



GENESEE COUNTY
— M I C H I G A N —

Genesee County
Board of County Commissioners
Agenda

Wednesday, June 3, 2026

5:30 PM

324 S.Saginaw St., Room 1014

Workshop

I. CALL TO ORDER

II. ROLL CALL

III. PUBLIC ADDRESS

IV. COMMUNICATIONS

[26-372](#)

Senior Services Advisory Task Force Committee

[26-373](#)

Budget Update - Chrystal Simpson, CFO

V. ADJOURNMENT



Genesee County

Staff Report

Genesee County
Administration Building
324 S. Saginaw St.
Flint, MI 48502

File #: 26-372

Agenda Date: 6/3/2026

Agenda #:

Senior Services Advisory Task Force Committee

**PROPOSED PLAN FOR ESTABLISHING A GENESEE COUNTY
SENIOR SERVICES ADVISORY TASK FORCE**

A Genesee County Senior Services Task Force (GCSSTF), will be created on a temporary, one-year basis, to assess the needs of older adults (60+ years old) in Genesee County and to make non-binding recommendations to the Genesee County Board of Commissioners, as to programmatic, service, and budgetary priorities for this special and important population.

Recommendations will come in the form of a written report, with supporting quantitative and qualitative data, and be given to the Board of Commissioners no later than June 1, 2026. The GCSSTF Chairperson and Task Force members will subsequently present these recommendations — in person and in public — to the Board of Commissioners no later than July 1, 2026.

The nine members of the GCSSTF shall be appointed by the Board of Commissioners, with each Commissioner allowed one appointment. No member of the GCSSTF shall, while a member of the GCSSTF, be an employee, vendor, or volunteer board member of any organization currently receiving funding from the Genesee County Senior Services millage. The members of the Task Force shall, through a majority vote, select a Chairperson to preside over their meetings.

All decisions — including any recommendations — by the Genesee County Senior Services Task Force, shall be made based upon a simple majority vote, with a quorum for conducting business being a majority of the total number of members in good standing (nine total members, assuming no vacancies, and a quorum of five necessary for meeting and conducting business).

The Task Force shall meet at least once a month and will hold its meetings in a location open to the general public. A vacancy on the Task Force shall be filled by the County Commissioner who originally appointed the individual whose departure has created the vacancy.

The Task Force shall begin its work no later than October 15, 2025. The Genesee County Board of Commissioners will provide in-kind staffing through the Genesee County Metropolitan Planning Commission (GCMPC) and other resources necessary for the GCSSTF to accomplish its work. The Task Force may request funds to support its work, but such requests must be approved by a majority vote of the Board of Commissioners.

The Board of Commissioners may, at its discretion and through a majority vote, extend the life of the Task Force beyond one year for the purposes of continuing to make recommendations and to assess in an ongoing fashion the effectiveness and value provided by senior-millage-funded services.



Genesee County

Staff Report

Genesee County
Administration Building
324 S. Saginaw St.
Flint, MI 48502

File #: RES-2025-2224

Agenda Date: 9/10/2025

Agenda #: 34.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, that this Board of County Commissioners of Genesee County, Michigan, authorizes the creation of the temporary Genesee County Senior Services Task Force ("GCSSTF"), said new task force to be an advisory body to this Board with its ultimate purpose being, among other things as outlined in the attached Proposed Plan for Establishing a Genesee County Senior Services Advisory Task Force, to make non-binding recommendations to this Board regarding programmatic, service, process, and budgetary priorities for the Genesee County Senior Services Millage.

BE IT FURTHER RESOLVED, that this Board authorizes and adopts the attached Proposed Plan for Establishing a Genesee County Senior Services Advisory Task Force to establish this Board's operational parameters and goals with the establishment of the GCSSTF.



Senior Millage Report

Genesee County Senior Services Task Force

May 22, 2026



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PROPOSED PLAN FOR ESTABLISHING A GENESEE COUNTY SENIOR SERVICES ADVISORY TASK FORCE

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All decisions — including any recommendations — by the Genesee County Senior Services Task Force, shall be made based upon a simple majority vote, with a quorum for conducting business being a majority of the total number of members in good standing (nine total members, assuming no vacancies, and a quorum of five necessary for meeting and conducting business).

