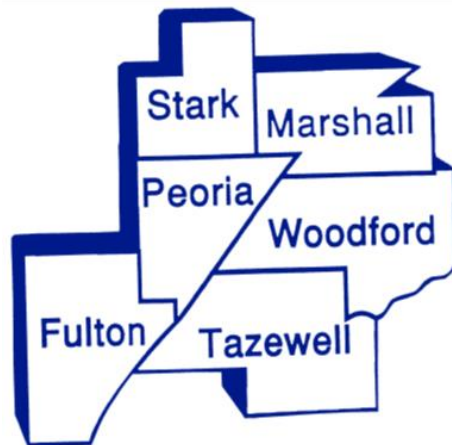


**Central Illinois Agency on Aging, Inc.
700 Hamilton Boulevard
Peoria, IL 61603**

**Public Information Document
FY 2025, FY 2026, FY 2027
Area Plan on Aging**

Published 04/08/2024



Purpose of the Public Information Document

This Public Information Document (PID) summarizes the Central Illinois Agency on Aging, Inc.'s (CIAA's) proposed FY 2025, FY 2026, and FY 2027 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 yearly 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 Board of Directors – Executive Committee by May 13th, 2024, 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 08, 2024, and may be submitted in writing or by e-mail to:

ATTENTION: Tessa Mahoney, Executive Director
Central Illinois Agency on Aging, Inc.
700 Hamilton Boulevard
Peoria, IL 61603
Phone: (309) 674-2071; Toll Free (877) 777-2422
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Notice and Purpose of the Public Hearings

Central Illinois Agency on Aging, Inc. (CIAA) will hold two public hearings to inform older persons, caregivers, and other interested persons about the proposed FY 2025, FY 2026, and FY 2027 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 two public hearings will be in person with the May 2nd meeting and the option of being virtual on Teams. The link to join the Teams 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.

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

Wednesday, May 1st, 2024

At 11:00 am.

**MSW Projects Senior Meal Site
1301 2nd St, Henry, IL 61537**

Thursday, May 2nd, 2024

At 10:00 am Central Time (US and Canada) on Microsoft Teams or In Person at

[Join the meeting now](#)

Meeting ID: 227 014 829 440

Passcode: px88An

**Central Illinois Agency on Aging, Inc.
700 Hamilton Blvd., Peoria, IL 61603**

Central Illinois Agency on Aging, Inc.

Mission and Vision Statement

The Central Illinois Agency on Aging (CIAA) is a community-based nonprofit organization serving Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford counties. CIAA was established from the Older Americans Act (OAA) in 1974 to create a comprehensive aging network. We are one of thirteen area agencies throughout Illinois, with over 600 nationwide. Our organization is funded by local, state, and federal dollars. We also accept monetary and in-kind donations.

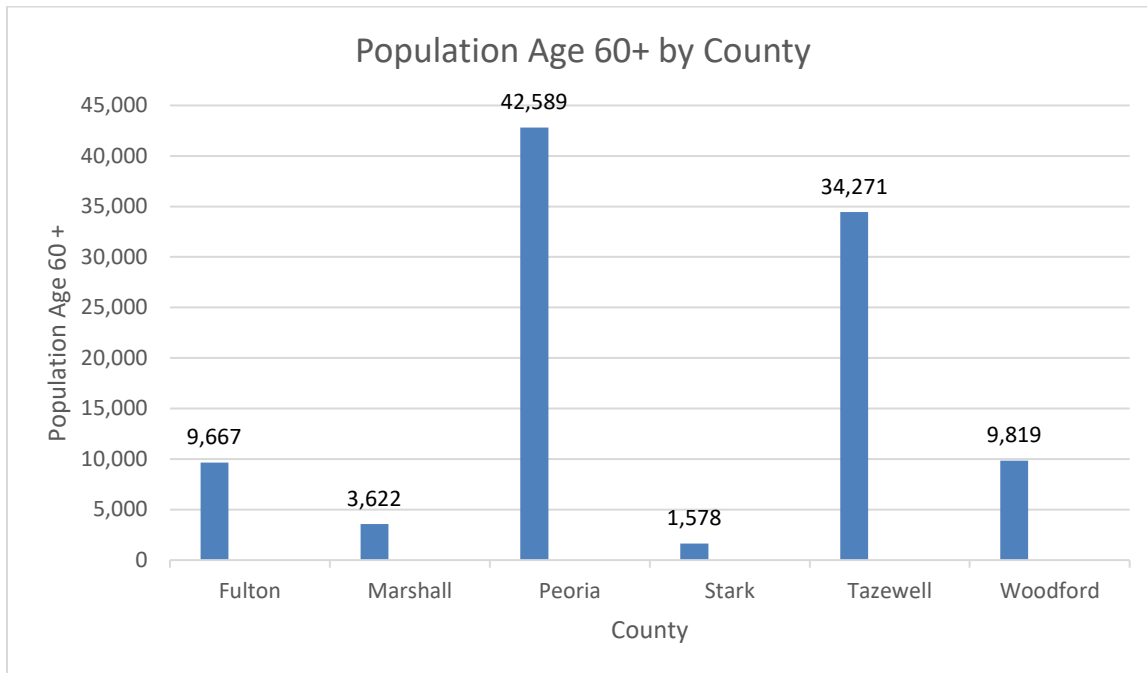
Our vision is to be the experts on aging by assessing the community's needs and developing programming to ensure that older adults and persons with disabilities can live independently. We work with our community partners to facilitate programs throughout our six-county area while providing oversight to guarantee quality service delivery and outcomes. Furthermore, CIAA connects with our local, state, and federal legislators to advocate for seniors and persons with disabilities. Our organization is an active member of the Illinois Association of Area Agencies on Aging (IAA) and believes the continuity of our association can move our vision forward by aligning these mutual goals.

Since 1974, CIAA has partnered with hundreds of community organizations to serve older adults and persons with disabilities and continues to seek strong community collaboration throughout its six-county service area. As we approach our 50th anniversary, we are thrilled to share our success. The agency continues to value self-determination, autonomy, and human rights as it transcends through the ages to be a fundamental community resource for its stakeholders and collaborators. CIAA aims to expand our impact by improving the lives of older adults and persons with disabilities through collaborative partnership in Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford Counties.

CIAA recently completed its three-year area needs assessment and discovered a variety of unmet needs. These needs include nutrition, transportation, access, education, community resources, and awareness. The FY25-FY27 Area Plan aims to address these unmet needs by developing a comprehensive plan to increase the awareness of our agency and the statewide aging network while continuing to ensure quality services for nutrition and transportation while advocating to eliminate physical and attitudinal barriers surrounding the aging and disability communities. The agency plans to increase its visibility by 6% over the next three fiscal years by focusing on the brand's core values, vision, and mission and representing it and within the communities served.

Who We Serve

CIAA serves the six-county area of Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford counties. In 2022, this area's total population was estimated at 401,702. (Source: 2022 American Community Survey, U.S. Census Bureau) This was a decrease of 2,524 from the previous year. Of this, there were 103,235 persons aged 60 years and older living in this service area, which was an increase of 1,754 from the previous year. Persons aged 60 years and older were 25.7% of the total population. The chart below shows the total number of people aged 60 years and older by county.



Although base funding continues to be determined largely by the number of persons aged 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 2022 the number of persons living in poverty was 8,944. (Source: 2022 American Community Survey, U.S. Census Bureau)

Also in our service area, there were 8,953 minority persons in 2022 (Source: Population and Housing Unit Estimates Datasets, U.S. Census Bureau), and 27,675 persons living alone in 2022. (Source: The 2022 American Community Survey, U.S. Census Bureau)

See Table below provided by the Illinois Department on Aging and 2022 American Community Survey that shows a breakdown of demographics that indicate people of greatest social and economic need. The Central Illinois Agency on Aging Inc. service area is PSA or Planning and Service Area 04.

