

City of Chicago

PUBLIC INFORMATION DOCUMENT (PID)

A Summary of the FY2022 – 2024 Area Plan on Aging

May 3, 2021

**Department of Family and Support Services-
Chicago Area Agency on Aging**

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PROPOSED FY2022-2024 AREA PLAN ON AGING SUMMARY

The Public Information Document provides a summary and highlights of the Area Plan on Aging, Fiscal Years 2022-2024 with the spending plan for Fiscal Year 2022. This document describes how the Department of Family and Support Services-Chicago Area Agency on Aging proposes to deliver services to Chicagoans, age 60 years and better, using funds from Title III and Title VII of the Older Americans Act and State of Illinois General Revenue Funds. Fiscal Year 2022 begins on October 1, 2021 and ends on September 30, 2022. The public is invited to comment on the Area Plan at any of the three Public Hearings listed below:

You may register to join hearings by clicking on the zoom links below:

May 26, 2021 12:00 – 1:00 PM Central

https://us02web.zoom.us/webinar/register/WN_I7KBnPxmT5OJT7E9NrNFKw

Call-in information: 1-312-626-6799 Webinar ID: 836 7740 6698

May 27, 2021 5:00 – 6:00 PM Central

https://us02web.zoom.us/webinar/register/WN_aBQxWW_pRsubemG_8KscxA

Call-in information: 1-312-626-6799 Webinar ID: 864 9774 2828

May 28, 2021 1:30 – 2:30 PM Central

https://us02web.zoom.us/webinar/register/WN_a0pu9puyQQKe9-BMVuqzlw

Call-in information: 312 626 6799 Webinar ID: 815 9089 6081

After registering, you will receive a confirmation email containing information about joining the webinar.

The proposed FY2022-FY2024 Public Information Document for the Area Plan will be available for review during the public comment period from May 5, 2021 to May 31, 2021. Written comments on the proposed Area Plan may be submitted to Brandie Knazze, Acting Commissioner, Department of Family and Support Services-Chicago Area Agency on Aging, 1615 West Chicago Avenue, 5th Floor, Chicago, Illinois 60622. Comments must be received by 4:00 p.m. on May 31, 2021.

The Department of Family and Support Services-Chicago Area Agency on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call 1-800-252-8966 (Voice & TTY), or contact the Commission on Human Relations at 312/744-4111 or 312/744-1088 (TTY).

DEPARTMENT OF FAMILY AND SUPPORT SERVICES - CHICAGO AREA AGENCY ON AGING: HISTORY

In 1956, the Mayor's Commission for Senior Citizens was established in Chicago as the nation's first municipal Office on Aging. The Commission evolved into the Chicago Department on Aging and was later named the Chicago Department of Senior Services. The Department also served (and continues to serve) as the Area Agency on Aging for the City of Chicago, as designated by the Illinois Department on Aging through the Older Americans Act.

On January 1, 2009 the Chicago Department of Senior Services merged with other social service departments to create the Department of Family and Support Services (DFSS) that works to enhance the lives of Chicago residents, particularly those most in need, from birth through the senior years. As a result of this merger, the City can more efficiently address the complex needs of today's multigenerational families and ensure that all members receive the assistance necessary to maintain healthy, active lives within their communities.

The Department of Family and Support Services – Chicago Area Agency on Aging's (DFSS-Chicago Area Agency on Aging) goal of supporting older adults to age in place plays an even greater role as national census projections indicate that 10,000 baby boomers are turning 65 every day. According to a recent study by the Metropolitan Agency for Planning, the number of seniors in the Chicago metropolitan area who are between 65-84 years of age is expected to double by 2040. As indicated above, not only is the older adult population in Chicago expanding in size but one quarter of older adults are 80 years or older. In keeping with the Age-Friendly City movement of which Chicago is a part of, the Chicago Area Agency on Aging is committed to healthy aging, community well-being, and the removal of disparities for older adults as supported by community-based networks of care that not only enable older adults to live independently but to also thrive.

Working in collaboration with Aging Network partners, the DFSS-Chicago Area Agency on Aging's efforts are guided by the following:

- Supporting older persons to live independently in their own communities and homes for as long as possible;

- Ensuring that those who reside in institutions are treated with dignity and care; and
- Ensuring that older persons have access to full and accurate information to participate in public policy.

THE AREA PLAN ON AGING

The Older Americans Act of 1965, as amended, is the sole Federal law designed exclusively for older persons (age 60 and above). This Act was created to help older Americans live in their homes with dignity and safety for as long as possible with appropriate services and support.

DFSS-Chicago Area Agency on Aging (AAA) is part of a vast national network of services and programs that protect the rights and support the needs of the nation's seniors. This network includes the Administration for Community Living (ACL), at the Federal level, Units on Aging at the State level, Area Agencies on Aging at the regional level, and local community service providers. The Illinois Department on Aging (IDoA) serves as the state agency, overseeing Illinois' 13 Area Agencies on Aging (AAAs).

As the designated Area Agency on Aging (AAA), the DFSS-Chicago Area Agency on Aging is responsible for planning, coordination, administration and assessment functions which foster the development of a comprehensive and coordinated service delivery system for older adults and caregivers living in the city of Chicago. In addition, DFSS - Chicago AAA advocates for older adults and is the primary disseminator of information and technical assistance relating to aging issues within our area. As required by the Older Americans Act, an advisory council comprised of older adults works with DFSS in the role of advising the AAA on the development and implementation of the Area Plan and to serve as advocates for older adults.

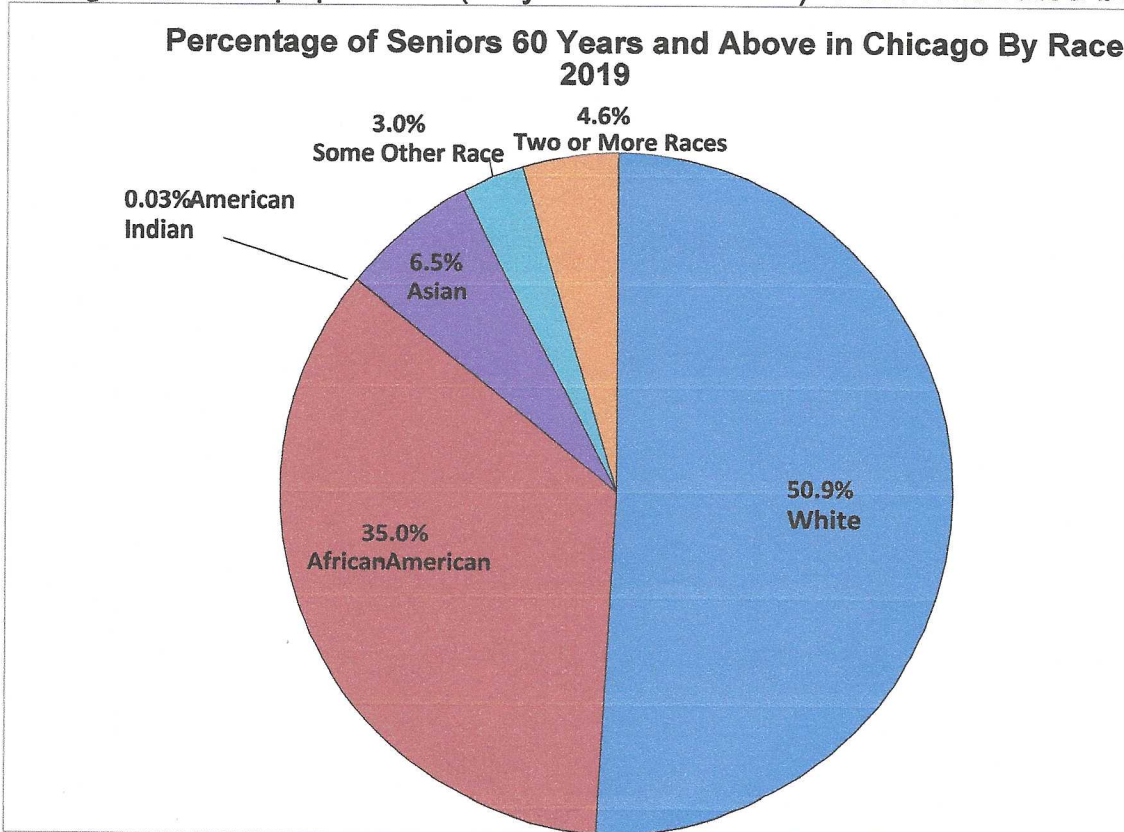
DFSS - Chicago Area Agency on Aging annually submits the Area Plan on Aging to IDoA to request Federal Older Americans Act and State General Revenue Funds for activities and services for older Chicagoans. The area plan also serves as a planning document that includes a detailed summary of the condition and needs of Chicago's senior population as well as a delineation of the programs and services that DFSS-Chicago Area Agency on Aging will offer to meet those needs within the proposed budget.