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**GENESEE COUNTY
SENIOR SERVICES TASK FORCE
MEMBERS**

District 1: Helen Walker

District 2: Elizabeth Taylor

District 3: Richard Richardson, PhD, RN- Chair

District 4: Kathy Boles

District 5: Gary Hajek/Mike Yancho

District 6: Russ Perkins

District 7: Liza Gulliver

District 8: Sandra Murphy- Vice Chair

District 9: Casey Clark

Millage Language

6/11/2024
10:40 AM

Unofficial Candidate List 08/06/2024 - State Primary Genesee

Senior Services Millage Renewal Proposal

Shall there be a renewal of the previously approved authorization of the Genesee County Board of Commissioners to levy a tax of 0.6852 mills (\$0.6852 per \$1,000.00 of taxable property valuation) upon the taxable valuation of property within Genesee County, as finally equalized, for each of the ten (10) years from 2026 through 2035, inclusive, for the purpose of supporting services for citizens 60 years of age or older?

This is a renewal of the Genesee County Senior Services Millage that expires after the 2025 levy. The estimated revenue that will be collected during the first year this millage is authorized and levied is \$8,195,004.00.

In Genesee County, there are local authorities that capture and use for authorized purposes tax increment revenues from property taxes levied by the County. Such captured revenue would include a portion of the proposed millage levy. The total amount of captured tax increment revenues from the proposed millage levy in the first calendar year of the levy is estimated to be \$253,568.00. The following such local authorities presently are expected to capture and receive disbursement of a portion of the County's property tax levy:

City of Clio Corridor Improvement Authority ("CIA"), Downtown Development Authority ("DDA"), and Neighborhood Improvement Authority ("NIA"); City of Davison DDA and Local Development Finance Authority ("LDFA"); City of Fenton DDA and LDFA; City of Grand Blanc DDA; City of Linden DDA; City of Montrose DDA; City of Swartz Creek DDA; Genesee County Brownfield Redevelopment Authority and Land Bank Authority; Davison Township DDA; Flint Township DDA, Beecher Road CIA, and Bristol Road CIA; Grand Blanc Township DDA; Mt. Morris Township Business Development Authority ("BDA"); Mundy Township DDA and Hill Road CIA; Vienna Township BDA; Village of Lennon DDA; Village of Otisville DDA; and Village of Otter Lake DDA.



Introduction

Genesee County Senior Services Task Force

The Genesee County Senior Services Advisory Task Force convened monthly from October 2025 to April 2026. They reviewed the history of the Senior Millage, current conditions, and existing and future senior plans in the county. Members also heard from Senior Millage stakeholders regarding needs, gaps, and trends. The information presented to the Task Force allowed them to create, discuss, and finalize a series of non-binding recommendations as to programmatic, service, and budgetary priorities for seniors in Genesee County. Through a nominal group process, seven Task Force members were present to create draft non-binding recommendations. At the final meeting, six Task Force members were present and used a democratic voting process to further refine the final priorities. Each recommendation was classified as high, medium, or low.

The Task Force members acknowledge that each service provided through the Senior Millage is vital to the health, safety, and support of seniors in Genesee County. The members encourage the Board of Commissioners to recognize that even though this process was a formidable task, they have taken the first steps towards actionable changes to maximize the effects of the Senior Millage. Further data collection and analysis will be necessary to determine future program and service needs along with equitable funding strategies.

Recommendations & Prioritization Summary

Through a nominal group process, seven Task Force members were present to create draft non-binding recommendations. At the final meeting, six Task Force members were present and used a democratic voting process to further refine the final priorities. The final recommendations were based on information and data received over the course of seven months.

The Genesee County Department of Senior Services should be the convener for collaborations with all parties to eliminate waitlists, bridge funding gaps, and provide better overall services to seniors in Genesee County.

High Priorities (5+):

- Provide funding for the Michigan State University Senior Assessment Research study and establish a study design that considers both able bodied and homebound seniors (9).
- Review and increase the annual millage funds allocated to senior centers (7).
- Increase millage funding and create a marketing plan for the millage. This plan will utilize data from MSU (6).
- Provide funding for case managers for all senior centers to assist with needs (6).

The Task Force recommended moving the following two items to the high priority category per discussion at the May 7th meeting.

- Create a Development Department within the County for grant research, writing, and reporting, and hire grant writers (4).
- Expand programs for homebound seniors including programs such as home care, meal delivery, wellness checks, and caregiver support (0).