**Demographic Characteristics of Older Persons
(2022 Population Est. & 2022 ACS 5-YR Est. Poverty)**

By Planning and Service Area

PSA	60+ Population	60+ Poverty	Greatest Social Need			
			60+ Minority	75+ Population	60+ Living Alone	60+ Rural
01	167,144	13,396	19,440	51,826	42,645	65,896
02	735,864	45,731	160,300	206,769	149,005	-
03	124,551	10,987	10,374	39,821	34,190	68,080
04	103,235	8,944	8,953	32,248	27,675	-
05	188,538	16,012	18,390	58,197	50,820	64,765
06	32,350	3,330	1,226	10,844	8,835	30,913
07	117,250	10,453	7,605	36,067	32,775	45,680
08	160,373	13,809	24,813	47,131	42,540	12,642
09	37,524	3,441	1,588	11,768	10,160	37,524
10	32,106	3,206	986	10,726	8,990	32,106
11	71,719	8,231	5,485	22,705	21,400	37,357
12	508,887	84,545	336,055	149,789	154,105	-
13	602,017	50,511	193,784	180,734	141,555	-
Total	2,881,558	272,596	788,999	858,625	724,695	394,963

% Share of Demographic Characteristics

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 at the 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 various 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 people 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 (application assistance)
- Care Coordination – Mature Solutions Case Coordination Unit
- Caregiver Support - Access Assistance, Education/Training, Information, and Respite
- Congregate Meals
- Gap-Filling (for older adults 60+, informal caregivers, grandparents/relatives raising children)
- 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)
- 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

Comprehensive Needs Assessment

CIAA uses a five-step planning process to determine the service priorities and initiatives to be addressed during the Area Plan cycle. In addition to statistical reports and analysis, information gathered from seniors and caregivers is invaluable and a vital part of the process used in developing the Area Plan. A summary of the various information and methods used to determine CIAA's service priorities and initiatives follows.

The Strategic Planning Committee of the Board, the Planning Committee of the Area Advisory Council, and CIAA Staff work together to develop CIAA's Area Plan. Throughout this collaboration, information and insight are drawn from various 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.

The five-step planning process consists of the following steps:

1. Assessment of the needs of older adults, family caregivers, and Older Relative Caregivers
2. Evaluation of the existing service system
3. Determination of available resources to meet the needs and alternative approaches available to meet needs.
4. Establishment of priorities
5. Modification and refinement of the plan

The needs assessment included the following: a) a nutrition survey of home-delivered meals (HDM) recipients, b) Survey Monkey (online) survey of Community Persons (with attention to caregiver feedback), and c) in-person county conversations or focus groups. The hard copy survey asked participants to identify detailed demographic data and questions related to access to healthcare, transportation, and the perceived need for help in the home. The questions were set up using a Likert scale to account for variability in answers. Two open-ended narrative questions were provided at the end to capture input that was not addressed by Likert scale questions.

The online, more extended version of the same survey included the same demographic and similar Likert scale questions but also included a section indicating familiarity with Area Agency on Aging programs and questions that targeted informal caregivers. The more extended version also included two open-ended narrative questions.

There were 1,597 surveys sent to home-delivered meal participants in our six counties. Four hundred seventy-four surveys were completed and entered into Survey Monkey's online application. We requested the assistance of home-delivered meal clients as being able to provide a large population to strengthen the reliability of assessment data that was also representative of all six counties in our area. The home-delivered meal participant surveys would meet the Older Americans Act notion of those with the greatest economic and

social need because they are homebound, have limited income, and are older individuals living in rural locations or are a minority.

Using Survey Monkey, we provided an online longer survey that included questions specific to informal caregivers, and we received 157 completed surveys. A survey participant didn't identify as an informal caregiver. The survey automatically skipped that section of questions. To target informal caregivers of adults with disabilities, the agency sent a mailing out with a scan code to a current caseload of approximately 90 caregivers receiving respite services, making the survey easily accessible. The agency also made the extended version available on our website with an easy-to-find link.

The longer survey with caregiver questions was provided to help the agency with information about statewide initiative #3: Increase public awareness and knowledge of caregiver needs, as well as resources and services available throughout the state of Illinois to promote increased caregiver engagement in person-centered, trauma-informed and evidenced-based programs and services.

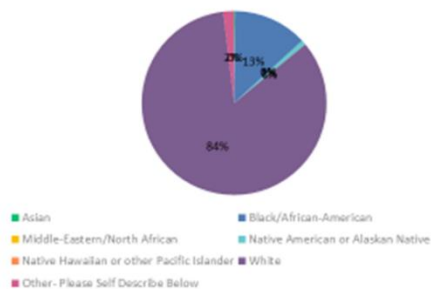
The county conversations lasted about 45 minutes to 1 hour; four were conducted at senior congregate meal sites, one at a senior center exercise class, and one at a community center at a continuum of care, long-term care facility. The residents at the long-term care facility were all independent living residents. Each of our six counties held a county conversation/focus group.

Exhibit 1 Chart Demographics of Home-Delivered Meal Participants

Exhibit 1 shows a racial profile of respondents, including 84% of the surveyed were white, 12.95% black, .85% were Native American, 21% were Asian American, and 1.91% identified as other. 1.6% of respondents identified their ethnicity as Hispanic/Latino. Although minorities were not proportionately

Q2: What is your primary race?

Answered: 471 Skipped: 3



Powered by SurveyMonkey

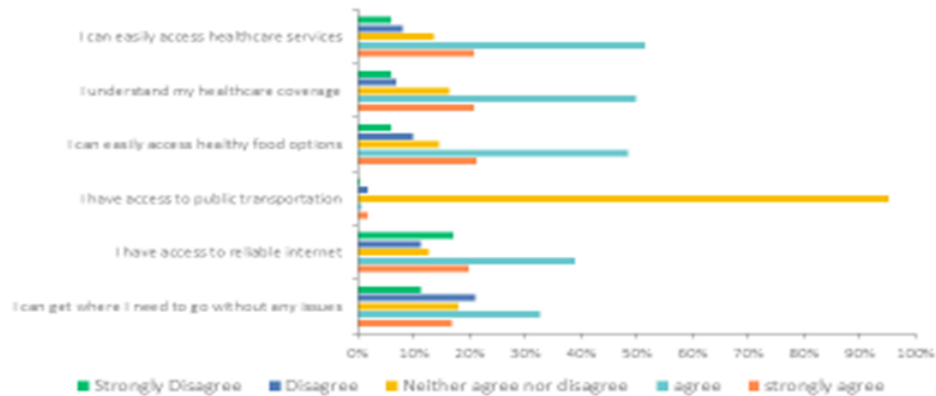
represented, given U.S. Census data, all minority populations were represented in the Home Delivered Meal short survey.

Exhibit 2 Chart of whether you agree or disagree with the following statements

In exhibit 2, the statement, “I can get where I need to go without any issues,” 21% of respondents said they disagreed. 17% said they couldn’t access reliable internet, and 9.8% said they couldn’t access healthy food options.

Q7: How much do you agree or disagree with the following statements?

Answered: 450 Skipped: 24

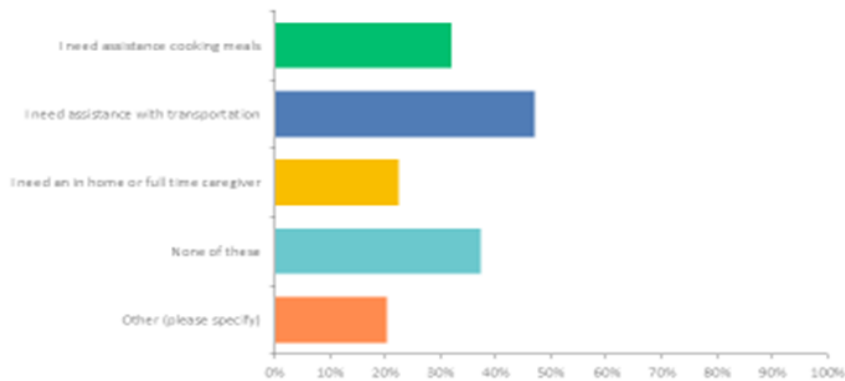


Powered by SurveyMonkey

Exhibit 3 Chart Do you Need Assistance with Tasks of Daily Living?

