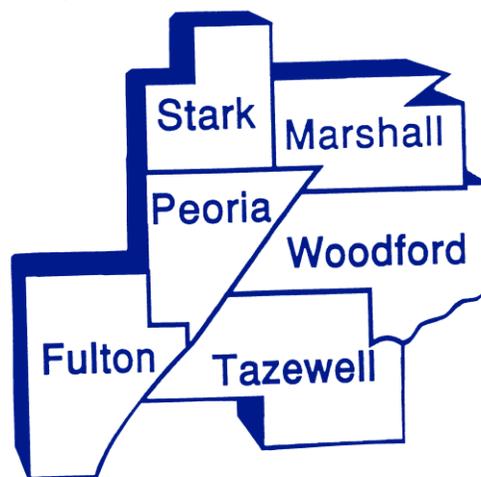


**CENTRAL ILLINOIS AGENCY ON AGING, INC.
700 HAMILTON BOULEVARD
PEORIA, IL 61603**

**PUBLIC INFORMATION
DOCUMENT
FY 2022, FY 2023, FY 2024
AREA PLAN ON AGING**

PUBLISHED APRIL 26, 2021



**“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 2022-2024 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 two 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 10, 2021, the Area Advisory Council by June 14, 2021 and the Board of Directors by June 28, 2021, 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 28, 2021 and may be submitted in writing or by e-mail to:

ATTN: 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
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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 2022 - 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. Both public hearings will be 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 two public hearings, as listed below:

Wednesday, May 19, 2021
At 2:00 pm

Join Zoom Meeting

<https://zoom.us/j/99951623441?pwd=a3UrZ1BRbzdyQW9zTHluZW80aUZwUT09>

Meeting ID: 999 5162 3441

Passcode: 764619

Dial +1 312 626 6799 US (Chicago)

Thursday, May 20, 2021
At 10:00 am

Join Zoom Meeting

<https://zoom.us/j/95685204057?pwd=M1NQTNclVkpISGZwcVI2VmNZRExjUT09>

Meeting ID: 956 8520 4057

Passcode: 131986

Dial +1 312 626 6799 US (Chicago)

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.

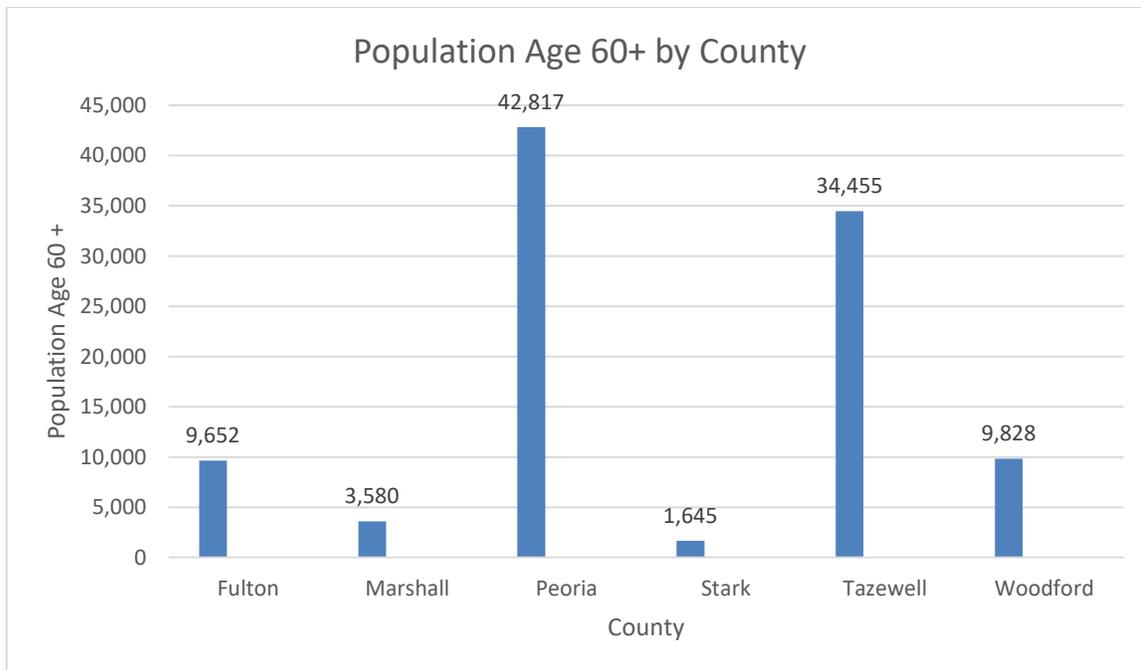
CIAA is an independent not-for-profit organization with a 47-year history of providing services to older persons and caregivers. CIAA strives to serve older persons and their caregivers in a holistic way by our guiding principles which are:

