



# **PUBLIC INFORMATION DOCUMENT**

FY 2025 Area Plan

#### Introduction

The Area Agency on Aging for Lincolnland, Inc. (AgeLinc) is finalizing its FY 2025 Area Plan. This plan includes programs, services, and other activities funded under the Older Americans Act and through the Illinois Department on Aging.

Purpose of the Public Information Document: This document contains a summary of important elements of the Area Plan. It is designed to facilitate public understanding of AgeLinc's efforts to address current service needs and trends facing the aging population, caregivers, and their families in the 12-county planning and service area. Copies and links for this Public Information Document will be made available beginning March 1, 2024 at the AgeLinc office located at 2731 S. MacArthur Blvd in Springfield 62704, the AgeLinc Facebook Page, and at <a href="http://www.agelinc.org">http://www.agelinc.org</a>. Copies and links will also be made available at all AgeLinc provider locations, e-mailed to existing clients and support agencies through AgeLinc's Constant Contact platform, mailed or e-mailed to members of the community on request, and will also be available at senior service locations in the counties identified as the focus of the Public Hearings for the FY 2024- 2025 Area Plan. To request a copy of the FY 2023-2024 Public Information Document, interested parties can contact AgeLinc at 217-787-9234 or at <a href="mailto:info@agelinc.org">info@agelinc.org</a>.

## **Public Hearings**

The purpose of Public Hearings is to accept testimony from interested members of the community on the service needs (both met and un-met) of the aging population, caregivers, and their families in the Planned Service Area (PSA) 07. The Public Hearings also provide an opportunity to discuss the focus of the 2024-2025 programming highlighted in the Public Information Document and the FY25 Area Plan. Three (3) counties on the PSA07 have been selected as the focus of these Public Hearings, although any resident of the 12-country service area is welcome to attend and offer testimony. Public Hearings have been scheduled via WebEx to provide for the continued safety of service area residents and increased remote participation and can be accessed at www.agelinc.org, on AgeLinc's Facebook page, or via individual invitation. Interested parties can request links or phone numbers for the Public Hearings at (217)787-9234 or info@agelinc.org. Area residents will have approximately three (3) weeks to review the **Public Information Document** and contact AgeLinc directly with any questions or concerns. Testimony or comments may be presented verbally or in writing. Those present at the public hearing are encouraged to submit a written copy of comments. If you are not able to attend the public hearing, you are encouraged to submit a written testimony, which is due no later than 4:00 p.m. on April 15, 2024. A Summary of oral and written testimony regarding the 2024-2025 Area Plan will be presented to AgeLinc's Advisory Council and the Board of Directors and will also be forwarded to the Illinois Department on Aging (IDOA) on or before May 15, 2024. At the public hearings, one hour will be allotted to accept testimony. Public Hearings are scheduled as follows.

Tuesday, April 2nd, 2024

9-10 am – Logan County

Oasis Senior Center

2810 Woodlawn Rd, Lincoln, IL

For more information: 217.787.9234 / agelinc.org / info@agelinc.org

Tuesday, April 2nd, 2024

1-2 pm - Mason County

Mason City Library

820 W Chestnut St, Mason City, IL

For more information: 217.787.9234 / agelinc.org / info@agelinc.org

Wednesday, April 3rd, 2024

9-10 am - Christian County

**Christian County YMCA** 

900 McAdam Dr, Taylorville, IL

For more information: 217.787.9234 / agelinc.org / info@agelinc.org

## Area Agency on Aging for Lincolnland, Inc. (AgeLinc)

The Area Agency on Aging for Lincolnland, Inc., (AgeLinc) is one of more than 600 Area Agencies on Aging nationwide and one of thirteen in Illinois. Celebrating its 50<sup>th</sup> year of service in 2024, the Area Agency on Aging for Lincolnland has been designated by the Illinois Department on Aging to serve older adults and family caregivers residing in Planning and Service Area 07, which is comprised of the counties of Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, and Scott.

Area Agencies on Aging are responsible for: planning and funding services that will help meet the needs of older adults, caregivers and their families; coordinating resources to facilitate a comprehensive service delivery system; and acting as advocates for older adults residing in the Planning and Service Area. AgeLinc also functions as an area-wide focal point for aging issues, creating awareness of aging and caregiving issues, providing resources, and encouraging the development of services to address identified needs.

<u>The Area Agency on Aging for Lincolnland is an independent 501c3 not-for-profit organization</u> governed by a Board of Directors whose members represent each county in the Planning and Service Area (PSA). In addition, AgeLinc's Advisory Council, comprised of representatives from each service county, provide input on current needs and trends of older adults in their respective counties.

AgeLinc receives State and Federal funding through the **Illinois Department on Aging** and awards grants and contracts for a variety of services to local service providers throughout the area. Most funding is awarded to service providers, which can include health departments, senior services organizations, and complete care organizations throughout Planning and Service Area 07. Funded services for the aging population, caregivers, and their families include: Adult Protective Services, Congregate and Home Delivered Meals, Caregiver Access and Assistance, Caregiver Education and Assistance, Evidence-based Health Promotion, Information and Assistance, In-Home Respite, Legal Assistance, Long-Term Care Ombudsman, Senior Health Insurance and Assistance, Senior Services Employment Specialist, the Senior Farmer's Market Nutrition Program and Transportation.

Direct services provided through the AgeLinc office include Information and Assistance, Senior Health Insurance and Assistance, screening for a Senior Employment <u>Training</u> Program, Creating and Sustaining Dementia-Capable Service Systems for People with Dementia and their Family Caregivers, Caregiver Education and Support, Gap Filling, and fulfilling administrative responsibilities for the Adult Protective Services Program and Community Care Program of the Illinois Department on Aging.

There is no charge for the services although voluntary contributions to the service provider agency are accepted. Such donations are used by the programs to provide additional service(s) for seniors not covered by other funding sources.

## FY23 Board of Directors & Advisory Council

Board of Directors	<u>County</u>	Advisory Council
Vacant	Cass	Mr. Greg Kyrouac (Secretary)
Vacant	Christian	Vacant
Ms. Kathy Burkholder	Greene	Ms. Billye Griswold Mr. Kirby Ballard (Vice-Chair)
Ms. Teresa Muntz (Past President)	Jersey	Mr. Larry Muntz
Ms. Elaine Woolard (Secretary/Treasurer)	Logan	Ms. Rachel Martin
Ms. Barb Oakes (President-Elect)	Macoupin	Ms. Lydia Johnson
Ms. Susan Dierker-Becker	Mason	Vacant
Ms. Anne R. Smith	Menard	Vacant
Vacant	Montgomery	Vacant
Ms. Peggy Davidsmeyer	Morgan	Vacant
Dr. David Steward (President)	Sangamon	Mr. John Spears (Chair)
Vacant	Scott	Ms. Jennifer Heaton-Buhlig
Mr. Rollin Barton, II	At-Large	
Mr. Brian Sylvester	At-Large	
Ms. Lois Hesse	At-Large	

## Area Agency on Aging for Lincolnland, Inc Mission

Section 1321.53 (a) of the Rules and Regulations of the Administration on Aging (1988) defined the mission of Area Agencies on Aging under the Older Americans Act as follows:

THE AREA AGENCY ON AGING SHALL BE THE LEADER RELATIVE TO ALL AGING ISSUES ON BEHALF OF ALL OLDER PERSONS IN THE PLANNING AND SERVICE AREA. THE AREA AGENCY SHALL PROACTIVELY CARRY OUT, UNDER THE LEADERSHIP AND DIRECTION OF THE STATE AGENCY (IDOA), A WIDE RANGE OF FUNCTIONS RELATED TO ADVOCACY, PLANNING, COORDINATION, INTER-AGENCY LINKAGES, INFORMATION SHARING, BROKERING, MONITORING AND EVALUATION, DESIGNED TO LEAD TO THE DEVELOPMENT OR ENHANCEMENT OF COMPREHENSIVE AND COORDINATED COMMUNITY-BASED SYSTEMS IN, OR SERVING, EACH COMMUNITY IN THE PLANNING AND SERVICE AREA. THESE SYSTEMS SHALL BE DESIGNED TO ASSIST OLDER PERSONS IN LEADING INDEPENDENT, MEANINGFUL AND DIGNIFIED LIVES IN THEIR OWN HOMES AND COMMUNITIES AS LONG AS POSSIBLE.