Q8: Do you need assistance with tasks of daily living? (select all that apply)

Answered: 440 Skipped: 34



Powered by SurveyMonkey

47% of respondents needed assistance with transportation, and 32% said they needed help cooking meals.

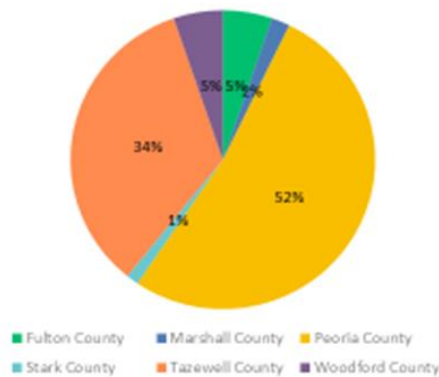
Of the fill in the fill-in-the-blank narrative responses, nineteen respondents expressed interest in needing homecare assistance, including help preparing meals. Five respondents required financial assistance, including balancing their checkbook, and five had emotional needs or reported aging stigma. One statement I will paraphrase is, “People look at you like you are feeble if you forget something,” or “We are not ignorant; you need us.”

Of those who responded to the online longer survey with caregiver questions, 52% of respondents were from Peoria County, 33% were from Tazewell County, 5.2 % were from Fulton County, 5.2 % were from Woodford County, 1.9 % were from Marshal County, and 1.3 % were from Stark County. This chart indicates a proportional cross-section of PSA 4 represented in this survey.

Exhibit 4 What County did Respondents Live in

Q1: Which Illinois County do you live in?

Answered: 153 Skipped: 4



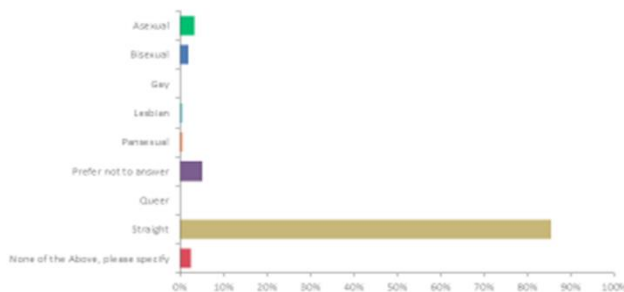
Powered by SurveyMonkey

The longer survey and exhibit 5 attempted to show diversity in the surveyed population related to Illinois Public Act 101-0325 as “the need caused by noneconomic factors that restrict an individual's ability to perform normal daily tasks or that threaten his or her capacity to live independently.”

Exhibit 5 Sexual Orientation

Q7: What is your sexual orientation

Answered: 152 Skipped: 5



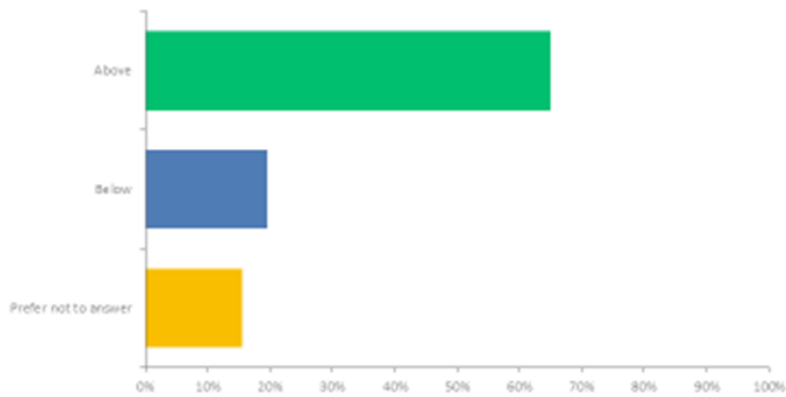
Powered by SurveyMonkey

In Exhibit 5, the majority indicated they identified themselves as straight, 85.5%. The survey showed a minority population: 1.97% identified as Bisexual, .66% identified as lesbian, and 3.29% identified as asexual.

Exhibit 6 Income and Poverty Level

Q8: Using the Chart below, is your yearly income above or below the amount listed for your family size?

Answered: 154 Skipped: 3



Powered by SurveyMonkey

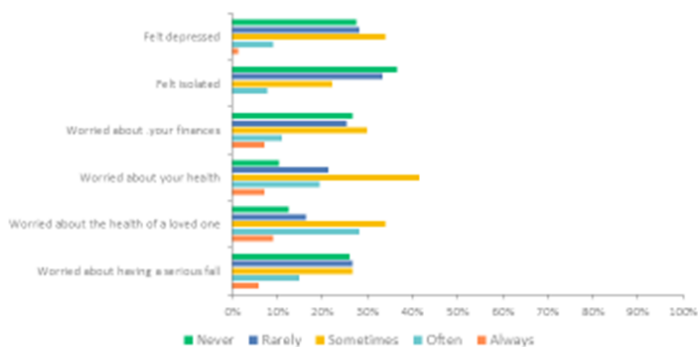
Exhibit 6 chart indicates a majority, 64.94% of respondents, were above the poverty line, 19.48% were below the poverty line, and 15.58% preferred not to answer this question.

Of the services offered by Central Illinois Agency on Aging, Inc., respondents were most familiar with, either directly or indirectly, respondents were most familiar with Adult Protective Services 74%. They were most unfamiliar with chore services, 39.74%. In the longer survey, 17.7% of respondents did not agree that they had access to reliable transportation.

Exhibit 7 In the Last 6 months, how often have you felt ...

Q16: In the last 6 months: How often have you?

Answered: 154 Skipped: 3



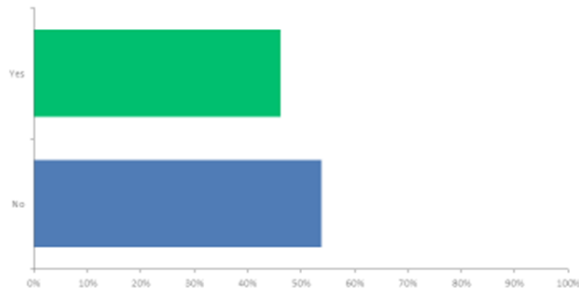
Powered by SurveyMonkey

Exhibit 7 indicated that 33% of respondents sometimes felt depressed in the last six months, 28% often worried about the health of a loved one, 41% were occasionally concerned about their health in the previous six months, and 22% sometimes felt isolated in the last six months.

Exhibit 8 Do you consider yourself to be a caregiver?

Q20: Do you consider yourself to be a caregiver?