To determine how best to address the priority needs of older Chicagoans, DFSS-Chicago Area Agency on Aging, as required by IDoA, takes the following steps as part of its planning process:

1. Assesses the needs of older adults;
2. Evaluates the existing service system to identify strengths and service gaps of existing system;
3. Determines the availability of resources and alternative approaches to meet needs;
4. Establishes priorities; and,
5. Modifies and refines the area plan or planning process (changes or amendments) as directed by IDoA.

PRIORITY NEEDS OF OLDER CHICAGOANS

According to the 2019 American Community Survey (U.S. Bureau of the Census), there were a total of 478,351 Chicagoans aged 60 and older, representing sixteen percent (17.7%) of the overall population. This is a significant increase from the census data which reported 391,795 seniors 60 years and above in 2010. Presently, the ethnic/racial composition of Chicago's senior population (60 years and above) is demonstrated below:



In addition, 19.2% were of Hispanic Origin.

During 2019, over one quarter of Chicago households, or 303,175 households, included at least one member 60 years of age and above (28.4% of all households citywide). Of these households, 148,252 are comprised of seniors living alone. Further, nearly half (48.9%) of all Chicago households have a senior living in them (an increase from 2016). While services for older Chicagoans are available to individuals over the age of sixty and family caregivers of all ages, they are targeted to individuals with the greatest economic or social need including low income, minority, and limited English-Speaking older adults. (Please see Attachments for heat maps that show Chicago's Population Aged 60 and Above, Seniors Aged 60 plus Below Poverty, and Senior Population Aged 85 and Above).

DFSS - Chicago Area Agency on Aging utilizes both qualitative and quantitative methods to assess the priority needs of older persons in Chicago. Research efforts include surveys of service providers, older adults, and their caregivers; studies of senior needs using formalized needs assessments and demographic data; mapping demographic data to understand current and upcoming trends, reviewing program reports; receiving testimony from public forums; and evaluating the effectiveness of current services. These steps provide a foundation for understanding how programs can be tailored to address the increasingly complex and diverse needs within the growing older adult population, including those related to caregiving, housing, transportation, access to medical services, and unfolding temporal and local issues impacting Chicago's older residents and their caregivers.

In preparation for the FY22 - 24 Area Plan on Aging, various studies were reviewed to help better understand the needs of older adults and establish service and issue priorities. These studies included: "Caregiving in the U.S." (2020 Report), "Limiting Broadband Investment to 'Rural Only' Discriminates Against Black Americans and other Communities of Color," (June, 2020), Disrupt Disparities: Challenges and Solutions for 50+ Illinoisans of Color (February, 2021), Living Alone During COVID-19: Social Contact and Emotional Well-being Among Older Adults (March, 2021), The State of Aging In America (2016) What Do We Know About Healthy Aging? (June, 2018), and Healthy Chicago Data Book: Older Adult Health (August, 2019).

In FY20, DFSS-Chicago Area Agency on Aging provided resources to 123,002 individuals citywide through a network of programs and services. DFSS-Chicago Area Agency on Aging reviewed the service requests and nature of calls received through the Information and Assistance Unit (I & A)/ Aging and Disability Network (ADRN) in FY20 to better understand the service needs of Chicago's seniors and their professional and familial caregivers. DFSS-Chicago Area Agency on Aging found nearly half (43 percent) of callers requested in-home services such as case management, home delivered meals, chore services, and housing relocation assistance. Approximately 30 percent of the callers requested assistance with public benefits that include Medicare Part A, B, and D, as well as transportation concerns such as applying for RTA senior reduced fare card or special service applications.

While the COVID-19 pandemic has impacted all communities across our nation, it continues to disproportionately affect Chicago's older adults, particularly those of color, highlighting the complexed and highly diverse needs of seniors in our communities citywide. Chicago's AAA provides services and outreach to older adults in a way that meets them where they are. Through stakeholder input and partnerships with a wide network of organizations, the Area Plan incorporates innovative approaches to address service requests. Over the next three years, this plan seeks to meet today's unprecedented challenges and to emphasize the needs of older Chicagoans experiencing financial and social hardships, particularly focusing on older adults' ability to live safely and independently in their homes.

AREA PLAN ON AGING: DIRECT SERVICES

With the approval of the Illinois Department on Aging, DFSS- Chicago Area Agency on Agency provides some services directly upon proof that the services can be delivered more efficiently and effectively by the Area Agency on Aging rather than by contract. Under the Area Plan on Aging in FY22-24, DFSS-Chicago Area Agency on Aging intends to continue to provide the following direct services with Older Americans Act funds:

Congregate Dining Program: Nutritious meals are served to seniors in communal settings at 50 community locations across the city each weekday with some sites offering weekend meals and breakfast meals to help better meet the nutritional needs of seniors in these communities.

Several sites prepare culturally specific meals for older adults including Chinese, Korean, Vietnamese, Indian, and Pakistani. In addition to the meals, seniors can participate in a variety of activities, from health education and exercise classes to field trips. The Congregate Dining Program provides assistance to older adults to live independently by promoting better health through improved nutrition and reduced isolation through the coordination of other supportive services.

Information and Assistance/Aging & Disability Resource

Network (ADRN): Information & Assistance (I & A) is a one-stop access portal for referral, advocacy, and problem solving for older Chicagoans. Information, advocacy and assessment are available by phone, e-mail or at City Hall, Room 100 and any of our Senior Centers. I & A / ADRN is the gateway to all the services and programs offered through DFSS-Chicago Area Agency on Aging. It is a resource for the aging and disability community as well as families, friends, neighbors and professionals working with aging Chicagoans. The ADRN provides callers with linkages to other agencies in the community and agencies beyond the city as needed. This service ensures that older adults and their advocates understand their options regarding benefits, services and programs and assists individuals through the application and, when needed, submission process.

Options Counseling: As part of the Aging and Disability Network (ADRN), DFSS-Chicago Area Agency on Aging provides a person-centered, interactive, options counseling activities where individuals receive assistance in making informed long-term support choices within the context of their own preferences, strengths, and values.

Ombudsman Program: Ombudsmen protect, defend and advocate for individuals aged 19+ living in residential long-term care facilities such as nursing homes, assisted-living facilities, and supportive living facilities, amongst others. The Ombudsman Program is charged with assisting and advocating for long-term care residents residing in long-term care facilities. Ombudsmen inform residents and families of their rights, conduct investigations, and provide community education and outreach. They receive, investigate and respond to complaints, made by or on behalf of long-term residents, for resolution. The Ombudsmen provide information on residents' needs and concerns to families, facility staff and the department; and advocate for quality individualized care for the residents.