- **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 2019 the total population for this area was estimated to be 400,561. (Source: 2019 American Community Survey, U.S. Census Bureau) Of this, there were 101,977 persons age 60 years and older living in this service area. This was 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.

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 - 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

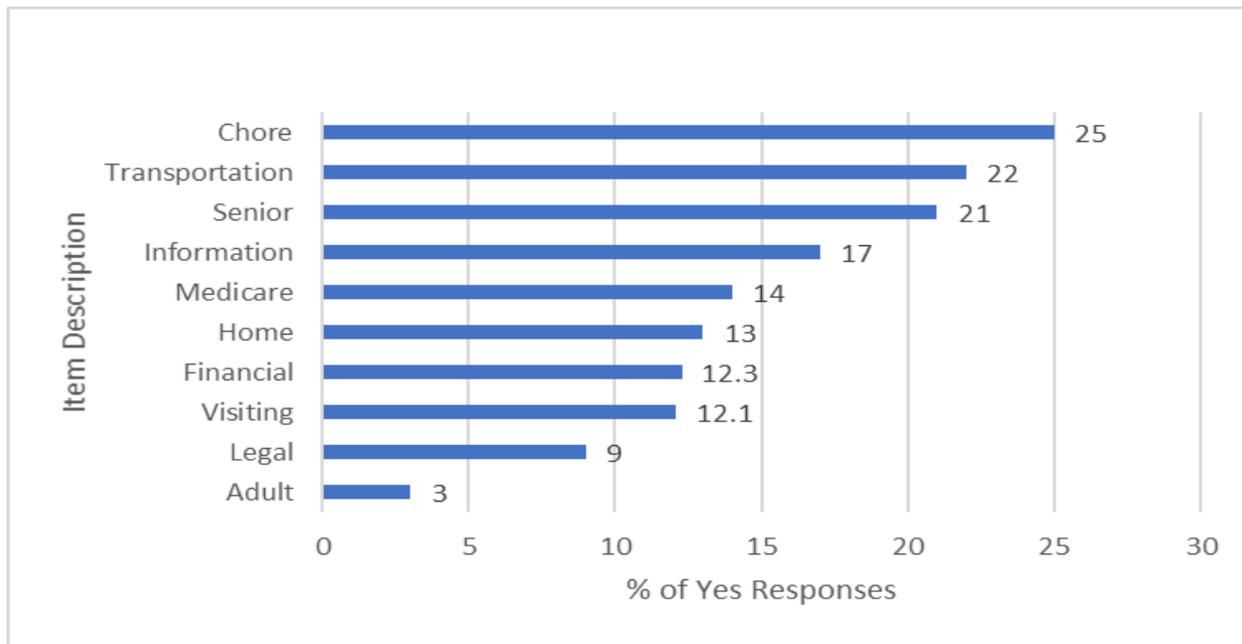
HDM recipients in our service area were surveyed between March 22 and April 2, 2021. A total of 480 paper surveys were distributed by HDM drivers. Of those, 323 were returned to the drivers for a 67% return rate.

