

FY 2015 AREA PLAN ON AGING AMENDMENT

**DEPARTMENT OF FAMILY AND SUPPORT SERVICES
SENIOR SERVICES AGENCY ON AGING**

**AS DEFINED IN RESPONSE TO REQUIREMENTS
UNDER THE OLDER AMERICANS ACT
OF 1965, AS AMENDED**

FISCAL YEAR 2015

VERIFICATION OF INTENT

The Area Plan on Aging Amendment is hereby submitted for PSA 12 for the period 10/01/14 through 9/30/15. It includes all assurances and plans to be followed by the Chicago Department of Family and Support Services/Senior Services Area Agency on Aging under provisions of the Older Americans Act, as amended, during the period identified. The Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the State Agency on Aging for approval.

(Date)

(Signed)

(Signed) Joe Ballaban
(Area Agency Director)

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

(Date)

(Signed)

(Signed) Jasdeep Arora
(Chairperson of the Area Agency Advisory
Council on Aging)

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

(Date)

(Signed)

(Title: Chairperson of Governing Board,
Chairman of County Commissioners, etc.)

AREA AGENCY ON AGING MISSION

Section 1321.53 (a) of the Rules and Regulations promulgated August 31, 1988 by the Administration on Aging defined the mission of Area Agencies on Aging under the Older Americans Act as follows:

THE OLDER AMERICANS ACT INTENDS THAT 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. THIS MEANS THAT 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.

SECTION 1: PROGRAM PLAN

1.B INITIATIVE DEVELOPMENT

The following is a full discussion by the Area Agency on each of the initiatives that will be addressed during the three-year Area Plan. Included in the discussion for each initiative is: the statement of the initiative, the background and analysis of the initiative, and the area agency strategy to address the initiative.

STATEWIDE INITIATIVE: ENHANCE ILLINOIS' EXISTING AGING AND DISABILITY ACCESS NETWORK THROUGH IMPROVED COLLABORATION AND BY ADOPTION OF THE COORDINATED POINT OF ENTRY (CPOE) & AGING AND DISABILITY RESOURCE CENTER (ADRC) STANDARDS

Often when people are faced with a debilitating illness or frailty, they do not know where to turn for assistance and advice. Most people are unaware of the many services and benefits for which they might be eligible. In many cases, they believe their only alternative is nursing home placement. The creation of Aging and Disability Resource Centers is a major step in addressing this problem. An ADRC is a network of aging and disability agencies working in a coordinated effort to provide individuals with integrated access to public benefit programs, community-based services, long-term options and supports. An ADRC can serve as a single point of entry or have multiple gateways for people with disabilities and older adults looking for assistance and options about their care. It is a highly visible and trusted place to reach out to for unbiased information and education regarding benefits, services and support for seniors, caregivers and individuals with disabilities, regardless of income. Through ADRC, the public as consumers can receive all of the information and services they need from one point of entry instead of dealing with multiple organizations and the red tape and duplication that may entail.

The ADRC initiative is part of a nationwide effort to restructure services and supports for older adults, individuals with disabilities, and their family members and care-providers. The Illinois Department on Aging and Area Agencies on Aging have jointly chosen the creation of a statewide ADRC system as the state's initiative, which all Area Agencies on Aging must achieve over the next five years. CDFSS-SS/AAA is responsible for effectively integrating a full range of long-term supports and services into a single, coordinated system for all individuals with long-term care needs regardless of their age or disability.

For Chicago, the collaboration of services for the older adults and people with disabilities of all ages is not a new concept. In 1974, Mayor Richard J. Daley asked the Mayor's Office for Senior Citizens to become the planning and coordinating agency for individuals with disabilities of all ages in the City of Chicago. The initial goals of the newly formed department were: (1) the development of a system

1.B INITIATIVE DEVELOPMENT

upon which to plan responsive citywide programs for individuals with disabilities, (2) the identification of all public and private agencies serving people with disabilities and (3) the establishment of cooperative relationships with these organizations in order to improve coordination and utilization of services and resources. A major component of that reorganization was to establish an information and referral service to link those in need with appropriate services and to ensure that individuals with disabilities, regardless of age, received all needed services. The integration of the aging and disabilities services has provided a blueprint for the development of the ADRC initiative in Chicago.

FY2012 - F2014 ADRC Activities

CDFSS-SS/AAA has been working on the development of an ADRN (Aging and Disability Resource Network) model that will provide seamless linkages to resources and services to consumers that include both public and private programs in its information and assistance service functions. Included in the service delivery system are public benefit services, employment programs, health promotion and prevention, housing, transportation, nutrition services, Medicaid waiver services, assistive technology, independent living skills training, services provided by Centers for Independent Living (Access Living), services provided by the Department of Human Services for individuals with disabilities under the age of 60, crisis referrals, mental health services and supports for family caregivers, services for grandparents raising grandchildren and long-term care services.

CDFSS-SS/AAA has initiated the process of coordinating the training for Information and Assistance (I&A) staff and community partners who serve as initial points of entry to be trained and certified by the Alliance of Information and Referral Systems (AIRS), thereby ensuring that contact with the public is handled professionally and adheres to the highest standards. CDFSS-SS/AAA staff provided the AIRS training materials to 15 Information and Assistance staff and met biweekly during a six month period from June, 2013 through December 2013 and weekly between January and March, 2014 to discuss training material and attend presentations on ADRN related topics. Staff were provided time slots each week to continue independent study during the work day to increase their knowledge of AIRS materials. DFSS-SS/AAA has also shared the AIRS training and certification information with the Mayor's Office of People with Disabilities (MOPD) for their use.

CDFSS-SS/AAA is also participating in the ADRC training through Boston University's School of Social Science which is sponsored by IDOA. DFSS-SS/AAA has registered 5 individuals to take the online courses. Individuals registered for the on lines courses include management level positions from I & A, Benefits Check-up, Ombudsman, Regional Centers and Nutrition. The training includes three core courses to be completed by September 30, 2014 and two elective courses to be completed

1.B INITIATIVE DEVELOPMENT

by December 31, 2014. The online courses will provide an invaluable training opportunity for our staff.

CDFSS-SS/AAA key staff attended the Illinois Department on Aging's ADRC Options Counseling training held in Chicago on April 15, 2013. They were joined by approximately 160 individuals representing the aging and disability communities including the Mayor's Office of People with Disabilities, care coordination units, Centers for Independent Living, elder abuse agencies and other non-profit aging and disability service providers. The training provided an overview of the ADRC history and background and demonstrated the basic principles and standards for options counseling implementation. The main purpose of options counseling is to help clients assess and understand their needs, and to assist them in making informed decisions about appropriate long-term service and support choices in relationship to their personal needs, preferences, values and individual circumstances.

In FY2013 and FY2014, CDFSS-SS/AAA participated in the pilot testing project for the ADRC Options Counseling which was coordinated by the ADRN/Information & Assistance unit and the Centers for Independent Living (Access Living) and included the Mayor's Office of People with Disabilities and the Care Coordination Units. The ADRC Options Counseling pilot testing offered the opportunity for participants to experience and evaluate the resources and processes and to offer constructive observations and recommendations for enhancing these processes and systems. For the purposes of the pilot testing, the Information and Assistance (I&A) staff were given additional instruction, clarification and support to assist in identifying clients that would benefit from and that are appropriate for options counseling. Additionally, ongoing technical assistance and opportunities for skills building were provided to the participants in the pilot testing phase with a focus placed on motivational interviewing methods.

During FY2013 - FY2014, CDFSS-SS/AAA implemented the use of the materials provided during the ADRC options counseling training, including the ADRC Options Counseling Intake Form and the Consumer Personal Plan Worksheet. Existing written procedures detailing how and under what circumstances referrals are made were reviewed and revised appropriately to include consumer-directed options counseling and strengths perspective assessment. The intake and screening conducted by the DFSS-SS/AAA Information and Assistance Unit and other ADRN partners (MOPD and CCU) includes a standardized process for helping consumers access available, publicly funded long-term supports and service programs. Utilizing the Enterprise Case Management (ECM) computer system implemented in 2014, CCU's and other service providers receiving referrals for services have all the information gathered through the initial assessment and any previous interactions that other agencies may have had with the client.

1.B INITIATIVE DEVELOPMENT

CDFSS-SS/AAA's ADRN Advisory Team (AAT) continued to work collaboratively in the development of the ADRN. The advisory team has been meeting monthly to discuss the current access system and the integration of aging and disability resources. During FY2013 and FY2014, the team made great efforts toward expanding its membership by including the Community Counseling Centers of Chicago (an Illinois Department of Rehab Services mental health designee) and the Illinois Department of Healthcare and Family Services. In FY2014, the Chicago Department of Public Health was fully integrated into the ADRN Advisory Team with the addition of their mental health clinics. The Care coordination providers (Healthcare Consortium of Illinois, University of Illinois at Chicago, Catholic Charities) and Thresholds (another Illinois Department of Rehab Services mental health designee) are among the other agencies to be invited (by the fall of 2014) that will provide services for the ADRN in accordance with IDoA guidelines. These agencies, along with other delegate agencies (service providers) from across the senior services and disability network, will be part of the second tier of members on the advisory team. The first tier of the ADRN Advisory Team is represented by CDFSS/SS-AAA, the Mayor's Office of People with Disabilities, 311, and the Chicago Department of Public Health.

The advisory team has been instrumental in the development of the design and operation of the ADRN, the program strategies and the progress made toward achieving ADRN program goals and vision. The ADRN advisory team has developed a strategic plan document that includes a mission statement, objectives, core services and a step by step operational flow chart of the ADRN model. The plan has been reviewed and revised by the advisory team members since its development to ensure that it accurately and appropriately represents the operations of the ADRN.

Through the ADRN Advisory Team, CDFSS-SS/AAA has involved appropriate stakeholders in the planning, implementation and quality assurance activities of this initiative. These stakeholders represent individuals and agencies from both the disability and senior services communities. The quality assurance activities conducted by supervisory staff included monitoring calls in progress and following up with clients to ensure that the needs of the clients were met and that the ADRN system is adhering to the highest standard of services and that the results are measurable. CDFSS-SS/AAA's collaboration with MOPD is seamless. All of the MOPD's partners (including Access Living) are our partners and vice versa. Given our previous history of sharing the same resources as two agencies joined together for a common mission, the same is true today with the only difference being that we are two separate departments, but we operating jointly and cooperatively to implement the vision and mission of the ADRN model.