Multipurpose Senior Centers: DFSS-Chicago Area Agency on Aging has twenty-one (21) Senior Centers operating citywide which includes 15 satellite and six regional centers. The senior centers are staffed and managed by the area agency. DFSS-Chicago Area Agency on Aging's Senior Centers offer a diverse array of opportunities for seniors to interact with one another, to become involved in their communities and to participate in and contribute to the culture of the city. The Centers serve as local hubs that connect seniors to social, economic, and educational resources to enhance the quality of their lives.

DFSS-Chicago Area Agency on Aging Senior Centers provide the following core program components: Fitness Program, Nutrition Program, Health Promotion Program, Information and Access to Services including linkage to a wide array of community resources and programs; and Life Enrichment programs.

Social Isolation/Well-being Check-in:

Older adults are at increased risk for loneliness and social isolation because they are more likely to experience situations such as living alone, the loss of family or friends, chronic illnesses, and age-related declines such as hearing loss. Isolation can have serious emotional and physical impacts on older adults. During this time of the coronavirus pandemic when physical distancing, isolation, and less personal interaction (and more virtual connection) has become necessary, many older adults are finding it harder than ever to stay or feel connected to people around them. The DFSS-Chicago Area Agency on Aging is providing a daily check-in by phone for older adults in Chicago to help reduce isolation and provide access to information and services through our aging network.

AREA PLAN ON AGING: CONTRACT SERVICES

DFSS-Chicago Area Agency on Aging will also procure the following services from community-based service providers with Older Americans Act and General Revenue funds under the FY22 - 24 Area Plan on Aging:

Caregiving Counseling and Support: Informal and familial caregivers of any age are provided access to services, support, and

information and assistance to aid them in caring for older adults 60 years of age or older or individuals 18-59 with Alzheimer's disease or a related disorder. Services such as individual and family counseling, support groups, and gap-filling funds are available to address issues such as caregiver stress, grief and isolation, to provide emotional and peer support, and to purchase goods and services that support the care provided.

Caregiver Respite (Title III-E): Caregiver Respite services provide professionally trained in-home or facility-based staff, on a temporary basis, to care for frail older adults age 60 years or older or individuals that range in age 18-59 with Alzheimer's disease or related disorder, who have an informal or familial caregiver. Caregiver Respite provides caregivers a temporary break from caregiving. Respite can be used in an emergency, such as the illness of a caregiver or for planned time away, such as a vacation, special event, appointment or just a break from caregiving. Respite care can be provided by an in-home care provider (including preferred caregivers nominated by the care recipient) in the care recipient's home or in an assisted living, supportive living, or nursing facility.

Grandparents or Older Relatives Raising Children: For grandparents or older relatives 55 years of age or older who have primary caregiving responsibility of children from birth to age 18 or individuals 19-59 with severe disabilities, services such as Individual Counseling, Support Groups, and Gap-filling funds are available. Individual Counseling helps address role transitions; Support Groups facilitate discussion, peer learning, and emotional support; and Gap-filling assists with purchasing items that are an additional expense when caring for children, including school uniforms, medications, furniture, toys, technology, and other necessities.

Chore: Heavy-Duty Chore assistance is a one-time intensive cleaning for older adults whose living conditions pose a threat to their health and safety, including hoarding or squalor situations. This can include trash removal, window cleaning, moving heavy furniture, extermination, and packing. Heavy-Duty Chore is often a mechanism utilized for at-risk older adults who are experiencing difficulty living independently. Without this program, these clients may suffer in isolation from undetected mental health concerns such as depression, dementia or other at-risk conditions that negatively impacts their living conditions and possibly lead to eviction from their homes. This program plays a crucial role in preventing elder

homelessness. The Short-Term Chore Program assists seniors who need temporary assistance with activities of daily living or instrumental activities of daily living due to illness, recent hospitalization, or injury to assist them as they recuperate. Short-term tasks may include but are not limited to housework, cleaning, laundry, or meal preparation. This program often provides crucial support for older Chicagoans who are experiencing health transitions and without this support are at risk of residential placement.

Physical Fitness: The award-winning fitness program boosts endurance, strength, balance and flexibility. DFSS-Chicago Area Agency on Aging's Senior Centers are equipped with senior-friendly exercise equipment and staffed by experienced, certified senior fitness professionals who lead group exercise classes and one-on-one training. Exercise classes are offered at more than 40 locations throughout the City that include Senior Centers and other community sites. DFSS-Chicago Area Agency on Aging will sustain its efforts in implementing the following evidence-based curriculums into the overall program:

- Fit and Strong developed by the University of Illinois at Chicago Combines flexibility, strength training and aerobic walking with health education for sustained behavior change among older adults.
- The Arthritis Foundation Exercise Program is a low-impact physical activity program proven to reduce pain and decrease stiffness. Research has shown this program to be effective in providing older adults with more confidence in their ability to continue activities, increased social activity, and require fewer doctor and emergency room visits.

Health Promotion: This Program offers health education, counseling and assessment services to seniors. These activities play a crucial role in enabling seniors to remain healthy and prevent chronic conditions using evidence-based curriculums: A Matter of Balance (Fall Prevention Program), Bingocize, Walk with Ease, Tai Chi for Arthritis for Fall Prevention, and Stanford University's Chronic Disease Self-Management Program (CDSMP).

Home Delivered Meals: This Program provides nutritious meals to older adults (60 years and older) who are frail and/or homebound because of illness or incapacitating disability or are otherwise isolated. Microwaveable, oven-ready frozen or hot meals are delivered to homebound seniors who are unable to prepare meals for themselves and have

no other means of acquiring nutritious meals. The program provides older Chicagoans two meals a day, two-to-seven days a week, to approximately 9,000 clients a week.

Legal Assistance: This Program provides legal services to protect the legal rights and interests of aging Chicagoans. Support is provided in legal matters including but not limited to: housing, health care, guardianship, consumer fraud, employment, family law, and property interests. This program defends seniors from age and disability discrimination, other forms of discrimination, and protection from abuse, financial exploitation and coercion. Legal assistance and advice includes tax counseling, financial counseling, reverse mortgage and foreclosure counseling, and counseling regarding appropriate creation of Powers of Attorney for Health Care, Property and Advance Directives. The program does not handle fee-generating cases such as personal injury.

Multipurpose Senior Centers: DFSS-Chicago Area Agency on Aging has twenty-one (21) senior centers operating citywide. DFSS-Chicago Area Agency on Aging's Senior Centers offer a diverse array of opportunities for seniors to interact with one another, to become involved in their communities and to participate in and contribute to the culture of the city. The centers serve as local hubs that connect seniors to social, economic, and educational resources that enhance the quality of their lives. DFSS-Chicago Area Agency on Aging Senior Centers all provide the following core program components: Fitness Program, Nutrition Program, Health Promotion Program, Information and Access to Services including linkage to a wide array of community resources and programs; and Life Enrichment programs. The pandemic as tragic and difficult as it has been also necessitated innovative responses that forced the reimagining of services and programs in way that allowed older adults to remain physically distant but socially connected while safely sheltering in place. Ingenuity and resourcefulness lead to bridging the digital divide with older adults through training on video conferencing resources like Zoom and the conversion of in-person activities to virtual and telephonic programs. What we learned was that older adults appreciated the opportunity to engage in programming in their home and voiced the importance of in person and virtual options that allows for flexibility in programming.

Recreation: Older Adults can find a variety of social, educational and recreational activities at all twenty-one (21) Senior Centers throughout the

city, as well as through virtual and telephonic program opportunities. Each center's calendar of activities is tailored to the needs and interests of the local community. All programs aim to foster the well-being of individuals through rewarding social interaction.