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 (social supp)	12.1	8
Legal assistance -power of attorney, wills, family issues	9	9
Adult protective services (for abuse, neglect, crime)	3	10

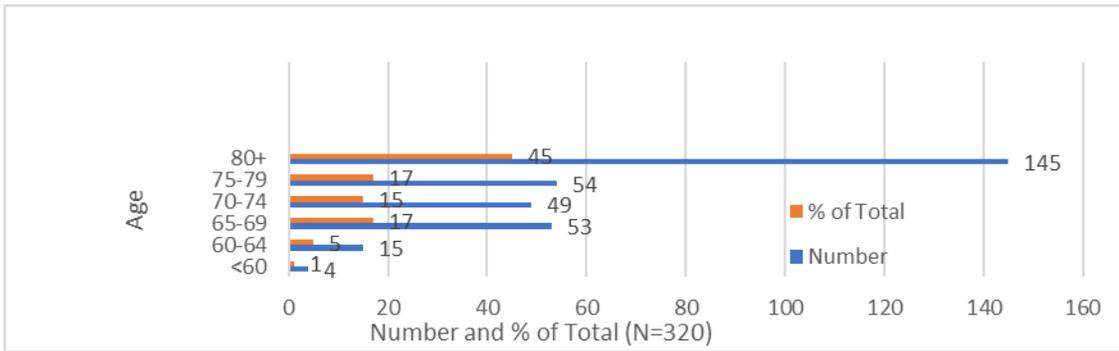
Exhibit 2: Bar Graph of % of Yes Responses for Each Item (Need)



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

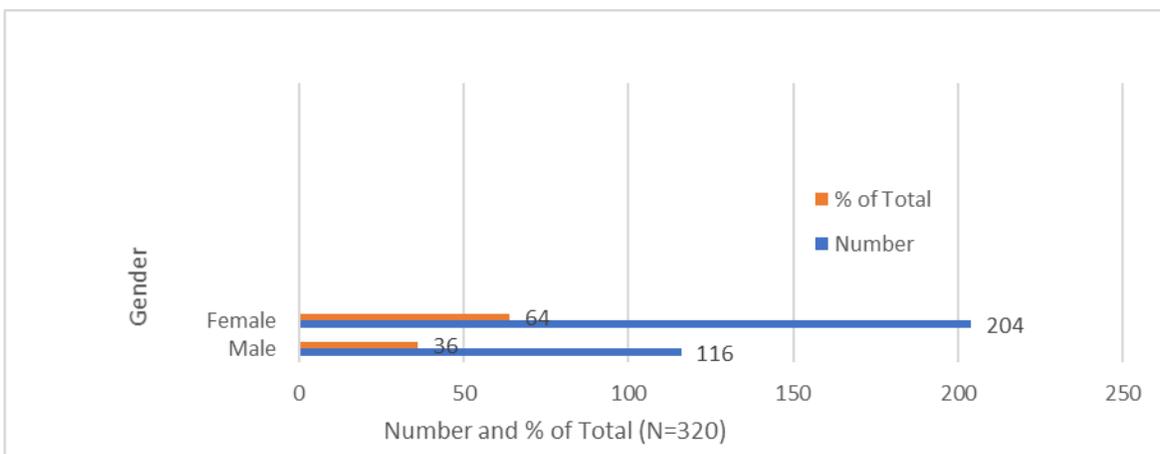
shoveling snow and raking leaves at their homes. They also tend to be in need of transportation (as they have no one else who will transport them) and senior center / social & recreational activities.

