. They are encouraged to report any health or other problems that they may observe during their visits.

Justification

Home delivered meals continue to be an essential service for older persons. For many, this may be the only balanced meal they received for a day and the driver may be their only human contact for the day. Older persons generally want to remain in their homes as long as possible, but many suffer from physical or cognitive impairments or chronic health problems or lack of transportation. Receiving a home delivered meal can help with some of these issues and allow older persons to continue their independence.

Information & Assistance

Activities

- Assesses the needs and problems of persons seeking assistance.

- Provides current information on services and opportunities that are available in the community to help meet those needs and solve those problems.
- Publications include the Caregiver Resource Directory, Agency Specific Consumer Resource Guide, and “Yellow Page” which are distributed to consumers in each county. These publications include vital information for consumers to locate helpful resources to satisfy their specific needs.
- Links the persons seeking assistance to the available resources.
- Follows up to ensure that the person received the needed services, accessed the opportunities, or solved the problems.
- Provides person-centered counseling with persons when necessary, which is a more in-depth session exploring various alternatives towards helping solve problems.
- Produced a CIAA Marketing Video in 2021 to be utilized at community and civic events and activities, as well as for advertisement in media and to promote the agency and the services it provides. This video highlights descriptions of the varying departments and services offered to the consumer, and how the efforts through the agency assist those within the communities we serve.
- Continue collaborative efforts with LGBTQ+ persons and organizations to provide services and community referrals in Illinois through awareness and resources. The CIAA Information & Assistance Department has developed an LGBTQ+ Information and Resources Packet Folder that contains varying organizational resource contact information, as well as links and other information imperative to those identifying as part of the LGBTQ+ community.
- Future plans are to:
 - Promote technology education
 - Adapt services to virtual media methods

Justification

CIAA provides an information & assistance service to persons (referred to as consumers) of all ages, abilities, and incomes, including family caregivers, who request this service. Our information & assistance specialists provide information and referrals to connect consumers with resources that can help them.

Information & assistance is provided primarily through phone calls, in-person walk-ins, and e-mails. CIAA has continued an 877 toll-free phone number to benefit consumers with the greatest economic need, especially in rural areas. The local 211 agency, which serves five of CIAA’s six counties, oftentimes refers callers to us for assistance. Information & assistance is also provided through our website, ciao.net, and through community health fairs.

The CIAA publication flyer “Yellow Pages for Seniors & Persons with Disabilities” has been a major advertising source, as it provides our contact information, a list of the direct services that we provide, and a sample listing of referrals to other services in the community that are important to our consumers. Our information & assistance service has made CIAA a highly visible and trusted source of information & assistance to consumers.

Information & assistance specialists are certified in the Alliance of Information and Referral Systems (AIRS) as certified Community Resource Specialists for Aging and Disabilities (CRS-A/D). This indicates that their competencies and related performance criteria meet established national standards for the field of information and referral in organizations that serve the aging and disability population. Trained staff assist consumers at all of our locations including the Hamilton Boulevard, Morgan Street, and the Bartonville offices. The Hamilton Boulevard office, in downtown Peoria, is in proximity to a wide variety of health and social service agencies, and is on a major public transportation route.

Person-Centered Counseling

Activities

- Person-Centered counseling is a service that is what the name suggests: person-centered. Each consumer is treated as a unique individual, with dignity, having their own set of needs and capacities. When the nature of the problem requires further, more in-depth evaluation, information and assistance specialists are trained to provide person-centered counseling.

Justification

- This type of counseling involves a longer, more detailed, discussion with consumers, assisting them to set goals and objectives and identify various options to reach those goals. The consumers are empowered to make their own choices and decisions.

Prescription Medication Assistance

Activities

- Prescription assistance staff counsels and provides information to persons 65 and over and persons with a disability regarding their decision to enroll in Benefit Access, Medicare Part D prescription drug plan, Extra Help/Low-Income Subsidy (LIS), Medicare Savings Program (MSP) and provides direct assistance with the enrollment process.

- The State Health Insurance Program (SHIP) is a counseling service that assists individuals needing information and enrollment assistance for Medicare, Medicare Part D prescription plans, Medicare Advantage and Supplemental plans, and other information. Volunteers are available at area libraries to offer help in completing Benefit Access and the Medicare Part D applications.
- The Medicare Improvements for Patients and Providers Act (MIPPA) program aims to increase outreach, training, and technical assistance activities regarding MSP, LIS, and prescription coverage benefits under Medicare Part D.
- The goal of the Senior Medicare Patrol (SMP) program is to empower Medicare and Medicaid beneficiaries to prevent, detect, and report health care fraud through outreach and education.

Justification

SHIP is a free health insurance counseling service for Medicare beneficiaries and their caregivers. SHIP counselors provide information and resources about applying for Medicare and Medicare-related programs. CIAA is a SHIP site with certified SHIP counselors.

Senior Employment Services

Activities

- The Senior Employment Specialist Program (SESP), funded by the Illinois General Revenue, matches interested workers with jobs at local businesses by coordinating with local agencies, private and public employers, universities and colleges. Each individual that calls regarding employment regardless of age is screened to determine if they are eligible for the SCSEP (Senior Community Service Employment Program). Those individuals will be referred to National Able for further assistance.

Justification

- Referrals to SESP are also referred to the appropriate human services and the local one-stop and IDES office for additional employment opportunities. Interested individuals are also given information regarding upcoming job fairs and workshops provided by Goodwill Industries to help them create a resume, refresh their computer skills and mock interviewing skills if necessary.