## Profile of the Older Population of the Planning and Service Area

Planning and Service Area 07 consists of twelve counties: **Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, and Scott**. The service area covers 6,742 square miles and is home to 117,250 individuals aged 60 and over, according to 2022 Census Population Estimates (up 2.2% over 2021 census estimates compared to a 1.9% increase for the State of Illinois overall).

The PSA is predominantly rural, although the Federal Office of Management and Budget (OMB) includes the following four area counties in Metropolitan Statistical Areas: Jersey, Macoupin, Menard, and Sangamon. The 60 and older population of these four counties accounts for 61% of the older adults in PSA 07.

AARP estimates that 16.6 percent of adult persons over 60 are informal or family caregivers to other older persons. Using this estimate for the PSA07 area, there are an estimated 19,463 people acting as primary informal caregivers for individuals over the age of 60 with more than 18,000 Grandparents (or other relatives) Raising Grandchildren (up to age 18).

PSA 07 Demog	graphic Character	istics of Older P	ersons FY 2024	Estimates	
County	Total Age 60+	Age 60+ Living in Poverty	Age 60+ Who Identify as a Minority Population Member	Age 60+ Who Live Alone	Age 75+
Cass	3,122	372	283	925	911
Christian	9,104	1,006	236	2,950	2,969
Greene	3,414	295	75	900	1,037
Jersey	5,853	432	208	1,530	1,841
Logan	7,114	689	260	1,835	2,383
Macoupin	12,927	1,448	340	3,180	3,923
Mason	3,930	295	86	1,120	1,313
Menard	3,468	194	87	780	974
Montgomery	8,098	878	211	2,210	2,670
Morgan	9,458	704	410	2,630	2,973
Sangamon	49,292	3,989	5,379	14,390	14,624
Scott	1,404	151	30	325	449
PSA Total	117,250 (+2.2%)	10,453 (+15.99%)	7,605 (+4.3%)	32,775 (+3.29%)	36,067 (+3.6%)
State Total	2,8881,558 (+1.9%)	272,596 (+5.3%)	788,999 (+2.9%)	724,695 (+2.9%)	858,625 (+4.4%)

(2022 Population Est. & 2022 ACS 5-YR Est. Poverty)

Area 07 has experienced larger-than-statewide increases in the over 60 population, living alone population, and

minority populations. The most dramatic increase has been the percentage of seniors over 60 living in poverty with Area 07 experiencing an increase triple the statewide change and the second highest of any IDOA service area. Christian, Macoupin, Montgomery and Scott counties have the highest rates of poverty with over 3% of the over 60 population living in poverty.

## **Needs Assessment Process and Funding Priorities**

The following activities were conducted as part of the planning process for FY 2025.

- A Needs Assessment Survey was created and distributed in January 2024 to capture data on community knowledge of services; evaluation of importance of services; rating of experiences with services; and identification of current community needs. This assessment included detailed breakdowns on individual existing services and comments/input opportunities. For the first time, the survey was distributed in two versions, one for consumers and caregivers and one for service providers, government representatives, faith-based organizations, and other community professionals. The dual versions were developed to obtain more specific consumer information and to be able to compare consumer and professional opinions of needs and services.
- The newly developed Needs Assessment was provided to area 07 communities as a Survey Monkey link through the AgeLinc Facebook Page, the new AgeLinc Webpage (<a href="www.agelinc.org">www.agelinc.org</a>), and e-mails to county officials, Board members, Advisory Council members, providers, and resource networks throughout the PSA07.
- AgeLinc utilized the AgingIS data system to randomly select over 200 clients who had received a myriad of services throughout all 12 counties. A letter, **Needs Assessment** survey, and self-addressed, stamped envelope were mailed to this sample of individuals who had used current services.
- E-mailed requests for the completion of the Needs Assessment survey were sent to Congressional and State representatives, as well as alder(wo)men and mayoral staff for multiple communities representing each of the 12 service counties.
- Needs Assessment survey responses from community residents, politicians, service providers, board/advisory members, social service agencies, faith-based communities, and clients were tabulated and reviewed by county. The data for this this document was calculated using Survey Monkey though there were only 13 responses from these community representatives.
- AgeLinc conducted Listening Sessions in the fall of 2023 in preparation for FY 2025 planning. In-person sessions were conducted in four locations across the service area. In both large and small group conversations, 76 participants were interviewed with:
  - An average age of 72,
  - Almost half (49%) lived alone,
  - With 27.6% reporting they are White, 65.8% Black, 2.6% Native American, 3.9% Asian, and
     2.6% reporting they are Hispanic
- These Listening Sessions were advertised in each community and open to the public but most respondents were consumers of services at the community organization where the session was conducted. Common responses at these Listening Sessions were:

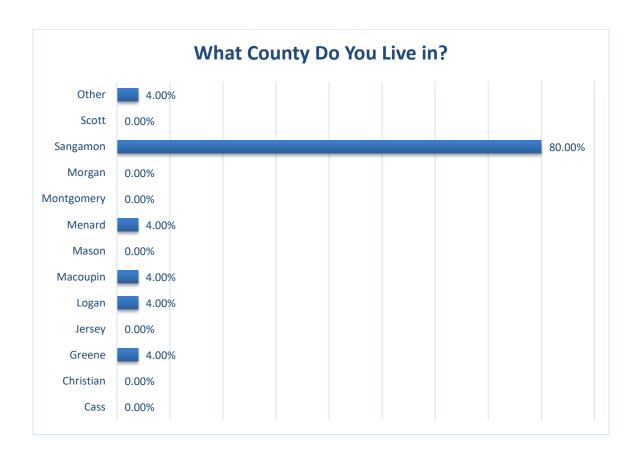
- o Knowledge about the one program they attended regularly but lack of knowledge of other senior assistance programs,
- o Issues with the ability to remain active (transportation, at-home assistance, respite care for caregivers, home accessibility issue, etc), and
- o Increased access to services for rural residents (home delivered meals, rural transportation services, socialization opportunities, etc).
- Current PSA 07 Subgrantees' program and fiscal reports were considered in the development of programming and allocations of funding.
- Provider (subgrantee) projections of expenditures and service provision per service will also be reviewed as part of the allocation process.

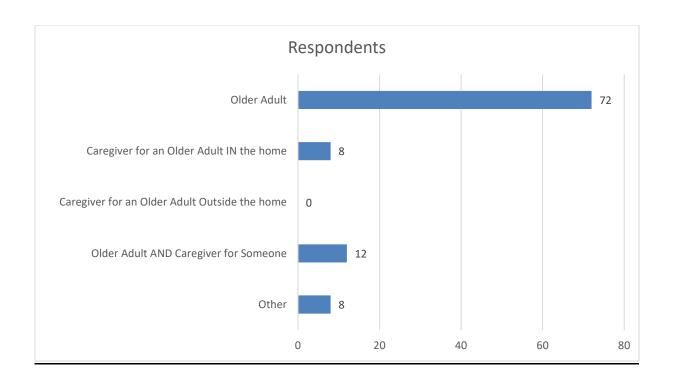
## **PSA07 Community/Client Needs Assessment Results**

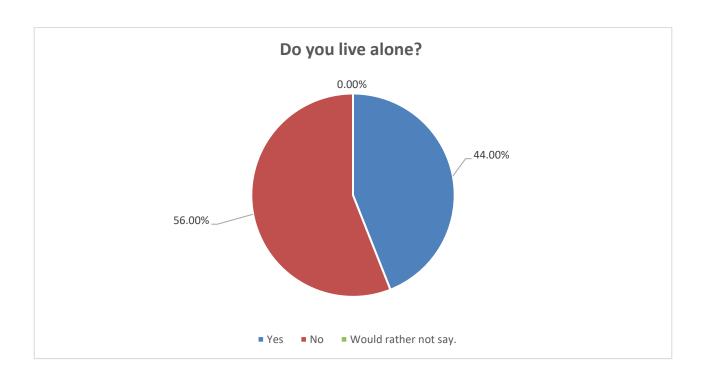
The results shown below represent the responses of current PSA 07 Needs Assessment Survey and represent input from seniors living in the 07 Planning and Service Area.