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



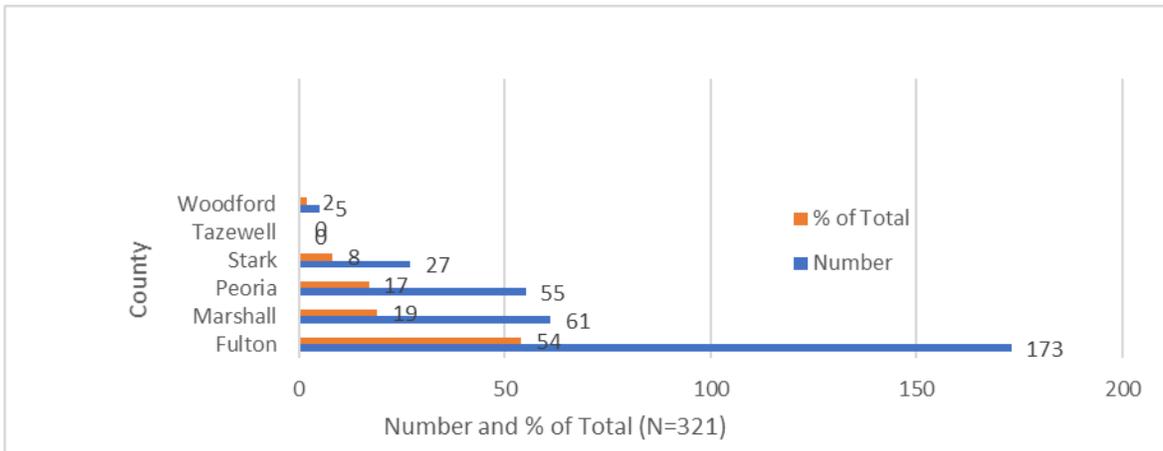
The graph above shows that the highest number of respondents were in the 80+ age group by a wide margin. There was a total of 145 respondents age 80 and over or 45% of the total. This is compared to the next highest age group 75-79 which had 54 respondents or 17% of the total. This is followed closely 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 supp)	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*
- *COVID VACCINE*
- *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:

- No face-to-face contact with consumers
- Services provided virtually, primarily by phone and internet
- Office closed to in-person consumers
- No sit-down congregate meals, takeout meals available only
- Social distancing practiced in all situations
- Limit number of riders in transportation vans
- Required use of PPE by providers and staff

These changes will stay in effect until the state declares that we are safe (Stage 5).

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.

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.

<u>Category</u>	<u>Services</u>
Access	Benefit Access, Information & Assistance
Caregiver	Caregiver – Access Assistance, 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 – 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.
- Use an evidenced based assessment tool called T-Care to determine level of identity discrepancy in caregivers, with corresponding stress levels. T-Care assessment helps to 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 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.

- **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. (Due to COVID-19 restrictions, congregate sites are serving meals as pick-up meals to clients, until sites are allowed to reopen for congregate seating.)

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. The next RFP to provide this service for FY 2023, 2024 and 2025 will go out spring of 2022. 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. The next RFP will go out for FY 2023, 2024 and 2025 in the spring of 2022. Therefore, CIAA continues to operate this service. The number of clients coming to pick up meals has decreased slightly, but still are sending out 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 during COVID-19. 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 next RFP will go out spring 2022 for FY 2023, 2024 and 2025. 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.

NOTE: When COVID-19 restrictions are lifted, it is anticipated that there will be a slight decline in meals. It is estimated at 8,000 meals in FY 2022 for Rural Peoria Congregate, and 13,000 meals for the City of Peoria Congregate. Fulton County is anticipated to serve approximately 10,700 congregate and 45,000 home delivered meals.

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-filing 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, 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 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. (RFP)

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. CIAA is preparing RFPs for fiscal years 2022, 2023, and 2024.

Funding for Home Delivered Meals (HDM)

While there has been an increase in funding, 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

Additional funding was allocated through the Family First and CARES Act and distributed for increase to providers due to COVID-19. Further additional funding is still being allocated through the Consolidated Appropriations Act and American Rescue Plan for home delivered meals services. Federal and State budgets for FY 2022 have seen requested amounts for home delivered services. Providers continue to look for other sources of funding including applying for grants and holding fundraising events.

One provider currently has a waiting list for two of our six county area. While there has been additional funding, the additional increase in need and the struggle to keep drivers for increased routes had required the waiting lists. Case coordination units and providers refer individuals to other nutrition program, food pantries, and using Emergency Senior Services (ESS) funding, increase homemaker hours where possible to prepare meals, and resources such as SNAP programs through DHS.