Additionally, CDFSS-SS/AAA, together with the advisory team, is working on the development of an outreach and marketing plan to promote awareness of the ADRN (and operating partners) as the

1.B INITIATIVE DEVELOPMENT

place where people can turn for services and the various options that are available in the community, specifically among the underserved, hard to reach, and private paying populations.

Through the multiple entry points developed in FY2013, CDFSS-SS/ AAA has established standards for information sharing and cross-training across all operating partners. Regardless of the point of entry, requests for services or information are forwarded to I & A so that appropriate referrals can be made for each request received. The ADRN partners have received training on how to use the Enhanced Service Program (ESP) to provide referral sources to individuals and are participating in the updating the database. CDFSS-SS/ AAA is working with the CDFSS Information Technology division to create an interface between the Enhanced Services Program (ESP) and the Customer Service Request System (CSR) which will facilitate the use of ESP during the interaction with the clients. All professionals and volunteers interacting with clients at an initial point of entry will be using current information through the ESP system, in order to provide up-to-date resources and options about programs and services available to meet the needs identified. CSR is the citywide service request system that captures all the information regarding each client that calls for services or information. An additional interface is being planned between the Enterprise Case Management System (ECM) and CSR. The ECM system is a centralized web-enabled application for Human Infrastructure departments and their delegate agencies to manage the numerous services provided to Chicago residents.

In addition to the ESP, the advisory team has met with individuals from Purple Binder (a one-stop shop database of social services in Chicago) to discuss utilizing that platform as a resource for finding appropriate referrals for clients. Representatives from the agency that provides purple binder presented their product and trained the ADRN Advisory Team members on how to use the resource system. This has been an excellent supplemental tool for our staff and community partners to ensure that regardless of "which door a consumer enters" they will get accurate and standardized information. Additionally, all partners and staff have been trained and have access to Benefits Check-up for individuals 60+, as well as HelpEngen for those under 60.

CDFSS-SS/ AAA maintains a listserv of over 500 professionals in the aging and disabilities network. On a weekly basis, emails are sent educating professionals on new programs and services, changes in legislation, updates on public benefits and various webinars and trainings, including those sponsored by Administration for Community Living, Centers for Medicare and Medicaid, Aging and Disability Resource Network-Technical Assistance Exchange and the Illinois Department on Aging.

Chicago's Aging and Disability network has been and will continue to encourage participation in the various webinars and trainings concerning ADRN, Options Counseling, Affordable Care Act issue and Medicare/Medicaid Alignment. Information about local programs, funding opportunities and

1.B INITIATIVE DEVELOPMENT

information that may benefit disabled and aging clients is also shared. The list serve is also used during weather emergencies to request assistance from the network to check on vulnerable seniors and people with disabilities in the community. During recent cold spells last winter (FY2013), the ADRN came together to provide an average of 2000 well being checks each day to at-risk individuals.

CDFSS-SS/AAA is in the process of working on finalizing the formal agreements and protocols with key partners. The CDFSS-SS/AAA's legal division has reviewed the information necessary for drafting the agreements that will ensure that the processes, procedures and information shared is consistent among all partners. The MOU will be finalized before the end of FY2014 and presented to the second tier level of members for their signature.

The Care Coordination Units (CCU), a key partner in this initiative, have continued to play an integral role. The CCUs provided comprehensive assessment and care planning to at-risk frail seniors and individuals with disabilities. CCU staff accessed services and programs in order to assist clients and their families in making critical decisions so they may remain as independent as possible. Efforts have also been made to mobilize and coordinate informal and formal sources of support on behalf of the client based on identified needs and limitations. In FY2014, CCUs will be asked to reach out to the existing legal, medical, and social service systems to identify and coordinate programs and services which benefit senior clients and individuals with disabilities of all ages using a network wide resource database.

CDFSS-SS/AAA has worked with CCUs in the development of the relationships with "critical pathway" health care providers. CDFSS-SS/AAA is currently in the process of creating formal linkages between and among the critical pathway providers such as hospitals and nursing homes to establish a process for identifying individuals and their caregivers who need transitional support services. CDFSS-SS/AAA has hired staff to educate nursing home residents on transitioning back into the community and providing long term care options counseling in 150 nursing home facilities in the city.

CDFSS-SS/AAA's network of Health Promotion delegate provider agencies is a key partner in the expansion of the Aging and Disability Resource Network. The Health Promotion providers (Rush Medical Center, White Crane Wellness, Alliance Rehab, and Lorreto Hospital) have been working diligently to expand access to self-management education for older adults and people with

1.B INITIATIVE DEVELOPMENT

disabilities within the planning and service area. In recent years, CDFSS-SS/AAA has invested in the development of the capacity of the Aging and Disability Resource Network of community-based organizations to deliver a range of self-management education and support programs, including the Chronic Disease Self-Management Program (CDSMP), A Matter of Balance, Fit and Strong, and Arthritis Foundation Exercise Program along with other health promotion and disease prevention programs.

Through the ADRN, support for caregivers has been greatly enhanced. Many familial caregivers have disabilities or are also caring for younger individuals with disabilities. The ADRN allows CDFSS-SS/AAA to assess the family and offer a more holistic range of services and assistance. Through the ADRN, CDFSS-SS/AAA has increased services and outreach to seniors caring for adult children. Additionally, the ADRN has enabled CDFSS-SS/AAA to provide guidance and referrals to familial caregivers caring for individuals under the age of 60. In FY2014, CDFSS-SS/AAA shared information regarding the ADRN model with Grandparents Raising Grandchildren provider (Salvation Army) to ensure that individuals under the age of 60 with disability are provided the assistance that is needed.

The Veteran's Independence Program (VIP) helped CDFSS-SS/AAA prepare for the ADRN initiative. Through the VIP program, the Care Coordination Units and AAA reorganized their intervention perspective and learned how to apply the Options Counseling approach. CDFSS-SS/AAA has used that information to educate other ADRN partners about Options Counseling and how it differs from traditional care coordination and information and assistance. DFSS has created a Veteran's Support Component. Specialists, trained in benefits and services for Veterans were located in two DFSS facilities, including one directly across from the local VA medical Center. This site is one of our ADRN sites and also houses the Mayor's Office of People with Disabilities (our ADRN lead partner). The ADRN has improved CDFSS-SS/AAA's ability to provide resources and information to Veteran's and their families who access the ADRN.

FY2015 Planned ADRC Initiatives:

CDFSS-SS/AAA will continue to build on this foundation and to follow the ADRN model of providing seamless access to information and services desired by older adults, individuals with disabilities, and their familial caregivers. Included in the plan for FY2015 will be activities that will better define and expand the ADRN.

FY2015 Activities will include:

- Expanding the ADRN Advisory Team to include a third tier of members and partners in the

1.B INITIATIVE DEVELOPMENT

ADRN. DFSS-SS/AAA will expand the team to include the Chicago Transit Authority (CTA), Rapid Transit Authority (RTA) and Pace, all of which are critical partners in providing access to services through the ADRN. Included in the expansion will be community and faith based organizations representing seniors and individuals with disabilities. All new members of the ADRN advisory team will be asked to sign the MOU formalizing our relationships to ensure that processes, procedures and information shared is consistent among all partners.

- Continuing to provide training for ADRN staff and partners on the ADRN model. CDFSS-SS/AAA will be using the Supervisors Guides available through the online ADRC Training Curriculum developed by Boston University to provide additional training to staff and share those resources with our ADRN partners.
- Expanding and enhancing Consumer-directed options counseling. The main purpose of the counseling will be to help clients assess and understand their needs, and to assist them in making informed decisions about appropriate long-term service and support choices in relationship to their personal needs, preferences, values and individual circumstances. The system will be enhanced to provide the aging and disability services to public and private-pay individuals.
- Ensuring seamless linkages to resources and services. CDFSS-SS/AAA will plan and organize a meeting with all delegate agencies from both the Senior Services Area Agency on Aging and the Mayor's Office of People with Disabilities to raise awareness of the ADRN partnership, discuss joint activities and establishing common ground for working collaboratively to provide a cohesive service delivery system that will meet the needs of both populations of seniors and individuals with disabilities. Included in the service delivery system will be public benefits services, services provided by Access Living and DHS for individuals with disabilities under the age of 60, employment programs, health promotion, housing, transportation, nutrition services, Medicaid waiver services, assistive technology, independent living skills training, crisis referrals, mental health services and supports for family caregivers, services for grandparents raising grandchildren and long term care services.
- Expanding the intervention of local critical pathway providers. In FY2015, formal agreements and protocols will be established with local critical pathway providers such as hospitals, physician's offices, and nursing homes that will establish a process for identifying individuals and their caregivers who need transitional support services.

1.B INITIATIVE DEVELOPMENT

- Quality assurance and continuous improvement. CDFSS-SS/AAA plans to conduct customer satisfaction evaluations and surveys to monitor program quality and to ensure continuous program improvement.

By developing and coordinating these activities, CDFSS-SS/AAA will be closer to reaching the goal of having a fully functional ADRN by September 30, 2015.

SECTION 2: SERVICE JUSTIFICATION

2.B DIRECT SERVICE WAIVER(S)

Provide a justification for each direct service waiver request being made. For services related to the AAA's statutory responsibilities or state mandates, provide a description of the program activities that will be undertaken and the anticipated outcomes. For other services, demonstrate how AAA will provide the service more effectively and efficiently than any other provider. The description should include resources to be utilized.

SERVICE: Congregate Dining Program

In 1968, CDFSS-SS/AAA (then the Division for Senior Citizens) enlisted the services of various community agencies to test a citywide congregate meal program using both city funds and a research and development grant funded under Title IV of the Older Americans Act of 1965. The Department was approached by the Federal Administration on Aging because there were no other providers willing or able to undertake such a project. The Chicago Nutrition Project for Older Adults became the model for the national nutrition program for the elderly, five years before Title VII (Now Title III-C1) was enacted and implemented nationally. Chicago's Nutrition Program for Older Adults has become known as the Golden Diners Program.