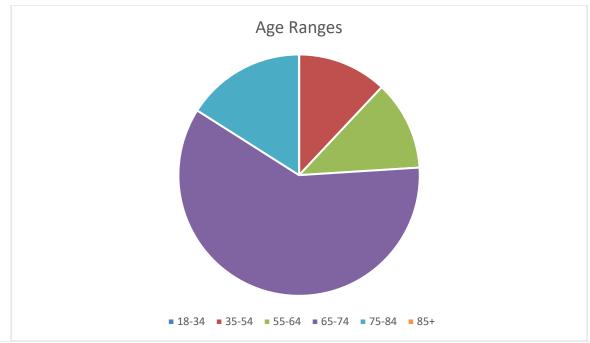
## Needs Assessment Response Rates from AgeLinc's 12 County Service Area

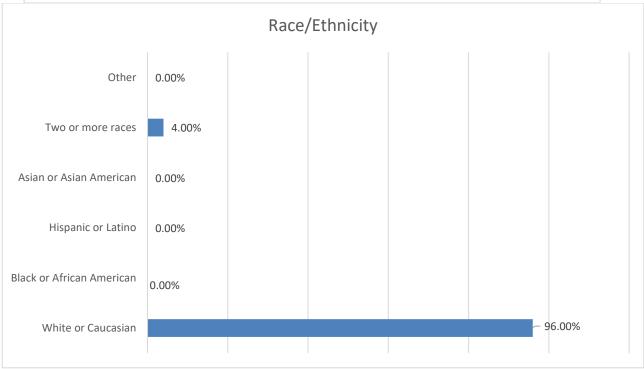
## **Needs Assessment Survey: Demographics**

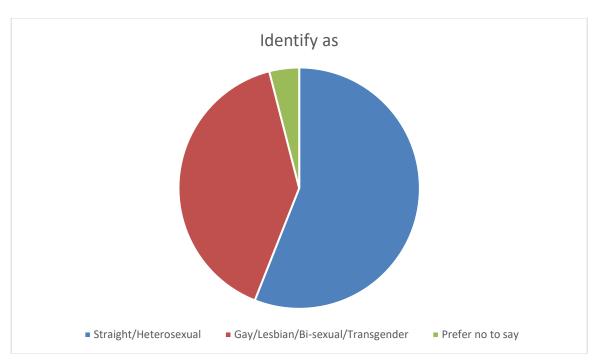


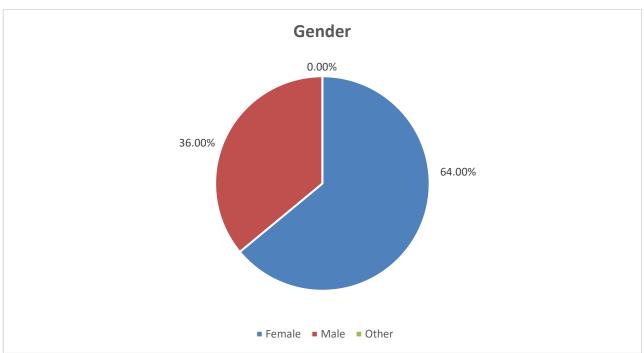


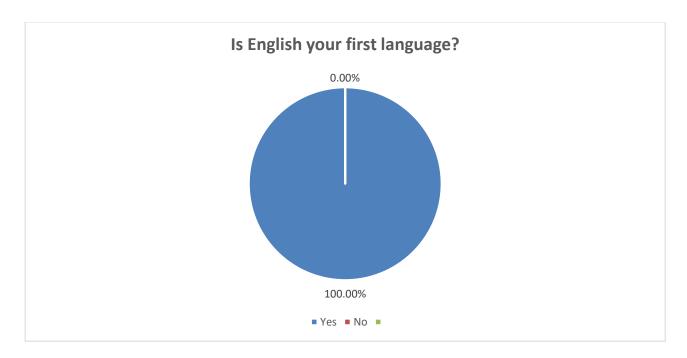










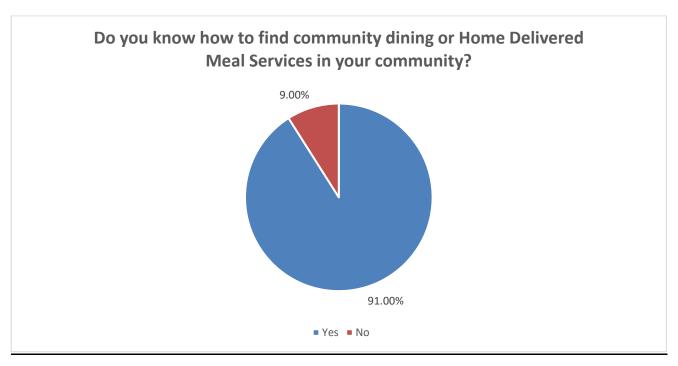


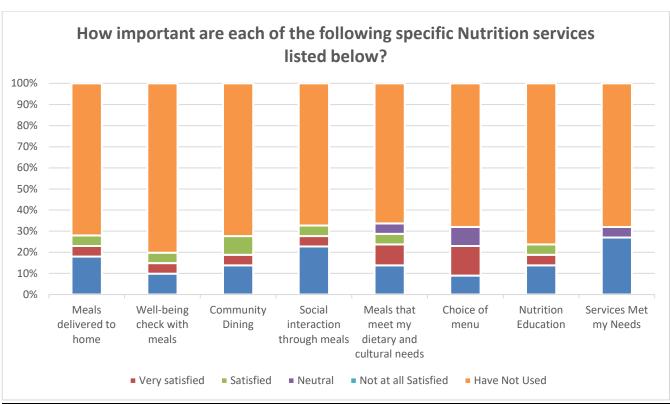
This year's Needs Assessment survey was responded to by fewer participants than in the last three years. The lack of participation in the Needs Assessment since the end of Covid restrictions, inspired AgeLinc to conduct Listening Sessions in four locations around the service area. Combined with the Listening Session responses, the two methods of outreach come closer to a representative sample of the Area 07 senior community. For example, the Black population represented in the Need Assessment was 0% of the total but 80% of the Listening Session population.

Some demographic characteristics were over-represented, for example 44% of respondents reported 'living alone' but census data indicates only about 6.4% of the Service Area 07 60+ population lives alone. All responses came from participants who identified English as their first language but this is difficult to control for in such a small sample. In an effort to separate consumer responses from professional responses, AgeLinc conducted a separate survey for social service, faith-based and governmental agency providers. In its first year, there were only 13 respondents and the responses fairly mirrored the answers from consumers. Hopefully, in future years, with increased outreach around access to the separate survey, professional responses will increase.

Follow-up for Public Comment discussion: What barriers make it difficult for non-English speaking consumers to access area aging services?