Answered: 156 Skipped: 1



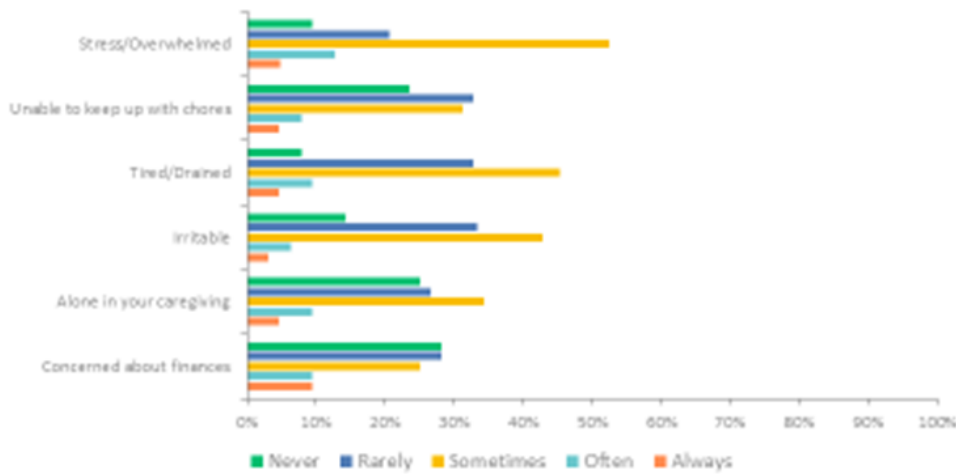
Powered by SurveyMonkey

In exhibit 8, 46% of those who took the long survey indicated they were caregivers.

Exhibit 9 Concerning Caregiving: How Do You Feel?

Q23: In relation to caregiving, how often do you feel

Answered: 64 Skipped: 93



Powered by SurveyMonkey

Exhibit 9 indicated that 52.38% of respondents sometimes felt stressed or overwhelmed, and 45.3% of caregivers sometimes felt tired/drained about caregiving. Of the fill-in-the-blank narrative responses, 15 described loneliness or social isolation as a personal problem for the respondent.

Survey Findings

The following is a list of needs revealed by both short (hard copy) survey and longer (online) survey:

- Improved access to transportation, particularly to medical appointments
- Improved access to information regarding programs, providers, and benefits
- Improved access to cost-effective, well-trained, and reliable home care aides
- Caregivers need more access to supportive counseling due to depression and anxiety over providing care for someone else.

County Conversation Information

Location of County Conversation	Date of County Conversation	Number of Attendees
MSW Projects Meal Site 1301 2 nd St, Henry, IL	2/15/2024	8
Advocates for Access, 4450 N. Prospect Rd, Peoria Heights, IL	2/20/2024	20
Miller Center, 551 S. 14 th St, Pekin, IL	2/26/2024	33
Maple Manor, 250 S. Main St, Canton, IL	2/27/2024	6
Toulon Global Methodist Church, 229 W. Main, Toulon, IL	2/28/2024	5
Snyder Village Retirement Community, 1200 E Partridge St, Metamora, IL	2/29/2024	5

Marshal County Conversation

Eight adults attended the meeting, and three filled out detailed demographic data. Of the three that filled out demographics, all were on Medicare, there were no veterans, all three were community members, one received community services, all three were white, two received an annual income of \$50,000, and one received a yearly income of \$38,000. Two respondents were female, and one was male. There was also one identified married couple in the group.

Affordable, quality home care in the county is lacking. Medicare doesn't pay for home care. Places to borrow or purchase medical equipment are not accessible or non-existent in Marshal County. Marshal County has good access to home-delivered meals. However, neighboring Putnam County does not. Some Putnam County residents come down to Marshal County meal sites. Access to medical care can be challenging for caregivers due to limited local providers.

Peoria County Conversation

Fifteen adults attended the public meeting in person, and five adults attended via Zoom. Eight people answered the detailed demographic information that showed a diverse age population. Sixteen attendees were female, and four were male.

The annual income distribution of the eight participants showed some income diversity but didn't capture the lower yearly income that many in the county experienced.

Challenges for older adults in Peoria County included housing with black mold and bed bugs, with very little grant funding to adequately address these problems. Transportation was described as inadequate, and some insurance plans had dropped transportation as a covered benefit. More than one comment was made about public transportation arriving late to medical appointments or having difficulty locating proper entrances to medical appointments. As Marshal County reported, there was a shortage of quality homecare assistance. Related to the quality of home care, there are many turnovers in the local home care industry.

Informal caregivers were discussed, and one problem in reaching this group was how they were categorized. A critique of using "caregivers" was expressed when describing people who help other people with daily living activities. Most people do not think of themselves as being a "caregiver" of someone. Instead, they see themselves as a son, daughter, husband, or wife helping a family member. One attendee suggested that the term "support groups" is not appealing to informal caregivers.

Fulton County Conversation

There were six adult attendees at a meal site in Canton, Illinois. Of those, four were females, and two were males. All attendees were over 70, with the oldest being age 86. One of the six was willing to give their annual income. Three of six stated that they received community service. One married couple was represented in the group, while the rest identified themselves as single.

The discussion didn't reveal many challenges adults faced in Fulton County. After some prompts about transportation as a topic, the group said that they could get rides to appointments on Fulton County Transit for \$10. Many older adults still drive and sometimes work out, taking others for appointments when no other transportation is available.

Some written testimony revealed that one participant felt that the top three challenges for older adults in Fulton County were 1) affordable home care services, 2) convenient medical care, and 3) more investigations into financial abuse. Another written testimony stated that the top challenges were 1) grocery shopping, 2) getting to appointments, and 3) that there were no ramps.

On the topic of caregiving, a participant wrote that they had a daughter help them when they had their hip replaced. If they hadn't been able to count on their daughter, they would have had to go to a nursing home, and it would have been private pay.

Tazewell County Conversation

Thirty-three attendees were split between two exercise classes at Miller Senior Center in Pekin for the County Public Meeting. The first class of twelve participants consisted of all women; the second class had two males and nineteen women. Of those thirty-three, six filled out the detailed demographic information requested. Of the six who filled out the detailed demographic data, all six were over 70, with the oldest being 80. I remembered that one participant was age 100 (they didn't fill out demographics). All indicated they were on Medicare insurance, and one identified herself as married out of the six who completed the demographic data.

The top three challenges faced by attendees at the Tazewell County meeting were 1) Transportation is challenging to and from appointments, 2) when the local hospital in Pekin changed ownership, many older adults found that they could no longer see their doctor in Pekin but had to drive to Peoria and 3) stated that they don't have enough homecare staff and particularly don't have enough staff trained in dementia care. One comment from a volunteer driver suggested that many of his clients could use help with online grocery shopping. If family members or friends could help older adults learn to shop online, the drivers could offer to drive through a Walmart pick-up window to get groceries. Online shopping would save the older adult from using a walker or scooter to go through a busy grocery store when their driver only has a limited time.

In the discussion on caregiving, most attendees were familiar with what a family caregiver was, and most identified with having been a caregiver at one time. They said that some of the challenges of caregiving were the inability to get a break, needing help mediating family disagreements or family members refusing care, and respite that had to be present for four hours instead of short 1-hour shifts.

Stark County Conversation

Five adult attendees were at the meeting at the congregate meal site in Toulon. There were three males and two women in attendance. Four out of five filled out detailed demographic data that showed that all four were over 70, and the oldest was 81. Three attendees identified as being married, and one was single. All said they received Medicare for insurance, and two attendees were identified as veterans. Two attendees identified themselves as being informal caregivers to someone with a disability.

Many residents are having difficulty due to "inflation," and trying to live on a fixed income is difficult with the cost of groceries, Amren, paying for gas, and other transportation. Residents do not know about benefit programs to help offset out-of-pocket expenses, and some older adults don't want to ask for help.

One resident reported getting assistance for her daughter, who has health challenges. Her daughter was denied Medicaid. They did not know about resources like Prairie State Legal to help advocate for benefits. Mental healthcare was also raised as a concern for county residents. One resident was not aware of local counselors and explained that there is still much stigmatism attached to seeking out mental health services. Transportation was offered up as another challenge that older adults face in Stark County. MSW Projects does some, but many people are unaware that MSW projects offer transportation. Residents learn about services by word of mouth, and a local newspaper was offered to get information to older adults. Churches and places of worship were also suggested to promote older adult programs. There was some discussion on family or informal caregiving in Stark County, which depends on a tight-knit community to spread the word that someone needs support with the care of a family member. Attendees were happy to hear there is support through the agency on aging to help [caregivers have a break.