CDFSS-SS/AAA published a Legal Notice in the Chicago Sun-Times on April 11, 2011 and provided opportunities to comment on the Public Information Document which stated CDFSS-SS/AAA's intention to continue to provide the program as a direct service in Fiscal Years 2012, 2013 and 2014. No alternative service delivery methods were received in writing or at the Public Hearings on the Area Plan.

The Golden Diners Program, like other programs being funded throughout the country, is designed to create and strengthen social and organizational relationships among the elderly as well as to address the problem of poor nutrition which exists among many older people. Nutritious meals and social contact are vital to staying healthy, active and independent. Besides nutritious meals, there are multiple opportunities for support and recreational activities at the nutrition sites. The Golden Diners Program offers educational, fitness, wellness and recreational activities for seniors in conjunction with the community co-sponsor of the site. This includes trips, educational speakers, parties, cultural activities and health seminars.

Approximately 2,800 meals are served daily (approximately 760,000 meals served annually) to elderly participants at 57 nutrition sites citywide. Meals are prepared by contracted caterers and delivered to 51 of the total nutrition sites. The remaining six (6) sites prepare the meals on-site. Some sites include diverse cuisines for Hispanic, African American, Chinese, Korean, Vietnamese, Italian/American and Indian/Pakistani residents. Staff assigned to serve the meals at the nutrition sites are generally either employed by the city or by the contracted meal providers. The city also provides the supervision for each of the nutrition sites to ensure that the goals of the program are being met.

2.B DIRECT SERVICE WAIVER(S)

In FY2006, CDFSS-SS/AAA (then the Chicago Department on Aging) began designating twenty five (25) Senior Community Service Employment Program (SCSEP) trainee slots to work in the Congregate Dining Program at nutrition sites throughout the city. The trainees develop valuable skills in customer service, food service and cash handling. They are enrolled in a Food Service Sanitation Program and upon successful completion of the course receive a food sanitation certification. To date, a total of twenty-three (23) Title V trainees have been hired as permanent employees of the CDFSS-SS/AAA's Congregate Dining Program.

In January of 2010, CDFSS-SS/AAA partnered with the Chicago Housing Authority (CHA) to incorporate a Transitional Jobs Program into the Golden Diners sites located within CHA's senior designated buildings. The Transitional Jobs Program places workers in short-term, wage-paying, subsidized jobs that combine real work, skill development, and support services to help participants overcome barriers to employment. Research, although somewhat limited, has consistently demonstrated that transitional jobs provide a greater opportunity to earn higher wages, reduce recidivism for ex-offenders, and help participants manage barriers that often prohibit successful employment. Transitional jobs program participants must successfully complete a food & sanitation handling course prior to placement at the nutrition site. Supervision and support of this program is provided by CDFSS-SS/AAA staff. To date, over 300 transitional job participants have been placed in the Golden Diners Program and twenty-eight (28) have been hired as permanent employees of the program.

These innovative employment training partnerships and programs have not only provided a model training opportunity for the trainees, but have also provided a substantial amount of much needed additional resources to assist in the operation of the program, especially in meeting the increased demand. During the period of FY2010 through FY2011, CDFSS-SS/AAA observed an increase in client participation. While much of the increase can be attributed to the wide variety of stimulus programs that were implemented during FY2010, the participation remains in an upward trend in FY2014.

In March of 2011, CDFSS-SS/AAA conducted a survey of the twenty four (24) CHA Senior Housing Buildings and the six on site meal providers to try to identify the factors that contributed to this increase and the reasons why other seniors in the building or visiting the sites do not participate in the program. Almost half of the respondents indicated that they used the program five days a week and nearly 85% attend at least 2 days a week suggesting a high frequency of utilization. The majority of the respondents who stated that they did not attend the program indicated that they like to cook or eat at home. Additional reasons provided included quality of food, food not being culturally sensitive, dietary restrictions or being unaware of the program.

To ensure that the program is being utilized by seniors who have the greatest social and economic need

2.B DIRECT SERVICE WAIVER(S)

and are low-income minorities, CDFSS-SS/AAA, in conjunction with the community co-sponsor, develops community outreach programs and also uses a computerized client tracking and data system to generate attendance lists and client demographic profiles. Of the 57 nutrition sites citywide, the majority are located in low-income minority areas of the city. The program employs a part-time workforce of over 90 low-income staff, approximately 25% of which are older adults. All employees working in the Congregate Dining Program as Hospitality Workers are enrolled in the Food Service Sanitation Program and receive a Food Service Manager Certification upon successful completion of the course and exam. Volunteer opportunities for participants and others are also available at the nutrition sites.

CDFSS-SS/AAA's operation of this service as a citywide program is more cost effective than contracting this service out to multiple vendors and smaller providers, which would result in higher administrative costs. Some examples of the cost savings realized by the CDFSS-SS/AAA include approximately 70,000 square feet of donated space provided by the host community agencies which translates into about \$180,000 of in kind contributions from host agencies. CDFSS-SS/AAA also requires, in its Memorandum of Agreement with the host agencies, that a site supervisor be provided at no cost to the program and that the host agency recruit volunteers to assist with site set-up and clean-up each day. The estimated value of the onsite supervision is \$155,212. The value of donated time by site volunteers is estimated at \$697,651. By operating this program as a direct service, the city is able to better ensure the quality of meals being served and that the nutritional needs of a diverse population of seniors are being met.

CDFSS-SS/AAA's administration of this service as a citywide program represents a total cost savings of more than \$1,000,000 which exceeds the required 15% efficiency threshold for Title III-C1 costs. In addition, the vast majority of the meals provided are at a unit rate of only \$2.90 per meal for the preparation and delivery of these meals. The voluntary participant contributions are used directly toward the cost of the meals.

FY2015 Addendum

In order to meet the increased demand for the Congregate Dining Program for FY2015, DFSS-SS/AAA transferred less Title IIIC1 funds to Title IIIB which provides an additional \$79,574 to be used for meals. Additionally, NSIP funding was moved from C1 to C2 to more accurately reflect how the funds are being used by our agency. CDFSS-SS/AAA estimates that approximately 779,100 meals will be served in FY2015 which is an increase of nearly 10,000 from the projected FY2014.

Geographic Area to be Served: City of Chicago

2.C SERVICES TO BE FUNDED BY THE AREA AGENCY IN THE PSA

Describe the Area Agency's basis for the funding of individual services, the impact of the services on seniors' lives, and the resources to be utilized in supplying the service.

SERVICE: Home-Delivered Meals

The Home Delivered Meals (HDM) Program has been in operation since 1974. HDM provides nutritious meals to frail, homebound elderly persons, 60 and over, who have no support systems in place to assist them in shopping for or preparing meals. The program has the largest budget of any of CDFSS-SS/AAA's in-home programs and also has the highest demand.

The Home Delivered Meals Program provides two catered meals for each day. The weekday hot meal program is a five day delivery of one hot and one cold meal per day. The weekday frozen meal program is a once a week delivery of three or five frozen meals and three or five cold meals. The weekend frozen meal program consists of one frozen meal and one cold meal typically delivered on Friday for the weekend.

All meals follow our Healthy Lifestyle diet (low sodium, low fat and low sugar) to more widely address the nutritional needs of older Chicagoans. Most of the clients receive a minimum of ten meals per week. Depending upon their need, some individuals also receive meals on weekends in addition to the weekday meals and others only receive weekend meals. The vast majority of clients (over 94%) receive frozen and cold meals. If a client is unable to re-heat a frozen meal, he or she is provided with hot and cold meals daily. The frozen meal program, with its reduced delivery expense, has assisted CDFSS-SS/AAA in keeping the costs low, which allows more individuals to be enrolled into the program.

CDFSS-SS/AAA's home delivered meals program served more than 2.6 million meals to more approximately 8,400 different individuals during FY2013. Because of additional funding resources made available through funding from the city's parking meter lease, Community Development Block Grant (CDBG) funding and Meals on Wheels Chicago, CDFSS/AAA does not have a waiting list, unlike other communities in the United States. All seniors deemed eligible to receive home delivered meals are enrolled in the program. Local funding has been made available to ensure that our most frail and vulnerable citizens receive care. CDFSS-SS/AAA projects that with all the funding from the various sources, including Title IIIC2, General Revenue Funds, Project Income, and NSIP approximately 2,500,000 meals will be served to 9,000 clients in FY2014.

Pursuant to the client satisfaction survey conducted three years, CDFSS-SS/AAA implemented an additional meal program option in the HDM Program in FY2012. The new 3 day meal program consists of two (2) meals a day for three (3) days. Previously, the HDM program only provided meals for 2, 5 or 7 days. Historically, audits completed by the monitoring division of CDFSS have suggested that clients may be

2.C SERVICES TO BE FUNDED BY THE AREA AGENCY IN THE PSA

receiving more meals than they may need in some cases. The new three (3) day meal program was implemented as of October 1, 2012, along with specific criteria for the appropriate placement of the clients into the program. Care Coordinators are responsible for conducting the assessment of the clients in order to determine the appropriate placement within the various meal programs pursuant to the needs of the clients.

The main purpose of the new 3 day program was to more appropriately meet the needs of the clients and reduce program costs. While the new program is available to any home delivered meals client, CCP clients who receive up to 8 hours of in home or adult day services weekly are recommended for placement in this program. As additional clients are transferred into the program from the 5 or 7 day meal programs, the cost savings increase. The average number of clients enrolled in the 3 day program has remained consistent within the past year. Approximately, 1400 clients are currently enrolled in the 3 day meal program.

HDM program staff has conducted follow-up with clients enrolled in the program to determine the level of satisfaction for each client enrolled in the new program. It was determined that the vast majority of the clients contacted were satisfied with the food and meal portions. Additionally, CDFSS-SS/AAA conducts annual satisfaction surveys to ensure that the clients are pleased with the food quality and delivery system. Surveys distributed and returned to the meal provider have indicated a nearly 100% satisfaction with the program. DFSS-SS/AAA will continue to evaluate the home delivered meals program satisfaction in FY2015.