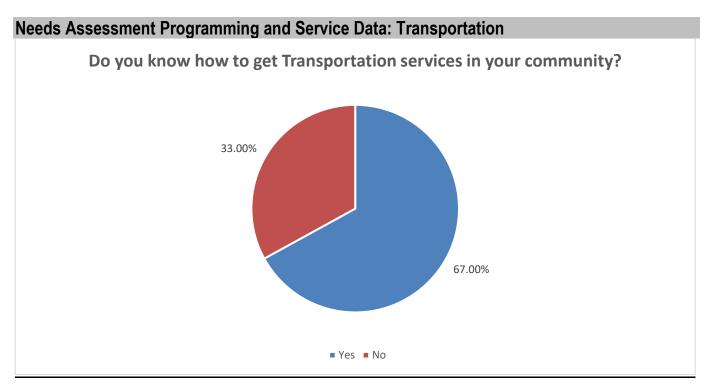
## Needs Assessment Programming and Service Data: Meals and Nutrition Program

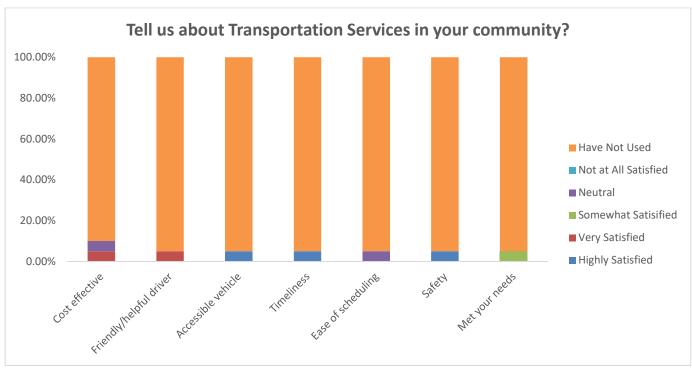




Awareness of how to access nutrition services was the highest in our survey. The majority of respondents had not used nutrition services but none of the respondents who had used nutrition services reported being 'Not at all Satisfied'. Individual comments requested more locations for congregate meals, cooking classes and demonstrations for health cooking for one, and options for food choices for picky eaters.

Follow-up for Public Comment discussion: What suggestions do you have to increase consumer satisfaction in social interaction, choice of menu (within required nutritional guidelines) and home delivered meals?

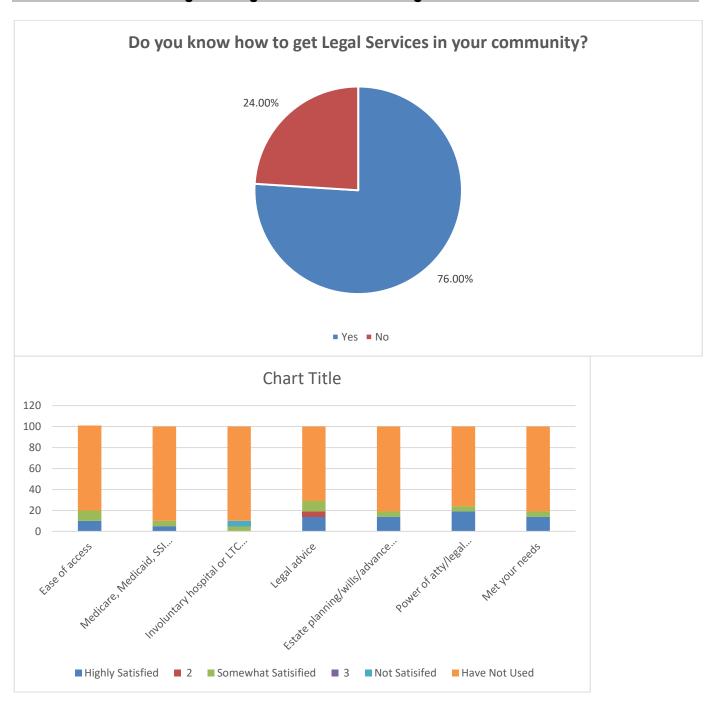




Two thirds of respondents reported knowing how to access transportation services in their community even though most (95%) had not used transportation services. Being cost effective, accessible, having a friendly driver and safe were identified as their most important criteria.

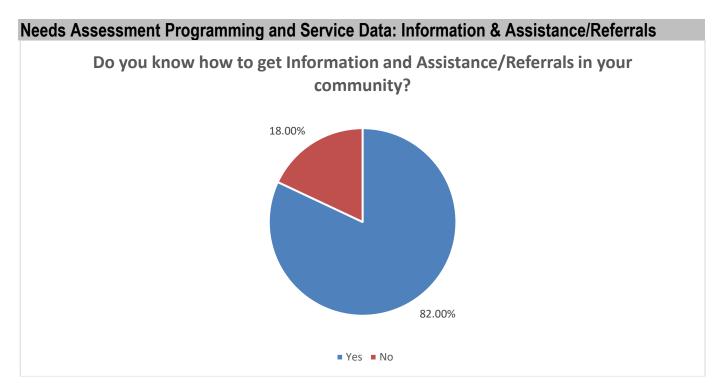
Follow up for Public Comment discussion: Are there transportation services that are needed but not being offered?

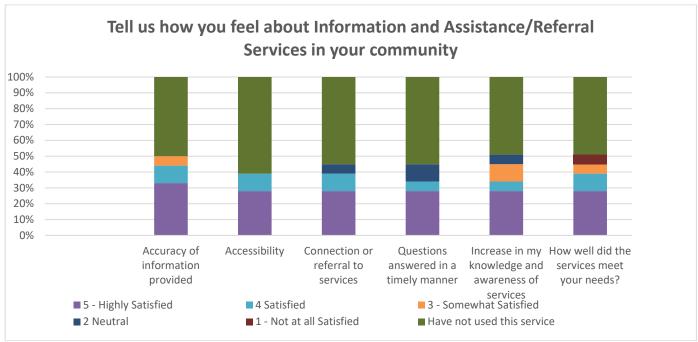
## **Needs Assessment Programming and Service Data: Legal Assistance**



76% of respondents were aware of how to access legal services in their community and 60% of those who had used legal services were satisfied or highly satisfied with how the service met their needs. Most respondents said that they had not used legal services but 100% of respondents, who had used legal services, reported that they considered the services to have met their expectations.

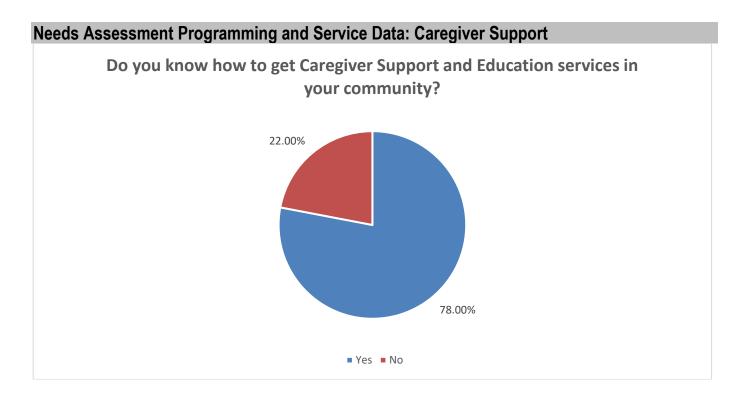
Follow-up for Public Comment discussion: How might knowledge about access to legal services be increased?

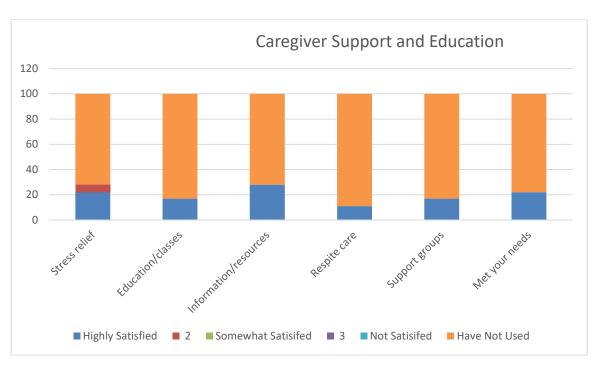




A higher number of respondents (82%) reported knowing how to get access to information and assistance referrals as opposed to 42% in last year's survey. About 84% of those who used information and assistance referrals, reported that they were satisfied or highly satisfied with the services they received.