Families taking care of someone with dementia in Stark County will get more support with a new healthcare clinic opening in town. The clinic has advertised that it will offer comprehensive assessment services for physical and mental health needs. The clinic services sound accessible to most residents as they will accept most insurance, including Medicaid. The clinic will have two psychiatric nurse practitioners on staff to address the behavioral health needs of residents.

Woodford County Conversation

There were five female attendees, all over 80, and two were 91 years old. And five filled out the detailed demographic data. All five live in the Independent Housing section of Snyder Village Retirement Homes. One attendee identified as being married, two were widowed, and one identified their relationship status as single, and the other didn't answer that question.

The group at Snyder Village expressed contentment in their independent living situation, having all their basic needs met, including meals, transportation, dining, and recreation. One challenge mentioned is that Snyder Village transportation costs \$40 an hour for residents who need individual transportation assistance. Another challenge independent living residents face is the tendency to be scammed on the phone or by email. Residents wish they knew how to stop fraud or scams.

The residents learn about benefits or helpful programs by word of mouth, local newspapers, and community magazines, i.e., "News and Views," and the activity director keeps them up to date. It was also noted that there is a resident council and a resident monthly newsletter.

Regarding challenges faced by local informal or family caregivers, the group shared that services for caregivers are needed and that, many times, it's harder for caregivers to qualify for services if they are employed or if their income is above the eligibility criteria. There were a couple of members of the group who had experience taking care of a family member with dementia. One former caregiver stated, "Caring for dementia patients helps the caregiver establish extra patience. Services that the group was aware of to help people with dementia were that Snyder Village has a memory care unit.

Evaluation

CIAA determined that through county conversations and a comprehensive needs survey, many community members and organizations were unfamiliar with the agency and its purpose. The agency also discovered that community partners were undereducated on partnership opportunities. Therefore, the utilization of programmatic resources and lack of partnership have created service gaps for the aging and disabled population. Since the agency's mission is to foster community living and independence for older adults, the organization must address this concern by raising awareness and promoting community education to increase its visibility within its area. Specific service gaps were documented as follows.

- Transportation- as reliable, accessible, and affordable
- Homecare- shortage of reliable, affordable, and well-trained staff
- Lack of information – many were not familiar with funded providers.
- Social Isolation- significant population at risk due to poverty, mental health, being marginalized or discriminated.

Determination

Area Agency funds are made available through the Older Americans Act. They are primarily determined by the Planning Allocations from IDoA, with some transfer flexibility within Title III-B and Title III-C. Other funding sources have been MIPPA, NSIP, and HDM, as identified in Section 2. B and 5. The following resources and alternative approaches are recommended, given the financial viability of the project and the approval of the CIAA Board and Council.

Transportation- Start with a comprehensive assessment of available resources per county and establish best practices; there may be areas of our PSA that provide better, more accessible, reliable, and affordable transportation options than others. What can our providers learn from one another if that type of collaboration has not taken place? Establish what areas of public transportation the AAA influences and where the AAA can leverage improvement in services provided by public transit.

There are several capable homecare agencies in our PSA. The CIAA Title III E Respite program covers our six counties with eight licensed homecare or home health agencies. Among the eight contracted home care and home health agencies, there are still gaps in our service area, and we cannot provide respite due to our rural location. The Community Care Program is even more challenging in offering coverage for our six counties, primarily using two licensed home care agencies.

The lack of homecare assistance is nationwide. A U.S. News and World Report article stated that “The result: between 2013 and 2019, the number of available home care workers for every 100 patients in need has fallen by nearly 12% (U.S. News and World Report, April 26, 2023). Two issues must be addressed to address the lack of home care workers in the PSA: 1) access to home care, making it affordable and available for all counties in our PSA. 2) Secondly, the AAA needs to help improve the quality of home care, including having staff trained in all primary personal care and how to care for someone with dementia. There needs to be more emphasis on hiring qualified and compassionate workers.

Recommendations and Changes in Service Delivery:

To address access, the four programs that promote access for low-income to moderate-income adults over 60 are the Community Care Program, The Department of Veterans Affairs, the Department of Rehab Services (Stroke/Brain Injury/HIV programs), and the Caregiver Title III E Respite program. The overlap in programs must be examined, i.e., the Department of Rehab Stroke/Brain Injury program can serve adults 60 + if their primary reason for disability was because of a stroke or brain injury.

The first step towards more people having access to homecare services is coordinating cross-sector community education for clients that need homecare and may be eligible for one of those mentioned above federally or state-funded programs. Leaders from all the named entities need to meet and establish close working relationships to establish a streamlined process for referral to related programs. One step towards this goal would be establishing ADRN meetings and facilitating collaborative working relationships.

The obvious way to improve quality is to increase the homecare aide’s hourly pay. This has already occurred in our PSA and hasn’t led to a dramatic increase in performance. The quality issue must be assessed by local homecare providers, County Health Departments, and local schools of medicine, including the consumer’s voice, to understand better what quality issues are occurring for older adults and people with disabilities. The

discussion needs to take place with an experienced moderator to make sure that it doesn't end up placing blame on a program, agency, or person.

CIAA will focus on increasing and improving public information and education as defined in our local initiative for eligible populations, emphasizing those of greatest social and economic need. Included in those with the greatest social and economic needs are those at risk for social isolation.

Given the survey and county conversation feedback related to social Isolation, there is a significant population in PSA 4 at risk due to poverty, mental health, being marginalized, or being discriminated against. CIAA has a continued commitment to prioritize the needs of those in our six counties experiencing social isolation. We have implemented some interventions to identify and alleviate social isolation by providing behavioral health outreach services. We will strengthen their ability to do so by helping behavioral health providers, i.e., Center for Youth and Family Services and Bradley University Counseling Research and Training Clinic, to become trained in providing Trauma Informed Care.

CIAA has started to gather a basic understanding of Trauma Informed Care through phone and online interaction with a local provider, OSF Healthcare, Peoria, IL, and a program called "Strive." It is a "free" trauma recovery program that provides counselors and case managers who are specially trained to help after a traumatic event. We hope to strengthen the bonds between CIAA and the OSF Strive program and have already discussed possible onsite training for staff and providers.

In addition, CIAA is a member of the Illinois Coalition on Mental Health and Aging and has as one of its members the Rush University Medical Center and E4 Center for Excellence for Behavioral Health Disparities in Aging. CIAA staff contacted Eve Escalante, MSW, LCSW, and instructor at Rush University Medical Center, who provided links to a prerecorded webinar on Trauma Informed Care and a link to Substance Abuse and Mental Health Services Administration's "Practical Guide for Implementing a Trauma-Informed Approach 2023." These tools can be easily shared with staff and or providers.

Concerning informal caregiver isolation, depression became well-documented during the COVID-19 pandemic ((Grycuk et al., 2022). CIAA uses an evidenced-based assessment tool, TCARE, to help identify caregivers at risk for burnout and depression. TCARE uses intelligent, predictive technology to precisely target & map interventions, reducing family caregivers' burden & stress levels. CIAA plans to expand the use of TCARE in contracted providers. Identifying caregivers at risk for burnout and depression will consequently help mitigate those at risk of social isolation as also evidenced in a CDC 2023 Report, "Health Risks and Social Isolation (CDC, 2023)."

Service Priorities

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

Through the planning process of assessing the needs of older persons, evaluating the existing system of services, and determining available resources and alternative approaches to meet the needs (Steps 1 – 3), CIAA has identified services that older persons most need. Family caregivers and grandparents raising grandchildren in PSA 04.

CIAA's Area Advisory Council and Board of Directors have continued input into the needs of older persons and caregivers during Committee, Council, and Board meetings. The information from the Council and Board is vital to the planning process because of these individuals' commitment to the residents of the counties they represent and to the planning and service area. Both the Board and Council have representative membership from all six counties, and most members are themselves older and caregivers.