Transportation

Activities

- CIAA provides transportation for older persons and caregivers in Peoria County and Northern Tazewell County. These services are available to persons 60 years of age or older that have no other means of transportation. CIAA requires a minimum of 24 hours in advance notice to schedule an appointment. CIAA provides transportation services for the following services: dialysis, cancer treatments, doctor's appointments, grocery stores, etc.
- For assisted transportation services for the City of Peoria and Northern Tazewell County, CIAA uses a voucher program with City Link, and also with County Link for rural Peoria County.
- For transportation services not served by these providers in these areas, other transportation services are made available through a Request for Proposal.

Justification

CIAA consistently experiences no responses to the Request for Proposals (RFP) for the transportation service areas that include the City of Peoria, Rural Peoria County outside the City of Peoria, and Northern Tazewell County. The RFP to provide Transportation and Assisted Transportation services for FY 2019, 2020, and 2021 did not result in competition to provide these services. Therefore, a non-competitive grant award process was implemented which also received no responses to the RFPs. To maintain services, CIAA again entered into agreement with the current provider of emergency assisted transportation services for City of Peoria and Northern Tazewell County using a voucher program with City Link. Rural Peoria County will continue to be served through a voucher program with County Link. The Northern Tazewell County area not served by CityLift will be served directly by CIAA Transportation Services.

CIAA requested a continued direct service waiver to provide transportation services to seniors in the City of Peoria and Northern Tazewell County. CIAA's providing this direct service aspect has enabled coordination with other services and resources, which would not be performed by a transportation service. It also benefits the older person in that they are connected directly to the Aging Network and to a source that provides information and assistance. The telephone assessment of other available transportation provides an opportunity to connect the older person with other resources.

Home Delivered Meals

While there has been an increase in funding for Home Delivered Meals (HDMs), the need has also increased greatly due to the COVID-19 pandemic. Many new older persons have been added to the home delivered routes, but there are still some unserved and underserved areas due in part to not being able to secure enough drivers/vehicles to cover additional needed routes.

Currently, the following areas and/or townships are unserved for home delivered meals:

- Fulton County: none
- Marshall County: Pattonsburg, Wilbern, Hopewell, LaPrairie, Lawn Ridge, Broadmoor and Whitefield
- Peoria County: Edwards, Trivoli and Elmwood
- Stark County: Castleton, Duncan, Elmira, Lombardville and Modena
- Tazewell County: Green Valley and Armington
- Woodford County: El Paso, Eureka, Minonk, Bayview Gardens, Congerville, Germantown Hills, Goodfield, Panola, Secor and Spring Bay

Since the COVID-19 pandemic began, IDoA has asked for CIAA to provide daily meal counts to keep tabs on the number of meals served with the great increase. In addition to providing these meal counts, CIAA holds monthly Nutrition Service Provider meetings where the providers are informed about any updates and given information on additional available resources to meet the increased demand for HDMs.

An increase in state funds for HDMs is anticipated from the Governor's proposed State Budget for FY 2024. Plans are to use these funds to sustain the projected increased level of meals delivered. Providers continue to look for other sources of funding including applying for grants and holding fundraising events.

When additional funds are available, CIAA will develop strategies to expand home delivered meals and supportive services in the unserved areas mentioned above. These include:

- Allocate funds to all home delivered meal providers in accordance with the approved and published policy for increases or decreases in funding;
- Continue monitoring expenditures by county to facilitate inter-PSA transfers;
- Continue to research reducing costs in remote rural locations by delivering frozen meals once a week provided the older adult has a microwave;

- Continue to meet with service providers regularly to assess the status of services and unmet needs;
- Continue to improve the HDM program by utilizing more volunteers, collaborating with the community resources, and other initiatives that are cost effective;
- Continue to make one-time grants available to purchase additional equipment and delivery vans for nutrition programs to maintain and improve services, delivery models and food service equipment;
- Continue to work with DoRS, Human Service, MCOs, and private pay consumers to maintain services, become more social entrepreneurial, develop community partnerships, and identify both public and private funding systems;
- Continue to provide HDM survey information on unserved and undeliverable areas, as well as information on congregate meal sites, to legislators and elected officials about the needs in these areas;
- Continue to provide shelf-stable meals on an emergency as-needed basis.

Service Providers Funded by CIAA

CIAA work with local agencies and organizations to ensure older persons and family caregivers receive needed services. This is accomplished by making funds available to the providers of vital services.

SERVICE PROVIDERS
Funded Through the Older Americans Act
Bradley University, Counseling, Research & Training Clinic
Center for Prevention of Abuse
City Link / County Link
Methodist College
MSW Projects of Henry IL
Neighborhood House Association
OSF HealthCare
Prairie State Legal Services
The Center for Youth & Family Solutions
We Care, Inc.

OTHER PARTNERING AGENCIES
Advocates for Access
Alzheimer's Illinois Chapter
Community Care Systems - Canton
Heartland Health Services

What CIAA and Service Providers Have Done

ACCOMPLISHMENTS FOR FISCAL YEAR 2022

Program/Service

Name of Program/Service	Total Persons Served	Amount and Type of Service
A Matter of Balance	95	306 sessions
Benefit Access and Medicare Part D Pharmaceutical Program	9,267	
Caregiver/GRG Counseling	291	814 sessions
Caregiver/GRG Access Assistance	2,218	4,653 contacts
Caregiver/GRG Information	3,184	1,070 activities
Caregiver/GRG Education/Training	31	34 sessions
Congregate Meals	52	3,120 meals
Employment	40	
Gap-Filling: General Services	95	200 units
Health Promotion-Depression Screening	60	371 sessions
Home Delivered Meals	1,989	273,894 meals
Information & Assistance	26,849	31,581 contacts
Legal Assistance	227	999 hours
Medication Management -Screening & Education	21	21 sessions
Outreach	257	404 units
Person-Centered Counseling	154	527 sessions
Respite for Caregivers	102	3,845 hours
Transportation	432	13,330 trips
Transportation - Assisted	179	8,569 trips

ACCOMPLISHMENTS FOR FISCAL YEAR 2022 (continued)
Program/Service

CONNECTING WITH CONGREGATIONS

Name of Event	Total Persons Served	Notes
Ecumenical Luncheon	Canceled due to COVID	This annual event is held to recognize volunteers
New Year's Day Holiday Meals	633	This annual program provides a meal to a homebound senior on New Year's Day.