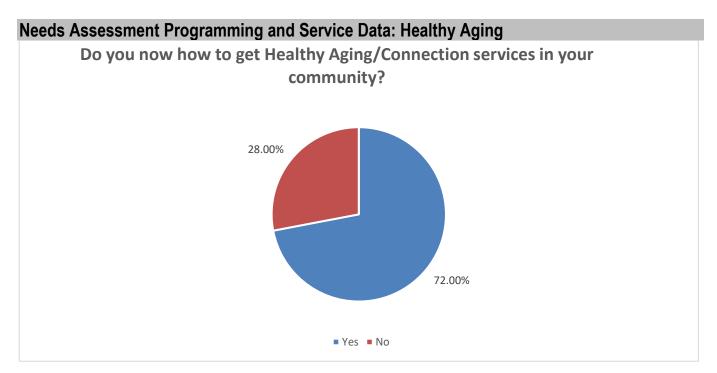
Follow-up for Public Comment discussion: Is there a need for a higher level of community awareness about Information and Assistance Referrals and if so, how might that be achieved?

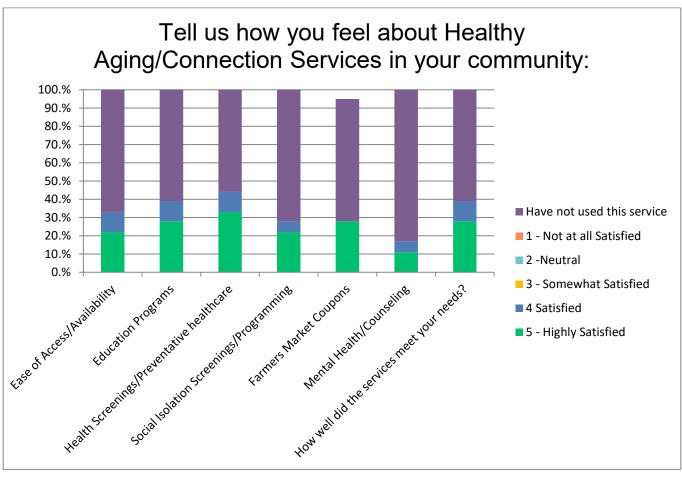




Most of respondents (78%) reported knowing how to access caregiver support and education. Increases in the number of older adults who need caregiver assistance will continue to grow as the Baby Boom Generation ages. Most respondents had not used any of the Caregiver Support/Education services but all of those using the services reported that they were satisfied or highly satisfied.

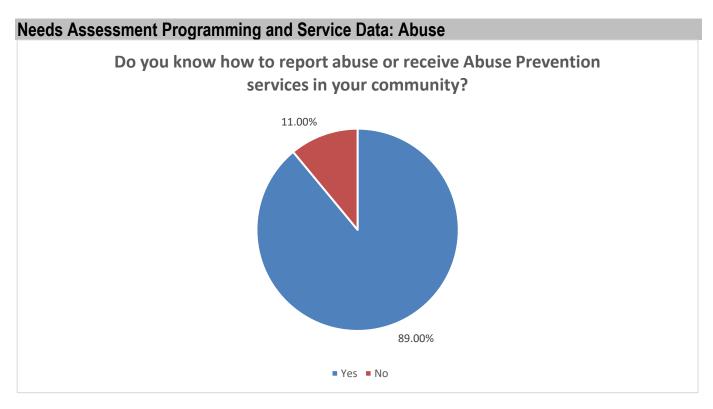
Follow-up for Public Comment discussion: How might Caregiver Support come closer to meeting consumer needs and increase the level of awareness and support for caregivers?

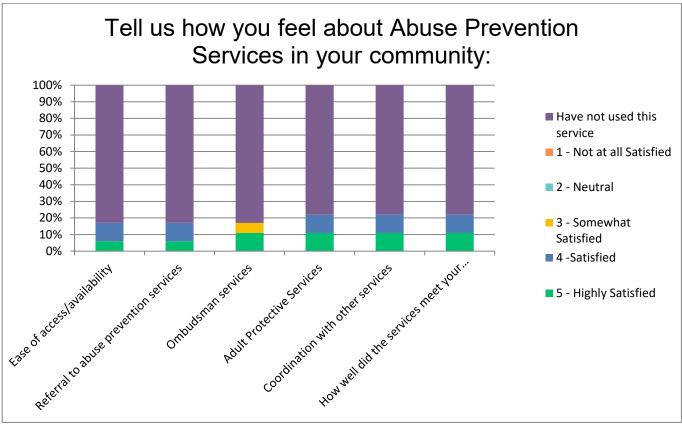




Most respondents (72%) were aware of how to get Health Aging access in their community. Most respondents (67%) reported not using any of the Healthy Aging Services but, of those who had, 98% reported that they were satisfied or highly satisfied with the services.

Follow-up for Public Comment discussion: How might Healthy Aging come closer to meeting consumer needs and increase the level of user awareness and satisfaction?

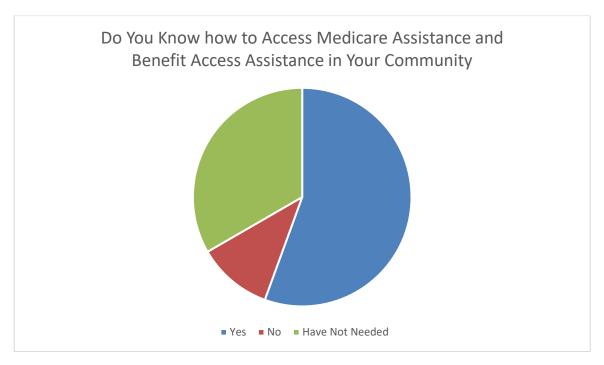


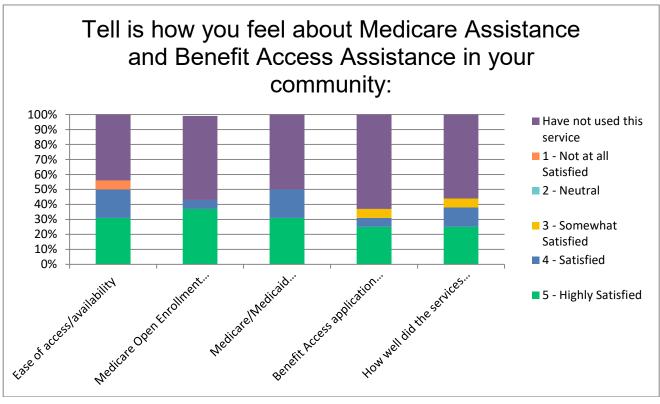


most respondents (80%) had not used the services, the majority (95%) of those who reported using abuse prevention services reported being satisfied or highly satisfied with the level of services.

Follow-up for Public Comment discussion: How might knowledge about abuse prevention services be increased?

## **Needs Assessment Programming and Service Data: Medicare Assistance**





Over 56% of respondents are aware of how find Medicare assistance and benefit access with 92% reporting that

they were satisfied or highly satisfied with the services.

Follow-up for Public Comment discussion: With most inquiries coming during Medicare open enrollment, how might consumer issues be spread throughout the year to increase consumer access and satisfaction?

#### **Services Funded**

Allocations to AgeLinc are made by Title with limited authority for the agency to transfer funds among titles. General Revenue Funds (GRF) are used to supplement or match Federal funds. The Area Agency does not differentiate between state and federal funds in its allocations for services.

These services will be funded in FY 2025:

#### TITLE IIIB ACCESS SERVICES

**Information and Assistance** - A service for older individuals that may (A) provide individuals with current information on opportunities and services available to the individuals within their communities; (B) assess the problems and capacities of the individuals; (C) link the individuals to the opportunities and services that are available; (D) establish adequate follow-up procedures based on the older individual's needs.