The services determined most needed by older persons, family caregivers, and grandparents raising grandchildren in PSA 04 are listed below alphabetically.

- Adult Protective Services
- Benefit Access
- Care / Case Management
- Caregiver Services, including.
 - Access Assistance
 - Counseling
 - Education and Training
 - Information
 - Respite
 - Support Groups
- Chore Services
- Congregate Meals
- Financial Assistance
- Gap-filling, for
 - Alzheimer's and Dementia-Related Caregivers
 - Family Caregivers
 - General Services
 - Grandparents Raising Grandchildren Caregivers
- Grandparents Raising Grandchildren (GRG) Services
- Health Promotion
- Home-Delivered Meals (HDMs)
- Homemaker Services
- Information and Assistance

- Legal Assistance
- Long-term Care Ombudsman
- Outreach
- Person-Centered Counseling
- Pharmaceutical Assistance, including.
 - o Medicare Part D (Prescription Drug Plans)
 - o Senior Health Insurance Program (SHIP)
- Program Development
- Senior Center / Social and Recreational Activities
- Social Isolation State Initiative
- Technology Assistance
- Transportation and Assisted Transportation

FY 2025 Distribution of Funds by Area and Services

All proposed funding for FY 2025 is based on planning allocations received from IDoA. Federal funds are based on FY 2025 funding levels and state funds are on the Governor’s proposed budget for FY 2024. In the event of any changes to the funding, the approved policy to address any increase or decrease in funding is detailed under the section entitled “Funding Possibilities: Should Funds Change.”

AREA and SERVICES	FY25 Funding Levels
1. Marshall and Stark Counties	
Transportation	25,297
Assisted Transportation	10,530
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>	1,604
Assisted Transportation <i>(Note 2)</i>	1,762
Outreach	23,360
3. Woodford County	
Transportation	16,912
Assisted Transportation	9,664
4. Tazewell County	
Congregate Meals	79,678
Home Delivered Meals	385,933
Transportation (Southern)	43,463
Assisted Transportation (Southern)	13,220
Outreach	23,360
5. Peoria County Outside of City of Peoria	
Congregate Meals <i>(See Section 10)</i>	0
Home Delivered Meals	241,672
Transportation	4,619
Assisted Transportation	1,153
Outreach	23,360
6. City of Peoria	
Congregate Meals <i>(See Section 10)</i>	0
Home Delivered Meals	687,412

FY 2025 Distribution of Funds by Area and Services (cont'd)

AREA and SERVICES	FY25 Funding Levels
7. Peoria County & No. Tazewell County	
Transportation	8,021
Assisted Transportation	3,401
8. Marshall, Stark & Woodford Counties	
Congregate Meals	84,123
Home Delivered Meals	302,073
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>	5,207
Gap-Filling: General Services	26,956
Gap-Filling: Caregivers	39,800
Gap-Filling: Respite for Caregivers	84,165
Caregiver Counseling/Training	34,800
Mental Health Screening	10,935
A Matter of Balance	11,093
Legal Assistance	87,657
Medication Management Screening & Education	14,286
Long Term Care Ombudsman	181,051
Caregiver T-Care	38,471
Social Isolation	56,751
SUBTOTAL	2,602,700

FY 2025 Distribution of Funds by Area and Services (cont'd)

AREA and SERVICES	FY25 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	11,694
Congregate Nutrition Service – City of Peoria, Rural Peoria and Fulton	274,979
Caregiver T Care Services	37,318
Home Delivered Meals-City of Peoria, Rural Peoria and Fulton	436,407
Alzheimer’s Disease & Related Dementia Supportive Gap-Filling	29,800
Administrative & Administrative Related	
Advocacy	26,343
Coordination	84,907
Program Development	111,546
Administration	214,825
SUBTOTAL	1,643,540
GRAND TOTAL	4,246,240

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 this document is based on the Illinois Department on Aging's FY 2025 funding allocations. Allocations to each Area Agency on Aging in the State of Illinois are based on a statewide funding formula and the U.S. Census Bureau's 2022 Population Estimates. Federal funds passed through the State of Illinois are based on actual funding amounts from FY 2024 and State funds are based on the proposed Governor's budget for FY 2025.

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".

Modification

Modifications and refinement will be made based upon changes in state and federal priorities, mandates, service providers, issues, and funding as determined by ongoing evaluation across the three-year Area Plan cycle.

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 matches. The requirement for the match is intended to promote and demonstrate local support for the services.

As CIAA continues to provide services and implement the initiatives, the need will also continue to evaluate the planning process and consider modification and refinement as these are weighed against identified unmet needs. In meetings with the Board and Council, CIAA will continue to receive input from the members to find ways to assist better those we serve, especially in the outlying counties of Marshall, Stark, Woodford, and Fulton Counties.

CIAA will participate in local community and economic activities to stay abreast of cutting-edge thinking and developments. This will build and expand collaborative relationships and approaches to meeting the needs of older persons, family caregivers, and grandparents raising grandchildren in PSA04. ^[OBJ]

Service Projections for this Year

Each fiscal year, CIAA develops projections regarding the funded services to be provided to older persons. Projections include the number of persons expected to be served and the number of units of each of the services expected to be provided during the fiscal year. Service projections for FY 2025 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 number of persons to be served and the number of units to be provided by each service in FY 2025.

SERVICES	NUMBER OF PERSONS	NUMBER OF UNITS *
A Matter of Balance	100	430
Caregiver/GRG Access Assistance	2,202	4,403
Caregiver/GRG Counseling	306	357
Caregiver/GRG Training	153	153
Caregiver Information	3,165	1,022
Caregiver/GRG Support Groups	42	205
Congregate Meals (<i>All Providers</i>)	459	47,124
Dementia Alzheimer's Gap Filling	62	124
Gap – Filling and Chore: Caregiver	75	75
Gap-Filling and Chore: General Services	60	60
Home Delivered Meals (<i>All Providers</i>)	2,140	291,358
Information and Assistance	24,977	29,669
Legal Assistance	332	1,224
Medication Management Screening	31	31
Mental Health Screening	61	325
Outreach	345	542
Person-Centered Counseling	122	408
Respite for Caregivers	153	1,800
SHAP/MIPPA	5,740	8,160
Social Isolation	407	714
Transportation	357	12,750
Transportation - Assisted	153	8,160

**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, it 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 a 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.

Statewide Initiative

STATEMENT OF THE STATEWIDE INITIATIVE:

Initiative #1 Increase statewide visibility of the Aging Network to connect Illinoisans with supports and services that encourage independence and dignity of life as we age.

PLAN TO INCREASE VISIBILITY OF SERVICE (STATEWIDE INITIATIVE #1):

CIAA is committed to increasing the visibility of services offered within the six counties. Identifying the effectiveness of services provided, location of services, and community response will be paramount in increasing this visibility. Being strategic in planning and utilizing existing partners to provide information about services is an identified task.

CIAA has been and will continue to partner with communities within the six counties served. Providing outreach and education, CIAA will work with Case Coordination Units, Town Councils, Township Offices, Chambers of Commerce, faith-based organizations, and health and emergency services to facilitate these partnerships and promote programs available.

Initiative #2 Drive continuous quality assurance and improvement activities that emphasize person-centered and trauma-informed services while maximizing effectiveness of services delivered through the Aging Network.

PLAN TO CONTINUOUS QUALITY ASSURANCE AND IMPROVEMENT ACTIVITIES (STATEWIDE INITIATIVE #2):

CIAA and partner agencies will continue collaborating with other agencies that utilize person-centered and trauma-informed methods. The goal is to make sure any individual working with CIAA or partner agencies feels safe and secure. CIAA will have employees maintain compliance training to promote person-centered and trauma-informed methods. CIAA will also encourage partner agencies to do the same.