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 this, CIAA holds monthly Nutrition Service Provider meetings where waiting lists are documented and discussion on how to provide additional resources to those participants.

Although funding at present is insufficient, CIAA has developed strategies to expand home delivered meals and supportive services in the unserved areas mentioned above should funds become available. 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.

It is projected that 253,500 meals will be provided to 1,435 different older persons in FY 2022.

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
Prairie State Legal Services
The Center for Youth & Family Solutions
We Care, Inc.

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

What CIAA and Service Providers Have Done

ACCOMPLISHMENTS FOR FISCAL YEAR 2020

Program/Service

Name of Program/Service	Total Persons Served	Amount and Type of Service
A Matter of Balance	53	194 sessions
Benefit Access and Medicare Part D Pharmaceutical Program	14,432	
Caregiver/GRG Counseling	162	762 sessions
Caregiver/GRG Access Assistance	1,750	2,962 contacts
Caregiver/GRG Information	2,038	1,678 activities
Caregiver/GRG Support Groups	30	101 sessions
Caregiver/GRG Education/Training	50	50 sessions
Congregate Meals	810	23,775 meals
Employment	97	
Gap-Filling: General Services	37	37 units
Grandparents Raising Grandchildren (GRG)	237	237 units
Health Promotion-Depression Screening	58	186 sessions
Home Delivered Meals	2,334	296,799 meals
Information & Assistance	25,941	30,510 contacts
Legal Assistance	301	1,414 hours
Medication Management -Screening & Education	58	186 sessions
Outreach	166	260 units
Person-Centered Counseling	165	577 sessions
Respite for Caregivers	86	1,213 hours
Transportation	697	12,392 trips
Transportation - Assisted	174	3,886 trips

ACCOMPLISHMENTS FOR FISCAL YEAR 2020 (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	888	This annual program provides a meal to a homebound senior.

SPECIAL EVENTS

Name of Event	Total Persons Served	Notes
Celebrating Generations	Canceled due to COVID	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	95	A senior living facility is selected and then donated gifts are provided and delivered to each resident.
Matter of Balance (MOB)	12	This 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 2020 (continued)
Program/Service

Name of Event	Total Persons Served	Notes
Grandparents Raising Grandchildren (GRG) Holiday Party- Intergenerational Event	30 Grandparents 93 Grandchildren 123 total persons received gifts and/or gift cards	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 – Intergenerational event	17 Grandparents 70 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.
Tanners Fall Fest	10 Grandparents 14 Grandchildren	Intergenerational activity to provide a break from the everyday environment to enjoy relationship and family time.
Wednesday's Fun Days	11 Grandparents 14 Grandchildren	Intergenerational activity to build trust and bonds between youth and their grandparent.
Aging Picasso's	9-12 older adults, age 60 or above, per week	Older adults engage in various levels of art to help reduce social isolation.

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 2022, 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 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. (1)
- Social isolation was associated with about a 50% percent increased risk of dementia. (1)
- 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. (1)

1. *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 2022 Planned Social Isolation Activities

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

For FY 2022, 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.

Friendly Visitor Program

The Friendly Visitor Program can provide an array of services depending on the needs of each senior 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 a senior's quality of life.
- **Safety and Health:** preparing grocery lists, arranging appointments, leaving important reminders to help seniors stay healthy & 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 a senior'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 seniors through this program.

Due to COVID-19 in mid FY 2020, this program was provided through the telephone, rather than a visit face-to-face. This method of communicating will continue until it is safe to visit individuals in person with face-to-face contact. When this occurs, it probably will initially be performed in an outdoor setting. CYFS will make weekly visits to the specified communities to identify socially isolated seniors and then will also conduct telephone reassurance calls to those enrolled in the Friendly Visitors program.

Educational Activities

Educational activities center around 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 seniors 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.