Medium Priorities (4-3):

- Find better ways to deliver transportation services through collaboration between agencies (4).
- Strengthen outreach and marketing for all services to underserved and marginalized populations (4).
- Encourage partnerships between local government, nonprofits, healthcare providers, and community groups to maximize impact and to reduce gaps (3).
- Create action teams that are problem specific to help eliminate waitlists. Create additional teams as new needs arise (3).
- The Genesee County Department of Senior Services will conduct an orientation to Senior Services to the Board of Commissioners every two years (3).

Low Priorities (2-0):

- Establish a permanent Senior Citizen Advisory Committee that includes program recipients. Periodically commission a county-wide needs assessment (2).
- Provide additional funds to senior centers specifically for transportation programming. Convene a Task Force Subcommittee to do a deep dive on transportation (1).
- Obtain internal and/or external funding to reinstate the ramp program (1).
- Identify funding priorities based on a countywide needs assessment (1).
- Implement regular reporting and community feedback mechanisms to ensure funds are used effectively and equitably (1).
- Brainstorm how senior centers can get better involved in the delivery of services (1).
- Authorize funds to help seniors set up AAA memberships (0).
- Increase homemaking programs (0).
- Establish a “911-like” hotline for senior emergencies that will provide contact numbers for food, electricity, heat, or other emergencies. Assists seniors and provides wellness checks (0).
- Contract with local farmers, gardeners, orchards, etc. for produce to expand the quality and quantity of food for seniors (0).
- Increase support for mental health services, chronic disease management programs, and preventative care initiatives (0).
- Encourage fundraising for senior centers and other programming outside of the millage (0). Create a “senior services” fund composed of a percentage of senior center funds and donations from individuals/organizations (0).
- Provide transportation for all service provider clients (0).
- Provide bonuses and competitive salaries to retain employees (0).

The following recommendation was removed from the list at the May 7th meeting.

- Do not approve millage funding for additional senior centers that are within a 15-mile radius of an existing millage-funded senior center (4).



Millage History & Existing Conditions

Genesee County Senior Services Task Force

To gain a better understanding of the Senior Millage in its entirety, Task Force members requested an overview presentation of the Millage by the Director of Senior Services, Lynn Radzilowski. She conducted this presentation during the October 7, 2025 meeting as well as a more detailed breakdown of the Millage with data on services provided, funding collected over the years, maps of services provided and budgets. She conducted this presentation during the December 4, 2025 meeting. This information on the current conditions is in this section of the report.



SENIOR MILLAGE

SENIOR SERVICES ADVISORY TASK FORCE
OCTOBER 7, 2025

MILLAGE HISTORY

- PLACED ON THE PRIMARY BALLOT AND PASSED ON AUGUST 8, 2006
- IN JANUARY OF 2011, THE DEPARTMENT OF SENIOR SERVICES WAS CREATED
- A SENIOR CITIZEN ADVISORY COMMITTEE WAS IN PLACE BUT WAS ELIMINATED IN 2015 BY A FORMER BOARD CHAIRMAN.
- THE SENIOR MILLAGE WAS RENEWED ON AUGUST 5, 2015, WITH A **72.13% YES VOTE.**
- THE SENIOR MILLAGE WAS RENEWED ON AUGUST 6, 2024, WITH A **68.58% YES VOTE.**

OUR MISSION

The Genesee County Department of Senior Services is dedicated to improving the health, safety, and quality of life for seniors in Genesee County.

The department oversees the distribution of senior millage dollars approved by the Genesee County Board of Commissioners to area senior centers and contracted senior service providers to ensure quality services and programming for the senior citizens of Genesee County.





MILLAGE-FUNDED SERVICES

ADULT DAY CARE

Provide structured care and supervision for older adults during the daytime hours. These centers are designed for individuals who:

- Need assistance or supervision during the day
- Are not safe to stay home alone
- Could benefit from social interaction, mental stimulation, or support services

At the end of the day, participants return to their homes or families.

AUDITING SERVICES

This service is specifically for senior centers that are not affiliated with their Local Unit of Government.

- Auditor completes an Independent Auditor Report each fiscal year
- Summary of any corrective actions or findings is provided.

CASE MANAGEMENT & ASSESSMENT

Personalized supportive services designed to help individuals with complex needs:

- Comprehensive evaluation
- Person-centered planning
- Develop a care plan

This process is designed to determine which Senior Millage services are the best fit for participants.

Continued monitoring and support are provided for all individuals who qualify for services.

- Reassessments are completed every 6 months.