CIAA and partner agencies will continue monitoring and tracking community members' involvement. Utilizing existing methods such as ADRN meetings (once a quarter) and nutrition meetings (once a month), CIAA will assess if needs are being met with individuals within the counties. Surveys will be distributed once a year to providers. Surveys will also be distributed to those after they have received services offered through CIAA or its partner agencies.

Data collected will be used to ascertain compliance, identify issues, and facilitate needed changes and/or improvements.

Initiative #3 Increase Public Awareness and knowledge of caregiver needs as well as resources and services available throughout the state of Illinois to promote increased caregiver engagement in person-centered, trauma-informed, and evidenced-based programs and services.

PLAN TO INCREASE PUBLIC AWARENESS (STATEWIDE INITIATIVE #3):

CIAA will address an initiative in correlation with State Initiative #1 that will increase the visibility of the aging network. In relation to initiative three CIAA will increase the visibility of those services that promote and address the needs of informal family caregivers.

In order to increase the visibility of Caregiver needs and resources, CIAA will continue its relationship with Bradley University Counseling, Research, and Training Clinic for counseling, support groups, and educational services. In addition, our goal is to expand caregiver services with additional contracted providers to help with information and assistance, respite, and, specifically, the implementation of TCARE caregiver assessment and counseling services. TCARE is an evidenced-based caregiver application that helps provide informal caregivers optimal support while evaluating the results of using prescribed results.

Local Initiative

STATEMENT OF THE LOCAL INITIATIVE:

Raise awareness of the mission, vision, and core values of the Central Illinois Agency on Aging (CIAA) to ensure quality partnerships with other organizations while educating stakeholders on resources available to the aging and disability community to promote independent living and self-determination throughout Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford Counties.

Review

The research from the County Conversations and collected surveys indicated a lack of awareness, collaboration, or association with CIAA. This was especially true for the counties outside of Peoria, such as Marshall, Stark, and Woodford. By focusing on the rebranding of CIAA, the aging network and family caregivers will be better emphasized, which will drive quality assurance of the service delivery systems. The agency's current programs require outreach and education, which will be instrumental in effecting this change. This movement will ensure that the agency better aligns with the Older Americans Act (OAA) and establishes a comprehensive aging network by focusing on the guidelines and regulations set forth by this legislation.

Strategy

The agency plans to address this initially by rebranding and partnering with Central States Marketing to achieve this goal. The agency will use a five-pronged approach, which includes discovering, designing, developing, deploying, and driving. This strategy consists of three phases.

- Phase I: Strategy
 - Asset Collection
 - Data collection of the agency's past performance
 - Brand Audit
 - Evaluation of the brand's current reputation
 - Discovery
 - Determine emotional and functional aspects of the agency.
 - Brand Strategy
 - Develop rebranding objectives to align mission, goals, and core values.
 - Assets Needed for Rebranding
 - Updating logos and color palettes
- Phase II: Voice Development
 - Collaborate
 - Key members to develop the agency's voice.
 - Visual Identity
 - Create design templates and guidelines to ensure continuity.

- Phase III: Launch
 - Internal Launch
 - Develop a comprehensive internal communication plan.
 - Conduct training sessions and workshops for staff, board, and advisory council.
 - Identify internal advocates to champion the agency.
 - External Launch
 - Develop a comprehensive strategy to communicate rebranding to the community.
 - Develop a public relations plan.
 - Develop marketing campaigns.
 - Encourage community feedback.

Monitoring

The agency will monitor this plan's performance and quality assurance by measuring the number of outreach events conducted throughout each fiscal year. The agency will set goals of attending quarterly community events to discuss programming related to the aging and disability population while emphasizing the mission of CIAA. The goal is to increase stakeholder engagement by 2% each fiscal year.

Then, the agency will set goals for the Advisory Council, Board, and Providers, including participation in its outreach and quarterly internal education events to promote continuity in the agency's message and service delivery systems. Education will help reduce the attitudinal and physical barriers preventing the community from accessing or utilizing programs.

CIAA will also monitor the development of relationships with local and state legislators. This will highlight the aging network by utilizing advocacy strategies to advance the mission and vision. The agency will define goals for legislative activities and document time spent on advocacy.

Evaluation

Evaluation of the effectiveness of this initiative will include qualitative and quantitative approaches. The agency will discuss this initiative with its community partners and utilize the monthly ADRN meetings for feedback. The agency will also keep track of the attendance at the ADRN meetings to look for an increase in membership and community partnerships.

The agency will document the referral source of participants and conduct quarterly surveys for its participants and providers. These surveys will be standardized, and the data will be reported in SurveyMonkey to analyze long-term trends. The agency will increase engagement by 2% each fiscal year by 6% over this area plan cycle.

Funded Services

To best serve our consumers CIAA funds the following services, some directly provided by CIAA. The services are grouped into categories.

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 matches 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 the match is intended to promote and demonstrate local support for the services.

Category	Services
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	Care Coordination, Gap-Filling, Home Delivered Meals, Outreach, and Person–Centered Counseling

Direct Services Provided by CIIA

Services directly provided by CIIA 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 CIIA'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 the 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, coordinate with respite providers, and follow-up with caregivers.
 - GRG Program: The Grandparents Raising Grandchildren (GRG) Program includes the Relatives Raising Grandchildren Program. These programs assist grandparents or relatives of any age who provide care for grandchildren. CIAA embraces the opportunities to provide respite, educational assistance, and technological access for communication with incarcerated parents (as the law permits), as well as intergenerational activities and events to nurture a positive relationship and solid familial foundation. Gap funding opportunities provide clothing, school supplies, 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 GRG program participants in various avenues to benefit the caregiver and the grandchild. Ultimately the program provides support groups and structured counseling opportunities for grandparents to help them learn coping skills, and 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.

2022 American Community Survey 5 Year Estimates - Number of Grandparents Living with Own Grandchildren Under 18 Years of Age	
County	Number of Grandchildren
Fulton	631
Marshall	304
Peoria	2,403
Stark	96
Tazewell	1,341
Woodford	347
Total:	5,122

2022 American Community Survey 5-Year Estimates – Number of Grandparents Responsible for Grandchildren	
County	Number of Grandparents
Fulton	210
Marshall	148
Peoria	1,032
Stark	26
Tazewell	694
Woodford	65
Total:	2,175

- 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 on 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.
- CIAA will discontinue, “pick up” or “grab and go” meals as introduced during the COVID-19 pandemic. The pickup/grab and go option does not contribute to socialization among clients and by the beginning of FY 25 we will transition back to congregate meals for all clients previously served by pickup/grab and go meals. All congregate clients being served grab and go meals will be notified by mail of this transition before the start of FY 2025.

Justification

Congregate Meals in the City of Peoria

CIAA received no responses to the Request for Proposals (RFP) for the congregate meal service in Peoria. To maintain services, CIAA is operating this service as “Food and Fellowship Café” at four locations. CIAA will transition back to congregate meals as indicated above for those clients who had received pick up meals.

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 sites that serve home delivered meals continue to remain open to pack those meals for drivers to take to home delivered clients. CIAA will transition back to congregate meals as indicated above for those clients who had received pick up meals.

Congregate Meals service in Rural Peoria County

CIAA began serving Rural Peoria County in FY 2018, when the previous provider could no longer serve this area. No Letter of Intent was received for FY 2024. Rural Peoria County has one congregate meals site currently. By FY 25 CIAA will transition back to congregate meals without the option of pick up or grab and go.

Evidence-Based Programs

Activities

- A Matter of Balance – Fall Prevention Program is an evidence-based program based upon research conducted 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.

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 agency funds available.