Residential Repair and Renovation:

This Program provides funding to meet the diverse needs of older adults who are experiencing challenges aging-in-community, particularly those who are at risk due to their circumstance. Chicago's AAA is currently championing the "Senior Residential Repair Air Conditioning Pilot" program. This pilot is a partnership between DFSS, the Department of Planning and Development, and the Department of Housing and under the Home Repair Program (Roof and Porch Repair Program). In preparation for the summer and the potential for extreme hot weather, this pilot program will provide installation of air conditioning systems into the homes of homeowners aged 60 plus.

Alzheimer's Disease & Related Dementias Services (ADRD):

To enhance services to individuals and their family caregivers with Alzheimer's disease and related dementias (ADRD), the DFSS-Chicago Area Agency on Aging will provide Respite care and Gap-filling services that focus on the needs of individuals with dementia while helping to reduce the stress and difficulty faced by caregivers in Chicago caring for someone with ADRD.

Social Isolation & Health Promotion: Studies have shown that social isolation and loneliness have a negative impact on the physical and mental health of older adults. Through our Fitness and Health Promotion programs providers, on-going Social Isolation programming for older adults will be offered to address isolation and loneliness including, but not limited to: telephone reassurance calls, memory café programming, group support sessions, pen pal programs, evidence-based programs such as Circle of Friends® and other innovative initiatives. Programming will be available face-to-face, over-the-phone and virtually. Initiatives will seek to reach targeted older adult populations such as immigrants with limited English proficiency, lesbian, gay, bisexual, and transgender (LGBT) elders, minorities, and individuals with chronic illnesses.

OTHER AREA AGENCY ACTIVITIES AND AGENCY HIGHLIGHTS

In addition to the programs funded under the Older Americans Act through the Area Plan, DFSS-Chicago Area Agency on Aging provides a variety of activities and services with funding from federal and state agencies, the City of Chicago, and/or through support from public and private partnerships.

Elder Protection & Advocacy Programs:

- **Adult Protective Services**

DFSS-Chicago Area Agency on Aging serves as the Regional Administrative Agency (RAA) for the Adult Protective Services Program for the City of Chicago. Trained and certified adult protective services caseworkers respond to reports of alleged physical, emotional and sexual abuse, neglect, confinement or financial exploitation of individuals aged 60 and older and individuals with disabilities aged 18-59. The program provides investigation, casework, intervention and implementation of alternative remedies and follow-up services to victims. Caseworkers work with the eligible individual to develop a Plan of Care that ensures the client's safety and well-being, stops the abuse and prevents further maltreatment.

- **Case Advocacy and Support (CAS)**

The CAS program helps at-risk older adults with an urgent situation that, if not addressed, may impeded their ability to live safely in their home. The CAS program includes a face-to-face Well-Being Check to assess, identify, and address the needs of vulnerable Chicagoans, 55 years of age and older. The check is initiated by a report of concern from friends, family and/or neighbors. Many of the requests received by the DFSS-Chicago Area Agency on Aging and its partnering service providers are related to issues of hoarding, poor health, uninhabitable living conditions, undiagnosed and untreated mental health concerns, limited cognitive abilities, as well as other safety concerns. CAS program staff provide a timely response to calls of concern and address the need by mobilizing community resources.

- **Intensive Case Advocacy and Support (ICAS)**

Many requests received by the DFSS-Chicago Area Agency on Aging and its partnering service providers include but are not limited to

issues of chronic hoarding, poor health, uninhabitable living conditions, undiagnosed and untreated mental health concerns, limited cognitive abilities, as well as safety concerns. This program focuses on clients that require long-term enhanced case coordination and management. The ICAS Delegate agencies funded through Community Development Block Grants (CDBG), assess the older adult's situation to create a Care Plan to address the crisis experienced with a focus on marshalling resources in support of stability and mitigation of risk.

- **The Well Being Task Force**

Established in 2003, the Well-Being Task Force was created to coordinate a comprehensive network of community and faith-based organizations that identify and link isolated and at-risk seniors to neighborhood-based support, social interaction and appropriate assistance.

This Task Force brings together city departments, government agencies, community-based organizations, hospitals, faith-based communities and others concerned about at-risk elderly. The Task Force has educated thousands of field workers and customer service representatives of public agencies, public utilities as well as telephone and cable communications companies to identify and report seniors who may be at-risk, 365 days a year.

In order to strengthen and better integrate the Livable Communities model and other aspects of an Age-Friendly Chicago to meet the needs of a growing and diverse aging population, this Task Force is currently being re-imagined to increase its impact, membership, and focus. Additionally, considerations of long-standing inequality in distribution of resources and the implementation of equity in programming are being reviewed and considered.

Benefit Assistance Programs:

- **Benefits Check Up**

The Benefits Check UP program is a comprehensive, free online tool made available by the National Council on Aging (NCOA) that connects eligible older adults with benefits. Chicago's AAA seeks to refine the usage of Benefits Check Up in ways that continue to reflect

the growing needs of older Chicagoans. We seek to offer future iterations of this program that incorporate areas like support paying for technology, opportunities to enroll in health-related programming, and more.

- **Senior Health Assistance Program (SHAP)**

DFSS-Chicago Area Agency on Aging receives funding to conduct outreach activities and education programs, and counsel Medicare beneficiaries about prescription coverage available under the Medicare Part-D drug plans. Deliverables under the SHAP grant include helping older adults and people with disabilities obtain information about benefits, screening for eligibility, and assistance with enrolling in public benefit programs including the Ride Free Transit Benefit. DFSS-Chicago Area Agency on Aging experiences over 30,000 annual requests for assistance to apply for the Benefits Access Application which determines eligibility for the transit benefit.

- **Medicare Improvement for Patients and Providers Act (MIPPA)**

The DFSS-Chicago Area Agency on Aging receives funding through the MIPPA grant to expand outreach activities for Medicare Savings Programs (MSP) and Preventive Medicare benefits, the Low-Income Subsidy (LIS) Program, and prescription coverage available under Medicare Part-D drug plans. This program captures the data of beneficiaries under aged 65, those located in rural communities, Native-Americans, and individuals with English as a Second Language (ESL).

- **Senior Medicare Patrol (SMP)**

DFSS-Chicago Area Agency on Aging receives funding to recruit and train senior volunteers to increase awareness among Illinois residents to detect, report, and reduce fraud, waste and abuse in the Medicare and Medicaid systems.

Planning & Coordination Activities:

- **Long-Term Care Systems Development**

Through this grant, the DFSS-Chicago Area Agency on Aging assists the Illinois Department on Aging with the Community Care Program (CCP) operational and management activities; and assists with

departmental planning and development activities in order to serve older persons at risk of institutionalization. Additionally, DFSS continues work on the Aging and Disability Resource Network (ADRN) service delivery system. These funds are used by the AAAs to support the Department on Aging's administration of the Community Care Program (CCP). The CCP provides in-home and community-based services to eligible Illinois seniors, age 60 or over which is critical to the life, health and safety of these frail older adults facing institutionalization. DFSS provides ongoing assistance to CCP providers and Care Coordination Units (CCUs) related to their performance of CCP activities and on-site pre-certification reviews of adult day service and in-home service provider agencies.

Supplemental Nutrition Services:

- **Older Adult Market Day Program**

In addition to the Older Americans Act funded nutrition services, DFSS-Chicago Area Agency on Aging partners with the Chicago Food Depository to distribute free, nutritious food, including fresh produce, through community markets at designated senior centers sites. Food is delivered and distributed bi-monthly at a place where seniors can get connected to other community resources for nutrition, health, and well-being.

Senior Job Training and Volunteer Programs:

- **Senior Job Training Program**

The DFSS-Chicago Area Agency on Aging has initiated a partnership with National Able Network through the Senior Employment Community Service Program (SCSEP) to serve as a host agency site providing training opportunities to individuals 55 years of age and older that help them transition into unsubsidized employment.