GUARDIANSHIP & CONSERVATOR SERVICES

A guardian is appointed to make personal and/or medical decisions for someone who is not able to do so safely on their own:

- Choosing where the person lives
- Making medical and health care decisions
- Ensuring the person's basic needs are met
- Advocating for their well-being and rights

A conservator is appointed to manage a person's financial matters if they cannot do so themselves.

- Managing income and paying bills
- Handling property or assets
- Budgeting and protecting financial interests
- Reporting to the court on financial status

ELDER ABUSE & EXPLOITATION PREVENTION

This is a collaborative team that is responsible for:

- Education, advocacy, community engagement
- Investigative services
- Ad Litem services and guardianship and conservatorship reviews
- Provide advisory and prosecuting services

HOME DELIVERED MEALS

Home-delivered meals are prepared, nutritious meals that are brought directly to the homes of people who are unable to shop for or prepare food themselves due to age, disability, or illness.

- This program helps people stay independent, nourished, and safe in their own homes

IN-HOME PERSONAL CARE & HOMEMAKING

These services are designed to help older adults remain safely and independently in their homes by providing hands-on assistance and help with daily living tasks:

Personal Care Services:

- Bathing, grooming, and hygiene
- Dressing and undressing
- Toileting and incontinence care

Homemaking Services:

- Light housekeeping (laundry, dishes, vacuuming)
- Grocery shopping and errands
- Changing bed linens



IN-HOME RESPITE

Provides a temporary relief to family caregivers by sending a trained caregiver to the home to care for a loved one. This allows the primary caregiver to take a break, whether for rest, errands, an appointment, etc. Ensuring the individual continues to receive safe and supportive care.

LEGAL SERVICES

Legal services for seniors provide free legal help to older adults:

- Abuse and Neglect
- Consumer law
- Estate Planning
- Housing
- Public Benefits



LAWN & SNOW MAINTENANCE

Lawn Care Services:

- Mowing and trimming grass
- Raking leaves
- Basic yard cleanup

Snow Maintenance Services:

- Shoveling walkways, driveways, and sidewalks
- Salting or sanding icy areas
- Clearing steps or porches for safe access



MEDICAL TRANSPORTATION WITH LIAISON

Providing transportation for Genesee County seniors aged 60 years or older to medical appointments and procedures with a liaison.

- Liaison services include help from the home to the car, transport to appointments and outpatient procedures, remaining present throughout the appointment/procedure.
- Includes post-appointment prescription pick-up/errands if needed.

SENIOR PROJECT FRESH

The program runs from May 1 to October 31 each year:

- A program aimed at helping older adults eat healthier as they age.
- Provides participants with free nutrition education and \$25 in benefits that can be exchanged for fresh fruits, vegetables, and honey sold at local farmers' markets and roadside stands.

SENIOR CENTERS

- Senior Centers, also known as senior activity centers and enrichment centers, are community-based facilities that provide programs, services, and social opportunities for older adults typically aged 55 and older.
- The goal of a senior center is to provide a safe, clean, and welcoming environment for seniors to stay active, engage, and connect with other older adults and resources within their community.
- They are either run by a nonprofit 501c3 organization or local units of government that receive senior millage funds, community block grants, donations, etc.



SPECIALIZED SENIOR PROGRAMMING & SERVICES

The Department of Senior Services has a few small contracts to provide Senior programming in local communities to promote inclusion, engagement, independence, and quality of life for older adults with diverse or specific needs.

VISUAL AND HEARING-IMPAIRED SUPPORT SERVICES

Teaching skills to navigate deafness, blindness, hearing, and vision loss using adaptive techniques and devices. Providing individual and group therapy options for clients, family, and friends. Education and outreach in the community.



**GENESEE COUNTY
SENIOR SERVICES**

QUESTIONS?

SENIOR SERVICES TASK FORCE

December 4, 2025
2:30 PM, Room 1014

GENESEE COUNTY DEPARTMENT OF SENIOR SERVICES

Mission and Purpose

- The Genesee County Department of Senior Services is dedicated to improving the health, safety, and quality of life for seniors in Genesee County. The department oversees the distribution of senior millage dollars to area senior centers and contracted senior service providers to ensure quality services and programming for the senior citizens of Genesee County.
- The 2025-2026 Genesee County Senior Millage is projected to fund over \$9 million in programming and services to Genesee County senior citizens aged 60 and better.