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-filing needs of persons with ADRD and family caregivers.
- CIAA plans to continue 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 number of new cases of Alzheimer’s disease and related dementia will also increase. In 2024, it was estimated that Illinois had 250,600 individuals aged 65 and older with Alzheimer’s disease. This number is projected to increase to 260,000 (by 18 percent) by 2025 (Alzheimer’s Association, 2020). In Peoria County, there were estimated to be 3,700 individuals aged 65 and older with Alzheimer's disease (Alzheimer's Association, 2020). 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 as services that meet the needs of family caregivers who provide ongoing care to 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 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 they may observe during visits.

Justification

Home-delivered meals continue to be an essential service for older people. 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 people 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 people to continue their independence.

Information & Assistance

Activities

- Assesses the needs and problems of persons seeking assistance.
- Provides current information on services and opportunities 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 to persons, when necessary, which is a more in-depth session exploring various alternatives towards helping solve problems.
- 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, ciaoa.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 Inform USA (formerly 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 information and referral in organizations serving the aging and disability population. Trained staff assist consumers at all of our locations including Hamilton Boulevard, 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.

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 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 an agreement with the current provider of emergency-assisted transportation services for the 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 City Lift 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 older people 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 allows the older person to connect with other resources.

Home-Delivered Meals

There continues to be an ongoing need for HDM. 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:

- Marshall County: Pattonsburg, Wilbern, Hopewell, LaPrairie, Lawn Ridge, Broadmoor and Whitefield
- Stark County: Castleton, Duncan, Elmira, Lombardville and Modena
- Woodford County: El Paso, Eureka, Minonk, Bayview Gardens, Congerville, Germantown Hills, Goodfield, Panola, Secor and Spring Bay

CIAA plans to reimplement 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.

Federal and State funding levels do not seem to be enough to cover minimum wage increases. 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 socially 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.

Service Providers Funded by CIIA

CIIA works 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 Lift / County Link
Methodist College
MSW Projects of Henry IL
Neighborhood House Association
Prairie State Legal Services
The Center for Youth & Family Solutions
TCRC (Formerly 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 2023

Program/Service

Name of Program/Service	Total Persons Served	Amount and Type of Service
A Matter of Balance	96	426 sessions
Benefit Access and Medicare Part D Pharmaceutical Program	5,628	
Caregiver/GRG Counseling	117	493 sessions
Caregiver/GRG Access Assistance	2,199	4,260 contacts
Caregiver/GRG Information	3,321	764 activities
Caregiver/GRG Education/Training	180	180 sessions
Congregate Meals	307	7,499 meals
T-CARE	50	50 sessions
Gap-Filling: General Services	84	93 units
Health Promotion-Depression Screening	63	323 sessions
Home Delivered Meals	2,122	303,224 meals
Information & Assistance	30,971	36,548 contacts
Legal Assistance	300	1,610 hours
Medication Management -Screening & Education	23	23 sessions
Outreach	440	532 units
Person-Centered Counseling	116	434 sessions
Respite for Caregivers	136	3,473 hours
Transportation	440	13,846 trips
Transportation - Assisted	246	11,575 trips

ACCOMPLISHMENTS FOR FISCAL YEAR 2023 (continued)

Program/Service

CONNECTING WITH CONGREGATIONS

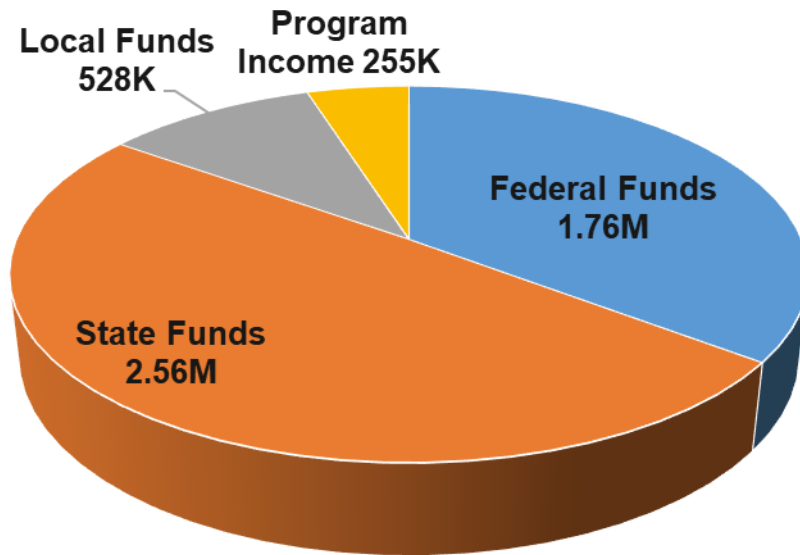
Name of Event	Total Persons Served	Notes
New Year's Day Holiday Meals	855	This annual program provides a meal to a homebound senior on New Year's Day.

SPECIAL EVENTS

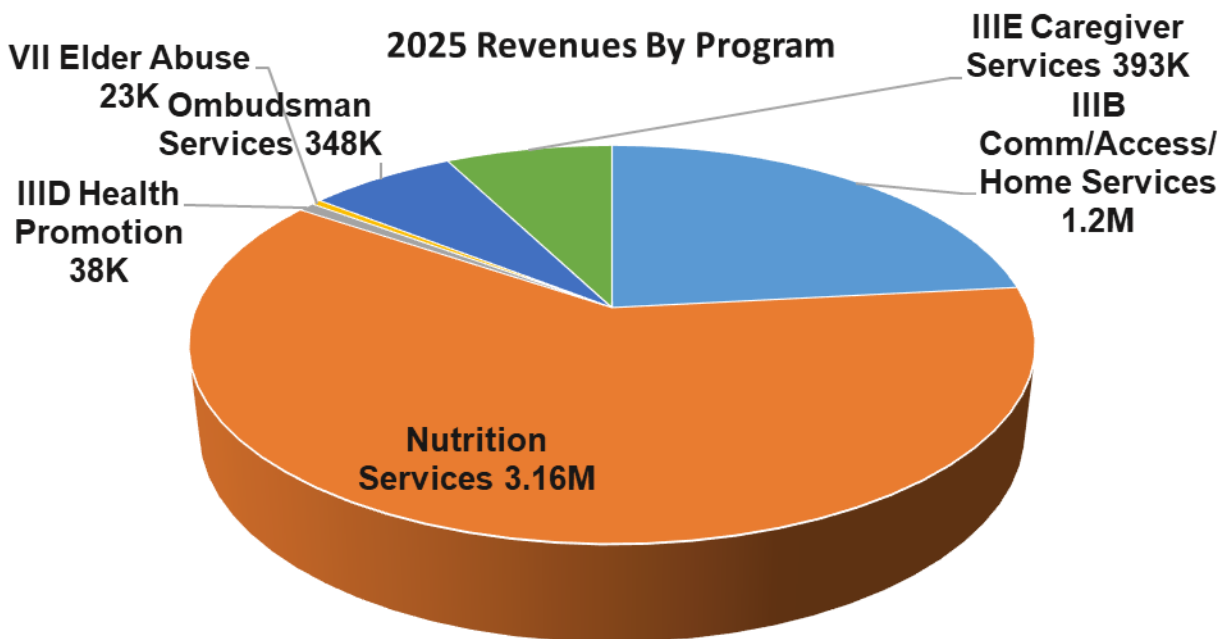
Name of Event	Total Persons Served	Notes
Christmas for Seniors and Persons with Disabilities	98	A senior living facility is selected and then donated gifts are provided and delivered to each resident.
Matter of Balance (MOB)	9	This is an evidenced-based program designed to reduce the fear of falling and increase activity levels of older adults that have concerns about falls.
Grandparents Raising Grandchildren (GRG) - Holiday Party	18 Grandparents 94 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	17 Grandparents 60 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) - Easter Basket Event	5 Grandparents 16 Grandchildren	Intergenerational activity to build trust and bonds between youth and their grandparent.

FY 2025 Projected Revenues

2025 Revenues By Source



2025 Revenues By Program



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