Geographic Area to be Served: City of Chicago

SECTION 4: ASSURANCES, METHODS & CERTIFICATIONS

4.B PROPOSED METHODS AND SERVICE OBJECTIVES TO ASSURE SERVICE PROVISION PREFERENCE

List the proposed methods and service objectives to assure that preference is being given to older individuals with greatest economic need, to older individuals with greatest social need, and older individuals at risk for institutional placement, with particular attention to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

CDFSS-SS/AAA is committed to actively identifying and effectively serving older individuals with limited financial resources, those facing social isolation, and minority persons, in particular those with limited English proficiency. In preparation for the Area Plan, CDFSS-SS/AAA compiled and analyzed data from the U.S. Census Bureau which provided important information regarding the changing demographics of seniors in Chicago and identified community areas with the highest concentration of low-income minority seniors, including those with limited-English proficiency. Our goal for this planning cycle is to strengthen our outreach in these areas in order to ensure that needed resources are provided to seniors with the greatest economic and social need to enable them to remain independent.

The recent consolidation in 2009 of the city's human infrastructure departments has helped to provide holistic assistance to vulnerable families within the City. The process of cross training staff and working with other delegate agencies to identify isolated and vulnerable seniors within the family unit and populations continues to be expanded across divisions and agencies. Once identified, seniors are referred to the CDFSS-SS/AAA for appropriate services and benefits. Similarly, CDFSS-SS/AAA utilizes resources and programs from other city services, such as homeless prevention, after-school care for senior kinship providers, and workforce development programs for older adults.

The Well-Being Task Force has trained 29,000 government and community fieldworkers to look for vulnerable seniors. CDFSS-SS/AAA continues to provide this training to community groups, field workers, and other governmental workers including those from the Illinois Department of Children and Family Services, Chicago Housing Authority, Chicago Police Department and Chicago Fire Department on identifying and reporting at-risk seniors in crisis. In FY2015, the Task Force will continue to work on compiling and analyzing data to support the work of Intensive Case Advocacy and Support Services to reduce self-neglect situations among at-risk seniors.

CDFSS-SS/AAA has been actively working with the Chicago Housing Authority (CHA), Cook County Sheriff's Office and CDFSS Homeless Prevention Program to create a system to identify and assist seniors slated for eviction. The Sheriff's Office specifically requests information from each landlord regarding whether there are seniors living on the premises slated for eviction. This information is then provided to CDFSS-SS/AAA four to six weeks prior to the actual eviction so that staff can work with seniors to assist them in finding alternative housing prior to the actual day of eviction. Many of these seniors are in this predicament due to failing cognitive and physical health and have no family to assist them.

OBJECTIVES

- More than half of the base allocation of the Older Americans Act (OAA) and General Revenue Funds (GRF) will be earmarked for in-home services, including Information and Assistance, Home Delivered Meals, Respite, and Chore Services. The recipients of these critical services are in the greatest social, physical and economic need, and are minorities and/or have incomes below poverty.
- CDFSS-SS/ AAA will enhance the quality of life for low-income elderly by working in partnership with the CHA on behalf of older adults residing in their senior housing facilities. CHA senior housing comprises of 55 senior buildings with a total of 9,213 residential units within CHA Senior Housing. Through the Illinois Department on Aging's Community Care Program, CDFSS-SS/ AAA offers Comprehensive Care Coordination services in 15 of the senior housing buildings. The seniors receive an in-home comprehensive assessment by a state-trained care coordinator to determine their service needs. These can include in-home care, flexible service spending, or emergency response systems under the State of Illinois' Community Care Program, home delivered meals, housing relocation assistance, chore and other community-based supportive services.
- CDFSS-SS/ AAA will screen at least 15,000 seniors per year for local, State and Federal benefits through the Benefits Check UP program and assist at least 10,000 seniors with follow-up. Particular emphasis will be placed on those who have limited-English speaking abilities through the identified areas of concentration in the specified community areas. CDFSS-SS/ AAA will increase outreach efforts and education by certifying additional staff and community volunteers to be Senior Health Information Program (SHIP) counselors.

METHODS

During 2015, CDFSS-SS/ AAA will:

- Offer its Chicago Fitness Plus Program in more than 50 locations throughout the City. This program will give more than 9,800 seniors, especially those who are low-income and/or minority, an opportunity to participate in aerobics, strength training, and evidence based classes so that they can increase their flexibility, strength and endurance to maintain their independence and well-being.
- Offer its Congregate Dining program in 57 locations throughout the city. Congregate Dining Program provided nutritious meals and socialization for low-income and minority seniors throughout many of Chicago's communities. More than 25,000 seniors will participate in the program.
- Continue to review and revise its in-home services to ensure that the clients who are receiving these services are those who really need them. Preference will be given to those with the greatest economic and social need (most frail) to enable them to remain independent.

- Identify and provide outreach to isolated seniors, through the Well-Being Task Force, link them to the local service network and faith-based organizations, reconnect them to their communities, friends, and neighbors for support, social interaction and appropriate assistance. CAS team members will assess and assist at-risk seniors through the CAS program.
- Strengthen Chicago seniors' financial independence by screening them for benefits and assisting them to understand and obtain their benefits through the Senior Health Assistance Program, Benefits Eligibility Access Management (BEAM), and the Benefits Check Up Program. CDFSS-SS/ AAA staff and community agencies will perform Benefit Check-ups on seniors and assist them in applying for eligible resources and services.
- Inform, train, assist and support low-income minority persons who are caring for their aging loved ones by offering educational workshops, training programs, support groups, resources and referrals to assist them in their roles as caregivers.
- Assist low-income seniors by addressing their housing needs, whether they are in need of home repairs, in search of affordable housing, or need legal assistance to resolve a housing-related dispute. This assistance will be provided through CDFSS-SS/ AAA's Housing Assistance and Legal Services programs.
- Educate seniors living in long-term care facilities about options for alternative living and the State's Money Follows the Person program. This program provides options counselors who assist seniors to create a safe plan of care as they transition back to the community. Through funding from the Federal Colbert Decree, two staff and a number of volunteers and peer counselors will perform outreach in all of the city's nursing facilities to educate residents about community living alternatives and ensure that they are connected to the appropriate transition specialists if they choose to return to the community.

As its service area is urban, CDFSS-SS/ AAA did not address the service needs of older individuals who reside in rural areas.

4.C METHODS TO SATISFY LOW-INCOME MINORITY, LIMITED ENGLISH PROFICIENCY & RURAL SERVICE NEEDS

List the methods used last year to satisfy the service needs of low-income minority older persons, older individuals with limited English proficiency, and older individuals who reside in rural areas.

In FY 2014, CDFSS-SS/AAA used the following methods to satisfy the service needs of low-income minority older individuals:

CDFSS-SS/AAA continued its partnership with the Chicago Housing Authority (CHA) to coordinate services on behalf of older adults residing in their senior housing developments. This partnership has brought the residents of these buildings much needed access to services and programs that enhance their quality of life and maintain their independence. A few examples are listed below:

- Through the Illinois Department on Aging, CDFSS-SS/AAA provided Comprehensive Care Coordination services in 15 CHA senior buildings that house low income and minority residents, including those with limited-English proficiency. These Care Coordinators assisted residents in accessing Community Care Program services, CDFSS-SS/AAA services and programs, and linked them with a myriad of community resources and programs.
- CDFSS-SS/AAA has provided regular and on-going available training to the Resident Service Coordinator within each CHA senior housing complex about programs and services, as well as technical assistance and advice on specific situations involving residents. CDFSS-SS/AAA's Case Advocacy and Support (CAS) staff assisted with difficult, vulnerable, self-neglectful and at-risk elderly to ensure that they were safe and not a danger to themselves or other seniors in the buildings.
- CDFSS-SS/AAA's partnership with CHA has resulted in bed bug training for professionals working in the buildings, lowered eligibility criteria to 55 for under-utilized properties, developed strategies for grandparents raising their grandchildren in public housing and created opportunities for CHA residents to be hired through CHA's Transitional Jobs Program (discussed in Section 2B of the Area Plan).
- CDFSS-SS/AAA offered the Congregate Dining Program at 19 sites within the CHA properties.

CDFSS-SS/AAA offered exercise classes at over 50 locations throughout the city, particularly those in low-income minority neighborhoods. Each class meets twice a week for an hour of strength-building, cardiovascular work and flexibility training. CDFSS-SS/AAA provides exercise equipment and hired personal trainers through a contracted agency. The trainers work an average of 5 hours a day at our Senior Centers to enhance the quality of the seniors' workouts. More than 9,400 seniors (more than 50% of who are low-income minority persons) participated in the program.

CDFSS-SS/AAA also employs bi-lingual staff in the I & A unit to inform limited-English speaking persons about our programs and services. Among the languages spoken by our staff are Spanish, Greek, Polish,

4.C METHODS TO SATISFY LOW-INCOME MINORITY, LIMITED ENGLISH PROFICIENCY & RURAL SERVICE NEEDS

List the methods used last year to satisfy the service needs of low-income minority older persons, older individuals with limited English proficiency, and older individuals who reside in rural areas.

Russian, Tagalog, Vietnamese, Arabic, Assyrian, Italian, Yiddish, Chinese and American sign-language. CDFSS-SS/AAA partnered with 50 community agencies and forty-five (45) Chicago Housing Authority Senior Buildings to provide Benefits Check-Up assistance. These agencies targeted various ethnic and underserved communities including isolated homebound seniors and victims of elder abuse and neglect. The populations served include Bosnian, Russian, Cambodian, Haitian, Chinese, Vietnamese, Japanese, Polish, Ukrainian, Korean and Spanish-speaking seniors; seniors of Islamic, Jewish and Baha'i faith; seniors who are visually impaired or blind; LGBT seniors; and those living in low socio-economic neighborhoods.

CDFSS-SS/AAA assisted more than 9,500 low and moderate-income minority seniors in Chicago in applying for various pharmaceutical assistance programs including Benefits Eligibility Access Management (BEAM). CDFSS-SS/AAA has participated in the Make Medicare Work program to help disseminate the information regarding the changes brought about by the Medicare Modernization Act of 2004, specifically on the Medicare Part D Prescription Drug Benefit as Medicare Savings Plans with the assistance of Extra Help or Low income Subsidy. The dissemination of this information has been targeted to limited-English-speaking seniors, in order to provide them with assistance with selecting and enrolling in a variety of pharmaceutical plans.