Collaboration with Other Agencies

CIAA will work in collaboration with other community agencies and provider organizations to expand outreach, the friendly visitor program, provide education, resources, and a telephone reassurance program. CIAA will continue to seek referrals to reach 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
- Fire Departments
- Heartland Health Services
- Mental Health Services
- MSW Projects of Henry County
- Neighborhood House
- We Care

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

Other Planned Activities

Two activities that CIAA plans on doing to combat social isolation include the following:

1. Aging Picasso's – a six-week art class meeting one day a week where seniors will learn various art forms. As an Art Education Outreach, CIAA will be hosting volunteers to hold the Aging Picasso's activities. This is an opportunity for seniors to join together to learn art techniques, including painting, crafting, drawing, etc. This is a fun activity and no talent is required to participate. This helps to address social isolation, increase self-esteem and feelings of self-worth as well as provide an opportunity to learn new skills and techniques.
2. Coffee Clatch – a coffee chat group meeting one day a week where seniors can socialize with others while discussing current events. There will be activities to bring seniors together as a group for socialization and to gain knowledge regarding current events. A volunteer host will provide coffee and light refreshments to serve to the participants while reading the local newspaper, including obituaries, to engage the senior and offer open discussion regarding the stories; provide information regarding Covid and vaccinations as appropriate. 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.

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 seniors, community leaders and youth will help to combat social isolation among seniors and others experiencing cognitive issues.

Evaluation of Programs

CYFS and CIAA will ask seniors to complete a survey to measure social isolation through the use of the UCLA Three-Item Loneliness Scale. CYFS will use a questionnaire, while CIAA will use the client intake form. Demographic data will also be collected and analyzed. CIAA will work with 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.



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.

Information retrieved from: (ICRN 2021) <https://ilbrainhealth.org/get-involved/dementia-friendly-illinois/become-a-dementia-friendly-community/>

What CIAA Will Do

CIAA will solidify efforts to construct a symposium 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.

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 2022 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 2022.

SERVICES	NUMBER OF PERSONS	NUMBER OF UNITS *
A Matter of Balance	76	242
Caregiver/GRG Access Assistance	1,759	3,115
Caregiver/GRG Counseling	160	800
Caregiver/GRG Training	80	80
Caregiver Information	2,099	134
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>	1,435	253,500
Information and Assistance	24,487	29,087
Legal Assistance	340	1,340
Medication Management Screening	30	30
Mental Health Screening	60	200
Outreach	162	266
Person-Centered Counseling	120	300
Respite for Caregivers	65	1,000
SHAP/MIPPA	11,687	11,687
Social Isolation	250	500
Transportation	350	12,500
Transportation - Assisted	95	4,000

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

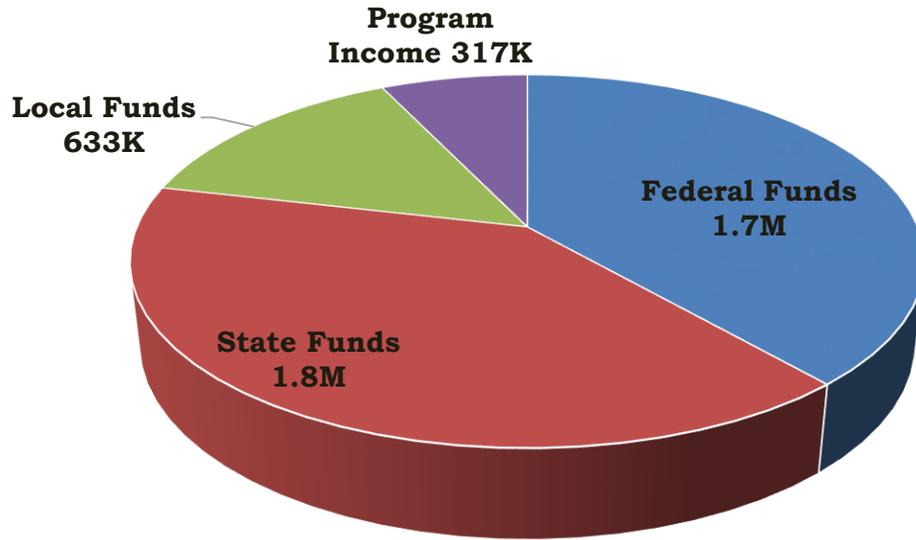
Definitions of Units of Service

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.