**Options Counseling** – Options Counseling is not a Title III service. It is an adjunct to Information and Assistance. It is a component of the ADRC (Aging and Disability Resource Collaboration). The goal is to facilitate informed decision-making through person-centered planning concerning Long-Term Services and Supports (LTSS), as well as to aid in streamlining access to LTSS.

**Transportation** – Involves transporting older persons (as well as caregivers and children they are raising up to age 18) to and from community facilities and resources for purposes of acquiring/receiving services, to participate in activities or attend events to reduce isolation and promote successful independent living. Service may be provided through projects specially designed for older persons or through the utilization of public transportation systems or other modes of transportation.

#### TITLE IIIB COMMUNITY SERVICES

**Legal Assistance** - Legal Assistance includes the arrangement and provision of assistance in resolving civil legal matters and the protection of legal rights. These services include legal advice, research and education concerning legal rights, and representation by an attorney at law, trained paralegal professional (supervised by an attorney), and/or a law student (supervised by an attorney) for an older person (or his/her representative).

Increases to III-B funding would be used to expand and support transportation services and potentially provide new equipment for provider staff use, including assistance with purchasing new vehicles for those who need them. A decrease to III-B funding would mean cutting back on programming and services in those areas. While the current ARPA funding could help cover decreases, it would lessen the impact that the agency and its providers could make for older adults in our 12-county service area.

Increases to GRF-CBS funding would be used to expand and support services outside current federal funding. A decrease to GRF-CBS funding would mean cutting back on programming and services in those areas. While the current ARPA funding could help cover decreases, it would lessen the impact that the agency and its providers could make for older adults in our 12-county service area.

#### TITLE IIIC - NUTRITION SERVICES

**Congregate Meals (IIIC-1)** – Makes nutritious meals available in a congregate meal setting to promote better health and to reduce isolation.

**Home Delivered Meals (IIIC-2)** – Provides nutritious meals to older persons who are homebound because of illness or incapacitating disability or are otherwise isolated.

Increases to III-C1 an III-C2 funding would be used to expand services, including expansion of meal choice, and meals served to minority communities including racial and ethnic minorities and LGBT+ older adults. In addition, nutrition funds could possibly be used to implement a C1.5 program where meal boxes are delivered weekly to older adults who can either cook for themselves or have a caregiver who can cook but might face issues in shopping for food to prepare meals. Such a program would need to be specialized but could be set up to provide ethnically relevant meals to underserved minority communities, for example the Latinx community. This same type of services could also be supported through GRF Home delivered meal funds. Decreases to any funding would mean cutting back on III-C services. This could mean fewer meal programs and individual seniors being served. The current ARPA funding could help cover decreases for a short time.

#### **Services Funded**

#### TITLE IIID - DISEASE PREVENTION AND HEALTH PROMOTION SERVICES

Title IIID funds support <u>proven evidence-based programs</u> that enhance the wellness and fitness of the older population. Evidence-based programs have demonstrated outcomes that help participants adopt healthy behaviors and improve their health, reduce hospital stays and emergency room visits, and mitigate the negative impact of chronic disease and related injuries, such as falls. The Illinois Department on Aging requires that all funded evidence-based programs meet the highest-level criteria. The Chronic Disease Self-Management Program, Diabetes Self-Management Program, Stress Busters, Bingocize, and Matter of Balance meet the highest-level criteria and are currently receiving funding.

Any increase in III-D funds would be used to offer additional evidence-based programs, and would support training costs for staff, and implementation costs for the new programs. Decreases to any III-D funding would mean cutting back on health services. While the current ARPA funding could help cover decreases temporarily, it would lessen the impact that the agency and its providers could make for older adults in our 12-county service area.

#### TITLE IIIE - NATIONAL FAMILY CAREGIVER SUPPORT SERVICES

**Access Assistance** – This service assists caregivers of individuals with dementia in obtaining access to the support services and resources that are available within their communities and ensures adequate follow-up.

**Caregiver Counseling** – The service is often provided to caregivers of individuals with dementia in their homes and/or other locations convenient for them. It provides decisions and problem-solving skills related to their caregiver roles. It may also include participation in a support group.

**Legal Assistance -** see definition for Title III-B Legal Assistance

**Respite Care** – This service offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.

**Training and Education** – This service provides opportunities for caregivers of aging family members and/or kinship caregivers with legal guardianship of minors to acquire knowledge, skills, and support to better care for their loved ones.

**Kinship Family GAP and Support-** This service provides emergency financial assistance to relative caregivers of children in needs of rent/utility assistance, health care assistance, emergency childcare needs, or supplies related to the care of the minor in their custody. Referral services for The Child Only grant and other supports are also available.

Any additional III-E funds would be used to provide additional respite or gap-fill funds for family caregivers. Decreases to any funding would mean cutting back on programming and services in our III-E programs. While the current ARPA funding could help cover decreases in the short term, it would lessen the impact that the agency and its providers could make for older adults in our 12-county service area.

#### TITLE VII SERVICES (ADULT PROTECTIVE SERVICES)

**Adult Protective Services (APS) -** this service is part of a statewide program designed to respond to adults with disabilities and older adults who are victims of abuse, neglect, self-neglect, and financial exploitation by building on the existing legal, medical, and social service system to assure that it is more responsive to the needs of victims and their families. Several Area Agency staff are certified caseworkers and supervisors who do not provide direct services but assist with coordinating and monitoring service providers.

(APS) Multi-Disciplinary Teams – Each Adult Protective Service Provider maintains a Multi-Disciplinary Team (M-Team) consisting of a diverse group of medical, legal and other specialties who meet regularly serve in a technical advisory role. The Area Agency may send a representative to each service provider's M-Team meeting once per year.

#### **Services Funded**

(APS) Fatality Review Team (FRT) – Multidisciplinary and multi-agency reviews of deaths can assist the State and counties in developing a greater understanding of the incidence and causes of premature deaths and the methods for preventing those deaths, improving methods for investing deaths, and identifying gaps in services to at-risk adults. The Area Agency has a staff representative on the PSA07/Lincolnland Fatality Review Team which meets four times per year.

**Ombudsman** – The Long-Term Care Ombudsman Program is a statewide advocacy program established and operated by the Illinois Department on Aging to protect and improve the quality of care and the quality of life for residents of long-term care facilities through individual and systemic advocacy for and on the behalf of the residents. This includes the promotion and the cultivation of best practices within long-term care services, and through the promotion of family and community involvement in the long-term care facility. It is resident-centered and makes every effort to assist, empower, represent, and intervene on behalf of the resident.

Any additional VII-EA funds would be used to offset staffing and equipment costs for the oversight of this program. Additional VII-OMB funds would be used to help pay for additional staff for the Ombudsman program, which is much needed as our Ombudsmen program has been running short-staffed for the past two years. Decreases to any funding in our VII-EA or OMB areas would mean cutting back on the current level of programming and services.

While the current ARPA funding could help cover some level of decrease, it would lessen the impact that the agency and its providers could make for older adults in our 12-county service area.

### **Home Delivered Meals- Special Focus**

Home Delivered Meals are mandated through the Older Americans Act, have a designated funding source at the federal level, are funded for each of the twelve counties in PSA 07 and are currently provided by five Grantees, each serving multiple counties.

In PSA 07, State and Federal funds awarded for Home Delivered Meals generally are matched 100% by the total of local cash, in-kind, and participant contributions.