CDFSS-SS/AAA's Benefits Check Up Program (BCU), which assists seniors in obtaining over 1,000 public benefits, has grown into the largest outreach effort to seniors in the country. CDFSS-SS/AAA's bi-lingual workers reached out to non-English speaking elderly throughout the City, speaking at public meetings, and addressing senior groups and clubs, residents of subsidized senior buildings and other venues where seniors congregate.

CDFSS-SS/AAA also utilizes many different venues to reach out to older Chicagoans. CDFSS-SS/AAA has written many of its promotional materials in different languages including Spanish, Chinese, Polish, Vietnamese, Russian, Korean, and English. CDFSS-SS/AAA also sends information of interest to seniors to citywide, local, and ethnic newspapers throughout Chicago regularly.

CDFSS-SS/AAA worked closely with many ethnic communities by attending monthly community meetings, hosting special events and trips to highlight the City's many ethnic groups. CDFSS-SS/AAA continues to coordinate a citywide Hispanic Provider Council comprised of providers who specifically work with Spanish-speaking clients.

CDFSS-SS/AAA's Congregate Dining Program provided nutritious meals and socialization for low-income and minority seniors throughout many of Chicago's communities. Forty (40) out of the 57 Congregate Dining sites are located in low income minority areas of the City. CDFSS-SS/AAA also contracted with six vendors that prepared ethnic cuisine in some of the dining sites to address the dietary and taste preferences of Chicago's diverse senior population.

**4.C METHODS TO SATISFY LOW-INCOME MINORITY, LIMITED ENGLISH PROFICIENCY
& RURAL SERVICE NEEDS**

List the methods used last year to satisfy the service needs of low-income minority older persons, older individuals with limited English proficiency, and older individuals who reside in rural areas.

In reviewing the data for FY2013, 151,472 seniors (38% of the senior population) received assistance through CDFSS-SS/AAA. Further analysis of the client data for FY2013 revealed that the majority of the clients served through CDFSS-SS/AAA lived in the community areas with a high concentration of low-income minority seniors. Additionally, 57% of CDFSS-SS/AAA funded senior services providers are located in the community areas with the highest concentration of low income minority seniors.

CDFSS-SS/AAA did not address the service needs of older individuals who reside in rural areas because its service area is entirely urban.

SECTION 5: FINANCIAL PLAN

PSA: 12
1-Jul-14

FY 2015

5 A AREA AGENCY BUDGET

	Title	III-B	III-C1	III-C2	III-D	III-E	Title III-B Omb	Title VII Omb	Title VII EA	Total Allocation
I. Resource Types										
Federal Funds	III-B	3,106,742	3,809,906	1,807,792	231,817	1,271,450	373,654	79,307	31,423	10,712,091
State Funds	1,798,454			2,707,043		57,784	131,944			4,695,225
N.S.I.P.		961,228		1,441,842						2,403,070
Local Cash				2,800,000						2,800,000
In-Kind	551,122	1,400,000				226,957				2,178,079
Project Income	25,000	700,000	900,000	15,000	10,000					1,650,000
TOTAL	5,481,318	6,871,134	9,656,677	246,817	1,566,191		505,598	79,307	31,423	24,438,465
II. Resource Types										
Base Funding	III-B	2,958,802	3,824,734	1,788,311	210,743	1,210,905	97,654	79,307	31,423	10,201,879
State Carryover	147,940	191,237	89,416	21,074	60,545					510,212
AAA Carryover		(206,065)	(69,935)				276,000			
Transfers							373,654			
TOTAL	3,106,742	3,809,906	1,807,792	231,817	1,271,450		373,654	79,307	31,423	10,712,091
III. Carryover										
Base Amount	III-B	3,098,547	4,005,378	1,872,774	230,608	1,268,098	98,625	80,096	32,199	10,686,325
Maximum (5%)	512,240									512,240
Maximum (10%)							9,863	8,010	3,220	44,154
IV. Administration										
Maximum (10%)	III	1,013,918			23,061					
								0	0	1,013,918

IL-402-0330 (Rev. 3/14)

PSA:	12	FY 2015
Date:	1-Jul-14	
5.B AREA AGENCY BUDGET		
	Area Plan Federal & GRF	Other * Total
	(a)	(b) (c)
1. Personal Services	6,044,184	3,285,798 9,329,982
2. Fringe Benefits	1,571,502	842,558 2,414,060
3. Travel	3,000	30,900 33,900
4. Rent & Related	25,000	25,000
5. Equipment & Supplies	20,000	74,982 94,982
6. Other	100,000	351,275 451,275
7. Total	7,763,686	4,585,513 12,349,199
* SUMMARY OF OTHER FUNDS		
	Source	
	Amount	
	(d)	
8. Title V	968,955	
9. SESP	21,468	
10. LTC Systems Dev.	55,073	
11. Elder Abuse (RAA Contract)	52,574	
12. Other	3,487,443	
13. Total	4,585,513	

Line 12: Other Explanation

In the space provided, enter the names and dollar amounts of all Other Funds (e.g., SHAP, CMP, FSS, etc.) that the Area Agency administers. This should include IDoA funds as well as other program funds. Add other fund names and amounts as needed. The total should match the amount on line 12 above.

Names of Other Funds	Funding Amount
A. SHAP	314,265
B. SHIP	22,000
C. LTCPF	116,817
D. MFF	32,381
E. ADRC	12,000
F. MIPPA	140,000
G. GRG	29,980
H. CDBG	2,800,000
I. SMP	20,000
J. Local Funds	-
Total	3,487,443

PSA: 12
Date: 1-Jul-14

FY 2015

5.D SERVICE DELIVERY OBJECTIVES & DISTRIBUTION OF TITLE III, TITLE VII, AND GRF RESOURCES (PAGE 2 OF 7)

Services	Number Served (a)	Units of Service (b)	Title III-B (c)	Title III-C1 (d)	Title III-C2 (e)	Title III-D (f)	Title III-E (g)	Title III-B/VI-Omb (h)	Title VII-EA (i)	AAA Carryover (j)	Total Federal (k)	GRF (l)	Local Match (m)	Project Income (n)	Total Budget (o)
Title III-B Access Services															
21. Options Counseling	850	1,700									-	300,000			300,000
22 Assisted Transportation											-	-			-
23 Ind. Needs Assessment											-	-			-
24. Information & Assistance	82,624	176,056	1,446,955							147,940	1,594,895	1,030,170			2,625,065
25 Outreach III-B											-	-			-
26 Transportation	225	3,954	55,680								55,680	130,311		10,000	195,991
27											-	-			-
28. TOTAL III-B Access	83,699	181,710	1,502,635							147,940	1,650,575	1,460,481		10,000	3,121,056
Title III-B In-Home Services															
29 Adult Day Care											-	-			-
30 Chore/Housekeeping	90	6,508	72,450								72,450		15,555		88,005
31. Friendly Visiting											-	-			-
32 Home Health											-	-			-
33. Homemaker											-	-			-
34. Respite	218	12,684	68,785								68,785			5,000	73,785
35. Res. Repair & Reno											-	-			-
36. Telephone Reassurance											-	-			-
37.											-	-			-
38. TOTAL III-B In-Home	308	19,192	141,235								141,235		15,555	5,000	161,790

IL-402-0330 (Rev. 3/14)

5.D SERVICE DELIVERY OBJECTIVES & DISTRIBUTION OF TITLE III, TITLE VII, AND GRF RESOURCES (PAGE 3 OF 7)

Services	Number Served (a)	Units of Service (b)	Title III-B (c)	Title III-C1 (d)	Title III-C2 (e)	Title III-D (f)	Title III-E (g)	Title III-B/ VII-Omb (h)	Title VII-EA (i)	AAA Carryover (j)	Total Federal (k)	GRF (l)	Local Match (m)	Project Income (n)	Total Budget (o)
Title III-B Comm Services															
39. Counseling															-
40. Education															-
41. Employment Assistance															-
42. Health Screening															-
43. Housing Assistance	475	4,699	88,111								88,111		12,000		100,111
44. Legal Assistance	748	2,088	115,488								115,488		17,043		132,531
45. Multi-purp Sen Center	275,000	28,420	700,000								700,000				700,000
46. Recreation	182,634	30,000	109,733								109,733		18,000	10,000	137,733
47. Senior Opportunities & Serv															-
48.															-
49.															-
50. TOTAL III-B Comm	458,857	65,207	1,013,332								1,013,332		47,043	10,000	1,070,375
Ombudsman Svcs - LTC Fac															
51. Ombudsman - III-B								373,654			373,654	131,944			505,598
52. Ombudsman - VII								79,307			79,307				79,307
53. TOTAL Ombudsman								452,961			452,961	131,944			584,905
Title VII-EA Comm. Services															
54. Elder Abuse									31,423		31,423				31,423
55. Ombudsman															-
56. TOTAL VII-EA Comm.									31,423		31,423			-	31,423

PSA: 12
Date: 1-Jul-14

FY 2015

5.D SERVICE DELIVERY OBJECTIVES & DISTRIBUTION OF TITLE III, TITLE VII, AND GRF RESOURCES (PAGE 5 OF 7)

Services	Number Served (a)	Units of Service (b)	Title III-B (c)	Title III-C1 (d)	Title III-C2 (e)	Title III-D (f)	Title III-E (g)	Title III-B/V-I-Omb (h)	Title VII-EA (i)	AAA Carryover (j)	Total Federal (k)	GRF (l)	Local Match (m)	Project Income (n)	Total Budget (o)
Title III-D Comm Services															
69. Health Risk Assess.															-
70. Routine Health Screen.															-
71. Nut. Counseling & Ed.															-
72. Health Promotion Prog.	3,900	1,428				56,732					56,732				56,732
73. Ph Flt/Grp Ex/Mu/Art/Dan	9,432	14,235				154,011				21,074	175,085			15,000	190,085
74. Home Injury Control Svcs															-
75. Mental Health Screening															-
76. Ben. & Pre Health Ser. Ed															-
77. Medication Mangmnt															-
78. Diagnosis, Prevent, Treat															-
79. Gerontological Couns.															-
80. Social Svcs & Follow-up															-
81. TOTAL III-D Comm Serv	13,332	15,663				210,743				21,074	231,817			15,000	248,817
Title III-E Information Svcs															-
82. Information (Care)															-
83. Information (GRG)															-
84. Public Education (Care)															-
85. Public Education (GRG)															-
86. TOTAL III-E Information															-