- **Foster Grandparent & Senior Companion AmeriCorps Seniors Volunteer Programs**

The DFSS-Chicago Area Agency on Aging offers seniors, who meet the income requirements, the opportunity to earn a small stipend while volunteering part-time. The Foster Grandparent volunteers serve as role models, mentors/tutors and a friend to children with special needs, while the Senior Companion volunteers provide companionship to homebound elderly persons. Funding for the Foster Grandparent and

Senior Companion programs is provided through the Corporation for National and Community Service (CNCS) AmeriCorps and the Illinois Department on Aging (IDoA).

Age-Friendly Chicago:

- In July of 2012, Chicago received the designation from the World Health Organization as an age-friendly city to demonstrate the city's commitment to ensuring that the city remains welcoming as the population ages. Chicago partnered with the Buehler Center on Aging, Health & Society, Feinberg School of Medicine, Northwestern University, to complete an assessment of eight domains which included: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; communication and information; civic participation and employment, and community support and health services.

Recommendations for policy development based on the stakeholder prioritization of domains combined with satisfaction ratings from Chicago residents were submitted to DFSS-Chicago Area Agency on Aging by the Buehler Center on Aging, Health & Society and the Northwestern University of Feinberg School of Medicine which identified both assets and gaps to allow Chicago to move forward with an action plan and deep community engagement to further enhance Chicago's age-friendliness.

Recognizing the city's assets such as senior centers, parks and outdoor spaces, and transit choices, the report identified specific areas for which initiatives to build capacity needed to be developed. It was also recommended that the city look to novel approaches to Age-Friendly living, such as the Village model, which inclusively targets several of the areas of needs for older adults to age in place.

ISSUES TO BE ADDRESSED: FY2022-2024 AREA PLAN ON AGING

IDoA requires that each of the 13 Area Agencies on Aging (AAAs) address one state-wide issue and one local issue that confronts the social/nutritional service system. The selected Statewide Initiative is ***"Enhance Illinois's***

Existing Community-Based Service Delivery System to Address Social Isolation Among Older Adults. Locally, DFSS-Chicago Area Agency on Aging selected “***Enhance Chicago’s Nutrition Programs for Older Adults by Creating a value-based food system that is healthy, ecologically sound, economically viable, socially responsible, and humane***”.

Statewide Initiative: Enhance Illinois’s Existing Community-Based Service Delivery System to Address Social Isolation Among Older Adults

DFSS-Chicago Area Agency on Aging will work in collaboration with community-based partners to address social isolation among older adults.

Loneliness and social isolation are major issues for older adults and are linked with negative physical and mental health consequences. A recent review identified a wide range of health outcomes associated with loneliness and social isolation including depression, cardiovascular disease, quality of life, general health, cognitive function and mortality (Courtin & Knapp, 2015).

Social isolation refers to the objective absence of contacts and interactions between a person and a social network (Gardner et al, 1999). Thus, socially isolated older adults have poor or limited contact with others and they view this level of contact as inadequate, and/or that the limited contact has had adverse personal consequences for them.

The AARP Foundation has defined social isolation as the following:

Isolation is the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factors. A person's lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties. Social isolation can impact health and quality of life, measured by an individual's physical, social, and psychological health; ability and motivation to access adequate support for themselves; and the quality of the environment and community in which they live.

A recent study conducted by AARP documented that an estimated 14 percent of study participants were socially isolated. The AARP study also outlined that "socially isolated respondents were more likely to be male, to be white, to live in an urban area, and to have lower household income and wealth" (Flowers, Shaw, Farid, 2017). Other surveys have indicated that gender, education and race/ethnicity were not related to loneliness (Wilson & Moulton, 2010). Additionally, socially isolated older adults are more likely to experience depression, have five or more chronic illnesses and have difficulty performing activities of daily living (Flowers, Shaw, Farid, 2017).

Although, research suggests that some populations of color, like African Americans are less likely to live alone than Non-Hispanic whites, African Americans can experience a different type of isolation equally debilitating. Longstanding health studies show that African Americans tend to experience the health disparities associated with social isolation at higher rates than the general population. Notably research as noted by the American Psychological Association in the article African American older Adults and Race Related Stress (<https://www.apa.org/pi/aging/resources/african-american-stress.pdf>) called attention to race-related stressors experienced when an individual witnesses or encounters racist incidents as a chronic stressor that accumulates over time to negatively impact physical and psychological health at the same time leading to distrust in health care services providers and increased isolation.

The primary risk factors associated with isolation are:

- Living alone;
- Mobility or sensory impairment;
- Major life transitions;
- Socioeconomic status (low income, limited resources);
- Being a caregiver for someone with severe impairment;
- Psychological or cognitive vulnerabilities;
- Location: rural, unsafe or inaccessible neighborhood/community;
- Small social network and/or inadequate social support;
- Language (non-English speaking); and
- Member in a vulnerable group (AARP Foundation).

Social isolation as a health risk for seniors has gained even more recognition during the COVID-19 pandemic. Older adults are especially at-

risk for COVID-19 complications because they have higher rates of disease and co-morbidities than younger adults. In order to ensure the safety and well-being of seniors, CDFSS- Chicago AAA has modified existing services and interventions, as well as introducing new approaches to mitigate social isolation.

Alzheimer's Disease Program Initiative (ADPI): Under a grant from the Administration for Community Living, this program provides training to apartment managers on recognizing signs and symptoms of Alzheimer's Disease and related disorders and then informs building personnel about DFSS programs and services to assist apartment residents to stay in their homes longer. Intensive training on caring for a person with Alzheimer's Disease is offered in this program and includes information on the biological progression of the disease, taking care of the caregiver, managing difficult behavior, communicating with the person with dementia and community resources. Additional training and education programs focus on providing in service training to social services; and maintain brain health.

The DFSS-Chicago Area Agency on Aging is targeting seniors with Alzheimer's Disease and Related Dementia (ADRD) that live in high-rise buildings to help reduce isolation and support these older adults to age in place. Individuals will benefit from trainings for building managers that staff created through a collaboration of the initiative led by the DFSS – Chicago Area Agency on Aging, Dementia Friendly Illinois (ICRN), UIC DFM, Northwestern University and members of the Apartment Building Owners Management Association (ABOMA) in Chicago. The goal is to help identify the residents suffering from ADRD or at risk for ADRD, refer them to DFSS-Chicago Area Agency on Aging for services and then continue to support them to live with dignity in their communities. Trainings will be conducted for both public and private senior housing staff, management companies, as well as for high rise property managers.

The DFSS-Chicago Area Agency on Aging is implementing this initiative citywide. Service coordination and program development activities include the following:

- Expand social facilitation interventions such as friendly visitor, telephone reassurance programs and befriending interventions;

- Expand disease prevention, brain health, and health promotion activities;
- Use remote communication to reduce isolation and refer older adults to technology access programs when appropriate;
- Support informal caregivers through services and education; and
- Increase awareness about social isolation and service delivery capacity of small community agencies to address social isolation among the older adults in our service area.

The DFSS-Chicago Area Agency on Aging will continue to work with the Illinois Department on Aging and other Area Agencies on Aging in Illinois to create a statewide impact to reduce social isolation during the Area Plan FY2022 – FY2024.

Local Initiative: Enhance Chicago's Nutrition Programs for Older Adults by Creating a value-based food system that is healthy, ecologically sound, economically viable, socially responsible, and humane

In 2017, the City of Chicago adopted a Good Food Purchasing Policy through city council resolution, leveraging the dollars spent on government food procurement to advance a more equitable, healthy food system. The Good Food Purchasing Program (GFPP) directs City of Chicago departments and sister agencies to assess current practice and adopt healthier procurement standards through city contracts across five value categories.