SPECIAL EVENTS

Name of Event	Total Persons Served	Notes
Celebrating Generations	814	This is an intergenerational annual event for all ages, abilities, and incomes to provide education of services in our six-county area.
Christmas for Seniors and Persons with Disabilities	100	A senior living facility is selected and then donated gifts are provided and delivered to each resident.
Matter of Balance (MOB)	0	This is an evidenced-based program designed to reduce the fear of falling, and increase activity levels of older adults that have concerns about falls.

ACCOMPLISHMENTS FOR FISCAL YEAR 2022 (continued)
Program/Service

Name of Event	Total Persons Served	Notes
Grandparents Raising Grandchildren (GRG) - Holiday Party	66 Grandparents 49 Grandchildren	Annual event organized by Bradley Counseling Research and Training Clinic to help provide for holiday needs of GRG's, including gifts for grandchildren and grandparents.
Grandparents Raising Grandchildren (GRG) - Back to School Picnic	66 Grandparents 49 Grandchildren	Annual event organized by Bradley Counseling Research and Training Clinic to help provide school supplies for grandchildren. All grandchildren were provided back packs and supplies.
Grandparents Raising Grandchildren (GRG) - Heart Of Illinois Fair	7 Grandparents 22 Grandchildren	Intergenerational activity to provide a break from the everyday environment to enjoy relationship and family time.
Grandparents Raising Grandchildren (GRG) - Easter Basket Event	9 Grandparents 18 Grandchildren	Intergenerational activity to build trust and bonds between youth and their grandparent.
Grandparents Raising Grandchildren (GRG) - Dozer Park Outing	14 Grandparents 35 Grandchildren	Intergenerational activity to provide a break from the everyday environment to enjoy relationship and family time.

Statewide Initiative

STATEMENT OF THE STATEWIDE INITIATIVE:

Enhance Illinois' Existing Community-Based Service Delivery System to Address Social Isolation Among Older Adults

Social Isolation

Loneliness and social isolation is a growing epidemic, having dire physical, mental and emotional consequences. Since 1980, the number of older persons reporting loneliness has doubled. Those who are socially isolated tend to have disrupted sleep patterns, altered immune systems, more inflammation, higher levels of stress, higher blood pressure, advanced cognitive decline and other symptoms. About one-third of Americans now live alone and that rises to one-half by age 85. Loneliness and social isolation are also more likely to need long-term care, thus increasing the need for long-term care support and raising the cost to society.

During FY 2024, the Illinois Department on Aging and the Area Agencies on Aging in Illinois will work with other state agencies and service providers to develop programs and activities to combat social isolation. The overall goal is to reduce social isolation within all of our service areas.

Research and Data

Numerous research studies and data reports confirm that there is a great need to address social isolation in older persons and family caregivers. Especially during this COVID-19 pandemic, social isolation and loneliness among seniors in their homes has become a major issue.

As stay-at-home recommendations continue in many cities across the country, and social distancing becomes the new norm for interacting, the focus on social isolation and loneliness has become almost mainstream. Seniors are socially isolated and unable to connect with family and loved ones. According to the National Institutes of Health (NIH), these conditions have been linked to higher risks for a variety of physical and mental health problems, including high blood pressure, heart disease, obesity, anxiety, depression, Alzheimer's, dementia, and more.

A new report from the National Academies of Sciences, Engineering, and Medicine (NASEM) points out that more than one-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are considered to be socially isolated. (1)

Older adults are at increased risk for loneliness and social isolation because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness, and hearing loss.

Recent studies found that:

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.

Source: *National Academies of Sciences, Engineering, and Medicine. 2020. "Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System". Washington, DC: The National Academies Press.*

FY 2024 Planned Social Isolation Activities

Most program activities will be undertaken in collaboration with the Center for Youth & Family Solutions (CYFS) to reduce social isolation among older adults. A part-time staff member of CYFS and possibly an intern will provide these program activities.

For FY 2024, CYFS plans to continue its Friendly Visitor Program, educational activities, and referrals in Marshall, Stark, and Woodford counties. CYFS will continue to concentrate on one community in each of those counties, namely: Henry in Marshall County, Toulon in Stark County, and Washburn in Woodford County. Plans also are to expand services to other counties in our service area including Fulton, Peoria, and Tazewell counties. Identical program activities would be coordinated in particular communities within each of these counties. A description of these program activities follows.

Friendly Visitor Program

The Friendly Visitor Program can provide an array of services depending on the needs of each older adult and the gifts and talents of each person providing the visits. The benefits of the program include:

- **Companionship:** visiting in-person or by phone, discussing current events, recording family history, playing cards, or watching movies improve an older adult's quality of life.

- Safety and Health: preparing grocery lists, arranging appointments, leaving important reminders to help older adults stay healthy and safe in their own home.
- Transportation: escorting to doctor appointments, religious services, club meetings or hair salon or barber, going shopping and running errands can make a big difference in an older adult's day.
- Socialization and Community Involvement: planning outings and trips, visiting neighbors and friends, writing letters and e-mails, going out for lunch, or seeing a play or concert are just some of the ways to socialize with older adults through this program.

CYFS will make weekly visits to the specified communities to identify socially isolated older adults and then will also conduct telephone reassurance calls to those enrolled in the Friendly Visitors program.