This important program faces a number of general challenges: Fluctuating costs of food, utilities, and gasoline: stringent food preparation and training guidelines; reliance on volunteer staff to sufficiently meet their expenses; and long geographic distances (travel) required to adequately deliver safe, nutritious meals to individuals in the most isolated rural areas of AgeLinc's service counties. The greatest challenge for this service to date, which was rated as "highest importance" of all services by respondents of the FY 25 Needs Assessment Survey, has been the ongoing response to the COVID-19 Pandemic. The early stages of the Pandemic in March of 2020 vastly increased the number of older adults in need of delivered nutrition. Continued anxiety for many seniors about crowds and public exposure has continued to support the need for increased home delivered meals. Delivered meals have helped to accommodate the closing of congregate meals sites. The Illinois Department on Aging, AgeLinc and PSA 07 nutrition service providers have worked closely together to meet the many challenges of the sudden increase in delivered nutrition needs, included the provision of FEMA shelf-stabled meals, and to ensure the highest possible availability and safety of service during a difficult time. It is likely that the effects of the COVID-19 Pandemic and ongoing anxiety of contagion for our vulnerable populations will continue to inhibit safe travel and outings for much of the aging population. This will require new and evolving plans to maintain funding for the now established and overwhelming need for delivered nutrition.

Additional GRF-HDM funds would be used to offer additional support to cover increased costs and the ever-increasing need for home-based meals. With the effects of the Covid pandemic stabilizing, the need for HDM will probably remain at this higher level. Decreases to funding would mean cutting back on programming and services. While the current ARPA funding could help cover decreases, it would lessen the impact that the agency and its providers could make for older adults in our 12-county service area.

#### **Local Service Providers**

In FY 2025, the Area Agency on Aging for Lincolnland will award funds to organizations who provide services to persons 60 years of age and over and family caregivers throughout Planning and Service Area 07. Types of agencies funded may include:

- Centers for Independent Living
- Community Action Agencies
- County Boards
- County Health Departments
- Economic Development Corporations
- Hospitals
- Mental Health Agencies
- Not-for-Profit Foundations

- Private Not-for-Profit Social Service Organizations
- For-profit Companies (with required IDoA approval)
- Senior Centers

## **Area Agency on Aging for Lincolnland Direct Services**

Historically, the Area Agency on Aging has received direct service waivers from the Illinois Department on Aging to provide Title IIIB Information and Assistance and Title IIIE Training and Education services and will again request approval to provide those services for FY 2025.

#### **Title IIIB Information and Assistance**

Information and Assistance is a mandated service required of all Area Agencies on Aging as stated in the Older Americans Act regulations. While all area service providers carry out community-based information and assistance activities related to their own programs and service counties, only AgeLinc provides Information and Assistance for the aging and caregiver populations in all 12 service counties of the PSA07. This service includes response to referrals from the Gatekeeper Program, the Eldercare Locator, and the IDOA Senior Help Line. AgeLinc is the only area-wide agency which is designed to serve the 60+ population and family caregivers. To provide services to all portions of its service community, AgeLinc maintains a toll-free telephone line, has created an updated and fully accessible website, maintains a Master Resource File per county (also available in printable PDF's at <a href="https://www.agelinc.org">www.agelinc.org</a>), and updates the Aging IS Information and Assistance database for all of PSA 07.

Increases to III-B Information and Awareness funding would be used to increase outreach and promote awareness of national, state and community senior services. A decrease to III-B funding would mean cutting back on programming and services in those areas. While the current ARPA funding could help cover decreases, it would lessen the impact that the agency and its providers could make for older adults in our 12 county service area.

#### **Title IIIE Training and Education**

AgeLinc utilizes Title IIIE funds to host a large annual conference for family caregivers and relative caregivers, as well as an annual Resource Education Conference for relative Caregivers of children. The Annual Caregiver Conference was held in September of 2023, and is scheduled for June 22, 2024 (see <a href="https://www.agelinc.org">www.agelinc.org</a> for details). The Annual Resource Education Conference for Relative Caregivers is scheduled for August 3<sup>rd</sup>, 2024. The Caregiver Conference is targeted to informal caregivers of individuals with dementia and relative caregivers of children throughout the planning and service area and beyond.

AgeLinc will also continue to provide caregiver education on topics of interest (such as Lunch and Learn) via AgeLinc WebEx, utilizing tablets and devices purchased by the agency for the purpose of loaning to caregivers wishing to participate in programming. Monthly sessions of the Lunch and Learn series are held during the noon hour for the convenience of working caregivers. In addition, AgeLinc provider agencies will provide Caregiver Education in the form of Evidence Based Programming (Stress Busters), once Master Trainers have been trained.

## Fiscal Year 2025 Service Priorities

The service priorities for Fiscal Year 2025 are outlined below. Should the amount of federal or state funding for FY07 decrease, Area Agency on Aging for Lincolnland (AAAL) will revise the service priorities based on the needs of developing a plan that would cause the least harm to consumers. Should the amount of federal and state funding increase, AAAL will extend services, addressing any unmet needs.

Service Definition	Projected Persons Served	Projected Units Served	Federal Funds	State Funds	Other Resources
	Title II	II B Services	<u> </u>		l
Transportation	3,523	46,016	228,209	224,500	28,5750
(Provided by grantees through and resources for the purpose order to reduce isolation and p who have difficulty using regul- with the older person at the de	of acquiring and record promote successful in ar transportation. Ass	eiving services, par ndependent living. F	ticipating in activersylverselection of the control	vities, and attend d transportation	ding events in to older persons
nformation & Assistance (Community)	8,366	27,309	34,504	164,459	20,236
nformation & Assistance	856	970	44,822		7,620
Funds allocated specifically fo	or information and as	sistance in the AAA	L location.)		
Legal Assistance	126	806	55,942		
•					24,644
(Provided by one grantee for resolving civil legal matters a by an attorney at law or para	nd the protection of I	egal rights, researc		• • •	assistance in
(Provided by one grantee for resolving civil legal matters a	nd the protection of I	egal rights, researc		• • •	assistance in

		Title III-C Serv	ices		
Congregate Meals	1,046	80,499	658,215		262,341
(Provided by multiple gran	tees throughout the	service area.) Provi	iding nutritious mea	ls in congregate	setting.
Home Delivered Meals	2,632	379,815	489,255	2,306,430	778,081
(Provided by multiple grant homebound because of illr	•	whole service area.	) Nutritious meals o	lelivered to older	persons who
		Title III-D Serv	ices		
Evidence-Based Programs	84	915	40,759		
(Provided by grantees in Jodisease management and managing their own long-toprevention trainings and in	diabetes managemeerm health needs (N	ent while collecting a lacoupin County). P	data on services an Providing Matter of E uce fall risk for senio	d procedures for Balance (MOB) fa	seniors
In-Home Respite	119	3,919	100,719		13,491
(Provided by grantees thro caregivers a brief period fo	•	,	•	• •	•
(Provided by grantees thro opportunities and services available; and, to the maxi- establishing adequate follo Training & Education	available to them w mum extent practica	ithin their communit	ties; links the individ	luals to the servi	ces that are
(AAAL)					
(AAAL) (Provided by AAAL through potential caregivers, such a		,		•	l es of current ar
(Provided by AAAL through		,		•	es of current ar
(Provided by AAAL through potential caregivers, such	8 for the entire services and the protection	49 e area.) Legal service of legal rights, rese	9,287 es that include arra	nging/providing a	4,018 assistance in

		Title VII Serv	ces		
Adult Protective	N/A	N/A	14,537		N/A
Services (M-Teams)					
( <i>Provided by grantees thre</i> exploitation of older adults services to victims.	=	*		~	
exploitation of older adults	=	*		~	
exploitation of older adults services to victims.  Ombudsman	s (60+) and adults wi	ith disabilities (18-5	9) providing inves	tigation, interventic	on and follow-u
exploitation of older adults services to victims.	N/A  hout service area.)	N/A  Advocating for resident	9) providing inves  34,495  lents of long-term	tigation, interventic	on and follow-u

<sup>\*</sup>Funds based on FY24 Allocations. Persons and Units based on FY23 projections.

\*\*Other Resources include: Nutrition Services Incentive Program (NSIP), Program income, Local Cash, In-Kind.