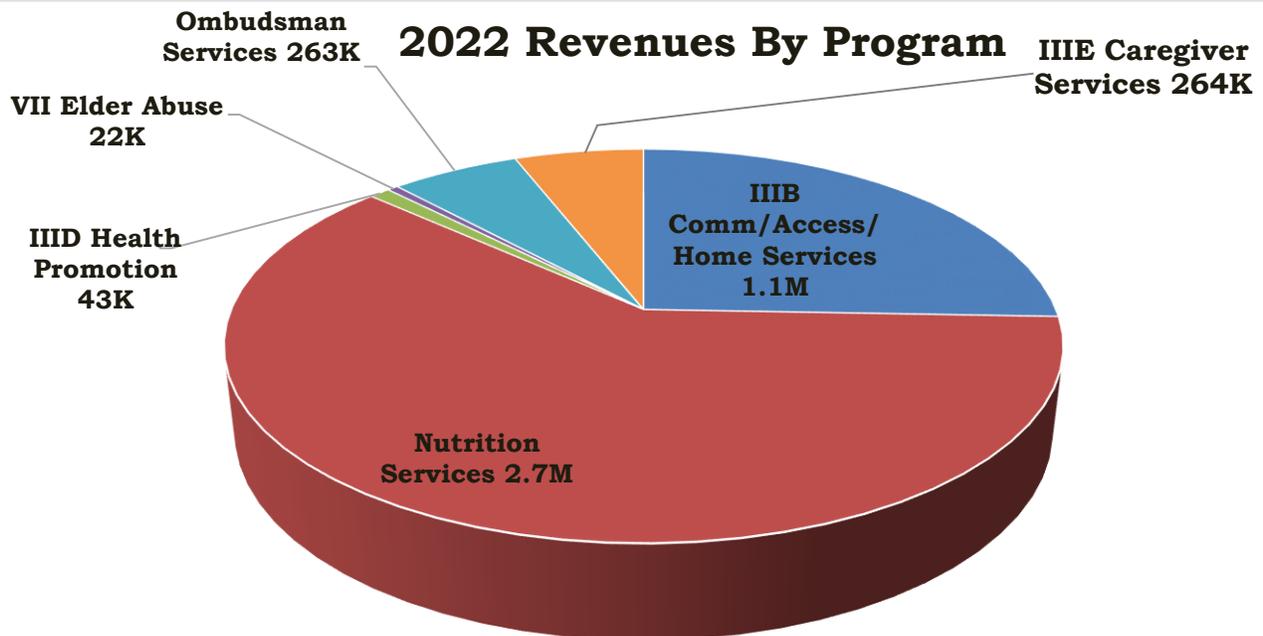
- Each meal provided in a group setting constitutes one unit of service. This definition is used for congregate meals.
- Each time a participant is served constitutes one unit of service. This definition is used for gap-filling services.
- Each meal delivered constitutes one unit of service. This definition 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 2022 Projected Revenues

2022 Revenues By Source



2022 Revenues By Program



FY 2022 Distribution of Funds by Area and Services

All proposed funding for FY 2022 is based upon planning allocations received from IDOA. Federal funds are based upon FY21 funding levels and state funds are based upon the Governor’s proposed budget for FY 2022. In the event of any changes to the funding, The Board approved policy to address any increase of decrease in funding is detailed under the section entitled “Funding Possibilities: Should Funds Change.”