Educational Activities

Educational activities center on the topics of isolation and grief, with the theme "Soup for the Soul". Materials provided will include handouts, brochures, and flyers. When safe to do so, interactive activities will be conducted consisting of but not limited to icebreakers, myths vs. facts, and other connection activities. Assistance with providing information on community resources will also be available.

CIAA will continue to distribute the IDoA Statewide Initiative brochure at all presentations and health fairs. It will be put in our monthly newsletter, the *Senior Gazette*, placed on our website, and posted on social media. Other uses of this brochure will be included in all activities under the potential characteristics and activities planned.

Referrals

Identification of socially isolated seniors will be conducted through referrals, resources, and organizations. Referrals could be obtained from anywhere older adults gather or go to. These include: congregate meal sites, senior centers, libraries, pharmacies, medical offices, hospitals, restaurants, park districts, grocery stores, and banks to name a few. Referrals could also come from social service organizations including care coordination units, community action agencies, township offices, and those that deliver home-delivered meals.

CIAA's Information & Assistance specialists and Family Caregiver Support specialists can also provide referrals through the clients that they come in contact with.

Coffee Clatch: A New Program Activity to Reduce Social Isolation

Coffee Clatch is a program designed to address social isolation, cognitive decline, loneliness, and depression in older adults. It is a coffee chat group meeting regularly where older adults can socialize with others while discussing educational topics of relevant concern. There will be activities to bring them together as a group for socialization and to gain knowledge about these topics. A volunteer host will provide coffee and light refreshments to serve to the participants while engaging with them to offer open discussion regarding information from newspapers, books, internet, etc. After ample discussion, the activity will move to game play. The host will play bingo, a word game, a puzzle game, trivia, etc. and provide 'Folger's Bucks' for the participants to collect when they answer questions correctly or win a round or a game. The Folger's Bucks can then be used at the end of the month to 'purchase' the prizes they would like.

Collaboration with Other Agencies

CIAA will work in collaboration with other community agencies and provider organizations to provide activities to reduce social isolation, such as Coffee Clatch. CIAA will work with these agencies to expand outreach and provide referrals to the socially isolated. Some of these agencies and providers are listed below.

- Alzheimer's Association
- Bradley University Counseling
- Chamber of Commerce
- Community Care Systems Inc.
- County Public Health Departments
- County Sheriff's Offices
- Heartland Health Services
- Mental Health Services
- MSW Projects of Henry County
- Neighborhood House
- We Care

Also, the collaborations formed within the Aging and Disability Resource Network (ADRN) are consistent with the fact that there is a great need to enhance our existing community-based services to address social isolation. Information and assistance is vital to the

consumer to provide an opportunity to learn through community networking and collaboration initiatives. Continuing to develop activities and social functions that will encourage participation by older adults, community leaders, and youth will help to combat social isolation among older adults and others experiencing cognitive issues.

Evaluation of Programs

CYFS ask program participants to complete a survey to measure social isolation through the use of the UCLA Loneliness Scale. Demographic data is also collected and analyzed. CIAA will work with CYFS and IDoA to evaluate the effects of social isolation and what can be done to reduce it.

Local Initiative

STATEMENT OF THE LOCAL INITIATIVE:

Develop a Dementia Friendly Community within the Planning and Service Area

Dementia Friendly Communities

Definition and Purpose

To embrace people of all ages suffering from dementia, cognitive decline, Alzheimer's disease, and other mental health concerns. Dementia Friendly Communities is an initiative to support the individual and family members that live with those suffering with dementia or cognitive related challenges. To initiate the best possible support, it is imperative that the condition is recognized in the earliest stage possible. It is also important for family members and loved ones to be able to recognize and understand the changes taking place, from unusual fears to forgetfulness, from confusion and aggressiveness to emotional instability to regression. Each person afflicted with dementia or cognitive decline conditions is just that...a person. Dementia can alter one's personality and memory one day but change their demeanor and focus the next. Learning to cope with these adjustments is not easy for anyone, especially the person suffering from dementia.

The Dementia Friendly Communities initiative is not to change the person, but to change the surroundings, environment, acceptance, and promotion of embracing those that live daily with dementia difficulties. Learning to do things differently to accommodate for the cognitive decline is helpful to the person with dementia.

Residing in a Dementia Friendly Community that has adapted to helping those suffering with dementia by engaging through faith, memory care and other forms of cognitive support and reassurance assists the dementia sufferer and their caregivers to be accepted. Recognition that the dementia sufferer and caregivers are not asking to be treated special, they are asking to be treated respectfully and with dignity. Taking extra time as a cashier to ensure that the money they are being given is the correct amount and not an over payment; explaining multiple times what's on the dinner special menu; not being argumentative with the loved one about an event that they don't recall correctly...dementia affects every person differently and as such should be handled differently.

Key Goals of Dementia Friendly Communities

Some Dementia Friendly Communities work toward one or two goals while others work on several or all goals. Throughout each of these goals, a consideration for including representation from diverse members of the community in helping to shape the initiative and then engaging with diverse partners and settings to achieve these goals is critical.

1. Increase awareness and understanding of dementia and of people living with dementia.
2. Increase awareness and understanding of brain health and risk reduction.
3. Collaborate with public, private, not-for-profit and health care sectors to better serve people living with dementia and care partners.
4. Address the changing needs of people with dementia and care partners.
5. Create social and cultural environments that are inclusive to those living with dementia.
6. Improve the physical environment in public places and systems (e.g., parks, transportation) so that it is dementia friendly.