GENESEE COUNTY SENIOR MILLAGE LANGUAGE (2006)

"Shall the limitation on the total amount of taxes which may be imposed by Genesee County upon property within the County be increased by 0.7 mills, for the 10-year period 2006 through 2015, for the purpose of supporting services for citizens 60 years of age or older?"

A levy of 0.7 mills would be for \$0.70 per \$1,000 on the taxable value of property. It is estimated that 0.7 mills would raise \$7,924,663 in the first year of authorization."

GENESEE COUNTY SENIOR MILLAGE LANGUAGE (2014)

"Shall there be a renewal of the previously approved authorization of the Genesee County Board of Commissioners to levy a tax of 0.7 mils (\$0.70 per \$1,000.00 of taxable property valuation) upon the taxable valuation of property valuation of property within Genesee County, as finally equalized, for each of the ten (10) years from 2016 through 2025, inclusive, for the purpose of supporting services for citizens 60 years of age and older?

This is a renewal of the Genesee County Senior Services Millage which expires after the 2015 levy. The estimated revenue that will be collected during the first year this millage is authorized and levied is \$6,036,553.63."

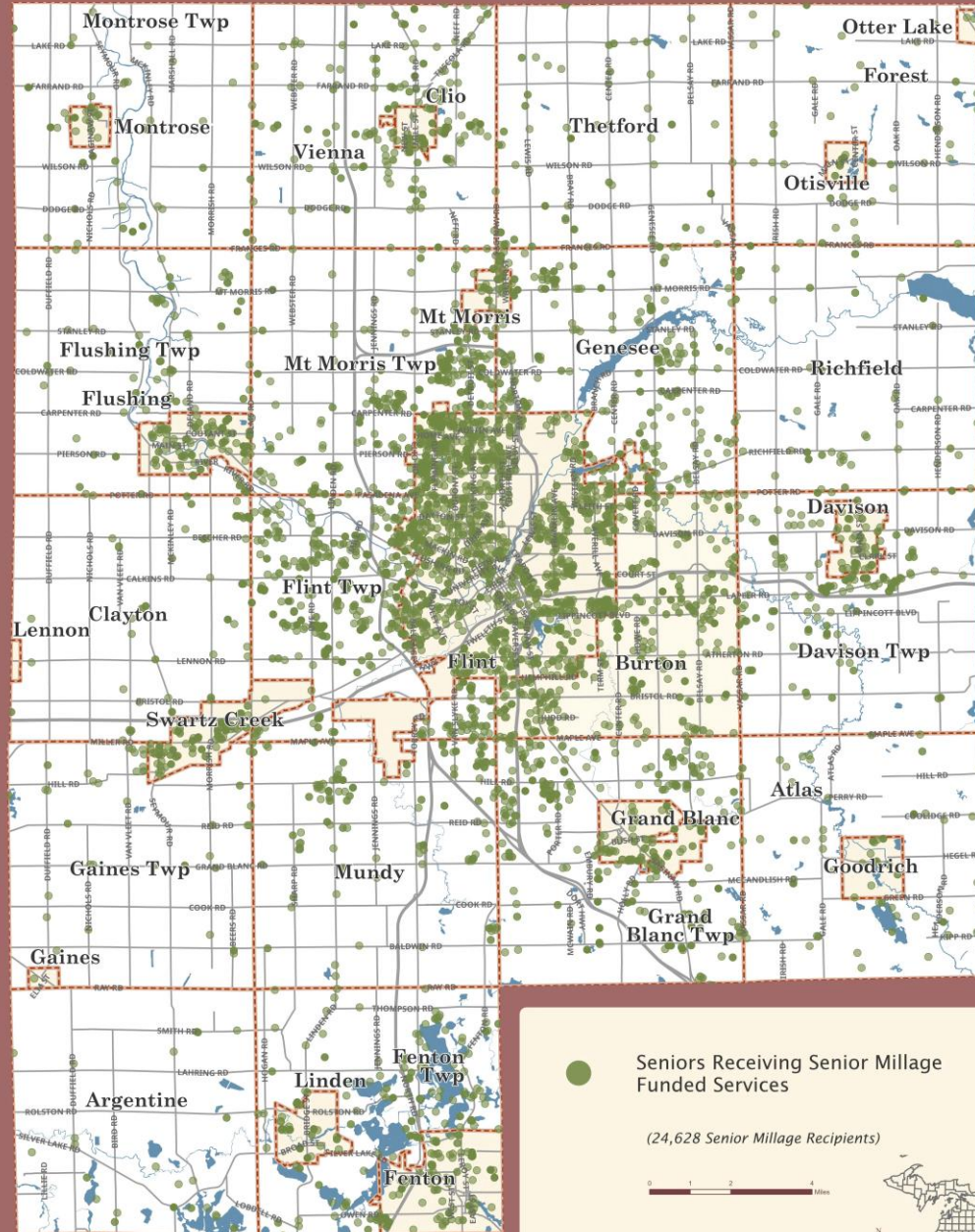
GENESEE COUNTY SENIOR MILLAGE LANGUAGE (2025)