AREA and SERVICES	FY22 Funding Levels
1. Marshall and Stark Counties	
Transportation	21,038
Assisted Transportation	8,855
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>	1,334
Assisted Transportation <i>(Note 2)</i>	1,508
Outreach	21,808
3. Woodford County	
Transportation	14,065
Assisted Transportation	8,127
4. Tazewell County	
Congregate Meals	59,617
Home Delivered Meals	291,714
Transportation (Southern)	36,145
Assisted Transportation (Southern)	11,117
Outreach	21,808
5. Peoria County Outside of City of Peoria	
Congregate Meals <i>(See Section 10)</i>	0
Home Delivered Meals	167,160
Transportation	3,842
Assisted Transportation	970
Outreach	21,808

FY 2022 Distribution of Funds by Area and Services (cont'd)

AREA and SERVICES	FY22 Funding Levels
6. City of Peoria	
Congregate Meals <i>(See Section 10)</i>	0
Home Delivered Meals	483,684
7. Peoria County & No. Tazewell County	
Transportation	6,670
Assisted Transportation	1,317
8. Marshall, Stark & Woodford Counties	
Congregate Meals	62,943
Home Delivered Meals	228,328
Outreach	19,521
9. Marshall, Stark, Woodford, Tazewell, Peoria County, and the City of Peoria Fulton County: Rural	
Adult Protective Services <i>(Note 3)</i>	5,072
Gap-Filling: General Services	25,164
Gap-Filling: Caregivers	23,986
Gap-Filling: Respite for Caregivers	19,918
Caregiver Counseling/Training	40,000
Mental Health Screening	10,003
A Matter of Balance	10,133
Legal Assistance	76,230
Medication Management Screening & Education	13,821
Long Term Care Ombudsman	241,195
Social Isolation	40,730
SUBTOTAL	1,999,631

FY 2022 Distribution of Funds by Area and Services (cont'd)

AREA and SERVICES	FY22 Funding Levels
10. Central Illinois Agency on Aging, Inc.	
<i>Direct Services:</i>	
Information & Assistance	196,594
Caregiver/GRG Information Services	32,714
Caregiver/GRG Assistance Services	69,817
Caregiver/GRG Training	1,000
Transportation Direct Service	74,952
Person-Centered Counseling	8,694
Congregate Nutrition Service – City of Peoria, Rural Peoria and Fulton	197,351
Matter of Balance	1,000
Home Delivered Meals-Fulton County	290,334
Social Isolation	40,730
Alzheimer’s Disease & Related Dementia Supportive Gap-Filling	29,300
Administrative & Administrative Related	
Advocacy	23,860
Coordination	79,062
Program Development	104,172
Administration	194,206
SUBTOTAL	1,343,786
GRAND TOTAL	3,343,417

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 fund for Transportation and Assisted Transportation 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.

Note 4: Funding for the purpose of this document is based on the Illinois Department on Aging's FY2022 funding allocations. Allocations to each Agency on Aging in the State of Illinois is based on the statewide funding formula and the Census Bureau's 2019 Population Estimates. As of now, results of the 2020 Census are not available. Federal funds passed through the State of Illinois are based on actual funding amounts from FY2021 and State funds are based on the proposed Governor's budget for FY2022. These amounts may be subject to change. In the event of any increases or decreases in funding, Central Illinois Agency on Aging will refer to our policy detailed in the section "Funding Possibilities: Should Funding Change".

Funding Possibilities: Should Funding Change

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-E, III-D, GRF-Match, GRF-HDM, and GRF-CBS

Increases

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

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

Decreases

If Title III-B Community Based Services, III-C1, III-C2, III-D, III-E, GRF-Match, GRF-HDM, and/or GRF-CBS funds decrease, CIAA will consider the following actions:

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

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

Area Agency Administration and Administratively Related Direct Services

If funds for area agency 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, and Administration.

Title III-C1: Congregate Meals

Title III-C2: Home-delivered Meals

Title III-D: Disease Prevention - Health Promotion Programs

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

Title V: Senior Employment Services

Title VII: Adult Protective Services and Long Term Care Ombudsman Services

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

GRF-HDM: Home-delivered Meals

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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).