IL-402-0330 (Rev. 3/14)

PSA: 12
Date: 1-Jul-14

5 D SERVICE DELIVERY OBJECTIVES & DISTRIBUTION OF TITLE III, TITLE VII, AND GRF RESOURCES (PAGE 6 OF 7)

Services	Number Served (a)	Units of Service (b)	Title III-B (c)	Title III-C1 (d)	Title III-C2 (e)	Title III-D (f)	Title III-E (g)	Title III-B/ VII-Ormb (h)	Title VII-EA (i)	AAA Carryover (j)	Total Federal (k)	GRF (l)	Local Match (m)	Project Income (n)	Total Budget (o)
Title III-E Assistance Svcs															
87. Case Management (Care)															
88. Case Management (GRG)															
89. Assistance (Care)	13,875	23,500					869,718			60,545	930,263	57,784	185,267		1,173,314
90. Assistance (GRG)	3,500	6,400					61,274				61,274				61,274
91. Outreach (Care)															
92. Outreach (GRG)															
93. TOTAL III-E Assist.	17,375	29,900					930,992			60,545	991,537	57,784	185,267		1,234,588
Title III-E C/S/T Services															
94. Counseling (Care)	725	1,500					33,200				33,200		18,000	5,000	54,200
95. Counseling (GRG)	20	600					12,000				12,000				12,000
96. Support Groups (Care)	950	54					6,480				6,480		18,068		22,548
97. Support Groups (GRG)															
98. Training & Education (Care)															
99. Training & Education (GRG)															
100. (Care)															
101. (GRG)															
102. TOTAL III-E C/S/T	1,695	2,154					51,680				51,680		32,068	5,000	88,748
Title III-E Respite Services															
103. Respite (Care)	82	6,754					80,333				80,333		9,622	5,000	94,955
104. Respite (GRG)	20	450					10,000				10,000				10,000
105. TOTAL III-E Respite	102	7,204					90,333				90,333		9,622	5,000	104,955

IL-402-0330 (Rev. 3/14)

PSA: 12
Date: 1-Jul-14

FY 2015

5.D SERVICE DELIVERY OBJECTIVES & DISTRIBUTION OF TITLE III, TITLE VII, AND GRF RESOURCES (PAGE 7 OF 7)

Services	Number Served (a)	Units of Service (b)	Title III-B (c)	Title III-C1 (d)	Title III-C2 (e)	Title III-D (f)	Title III-E (g)	Title VII-Omb (h)	Title VII-EA (i)	AAA Carryover (j)	Total Federal (k)	GRF (l)	Local Match (m)	Project Income (n)	Total Budget (o)
Title III-E Supplemental Svc															
106. Gap Filling (Care)	50	50					3,500				3,500				3,500
107. Gap Filling (GRG)	20	20					1,500				1,500				1,500
108. Legal Assistance (Care)															
109. Legal Assistance (GRG)															
110. (Care)															
111. (GRG)															
112. TOTAL III-E Supp	70	70					5,000				5,000				5,000
113. TOTAL III-E Caregivers	14,732	31,804					986,751			60,545	1,047,296	57,784	210,889	10,000	1,325,969
114. TOTAL III-E GRG	4,510	7,524					91,254				91,254		16,068		107,322
115. AAA Budget (1+3+4+5)			301,600	579,418			132,900				1,013,918	337,973	488,524		1,840,415
116. Access (28+58+65+86+93)	101,074	211,610	1,502,635				930,992			208,485	2,642,112	1,518,265	185,267	10,000	4,355,644
117. In-Home (38+86)	10,464	3,229,781	141,235		1,718,376					89,416	1,949,027	2,707,043	2,815,555	905,000	8,376,625
118. CBS (50+53+56+62+68+81+102+105+112)	498,156	850,822	1,013,332	3,039,251		210,743	147,013	452,961	31,423	212,311	5,107,034	131,944	1,488,733	735,000	7,462,711
119. GRAND TOTAL (115+116+117+118)	610,694	4,292,213	2,958,802	3,618,689	1,718,376	210,743	1,210,905	452,961	31,423	510,212	10,712,091	4,695,225	4,978,079	1,650,000	22,035,395
120. Grand Total + NSIP															
121. Total NSIP				961,228	1,441,842										
82/83 Information															
84/85 Public Education															
87/88 Case Management															
89/90 Assistance	17,375	29,900					930,992			60,545	991,537	57,784	185,267		1,234,588
91/92 Outreach															
94/95 Counseling	745	2,100					45,200				45,200		16,000	5,000	66,200
96/97 Support Groups	950	54					6,480				6,480		16,068		22,548
98/99 Training & Education															
100/101															
103/104 Respite	102	7,204					90,333				90,333		9,622	5,000	104,955
106/107 Gap Filling	70	70					5,000				5,000				5,000
108/109 Legal Assistance															
110/111															
Total	19,242	39,328					1,078,005			60,545	1,138,550	57,784	226,957	10,000	1,433,291
Total Line 113+114	19,242	39,328					1,078,005			60,545	1,138,550	57,784	226,957	10,000	1,433,291

IL-402-0330 (Rev 3/14)

PSA:
Date:

12
1-Jul-14

FY 2015

5.E PERSONAL SERVICES DETAIL

	(a) Employee Name	(b) Full/ Part-time	(c) Title	(d) Budgeted Cost
1.		FT	Total FT:	5,560,649
2.		FT	Deputy Commissioner	
3.		FT	Managing Deputy Commissioner	
4.		FT	Deputy Commissioner	
5.		FT	Clerk II	
6.		FT	Clerk II	
7.		FT	Clerk II	
8.		FT	Clerk II	
9.		FT	Senior Data Entry Operator	
10.		FT	Outreach Worker	
11.		FT	Clerk III	
12.		FT	Clerk II	
13.		FT	Clerk III	
14.		FT	Clerk II	
15.		FT	Clerk II	
16.		FT	Asst Specialist In Aging	
17.		FT	Clerk IV	
18.		FT	Clerk IV	
19.		FT	Staff Assistant	
20.		FT	Executive Secretary II	
21.		FT	Asst. Regional Director	
22.		FT	Asst Specialist In Aging	
23.		FT	Asst Specialist In Aging	
24.		FT	Support Services Asst	
25.		FT	Asst Specialist In Aging	
26.		FT	Asst Specialist In Aging	
27.		FT	Support Services Asst	
28.		FT	Asst Specialist In Aging	
29.		FT	Executive Secretary II	
30.		FT	Accounting Technician II	
31.		FT	Asst Specialist In Aging	
32.		FT	Volunteer Services Coord	
33.		FT	Accountant III	
34.		FT	Elder Protective Investigator III	
35.		FT	Regional Director	
36.		FT	Staff Assistant	
37.		FT	Program Auditor I	
38.		FT	Regional Director	
39.		FT	Asst Specialist In Aging	
40.		FT	Resident Services Coord I	
41.		FT	Resident Services Coord I	
42.		FT	Resident Services Coord I	
43.		FT	Support Services Asst	

PSA:
Date:

12
1-Jul-14

FY 2015

5.E PERSONAL SERVICES DETAIL

	Employee Name (a)	Full/ Part-time (b)	Title (c)	Budgeted Cost (d)
44.		FT	Support Services Asst	
45.		FT	Program Auditor I	
46.		FT	Administrative Assistant II	
47.		FT	Policy Analyst	
48.		FT	Staff Assistant	
49.		FT	Staff Assistant	
50.		FT	Asst Specialist In Aging	
51.		FT	Asst Specialist In Aging	
52.		FT	Resident Services Coord II	
53.		FT	Elder Protective Investigator I	
54.		FT	Elder Protective Investigator I	
55.		FT	Elder Protective Investigator I	
56.		FT	Elder Protective Investigator I	
57.		FT	Asst Specialist In Aging	
58.		FT	Asst Specialist In Aging	
59.		FT	Asst Specialist In Aging	
60.		FT	Asst Specialist In Aging	
61.		FT	Asst Specialist In Aging	
62.		FT	Asst Specialist In Aging	
63.		FT	Supervisor of Family Services	
64.		FT	Staff Assistant	
65.		FT	Staff Assistant	
66.		FT	Elder Protective Investigator III	
67.		FT	Program Auditor III	
68.		FT	Contract Development Specialist	
69.		FT	Specialist In Aging II	
70.		FT	Specialist In Aging II	
71.		FT	Specialist In Aging II	
72.		FT	Specialist In Aging II	
73.		FT	Specialist In Aging II	
74.		FT	Specialist In Aging II	
75.		FT	Specialist In Aging II	
76.		FT	Specialist In Aging II	
77.		FT	Specialist In Aging II	
78.		FT	Regional Director	
79.		FT	Project Coordinator	
80.		FT	Regional Director	
81.		FT	Policy Analyst	
82.		FT	Project Manager	
83.		FT	Regional Director	
84.		FT	Supervisor of Family Services	
85.		FT	Supervisor of Accounting	
86.		FT	Regional Director	

PSA: 12
Date: 1-Jul-14

FY 2015

5.E PERSONAL SERVICES DETAIL

	Employee Name (a)	Full/ Part-time (b)	Title (c)	Budgeted Cost (d)
87.		FT	Special Assistant	
88.		FT	Deputy Commissioner	
89.		FT	Assistant Commissioner	
90.		FT	Assistant to Commissioner	
		FT	Dir Of Administration	
			Total PT:	483,535
91.		PT	Service Coord Aide	
92.		PT	Elderly Aide II Hourly	
93.		PT	(73) Hospitality Worker	
	Total (or Sub-Total)			6,044,184

IL-402-0330 (Rev. 3/14)

PSA:	12	FY 2015
Date:	1-Jul-14	
5.F EMPLOYEE FRINGE BENEFIT ANALYSIS		
	Benefit Description & Rate (a)	Budgeted Cost (b)
1.	Total Full-Time Staff	1,246,138
2.	Total Part-Time Staff	325,364
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.	Total Employee Fringe Benefits	1,571,502
IL-402-0330 (Rev. 3/14)		

PSA: 12
Date: 1-Jul-14

FY 2015

5.G AGENCY TRAVEL ANALYSIS

TOTAL TRAVEL
(a)