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Composite Map of Senior Millage Services Fiscal Year 2023 - 2024

Genesee County, Michigan

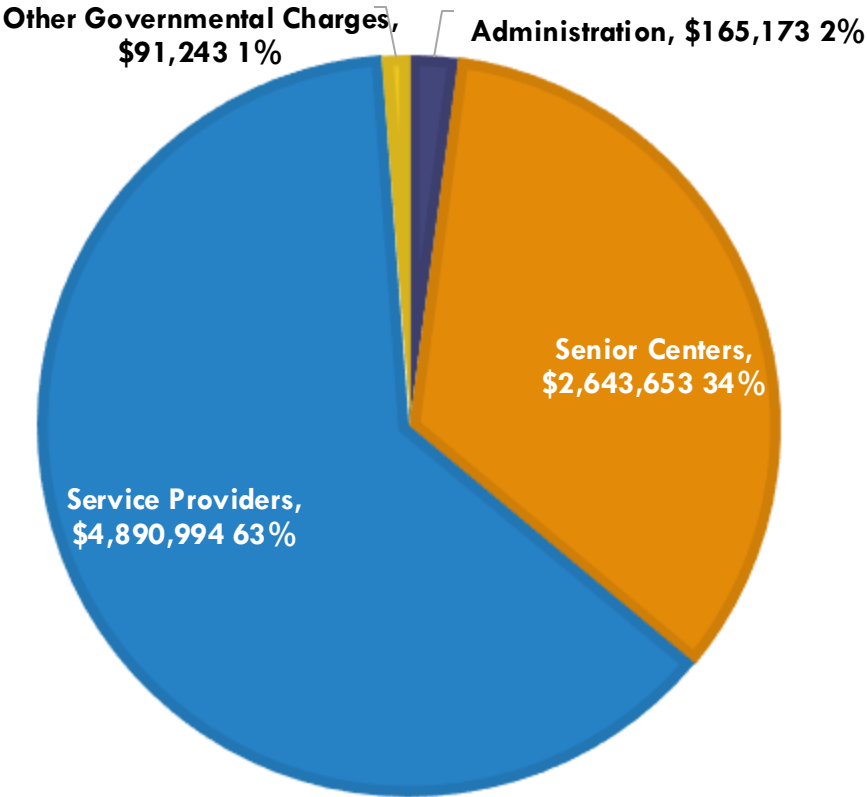


PROGRAMS AND SERVICES WE FUND:

- Adult Day Care
- ASL Interpreter Services
- Case Management and Assessment
- Confidential Document Shredding and Medication Take-Back Events
- Elder Abuse and Exploitation Prevention
- Personal Care Items
- Guardianship and Conservatorship Services
- Home-Delivered Meals
- Information and Referral
- In-Home Personal Care and Homemaking Services
- In-Home Respite Care
- Lawn Care and Snow Maintenance
- Legal Assistance
- Medical Transportation with Liaison Services
- Notary Public
- Senior Project FRESH/Market FRESH
- Specialized Senior Programming
- Telephone Intake and Screening
- Visually and Hearing-Impaired Services and Support
- 16 Senior Centers