# AREA AGENCY ON AGING FOR LINCOLNLAND ADMINISTRATIVE AND ADMINISTRATIVELY RELATED DIRECT SERVICES

#### **FY 2025 PROJECTED BUDGET**

Under the Older Americans Act of 1965 and subsequent amendments, it is the responsibility of the Area Agency on Aging to provide leadership in the development and enhancement of a comprehensive and coordinated community-based service system for the elderly through the Administration of State and Federal funds, and through advocacy, coordination, and program development. Area Agencies must limit administrative costs to 10% of the Title III allocation for the Planning and Service Area. The Agency projects to spend approximately \$314,110 for Title III/GRF and Title VII-EA administration during Fiscal Year 2025.

#### Administrative activities in Fiscal Year 2025 will include:

- Overall Management of the Area Agency
- Budgeting, Accounting and Fiscal Management
- Planning and Procurement of Services
- Grant and Contract Administration
- Coordination and Training
- Representation on task forces, committees and coalitions
- Developing and maintaining website (<u>www.aginglinc.org</u>) and informational materials
- Updating Policy and Program Operations Manual for grantees
- Maintaining accurate information in the AgingIS database

An increase in AAA Admin funds would help to support staff salaries for staff doing diversity programming, who are currently being covered at 100% by the ARPA funds. In addition, equipment and printed materials could be purchased with additional funds. An increase to AAA Direct Service funds would be used to expand programs currently covered by those funds, as well as equipment and materials needed. Decreases to any funding would mean cutting back on programming and services. While the current ARPA funding could help cover decreases, it would lessen the impact that the agency and its providers could make for older adults in our 12-county service area.

# Administratively Related Direct Services and the projected costs for Fiscal Year 2025 are listed below.

#### **Program Development**

\$115,768

AgeLinc activities include working with various State and local organizations to establish new services, monitoring and evaluating existing programs, conducting the subgrantee application process, reviewing applications for funding, reviewing required subgrantee reports, providing technical assistance, and completing required reports to the Department on Aging.

#### **Advocacy**

\$31,538

AgeLinc conducts annual Public Hearings in conjunction with the Area Plan or amendments to the Area Plan. AgeLinc attends legislative hearings and advocates to members of Congress and the Illinois Legislature on

behalf of the needs of the elderly in our area. The AgeLinc "PrideLinc" Committee and Social Isolation Taskforce undertakes activities to advocate on behalf of the area's minority adult population and socially isolated older adult populations at local levels.

#### Coordination \$81,934

AgeLinc assists service providers develop and follow service standards and policies necessary for maintaining a comprehensive and integrated service system, facilitates coordination meetings among service providers, works with agencies outside the Title III network, and links with other social service networks. Area Agency staff members participate on the Illinois Caregiver Task Force, the Illinois Nutrition Advisory Council, the Ombudsman Advisory Council, and the Illinois Senior Olympics Steering Committee. AAAL also participates in the annual Senior Celebration and participates as leader in the coordination of the areawide response to the need for assistance with Medicare Part D enrollment. AgeLinc is a member of the Illinois Association of Area Agencies on Aging with the CEO serving as Treasurer, the National Association of Area Agencies on Aging (USAging), and the Illinois Aging Services Foundation.

### **Other AgeLinc Activities**

In addition to the persons served through programs funded with Federal and State funds awarded by AgeLinc, the agency serves individuals through the following activities:

<u>Senior Employment Specialist Program</u> - The Area Agency provides initial eligibility screening for an employment training program for people who are age 55 and older, and who meet Federal poverty guidelines. Those who self-report that they meet the initial criteria are referred to National ABLE for additional screening and information. The training program takes place at a host site and lasts a maximum of 48 months.

<u>Senior Farmers' Market Nutrition Program</u> – AAAL oversees the distribution of coupons to eligible seniors to be used to purchase fresh, locally grown produce in two counties. This program is available in Sangamon, Jersey, Logan, and Morgan counties.

<u>Senior Health Assistance Program (SHAP)</u> – The Area Agency and its network of local service providers have been active in efforts to assist older persons and persons with disabilities to learn about, select, and enroll in Medicare Part D and other pharmaceutical assistance programs.

<u>Senior Health Insurance Program (SHIP)</u> – AAAL is a certified SHIP site and educates consumers and answers questions about Medicare, Medicare Supplements, long term care insurance, Medicare HMOs, private fee-for-service and other health insurance; assists in filing Medicare and Medicare Supplement claims; and analyzes Medicare Supplement and long-term care policies.

<u>Senior Medicare Patrol Program</u> – AAAL participates in this statewide partnership with the other Area Agencies in Illinois, coordinated by AgeOptions. The goal is to help fight waste, fraud and abuse, ensuring that benefits are not exploited and that people get the health care assistance they need.

<u>The Illinois Senior Olympics Advisory Committee</u> - An Area Agency representative attends and participates in Advisory meetings. One or more Area Agency representatives volunteer(s) at the Senior Olympics.

<u>The Central Illinois Senior Celebration</u> - Several AAAL staff attend and distribute information at the event which often attracts about 3,000 older adults who participate in health screenings and learn about a wide array of

services and resources.

<u>Aging and Disabilities Resource Collaboration (ADRC)</u> – The Lincolnland ADRC consists of representatives from the Illinois Network of Centers for Independent Living (INCIL), all three Community Care Units, all three Centers for Independent Living, and other community service providers who meet quarterly and work together in a coordinated manner to provide consumers with points of entry to public benefit programs, community- based services and long-term support services.

Springfield Dementia Friendly Community – AgeLinc developed a community-based task force which created goals for Springfield, IL to obtain the status of a Dementia Friendly Community. In November of 2020, Springfield, IL was registered as a Dementia Friendly Community through Rush University's Dementia Friendly Illinois and Dementia Friendly America. The task force meets monthly to work towards the unform goal of providing Dementia Friendly education to as much of the community as possible and incorporating businesses, parks, libraries, and first responders into the effort of being accessible to individuals with dementia and their caregivers/families.

AgeLinc Diversity Programming – AgeLinc works closely with members of minority populations in three of service counties, developing goals to better engage all portions of the service population in the PSA07. In addition, in 2021, AgeLinc developed a program committee to guide "PrideLinc" in developing LGBTQ+ programming and to focus on targeted outreach, engagement, and inclusivity in both services and governing boards. These groups have resulted in the creation of a home delivered meal program focused on serving persons of color in Sangamon County, as well as a weekly LGBTQ+ meal program for older adults that includes targeted social isolation programming.

<u>Community Education</u> - AgeLinc is developing monthly education opportunities open to the general public through AgeLinc's website and focused on the socializing needs of individuals who cannot easily leave their homes. These Community Education opportunities will be offered via a free link on the AgeLinc webpage and will offer education on such topics as financial management, fall prevention, volunteer opportunities, and more.

<u>Committees and Task Forces:</u> Illinois Department on Aging Ombudsman Advisory Group, Illinois Association of Area Agencies on Aging (I4A), including the I4A Legislative Committee, IDOA Nutrition Advisory Council, , Springfield Dementia Friendly Task Force, OUTAging Statewide Committee, IPHA HIV & Aging Advisory Corps, Sangamon County TRIAD, Heartland Housed Board of Directors (addressing homelessness in Sangamon County).

#### **Area Plan Initiatives**

The following initiatives are special activities that Area Agency staff members will address during this 3-year Area Plan.

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 evidence-based programs and services. Expand Caregiver Services within PSA 07 using T-Care case management software to track interventions and decrease caregiver burnout, allowing older adults to remain in their homes with their caregivers longer, rather than entering the long-term care system.

## **Other Funding Possibilities**

AgeLinc continues to research outside grants that fit its mission and will investigate potential partnerships with other AAA's and organizations with similar goals for funding and joint programming possibilities. In addition, AgeLinc will continue to grow its minority engagement services by expanding the outreach of the AgeLinc Diversity Taskforce and adding initiatives for LGBTQ+ seniors. With new branding as "PrideLinc", the organization has partnered with other local, regional and state LGBTQ+ allies to expand access to services to this minority population.