Components of a Dementia Friendly Community



Phases of Developing a Dementia Friendly Community

According to the Illinois Cognitive Resources Network (ICRN), there are four phases to planning and implementing a dementia friendly community. Those phases are:

1. **Convene** key community leaders and members to understand dementia and its implications for your community. Then, form an Action Team.
2. **Engage** key leaders to assess current strengths and gaps in your community using a comprehensive engagement tool.
3. **Analyze** your community needs and determine the issues stakeholders are motivated to act on; then set community goals.
4. **Act** together to establish implementation plans for your goals and identify ways to measure progress.

More information on this and on Dementia Friendly Communities can be found on the ICRN website at: <https://ilbrainhealth.org/>, as well as the Dementia Friendly America website at: <https://www.dfamerica.org/>.

What CIAA Will Do

CIAA will solidify efforts to construct a team of people interested in building upon resources and implementing various aspects of the Dementia Friendly Community initiative. By providing opportunities for outreach, collaboration, example, and mentorship within the communities served by the CIAA, a Dementia Friendly Community will be established and see growth for those suffering with dementia and their caregivers.

We currently are in the Convene phase. An Action Team has been formed consisting of interested members from the CIAA Board, Staff, and Community Partners. The next step is to expand this Action Team to include persons from the Washington community. These persons would be from various community sectors. This Action Team can be graphically depicted as a wheel, shown on the following page, with members from the community sectors as spokes around the hub, which consists of people with dementia and their family caregivers.



An Action Team Wheel Illustration with Community Sectors

(Source: dfamerica.org: Building an Action Team)

Geographical Area Selected

The city of **Washington, Illinois**, in Tazewell County has been selected as the target geographical area where we will focus our efforts at creating a designated Dementia Friendly Community. We are working on a plan for Community Engagement in Washington to publicly bring awareness of this effort and gain support within the community.

Our immediate goal is to gain the support of a “Champion” from three or more of these community sectors. These champions would be passionate about helping to do something for persons with dementia along with their caregivers. The champions would be part of the Action Team and begin to implement their ideas and activities in the community, with the support of the other team members.

American Rescue Plan

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (H.R. 1319) into law. The \$1.9 trillion package, based on President Biden's American Rescue Plan, is intended to combat the COVID-19 pandemic, including the public health and economic impacts. It mixes efforts to mitigate the economic effects of the pandemic with strategies to fight the virus itself.

CIAA received limited funds from this Plan. Those funds were used for:

Social Isolation - Expand, enhance and/or create new program/services that promote or support social connectedness and reduce negative health effects associated with social isolation.

Congregate Dining Services - Assist older adults with maintaining their physical, mental, and social health, and manage nutrition needs related to chronic diseases while preventing poor nutritional health or sedentary behavior, in a group setting for a sit-down meal.

Home Delivered Meals - Continue to reduce hunger and malnutrition, promote socialization, and improve adverse health conditions to individuals by providing a home delivered meal.

Preventative Health - These programs meet the Administration on Community Living's definition for evidence-based health promotion and disease prevention programs, including programs that improve health care outcomes of older adults who have chronic health conditions, are at high risk of falls, have a history of falls, or live with depression.

Family Caregivers - Expand, enhance and/or create new program/services to support family caregiver services within the National Family Caregiver Support Program.

Long-Term Care Ombudsman - Funds can be used for community outreach, paying for staff extended hours or hiring additional staff (note this funding is time-limited), training for ombudsmen on COVID-19 and related subjects, and travel costs associated with facility visits including PPE and testing supplies.

Expanding Access to COVID-19 Vaccines - Funds can be used for activities such as disseminating credible information about COVID-19 vaccines and help direct those with questions to additional sources of information, identifying people who may need help getting a COVID-19 vaccination, including those who are unable to independently travel to a vaccination site, helping with scheduling a COVID-19 vaccination appointment for those who need help, and arranging or providing accessible transportation to COVID-19 vaccination sites.

New Programs / Services

CIAA will use some of the American Rescue Plan funds to obtain service providers in our service area to provide the following new programs.

1. Bingocize

Bingocize provides an evidence-based health promotion and education program that incorporates exercise, nutrition, and falls prevention within the game of bingo. It is a unique solution that strategically combines exercise, health education, and the familiar game of bingo in a fun way to get participants moving and socializing. The length of the program is for 10 weeks, meeting for 1 hour 2 times per week.

Trained lay leaders may select between three separate 10-week units that focus on exercise-only, exercise and falls prevention, or exercise and nutrition. Each unit includes a leader's script for each session and participants' materials. Groups of participants play Bingocize® twice per week, with each 45-60 minute session consisting of exercises (range of motion, balance, muscle strengthening, and endurance exercises) and/or health education questions. The program can be delivered using a traditional bingo game along with printed curriculum lay leader and participants' materials or lay leaders and participants can use a web-based app to play Bingocize® in-person or remotely.

The program targets sedentary, older adults at all physical and mental ability levels in a variety of settings including certified nursing facilities, assisted living, independent living, and community senior centers. Older persons who participate in disease prevention-health promotion programs will learn skills and management tools to enable them to live healthier, active, and independent lives. The educational sessions and interaction with other seniors also help to reduce loneliness and social isolation along with encouraging physical activity.

2. T-CARE

T-CARE (Tailored Caregiver Assessment and Referral) is a computerized assessment tool which helps caregiver support staff to develop a care plan for caregivers, tailored to their specific needs as identified in the assessment.

This tool is being used in many states, and in Illinois it is being used by all of the Area Agencies on Aging (AAAs) as the Illinois Department on Aging strongly encourages all AAAs to adopt this service tool in providing caregiver support.

The CIAA Family Caregiver Information and Assistance Specialist uses this tool in PSA 4. In order to provide service to more caregivers needing this service, CIAA expanded the existing T-CARE program in FY 2023. A funded provider was obtained to provide additional services in our service area. This funded provider was OSF HealthCare. Additional T-CARE licenses and training were purchased from the T-CARE vendor.