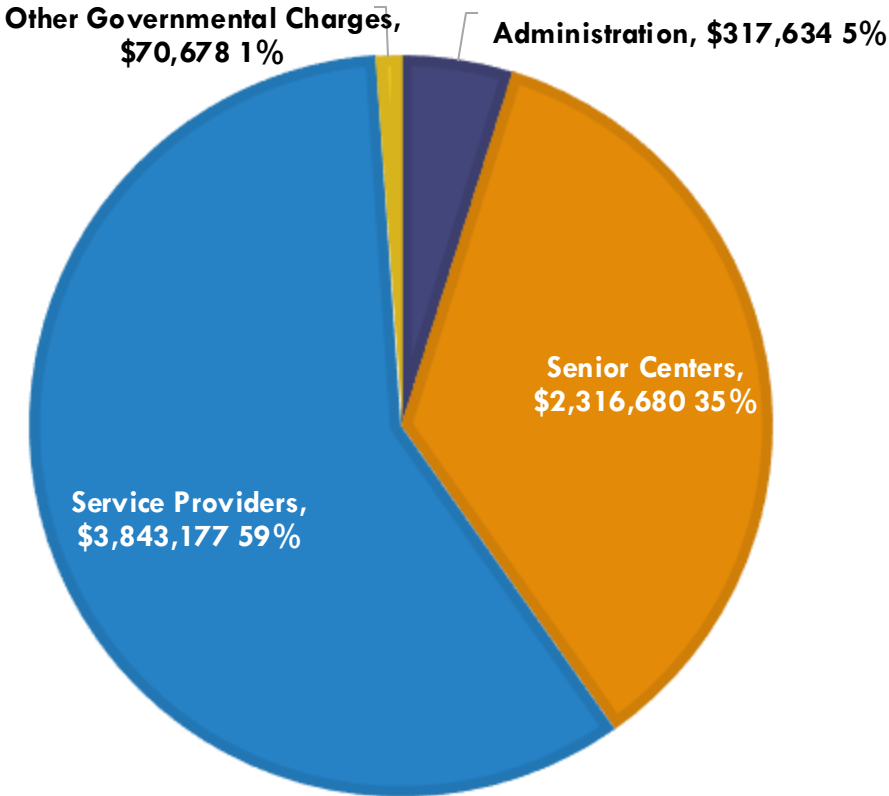


FY 2010-2011 BUDGET



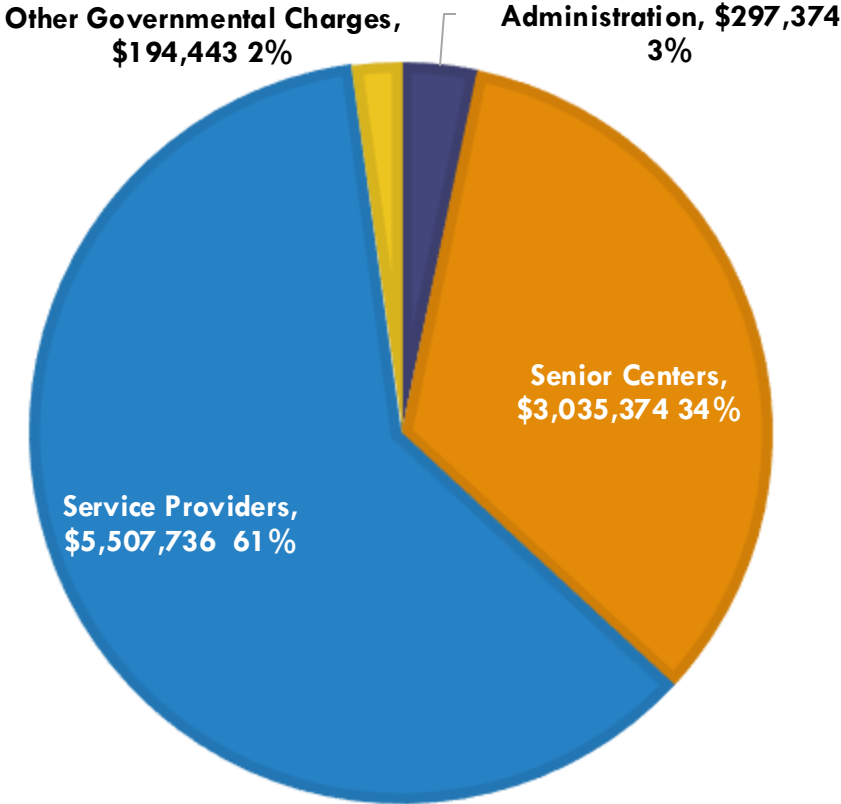
- Administration
- Senior Centers
- Service Providers
- Other Governmental Charges

FY 2020-2021 BUDGET



- Administration
- Senior Centers
- Service Providers
- Other Governmental Charges

FY 2025-2026 BUDGET



- Administration
- Senior Centers
- Service Providers
- Other Governmental Charges

SENIOR MILLAGE ALLOCATION (2010-2025)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Sr Center Allocation	34%	39%	35%	36%	35%	34%	34%	36%	40%	38%	35%
Service Provider Allocation	63%	58%	61%	60%	60%	60%	60%	60%	54%	56%	60%
Administration	3%	3%	4%	5%	6%	6%	6%	6%	6%	6%	6%