- **Local Economies:** Support diverse, small to mid-sized food producers in the region - within a 350-mile radius.
- **Environmental Sustainability:** Reduce carbon & water footprint and source from producers that use sustainable practices.
- **Valued Workforce:** Source from producers and vendors that provide safe and healthy conditions for all food chain workers and producers from production to consumption.
- **Animal Welfare:** Source from producers who provide healthy & humane conditions for farm animals.
- **Nutrition:** promote health and well-being by offering generous portions of vegetables, fruits, whole grains, and minimally processed

foods, while reducing salt, added sugars, saturated fats, and eliminating artificial additives.

The Good Food Purchasing Program is a national food procurement model that is the first of its kind to support these food system values. The Center for Good Food Purchasing is a non-profit organization that works with national partners, local food policy councils and grassroots coalitions, administrators, and elected officials in cities across the country to transfer, scale, and network the Good Food Purchasing Program. The Center offers the framework and tools to help make values-based food procurement work. The Center provides independent verification, and offers templates, processes, databases, and recognition and branding materials that participating institutions can tap into to support their policy commitment.

In order to mobilize this policy, DFSS – Chicago Area Agency on Aging has been working with two lead partners on the initiative, the Chicago Food Action Council (CFPAC), a local non-profit that promotes and advocates for policy changes to help communities access healthy food, and the Chicago Department of Public Health (CDPH) which launched the Healthy Chicago 2.0 plan for improving healthy equity across Chicago. DFSS – Chicago Area Agency on Aging along with the partner agency provides technical and operational assistance, including the development of draft contractual language to incorporate GFPP in the Request for Proposals (RFPs) for the Home Delivered Meals Program and the Congregate Dining Program for FY2022 and FY2023, respectively.

The initiative will encourage the production and consumption of food that is healthy, affordable, fair, and sustainable. The adoption of the food procurement policies has the power to transform our food system by creating a transparent and equitable food system built on principles rooted in the five core values as noted previously.

The DFSS – Chicago Area Agency on Aging, along with initiative partners will provide planning, implementation and evaluation support for the food providers involved with GFPP. The overview below outlines the primary activities over two phases of an agency's Good Food Purchasing Program participation:

- Phase One begins with examining current food purchasing practices through a baseline assessment to understand existing alignment with the Good Food Purchasing Program Standards in the five value

categories. The baseline assessment is conducted by the Center for Good Food Purchasing.

- Phase Two involves commitment to improving Good Food Purchasing practices over time, which is documented through annual verification and celebration of achievements. The Center issues a Good Food Provider verification seal to an agency once it meets at least a baseline standard in each of the five value categories.

Each of the five value categories has a baseline standard. To become a Good Food Provider, an agency must meet at least the baseline in each of the five values. Standards are primarily based off third-party certifications that have been identified as meaningful and ranked by national experts in each category. Performance is measured using a points-based formula in which points are accumulated based on level of achievement. Points earned in each category are added together to determine the overall number of points. A star rating is awarded based on the total number of points earned. As points accumulate, higher star ratings are awarded. To maintain the star rating, agencies increase the amount of Good Food purchased each year.

DFSS will work with meal providers across both nutrition programs to take the following actions and steps:

- Step #1: Measure baseline food purchasing data
- Step #2: Develop action plan & identify goals
- Step #3: Improve impact & track progress
- Step #4: Institutionalize GFPP through policy & contracts
- Step #5: Monitor success

DFSS-Chicago Area Agency on Aging is committed to working on the development of these initiatives through the FY22 – 24 Area Plan timeframe.

FUNDING ISSUES FOR FISCAL YEAR 2022

The Governor has introduced a 2022 budget which could include an increase in total Area Plan funding. State funds for FY22 will increase by 36%; Federal funds would increase by 4%; and NSIP nutritional reimbursement funds will remain the same. All of the allocations have been calculated using the intrastate funding formula except for Ombudsman,

Title III-D, Title VII Elder Abuse, and the Community-Based Services GRF (calculated using individual funding formula).

DFSS-Chicago Area Agency on Aging remains committed to providing services to those individuals with the greatest economic or social need with a particular emphasis on low-income and minority older persons. DFSS-Chicago Area Agency on Aging will work to ensure that existing service level cuts will be as minimal as possible through strong fiscal planning and identified cost saving measures.

The Department's priority has been and continues to be maintaining in-home services for older persons. Some of DFSS-Chicago Area Agency on Aging's programs have experienced growth in the number of participants as well as the number of challenging cases that require more time and care and this is projected to continue into FY22. Some of this increased demand is being met through the City of Chicago Corporate support for programming activities at Senior Centers, Community Development Block Grant (CDBG) funds for Case Advocacy and Support (CAS), Intensive Case Advocacy and Support (ICAS), and Home Delivered Meals.

While it is growing increasingly difficult to maintain services to seniors as costs continue to rise and government funding does not increase accordingly, DFSS continues to aggressively pursue alternative resources. This includes creating public private/partnerships and utilizing strong fiscal and programmatic planning, DFSS-Chicago Area Agency on Aging has thus been able to implement innovative solutions that help maintain and expand the service network to meet needs of older, poorer, and more frail Chicagoans.

DFSS-Chicago Area Agency on Aging's Home Delivered Meals (HDM) program served approximately 4.8 million meals to over 19,000 distinct individuals in FY20 and projects serving approximately 5 million meals by the end of FY21. Bolstered by the Mayor's commitment to provide home delivered meals to eligible seniors, through CDBG funding, DFSS-Chicago Area Agency on Aging has not had the same problem of on-going waiting lists and unmet need for the HDM program, like many other communities in the United States. CDBG funding has been made available to ensure that our most frail and vulnerable seniors receive care.

ADMINISTRATION

The Older Americans Act, as amended, limits the allowable administrative costs to 10 percent of the base allocation of Title III-B, III-C, and III-E funds and allows Area Agencies to provide “administratively related direct services” of Advocacy, Coordination, and Program Development. A major responsibility of administrative staff is the managing of delegate agencies and their grants, contracts and memoranda of agreement funded through the Older Americans Act to ensure quality of programs, and compliance with state and federal regulations.

PROPOSED PLANS FOR FUNDING ALLOCATIONS FISCAL YEAR 2022

For FY22, DFSS-Chicago Area Agency on Aging estimates that it will receive a total of \$23,333,488 in Federal and State planning allocations for the Area Plan on Aging. **Chart 1** on Page 29 shows the current budget for FY21 and a proposed budget for FY22. **Chart 2** on Page 30 shows the number of clients and units served in FY20 and projections for FY22. DFSS-Chicago Area Agency on Aging proposes to take the following actions with its direct and contracted services using the projected FY22 funding allocations.

The Department seeks public input on these proposed actions:

- **Direct Services:** DFSS-Chicago Area Agency on Aging will increase the level of direct service funding by 13.6% or \$1,226,419.
- **Contracted Services:** DFSS-Chicago Area Agency on Aging proposes an increase in the overall level of contracted services estimated at 22.2% or \$2,639,276.

PROPOSED PLANS PENDING ANY FURTHER INCREASES OR REDUCTIONS IN FY2022 FUNDS

If DFSS-Chicago Area Agency on Aging receives an increase in its funding above the level projected for FY22, DFSS-Chicago Area Agency on Aging would allocate additional funds to one or more of the following:

- Increase funding for Information and Assistance/Aging and Disability Resource Network (ADRN), Home Delivered Meals and Congregate Meals. Funding Sources: Title III-B, Title III-E and Title III-C.
- Expand the fitness program to include more sites and expand the number of days that exercise classes are offered including the use of additional evidence-based curriculum. Funding sources: Title III-B and/or III-D.
- Expand DFSS-Chicago Area Agency on Aging's cultural and recreational opportunities for seniors. Funding Source: Title III-B.

During these times of generally declining revenue projections from federal, state, and local governments, service providers need to be prepared for potential budget reductions. If DFSS-Chicago Area Agency on Aging receives funding allocations that are below the projected level for FY22, new sources of revenue to maintain services would be explored.