T-CARE software is time intensive and used only on the most complex cases where caregivers are agreeable to the guidelines of the program. It also enables the trained user to provide referrals and conduct follow-ups. Referrals are identified and can be made, for example, to behavioral health service providers, such as agencies that provide individual counseling services and/or support groups.

Caregivers are often times stressed while bearing many burdens in providing care for family members and loved ones. This service will help to reduce caregiver burden, stress, and burnout. T-CARE has the capacity to provide immediate interventions and referrals. For those caregivers who are in emotional distress, referrals can be made to appropriate counseling services and supports. Through counseling and support services, caregivers may continue to provide quality care to the person(s) they are caring for.

By funding additional providers of T-CARE services, more caregivers will receive the necessary assistance and support to provide the care for their recipients. Through the provision of training for qualified users of the T-CARE tool, they may provide professional service to caregivers, including an appropriate assessment, access to care, relevant referrals, and capacity for follow-up.

3. Coffee Clatch

Coffee Clatches or Coffee Socials are a way to provide education while reducing social isolation, loneliness, cognitive decline, and depression among older adults. Coffee Clatch activities encourage the use of critical thinking, memory, awareness, participatory activities, and engagement in a calm, enjoyable environment. Participants get together regularly to discuss relevant educational topics, while playing games and enjoying refreshments. This service will help older persons learn while promoting socialization and camaraderie.

During the coffee clatch, an educational topic will be presented and discussed. The topic can be about positively dealing with physical, mental, and social issues. A volunteer host will provide coffee and light refreshments to serve to the participants and engage them in an open discussion regarding the topic. After ample discussion, the activity will move to game play. The host will present bingo, a word game, a puzzle game, trivia, etc. and provide 'Folger's Bucks' for the participants to collect when they win a round or a game. The Folger's Bucks can then be used at the end of the month to 'purchase' the prizes they would like.

Using administrative funds, CIAA has been providing this activity in Fulton, Peoria, and Tazewell counties with great success. The response and comments from participants have been very positive. Going forward, CIAA will seek other organizations to provide this activity.

Local community centers, congregate meal sites, churches, auxiliaries, supportive care and independent living facilities, and other available group spaces are just a few of the places Coffee Clatch can be held.

Service Projections for this Year

Each fiscal year, CIAA develops projections regarding the funded services to be provided to older persons. Projections include the numbers of person expected to be served, and the numbers of units of each of the services expected to be provided during the fiscal year. Service projections for FY 2024 are based on the best information available regarding actual levels of services provided in the past, the desired levels of services to be provided, and funds expected to be available. The following are CIAA's projections of the numbers of persons to be served, and the numbers of units to be provided, by each service, in FY 2024.

SERVICES	NUMBER OF PERSONS	NUMBER OF UNITS *
A Matter of Balance	76	242
Caregiver/GRG Access Assistance	2,159	4,316
Caregiver/GRG Counseling	300	800
Caregiver/GRG Training	50	50
Caregiver Information	3,099	1,000
Caregiver/GRG Support Groups	40	200
Congregate Meals <i>(All Providers)</i>	450	46,200
Dementia Alzheimer's Gap Filling	60	120
Gap – Filling and Chore: Caregiver	50	50
Gap-Filling and Chore: General Services	50	100
Home Delivered Meals <i>(All Providers)</i>	2,000	280,000
Information and Assistance	24,487	29,087
Legal Assistance	325	1200
Medication Management Screening	30	30
Mental Health Screening	60	200
Outreach	200	350
Person-Centered Counseling	120	400
Respite for Caregivers	150	3,500
SHAP/MIPPA	9,687	9,687
Social Isolation	250	500
Transportation	350	12,500
Transportation - Assisted	150	8,000

**Definitions of units of service are listed on the next page.*

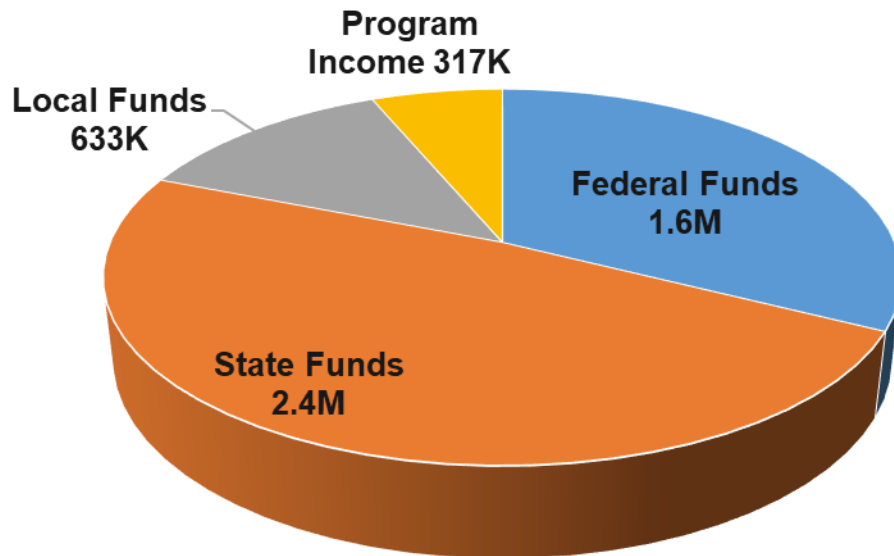
Definitions of Units of Service

One hour of staff time, including paid and volunteer, expended on behalf of an older person constitutes one unit of service. This definition is used for advocacy, case management, adult protective services, disease prevention - health promotion, legal assistance, long term care ombudsman, and respite services. For all other services the following definitions apply.