1.	AAA EMPLOYEES	
2.	Mileage Reimbursement	2,000
3.	Lodging	600
4.	Meals/Per Diem	400
5.	Transportation	
6.	Other (specify)	
7.	AAA Employees Sub-Total	3,000
8.	OTHER	
9.	Mileage Reimbursement	
10.	Lodging	
11.	Meals/Per Diem	
12.	Transportation	
13.	Other (specify)	
14.	Other Sub-Total	-
15.	TOTAL TRAVEL	3,000

IL-402-0330 (Rev. 3/14)

PSA: 12		FY 2015	
Date: 1-Jul-14		5.H EQUIPMENT & SUPPLIES DETAIL	
Item Description (a)	Reason for Request (b)	Quantity (c)	Unit Cost (d)
Ongoing Supplies			Cost (e)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
Total (or Sub-Total)			20,000
			IL-402-0330 (Rev. 3/14)

PSA:	12	FY 2015
Date:	1-Jul-14	
5.1 OTHER EXPENSE DETAIL		
		Cost (a)
1.	Staff Training & Conferences	
2.	Vendor & Project Training & Conferences	40,000
3.	Telephone	25,000
4.	Postage	
5.	Legal Services	
6.	Copier Expenses	25,000
7.	Insurance	
8.	Auditing	
9.	Equipment Maintenance	10,000
10.	Printing	
11.	Dues.subscriptions, publications	
12.	Payroll Services	
13.	Consulting Costs/Professional Services	
14.	Other Board/Council/Staff Expense	
15.	Bank Charges	
16.	Advertising, Employment	
17.	Auto Operating Expenses	
18.	Other (Sundry	
19.	Other (
20.	Total Other Costs	100,000
		IL-402-0330 (Rev. 3/14)

ATTACHMENTS TO THE AREA PLAN

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

Three public hearings were conducted by the Chicago Department of Family and Support Services, Senior Services Area Agency on Aging at the following locations:

<u>Date</u>	<u>Location</u>
May 6, 2014	Central West Regional Center, 2102 W. Ogden
May 7, 2014	Norwood Park Satellite Senior Center, 5801 N. Natoma
May 15, 2014	Southwest Regional Center, 6117 S. Kedzie

A total of one hundred and thirty nine (139) individuals attended the public hearings for the FY2012-2015 Area Plan on Aging. Twenty-five (25) individuals testified and many others provided informal commentary. Sign language interpreters and bi-lingual Spanish interpreters were present at each of the three meetings.

Public Information Document (PID)

Each Public Hearing included the distribution of the a Public Information Document (PID) to attendees summarizing the highlights of the Area Plan on Aging Fiscal Years 2012-15 with the spending plan for Fiscal Year 2015.

Call to Order

Two of three Public Hearings were called to order at 10:00 A.M. and one was called to order at 11:00 A.M. by the Chairwoman, Joyce Gallagher.

Introductions

The Chairwoman opened each meeting by welcoming members to the Public Hearing and introducing members of the *Public Hearing Panel*.

FY2015 Area Plan on Aging Overview

Following introductions, the Chairwoman provided an overview of the FY2015 Area Plan on Aging Amendment and the purpose of the Public Hearing to obtain public comment on how best to deliver state and federal funded services to seniors 60 and older. The Chairwoman discussed funding allocations and the Governor's proposed budget for FY2015. Following a review of the FY2015 Area Plan and CDFSS-SS/AAA recommendations, the Chairwoman explained the Public Hearing rules. Each participant was limited to three minutes in order to provide testimony and was required to state their name and organization, if applicable. Participants were also notified that written testimony would be included if sent to CDFSS-SS/AAA between May 2 and May 23, 2014. Participants were also notified that the proceedings were being tape recorded. The public hearings were then opened for participants to testify.

Based upon the public hearings and the testimony provided, there were no changes made to the FY2015 Area Plan Amendment.

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

PUBLIC HEARING LOCATION: Central West Regional Center, 2102 W. Ogden – 51 participants attended.

Public Hearing Panel

Joyce Gallagher, Chairwoman, CDFSS-SS/ AAA
Alexandra Cooney, Deputy Commissioner, CDFSS-SS/ AAA
Yolanda Curry Deputy Commissioner, CDFSS-SS/ AAA
Jacqueline Tiema, Director of Planning, Research and Development/
Director of Grants, CDFSS

CDFSS-SS/AAA Staff Present

Nikki Garbis Proutsos
Christine Velez
Peter Kamps

Discussion of Area Plan:

Joyce Gallagher officially opened the meeting welcoming the audience and the panelists to the public comments section of the Area Plan on Aging. Ms. Gallagher indicated the purpose of the meeting is to receive public comments on the Area Plan which summarizes the needs for seniors, and also identifies the array of services which are designed to meet these needs within the City of Chicago.

Ms. Gallagher began the meeting by providing an overview of Governor Quinn's proposed FY2015 state budget for senior services. The proposed 2015 budget to the Illinois General Assembly includes a 2.07% decrease in federal funding. State funds for FY15 will increase by 1.833%.

Joyce Gallagher indicated that the Area Plan for senior services in Chicago remains focused on providing services to low-income and minority elderly within the City. Given the slight reduction in overall senior funding within the City, Ms. Gallagher indicated that the Senior Services Division will work to minimize the overall impact these cuts may have on service delivery.

Ms. Gallagher went on to point out some of the accomplishments which have been made in senior programming through the Department of Family and Support Services. This has included the delivery of nearly 2.6 million meals to over 10,000 elderly Chicago residents during 2013. However, given rising costs, maintaining level delivery of services continues to remain a challenge as costs continue to rise and funding continues to decrease. DFSS-Chicago Area Agency on Aging continues to aggressively pursue alternative resources. CDFSS-SS/ AAA will receive \$15,892,100 in funding for planning efforts directed at senior programming during FY2015. Some of the proposed actions for senior programming include:

- CDFSS-SS/ AAA will decrease the level of direct service funding by \$519,154.00. The decrease is a result of the estimated 2.07% federal reduction.
- CDFSS-SS/AAA proposes an increase of \$420, 025.00 in the level of contracted services.

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

If CDFSS-SS/AAA receives funding allocations that are below the projected level for FY2015, new sources of revenue to maintain services will be explored. If services cannot be sustained, the following actions would be considered:

- Identify and reduce administrative costs.
- Reallocate Congregate Dining and Senior Fitness resources.
- Review all programs to improve service and cost effectiveness beginning with lower priority services.

If CDFSS-SS/AAA receives an increase in its funding above the projected level for FY2015, CDFSS-SS/AAA would allocate additional funds to one or more of the following:

- Increase funding for Information and Assistance.
- Increase funding for Home Delivered Meals and Congregate Meals.
- Expand the fitness program to include more sites and expand the number of days that exercise classes are offered.
- Expand CDFSS-SS/AAA's cultural and recreational opportunities for seniors.

Joyce Gallagher then opened the meeting up for public comments:

Public Testimony

Cleveland Woodland Junior-Requested more resources for seniors within the City of Chicago as well as senior service information being more widely available at the neighborhood level. Mr. Woodland indicated there is so much information at City Hall, however this is not always easily accessible at the Center. Mr. Woodland also requested more funding be made available for events including trips to the Civic Opera and other outings which would benefit seniors culturally.

Gloria Hayes- Gloria began attending programs at the Senior Center six years ago. She observed during that time the program to fund outings had been cut drastically. This included outings to local musicals. For example, there were only 40 tickets made available to a local music event. She lamented the fact there are much fewer times when seniors can enjoy such opportunities.

Calvin Mohammad-Mr. Mohammad expressed the need for a full time assistant at the Central West Regional Facility to keep seniors up-to-date regarding Medicare and Medicaid. He indicated there was someone who does sporadically visit the facility, but there is a need for someone to maintain a presence at the facility on a frequent, regular basis. This is needed to help seniors understand the complexities of Medicare and Medicaid programs.

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

Linda Moore-Linda Moore introduced herself as a facility volunteer and offered to serve as a facility liaison in order to collect and disseminate to DFSS staff, concerns that seniors who utilize the Center have, such as staffing shortages, fitness equipment and other issues. She also indicated that presently there is a need for improved fitness equipment, a pool room, no paper towels and not enough hand dryers at the center. Linda provided DFSS staff with a list of requested items. Joyce read some of the requested items, including a dedicated center employee who specializes in public benefits twice a week, more staff at the centers, a notary public, a legal assistance representative for wills, an insurance assistance, additional room for computers, more privacy in the library, air conditioning during the summer, and improved wheel chair accessibility. She also indicated that two full tables are needed. Joyce asked if a staff member being deployed to the center to handle benefits questions would help. She also indicated that DFSS is committed to helping seniors, but is facing budget cuts to sustain existing services at the center. Joyce indicated what was presented are all reasonable requests.

Joan Thomas- Ms. Thomas expressed concern for patrons using the parking lot in terms of safety. The city needs a stop sign in the parking lot, and there are many potholes. Joyce Gallagher indicated she would discuss this with the Alderman's Office to obtain some resolution to the problem.

Lucille Steel- Ms. Steel re-iterated that potholes are dangerous and asked if DFSS was seeking out grants for Senior Services.

Jacqueline Tiema- Ms. Tiema, Director of Grants for the Department of Family and Support Services, indicated the Department was actively looking for senior funding opportunities. She also encouraged people in the audience, when they become aware of a potential senior service funding opportunity, to reach out to staff at DFSS so that this could be researched and be potentially pursued. Joyce suggested that the Department may want to consider partnering with a church for a potential funding opportunity, if the Department was not eligible for a particular grant.

Cynthia Colon- Ms. Colon indicated the tables in the activity card room were inadequate. Specifically, there is no room for participants to hang their coats. The card activity usually involves twenty to thirty people and there is not enough room for everyone.

Ann Digby - Ms. Digby, a staff member at Central West Regional Center reported that the Department is just waiting for tables to be delivered. Staff at the center is working on making the facility more amenable including chairs which would make the room more accessible and accommodating to the activity.

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

Louise Williams - Ms. Williams reported she has been coming to the center since 2004. She went on to describe how her mother passed in 2010 and was left with the responsibility for her mother's house. With little knowledge of what to do with the house, the senior center offered this program to help survivors deal with the responsibility and the decisions associated with a deceased parent's house. Ms. Williams stated the center needs someone once a month who can tell seniors what to do with property when a person passes.