If services cannot be sustained, the following actions would be considered:

- Identify and reduce administrative costs relating to service reductions. Sources of Funds: Titles III-B, III-C, and III-E.
- Reduce and reallocate funding from Congregate Meals and Senior Fitness resources by closing sites where attendance is low. Sources of Funds: Title III-C and Title III-B.
- Review all programs to improve service and cost effectiveness beginning with lower priority services. Sources of State and Federal Funds: Titles III-B, III-C, III-D, III-E, and VII.

Chart 1: FY2021 Budget and Proposed FY2022 Budget

Program	Description	FY21 Fed & State Budget	FY22 Proposed Budget
OAA Act Funds (Fed.)		\$ 10,401,286.00	10,900,484.00
General Revenue Funds (GRF)		\$ 8,724,423.00	11,890,717.00
AAA Carryover		\$ 547,392.00	542,287.00
	Total IDOA Budget	\$ 19,673,101.00	23,333,488.00
Administration	Fed. Title III-B	\$ 300,000.00	348,760.00
Administration	Fed. Title III-C1	\$ 400,000.00	400,000.00
Administration	Fed. Title III-E	\$ 328,446.00	328,446.00
Indirect Cost	Federal		
Administration	GRF	\$ 208,107.00	224,361.00
	Total Admin	\$ 1,236,553.00	1,301,567.00
Federal			
Title III-B	Chore (contracted service)	\$ 72,450.00	100,000.00
Title III-B	Residential Repair and Renovation (contracted service)	\$ 203,600.00	100,000.00
Title III-B	Information and Assistance (direct service)	\$ 1,449,198.00	1,531,883.00
Title III-B	Legal (contracted service)	\$ 173,598.00	173,598.00
Title III-B	Multi-Purpose Senior Center (contracted service)	\$ 427,534.00	499,196.00
Title III-B	Recreation (contracted service)	\$ 144,733.00	144,733.00
	Total Title III-B	\$ 2,771,113.00	2,898,170.00
Title III-C1	Congregate Dining (direct service)	\$ 3,118,851.00	3,389,840.00
	Total Title III-C1	\$ 3,518,851.00	3,789,840.00
Title III-C2	Home Delivered Meals (contracted service)	\$ 1,988,101.00	2,010,018.00
	Total Title III-C2	\$ 1,988,101.00	2,010,018.00
Title III-D	Health Promotion (contracted service)	\$ 56,852.00	59,899.00
Title III-D	Physical Fitness (contracted service)	\$ 171,920.00	171,920.00
	Total Title III-D	\$ 228,772.00	231,819.00
Title III-E	Caregiver Respite (contracted service)	\$ 60,000.00	60,000.00
Title III-E	Caregiving Information and Assistance (direct service)	\$ 891,879.00	835,015.00
Title III-E	Grandparents Information and Assistance (direct service)	\$ 61,274.00	35,453.00
Title III-E	SUPPORT GROUPS-CAREGIVING	\$ 20,000.00	40,000.00
Title III-E	SUPPORT GROUPS-GRG	\$ 10,000.00	40,000.00
Title III-E	Caregiving Counseling/Training/Support Groups (contracted service)	\$ 13,000.00	30,000.00
Title III-E	Grandparents Raising Grandchildren Counseling/Training/Support Groups (contracted se	\$ 12,200.00	30,000.00
Title III-E	Caregiving Supplemental Service/Gap filling (contracted service)	\$ 30,000.00	46,200.00
Title III-E	Grandparents Raising Grandchildren Supplemental Service/Gap filling (contracted service)	\$ 30,773.00	72,200.00
	Total Title III-E	\$ 1,457,572.00	1,517,314.00
Title III-B	Ombudsman (direct service)	\$ 318,590.00	324,628.00
	Total Title III-B Ombudsman	\$ 318,590.00	\$ 324,628.00
Title VII	Ombudsman (direct service)	\$ 89,366.00	99,760.00
	Total Title VII- Ombudsman	\$ 89,366.00	\$ 99,760.00
Title VII-EA	Elder Abuse (direct service)	\$ 28,921.00	28,935.00
		\$ 28,921.00	28,935.00
		\$ 10,401,286.00	\$ 10,900,484.00
State			
Title III-B	Information and Assistance (direct service)	\$ 543,726.00	805,919.00
Title III-B	Options Counseling (direct service)	\$ 301,893.00	456,284.00
Title III-B	Multi-Purpose (direct service)	\$ 1,356,684.00	1,510,403.00
Title III-B	Alzheimer's Disease and Related Dementia (contracted service)	\$ 225,300.00	225,500.00
Title III-B	Social Isolation (contracted service)	\$ 225,600.00	100,000.00
Title III-B	Social Isolation (Direct service)	-	125,500.00
	Total Title III-B	\$ 2,861,310.00	\$ 3,322,467.00
Title III-B Ombudsman	Ombudsman (direct service)	\$ 366,265.00	427,700.00
	Total Title III-B Ombudsman	\$ 366,265.00	427,700.00
Title III-C2	Home Delivered Meals (contracted service)	\$ 5,362,140.00	7,915,050.00
	Total Title III-C2	\$ 5,362,140.00	\$ 7,915,050.00
Title III-E	Information and Assistance (direct service)	\$ 134,708.00	225,500.00
	Total Title III-E	\$ 134,708.00	225,500.00
Title III C2	Congregate Meals (NSIP Fed.)	\$ 733,863.00	733,863.00
Title III C2	Home Delivered Meals (NSIP Fed.)	\$ 2,201,590.00	2,201,590.00
	Total Title-NSIP	\$ 2,935,453.00	\$ 2,935,453.00
		\$ 8,724,423.00	\$ 11,890,717.00

Chart 2: Number of Clients and Units Served in FY2020 & Projections for FY2022

Service Category	Actual 2020 Clients	Actual 2020 Units	Projected 2022 Clients	Projected 2022 Units
Access Services				
Information and Assistance (III-B)	77,557	77,557	75,000	75,000
Options Counseling	3,206	3,206	3,240	3,240
In-Home Services				
Chore	41	3,602	50	3,760
Home Delivered Meals	19,635	4,821,433	15,000	4,700,000
Alzheimer's Disease & Related Dementia	132	2,557	200	1,800
Social Isolation/Health Promotion	81	494	500	6,000
Respite (III-B)	18	517	-	-
Respite (III-E Caregiver)	42	208	75	4,000
Residential Repair & Renovation	-	-	200	200
Community Services				
Congregate Meals	15,975	329,861	15,000	500,000
Multipurpose Senior Center	29,957	336,032	11,900	226,966
Physical Fitness	6,645	11,076	6,800	10,000
Health Promotion	3,669	2,863	3,600	1,800
Legal Assistance	203	1,005	300	2,500
Recreation	11,147	2,834	6,200	3,800
Information and Assistance (III-E Caregiver)	3,698	3,698	10,000	10,000
Information and Assistance (III-E GORRC)	304	304	280	280
Counseling/Training/Support Groups (III-E Caregiver)	84	238	90	560
Counseling/Training/Support Groups (III-E GORRC)	16	31	70	250
Supplemental Service/Gap filling (III-E Caregiver)	78	80	130	150
Supplemental Service/Gap filling (III-E GORRC)	30	30	175	175