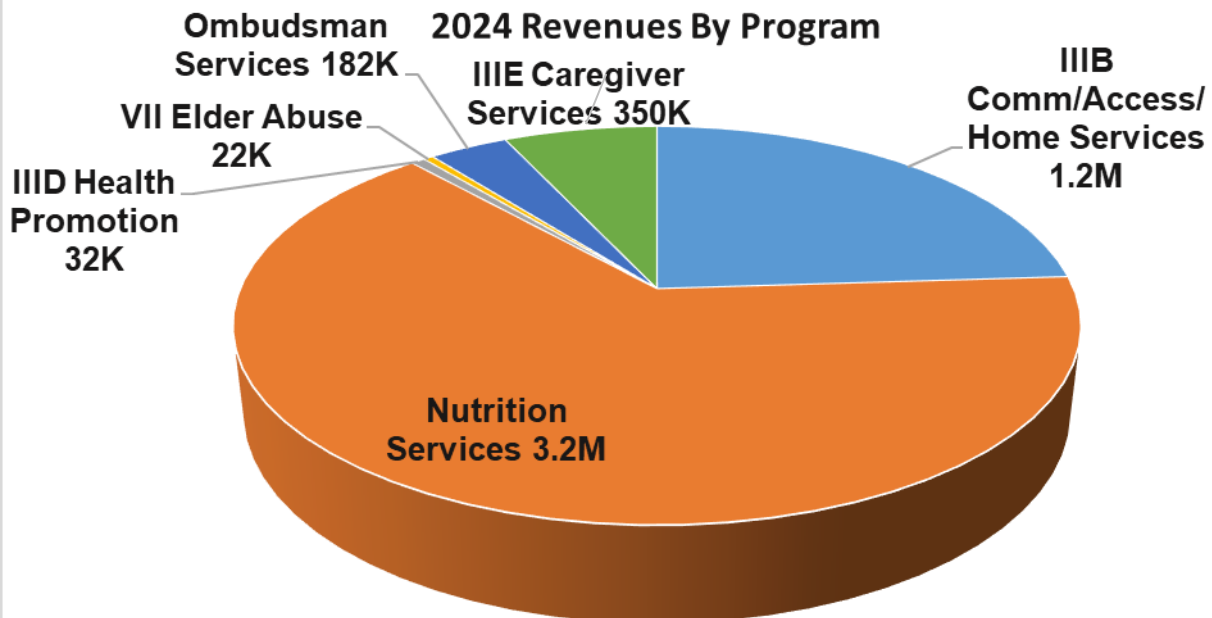
- Each meal provided in a group setting constitutes one unit of service. This definition is used for congregate meals.
- Each time a participant is served constitutes one unit of service. This definition is used for gap-filling services.
- Each meal delivered constitutes one unit of service. This definition is used for home-delivered meals.
- Each initiated contact made by an individual older person or caregiver for information, referral, or assistance constitutes one unit of service. All referral, follow-up, or assistance made by the service provider for the older person or caregiver constitutes one unit of service. This definition is used for information & assistance.
- Each one on one contact with another person or caregiver which encourages use of existing services and benefits constitutes one unit of service. This definition is used for outreach.
- Each one-way trip to or from community location per participant constitutes one unit of service. This definition is used for transportation.
- One session will constitute one unit of service per participant. This definition is used for caregiver counseling, support groups, caregiver training and health promotion programs.
- One activity will constitute one unit of service. This definition is used for caregiver access assistance.

FY 2024 Projected Revenues

2024 Revenues By Source



2024 Revenues By Program



FY 2024 Distribution of Funds by Area and Services

All proposed funding for FY 2024 is based upon planning allocations received from IDoA. Federal funds are based upon FY 2023 funding levels and state funds are based upon the Governor's proposed budget for FY 2024. In the event of any changes to the funding, The Board approved policy to address any increase or decrease in funding is detailed under the section entitled "Funding Possibilities: Should Funds Change."

AREA and SERVICES	FY24 Funding Levels
1. Marshall and Stark Counties	
Transportation	23,403
Assisted Transportation	9,850
2. Fulton County	
Congregate Meals <i>(See Section 10)</i>	0
Home Delivered Meals <i>(See Section 10)</i>	0
Transportation <i>(Note 1)</i>	1,484
Assisted Transportation <i>(Note 2)</i>	1,678
Outreach	23,360
3. Woodford County	
Transportation	15,646
Assisted Transportation	9,040
4. Tazewell County	
Congregate Meals	75,884
Home Delivered Meals	377,897
Transportation (Southern)	40,208
Assisted Transportation (Southern)	12,366
Outreach	23,360
5. Peoria County Outside of City of Peoria	
Congregate Meals <i>(See Section 10)</i>	0
Home Delivered Meals	216,544
Transportation	4,273
Assisted Transportation	1,079
Outreach	23,360

FY 2024 Distribution of Funds by Area and Services (cont'd)

AREA and SERVICES	FY24 Funding Levels
6. City of Peoria	
Congregate Meals <i>(See Section 10)</i>	0
Home Delivered Meals	626,580
7. Peoria County & No. Tazewell County	
Transportation	7,420
Assisted Transportation	1,465
8. Marshall, Stark & Woodford Counties	
Congregate Meals	80,117
Home Delivered Meals	295,783
Outreach	20,911
9. Marshall, Stark, Woodford, Tazewell, Peoria County, and the City of Peoria Fulton County: Rural	
Adult Protective Services <i>(Note 3)</i>	5,160
Gap-Filling: General Services	26,956
Gap-Filling: Caregivers	44,000
Gap-Filling: Respite for Caregivers	70,000
Caregiver Counseling/Training	50,000
Mental Health Screening	11,003
A Matter of Balance	11,133
Legal Assistance	81,657
Medication Management Screening & Education	14,321
Long Term Care Ombudsman	176,146
Caregiver T-Care	30,000
Social Isolation	50,000
SUBTOTAL	2,462,084