Dorothy Ferguson- Ms. Ferguson indicated the Department's Senior Services Division used to have speakers come to Central West to discuss arenas of local importance to seniors and associated personnel including representatives from police, Chicago Transit Authority and Com Ed. Ms. Ferguson indicated these speakers are needed to help seniors deal with day to day concerns.

Ann Digby- Program Director at Central West Regional Center- Ms. Digby indicated she would like to address Ms. Ferguson's concern. She requested that seniors at the Central West Regional Facility request a speaker to address a particular issue-so that speakers can come out to address their concerns.

The meeting adjourned at 11:30 AM.

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

PUBLIC HEARING LOCATION: Norwood Park Satellite Senior Center, 5801 N. Natoma - 23 participants attended.

Public Hearing Panel

Joyce Gallagher, Chairwoman, CDFSS-SS/AAA
Yolanda Curry Deputy Commissioner, CDFSS-SS/AAA
Jacqueline Tiema, Director of Planning, Research and
Development/Director of Grants, CDFSS

CDFSS-SS/AAA Staff Present

Nikki Garbis Proutsos
Christine Velez
Peter Kamps

Discussion of Area Plan:

Joyce Gallagher officially opened the meeting welcoming the audience and the panelists to the public comments section of the Area Plan on Aging. Ms. Gallagher indicated the purpose of the meeting is to receive public comments on the Area Plan which summarizes the needs for seniors, and also identifies the array of services which are designed to meet these needs within the City of Chicago.

Ms. Gallagher began the meeting by providing an overview of Governor Quinn's proposed FY2015 state budget for senior services. The proposed 2015 budget to the Illinois General Assembly includes a 2.07% decrease in federal funding. State funds for FY15 will increase by 1.833%.

Joyce Gallagher indicated that the Area Plan for senior services in Chicago remains focused on providing services to low-income and minority elderly within the City. Given the slight reduction in overall senior funding within the City, Ms. Gallagher indicated that the Senior Services Division will work to minimize the overall impact these cuts may have on service delivery.

Ms. Gallagher went on to point out some of the accomplishments which have been made in senior programming through the Department of Family and Support Services. This has included the delivery of nearly 2.6 million meals to over 10,000 elderly Chicago residents during 2013. However, given rising costs, maintaining level delivery of services continues to remain a challenge as costs continue to rise and funding continues to decrease. CDFSS-SS/AAA continues to aggressively pursue alternative resources. CDFSS-SS/AAA will receive \$15,892,100 in funding for planning efforts directed at senior programming during FY2015. Some of the proposed actions for senior programming include:

- CDFSS-SS/AAA will decrease the level of direct service funding by \$519,154.00. The decrease is a result of the estimated 2.07% federal reduction.
- CDFSS-SS/AAA proposes an increase of \$420, 025.00 in the level of contracted services.

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

If CDFSS-SS/AAA receives funding allocations that are below the projected level for FY2015, new sources of revenue to maintain services will be explored. If services cannot be sustained, the following actions would be considered:

- Identify and reduce administrative costs.
- Reallocate Congregate Dining and Senior Fitness resources.
- Review all programs to improve service and cost effectiveness beginning with lower priority services.

If CDFSS-SS/AAA receives an increase in its funding above the projected level for FY2015, CDFSS-SS/AAA would allocate additional funds to one or more of the following:

- Increase funding for Information and Assistance.
- Increase funding for Home Delivered Meals and Congregate Meals.
- Expand the fitness program to include more sites and expand the number of days that exercise classes are offered.
- Expand CDFSS-SS/AAA's cultural and recreational opportunities for seniors.

Joyce Gallagher then opened the meeting up for public comments:

Public Testimony

Loretta Deyontis-Ms. Deyontis thanked Joyce Gallagher for presenting the Area Plan at the Norwood Park Facility. She also expressed her gratitude for being able to attend cultural events such as rehearsals at the Lyric Opera.

Naomi Sanagrín-Ms. Sanagrín reported that she cried for several days when she first retired. She then reported her experience with discovering the Norwood Senior Satellite Center and described the center as wonderful. She stated that being a participant at the center gives all seniors a new hope of life and the sense of being a part of a broader community and not alone.

Participant (unnamed)- An unnamed participant indicated the Norwood Park facility needed a bigger room.

The meeting adjourned at 11:14 AM.

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

PUBLIC HEARING LOCATION: Southwest Senior Center, 6117 S. Kedzie - 65 participants attended.

Public Hearing Panel

Joyce Gallagher, Chairwoman, CDFSS-SS/ AAA
Alexandra Cooney, Deputy Commissioner, CDFSS-SS/ AAA
Yolanda Curry Deputy Commissioner, CDFSS-SS/ AAA
Jacqueline Tiema, Director of Planning, Research and
Development/Director of Grants, CDFSS

CDFSS-SS/AAA Staff Present

Nikki Garbis Proutsos
Peter Kamps
Dawn Hughes

Discussion of Area Plan:

Joyce Gallagher officially opened the meeting welcoming the audience and the panelists to the public comments section of the Area Plan on Aging. Ms. Gallagher indicated the purpose of the meeting is to receive public comments on the Area Plan which summarizes the needs for seniors, and also identifies the array of services which are designed to meet these needs within the City of Chicago.

Ms. Gallagher began the meeting by providing an overview of Governor Quinn's proposed FY2015 state budget for senior services. The proposed 2015 budget to the Illinois General Assembly includes a 2.07% decrease in federal funding. State funds for FY15 will increase by 1.833%.

Joyce Gallagher indicated that the Area Plan for senior services in Chicago remains focused on providing services to low-income and minority elderly within the City. Given the slight reduction in overall senior funding within the City, Ms. Gallagher indicated that the Senior Services Division will work to minimize the overall impact these cuts may have on service delivery.

Ms. Gallagher went on to point out some of the accomplishments which have been made in senior programming through the Department of Family and Support Services. This has included the delivery of nearly 2.6 million meals to over 10,000 elderly Chicago residents during 2013. However, given rising costs, maintaining level delivery of services continues to remain a challenge as costs continue to rise and funding continues to decrease. DFSS-Chicago Area Agency on Aging continues to aggressively pursue alternative resources. CDFSS-SS/ AAA will receive \$15,892,100 in funding for planning efforts directed at senior programming during FY2015. Some of the proposed actions for senior programming include:

- CDFSS-SS/AAA will decrease the level of direct service funding by \$519,154.00. The decrease is a result of the estimated 2.07% federal reduction.
- CDFSS-SS/AAA proposes an increase of \$420, 025.00 in the level of contracted services.

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

If CDFSS-SS/AAA receives funding allocations that are below the projected level for FY2015, new sources of revenue to maintain services will be explored. If services cannot be sustained, the following actions would be considered:

- Identify and reduce administrative costs.
- Reallocate Congregate Dining and Senior Fitness resources.
- Review all programs to improve service and cost effectiveness beginning with lower priority services.

If CDFSS-SS/AAA receives an increase in its funding above the projected level for FY2015, CDFSS-SS/AAA would allocate additional funds to one or more of the following:

- Increase funding for Information and Assistance.
- Increase funding for Home Delivered Meals and Congregate Meals.
- Expand the fitness program to include more sites and expand the number of days that exercise classes are offered.
- Expand CDFSS-SS/AAA's cultural and recreational opportunities for seniors.

Joyce Gallagher then opened the meeting up for public comments:

Public Testimony

Maria Ramirez-The senior programs at the Southwest Center have been very good. The fitness program has been excellent. However, the facility needs more parking spaces.

Larry Nazincik-Each senior facility appears to have different computers. In addition, each facility has varying degrees of accessibility in terms of computer usage. Kelyvn Park, for example, has an excellent computer room. The room here at the Southwest Senior Center is under lock and key oftentimes. Although the computer room is excellent, it is difficult to obtain access to it. Also, printer cartridges are expensive, so it is difficult to obtain hard copies of work.

Julia Butler- Introduced herself as a first year student at Roosevelt. Her understanding is that there are scholarships available for first time students, particularly for those who are studying technology. Ms. Butler wondered if someone could clarify how such scholarships could be obtained. She also indicated that residents who are working in Chicago are worth more than the minimum wage. Finally, she indicated the women's restroom at the facility needs improvement.

Alenor Sanchez. Mr. Sanchez indicated there is a need for more individuals who frequent the center who speak Spanish. In addition, more people need to be made aware in the community of HIV and its impact on residents.

Carolyn Lindsay-Ms. Lindsay requested more funding be made available for senior outings, including such venues as the zoo and the opera. She also indicated that fees to attend such events be made more affordable to seniors.

ATTACHMENT I. PUBLIC HEARING INFORMATION

(Present public hearing information here according to instructions.)

There also is a need for more educational programs for seniors and that activities at the center could be more organized.

Jose Martinez-Mr. Martinez reported his respect for all those who use the fitness center at the Southwest Senior Facility. He indicated that people at the center should treat each other with more respect. He also indicated that the center could be better organized.

Rosando Garcia-Ms. Garcia observed that some of the seniors who frequent the center can walk, others cannot walk. More respect should be given to those seniors who cannot walk.

Jose Martinez-Mr. Martinez complimented the quality of the service given to seniors at the center. He indicated, however, that more room is needed for activities. Mr. Martinez expressed that education is so important, particularly in terms of English language speaking skills. He mentioned that many of the residents in the area are Latino, and may require improved English speaking skills.

Abdel Abanada – Mr. Abanada likes the center and considers everyone at the center family.

Lupe Reyes – Ms. Reye is the President of the Latin club at the Southwest Senior Center. She also shares the concerns about the bathroom being clean, especially around the edges. The meals are good. The room temperature is a little cold, but overall she is happy at the center.

Elias Mavador – Mr. Mavador used to work at the Center 8 years ago at which time he believes the center was cleaner. The floors used to be waxed and shiny. He would like to see the center that way again.

Carolyn Lindsey– Ms. Lindsey provided testimony for a second time. She indicated that keeping the bathrooms clean is everyone's responsibility including the seniors that attend the center, not just the janitors. Everyone must do their part to maintain the bathrooms in good order.

The meeting adjourned at 11:10 AM.