ATTACHMENTS

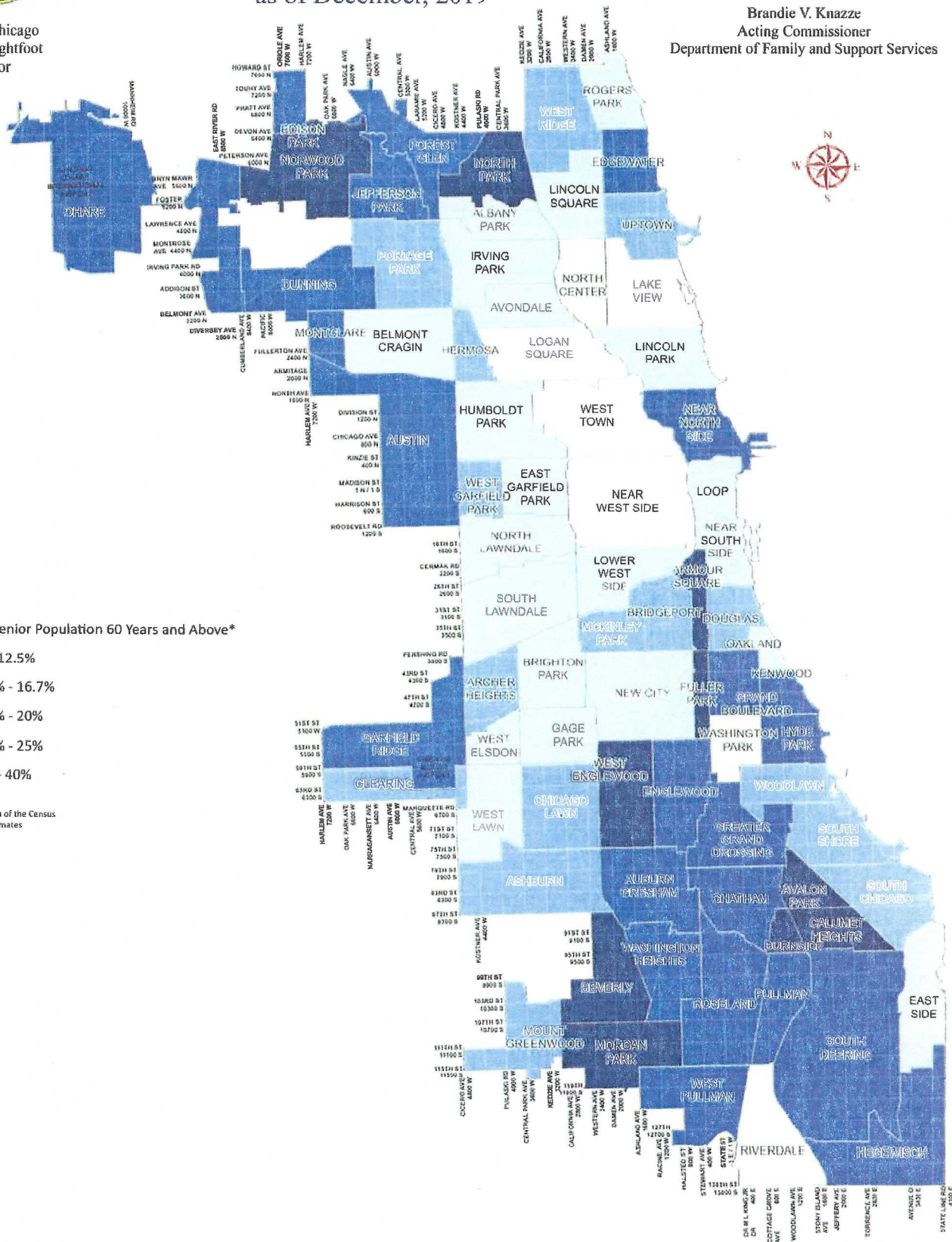


City of Chicago
Lori E. Lightfoot
Mayor

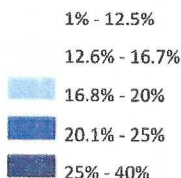
City of Chicago
Department of Family Support and Services
Population 60 and Above
by Chicago Community Area
as of December, 2019



Brandie V. Knazze
Acting Commissioner
Department of Family and Support Services



Percent of Senior Population 60 Years and Above*



*Source: U.S. Bureau of the Census
2019 ACS 5 Year Estimates

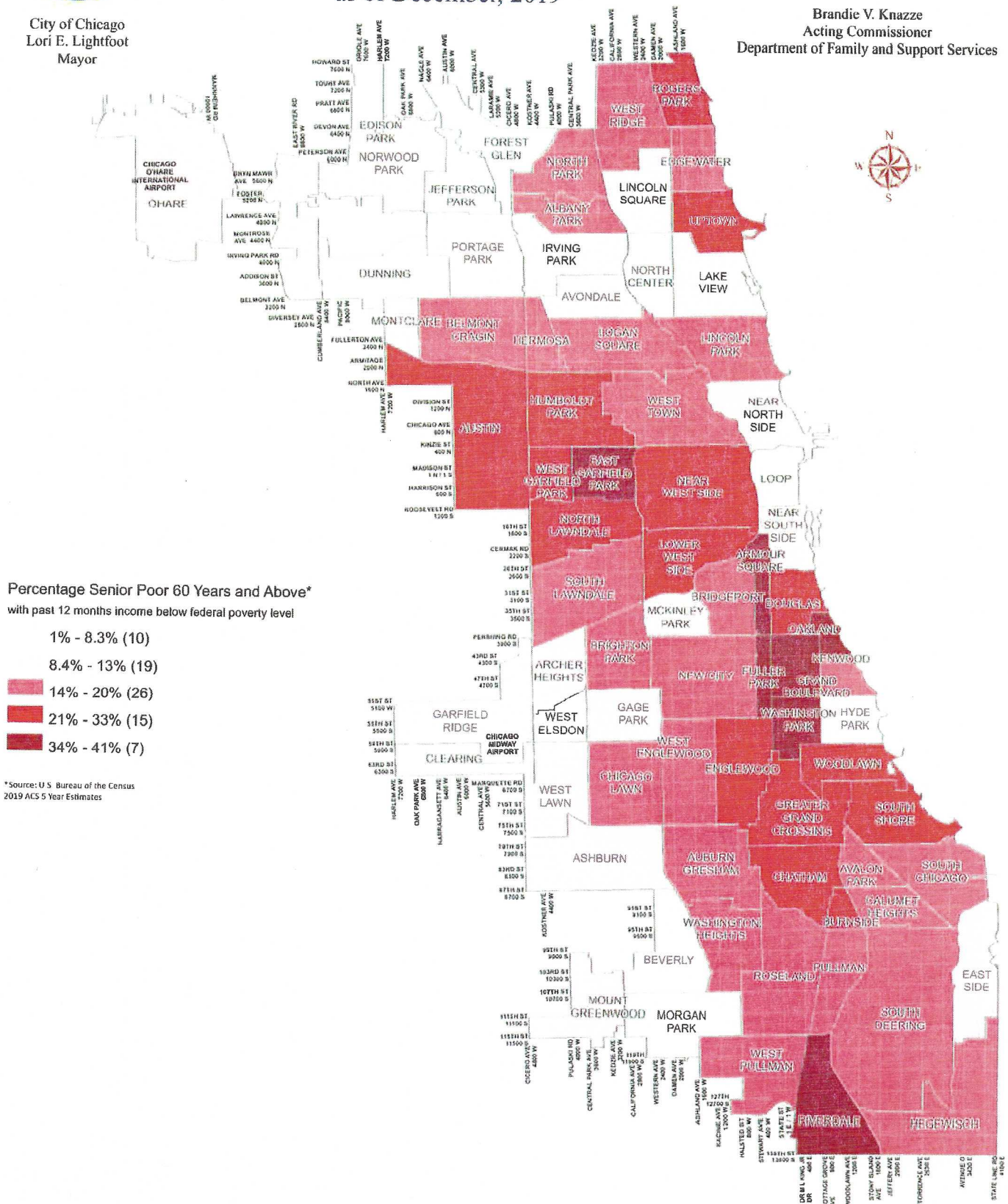


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Population 60 and Above Below Poverty
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