FY 2024 Distribution of Funds by Area and Services (cont'd)

AREA and SERVICES	FY24 Funding Levels
10. Central Illinois Agency on Aging, Inc.	
<i>Direct Services:</i>	
Information & Assistance	210,592
Caregiver/GRG Information Services	38,472
Caregiver/GRG Assistance Services	82,105
Caregiver/GRG Training	1,176
Transportation Direct Service	83,376
Person-Centered Counseling	8,694
Congregate Nutrition Service – City of Peoria, Rural Peoria and Fulton	261,885
Matter of Balance	1,000
Home Delivered Meals-City of Peoria, Rural Peoria and Fulton	395,767
Alzheimer's Disease & Related Dementia Supportive Gap-Filling	29,700
Administrative & Administrative Related	
Advocacy	26,343
Coordination	84,907
Program Development	111,546
Administration	201,183
SUBTOTAL	1,536,746
GRAND TOTAL	4,045,722

Notes and Funding Details

Notes 1 & 2: Fulton County is unique to the six-county area, in that it receives DFI (Donated Funds Initiative) funds for transportation. The amount CIAA funds for Transportation (Note 1) and Assisted Transportation (Note 2) is to cover the gap of older persons needing trips to medical appointments in Peoria.

Note 3: The amount reflected in Adult Protective Services is the Federal portion only which funds a Multidisciplinary Team (M-Team) and 24-hour availability. State funds, not reflected here, primarily fund the Adult Protective Services.

Funding for the purpose of this document is based on the Illinois Department on Aging's FY 2024 funding allocations. Allocations to each Area Agency on Aging in the State of Illinois is based on a statewide funding formula and the U.S. Census Bureau's 2020 Population Estimates. Federal funds passed through the State of Illinois are based on actual funding amounts from FY 2023 and State funds are based on the proposed Governor's budget for FY 2024.

These amounts may be subject to change. In the event of any increases or decreases in funding, CIAA will refer to the policy detailed in the section: "Funding Possibilities: Should Funding Change".

Funding Possibilities: Should Funding Change

The following is an explanation of what CIAA will do if the amounts of funds available increase or decrease.

Title III-B, III-C1, III-C2, III-D, III-E, VII-EA, VII-Omb, GRF-Match, GRF-HDM, GRF-CBS, AAA Adm, AAA DS

Increases

If Title III-B, III-C1, III-C2, III-D, III-E, VII-EA, VII-Omb, GRF-Match, GRF-HDM, GRF-CBS, AAA Adm, and/or AAA DS funds increase, CIAA will consider the following actions:

1. Review the needs to continue existing services, as listed above, and commit funds as determined necessary.
2. If the above action is insufficient, the CIAA Area Advisory Council and Board of Directors will consider options and make decisions accordingly, while taking established priorities into account.

Decreases

If Title III-B, III-C1, III-C2, III-D, III-E, VII-EA, VII-Omb, GRF-Match, GRF-HDM, GRF-CBS, AAA Adm, and/or AAA DS funds decrease, CIAA will consider the following actions:

1. Review the needs to continue existing services, as listed above, and decrease funds as determined appropriate.
2. If the above action is insufficient, the CIAA Area Advisory Council and Board of Directors will consider options and make decisions accordingly, while taking established priorities into account.

Title III-B Ombudsman and Title VII Adult Protective Services and Long Term Care Ombudsman Services

If Title VII Adult Protective Services is increased or decreased, funds allocated for Adult Protective Services will change accordingly.

If Title III-B Ombudsman and Title VII Long Term Care Ombudsman Services are increased or decreased, funds allocated for Long Term Care Ombudsman Services will change accordingly.

Area Agency on Aging Administration and Administratively-Related Direct Services

If funds for the Area Agency on Aging Administration are increased or decreased, CIAA will adjust its internal administrative budget accordingly.

CIAA received funds for these Administratively-Related Direct Services:

- Advocacy
- Coordination
- Program Development

If funds for these services are increased or decreased, funds will be adjusted proportionately across these three services.

Services by Funding Source

Title III-B: Community Based Services – Legal Assistance, Transportation, Assisted Transportation, Information & Assistance, Gap-Filling Services, Person-Centered Counseling, Long Term Care Ombudsman Services, Outreach, Advocacy, Coordination, Program Development, Administration, and Administratively-Related Direct Services

Title III-C1: Congregate Meals

Title III-C2: Home-Delivered Meals

Title III-D: Health Promotion Programs - Disease Prevention

Title III-E: Caregiver/GRG Services – Information, Assistance, Counseling, Support Groups, Training, Respite, and Gap-Filling

Title V: Senior Employment Services

Title VII-EA: Adult Protective Services

Title VII-Omb: Long Term Care Ombudsman Services

GRF-Match: State Match for Older American Act Administration and Services

GRF-HDM: State Funds for Home-Delivered Meals

GRF-CBS: State Funds for Community Based Services

AAA Adm: Area Agency on Aging Administration

AAA DS: Area Agency on Aging Administratively-Related Direct Services

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Central Illinois Agency on Aging, Inc. does not discriminate in admission to programs or activities to treatment of employment in programs or activities in compliance with the Illinois Human Rights Act, the U.S. Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, the Age Discrimination in Employment Act, and the U.S. and Illinois Constitutions.

If you feel you have been discriminated against, you have a right to file a complaint by calling Keith A. Rider, President/CEO, Central Illinois Agency on Aging, Inc. at 309-674-2071 or with the Illinois Department on Aging at 1-800-252-8966 (Voice & TDD).