	2021	2022	2023	2024	2025	2026
Sr Center Allocation	35%	38%	36%	35%	32%	34%
Service Provider Allocation	59%	57%	59%	60%	63%	60%
Administration	6%	5%	5%	5%	6%	5%

SENIOR MILLAGE BUDGET (SENIOR CENTERS)

Center	2025 Budget	2026 Budget	Increase/ Decrease
Burton	\$206,330	\$216,646	\$10,316
Brennan	\$137,923	\$144,819	\$6,896
Carman-Ainsworth	\$206,330	\$216,646	\$10,316
Clio	\$206,330	\$216,646	\$10,316
Davison/ Richfield	\$206,330	\$216,646	\$10,316
Eastside	\$206,330	\$216,646	\$10,316
Flushing	\$206,330	\$216,646	\$10,316
Forest	\$137,923	\$144,819	\$6,896
Grand Blanc	\$206,330	\$216,646	\$10,316

Center	2025 Budget	2026 Budget	Increase/ Decrease
Hasselbring	\$137,923	\$144,819	\$6,896
Krapohl	\$206,330	\$216,464	\$10,316
Loose	\$206,330	\$216,646	\$10,316
Montrose	\$137,923	\$144,819	\$6,896
Swartz Creek	\$206,330	\$216,646	\$10,316
Thetford	\$137,923	\$144,819	\$6,896
Mundy	\$137,923	\$144,819	\$6,896
Annual Audit	\$45,000	\$45,000	-
GCCARD Congregate Meals	\$100,000	N/A	(\$100,000)

	2025 Budget	2026 Budget	Increase/ Decrease
TOTAL	\$2,890,838	\$3,080,374	\$44,536

SENIOR MILLAGE BUDGET (SERVICE PROVIDERS)

Provider	2025 Budget	2026 Budget	Increase/Decrease
Prof. Service Contracts	\$8,000	\$8,000	-
Ramp Construction	\$235,000	N/A	(\$235,000)
Case Management	\$293,053	\$293,053	-
GCCARD- Home Delivered Meals	\$1,580,096	\$1,430,096	(\$150,000)
Family Serv.- Guard/Conser.	\$300,000	\$260,000	(\$40,000)

Provider	2025 Budget	2026 Budget	Increase/Decrease
Family Serv.- Home Care	\$715,000	N/A	(\$715,000)
Alt. Eld. Care- Home Care	\$325,000	\$450,000	\$125,000
Family Service- Visual & Hearing Impaired	\$215,000	\$190,000	(\$25,000)
Family Service- Medical Transp.	\$350,000	\$300,000	(\$50,000)
CAC Interpreters	\$10,000	\$10,000	-
Legal Services- Legal Asst.	\$329,000	\$329,000	-

SENIOR MILLAGE BUDGET (SERVICE PROVIDERS)

Provider	2025 Budget	2026 Budget	Increase/ Decrease
St. Luke's Lawn Care/Snow Maintenance	\$275,000	\$210,000	(\$65,000)
MI Comm. Serv. Adult Day Care	\$180,000	\$120,000	(\$60,000)
MI Comm. Serv. Respite	\$200,000	N/A	(\$200,000)
Senior Project Fresh	\$25,000	\$15,000	(\$10,000)
Specialized Grants	\$25,000	\$25,000	-

Provider	2025 Budget	2026 Budget	Increase/ Decrease
VAAA Intake/Referral Serv.	\$251,460	\$251,460	-
Binson's Home Care	\$65,000	\$730,080	\$665,080
Binson's Respite	N/A	\$200,000	\$200,000
Transfers Out	\$639,047	\$639,047	-

	2025 Budget	2026 Budget	Increase/ Decrease
TOTAL	\$6,020,565	\$5,460,736	(\$559,920)

SENIOR MILLAGE BUDGET (ADMINISTRATION)

	2025 Budget	2026 Budget	Increase/ Decrease
Salaries & Wages	\$186,545	\$200,024	\$13,479
Social Security	\$14,271	\$15,302	\$1,031
Overtime	-	-	-
Medical Insurance	\$36,414	\$36,487	\$73
Post Retirement Benefit	\$23,972	\$24,959	\$987
Optical Insurance	\$226	\$226	-
Dental Insurance	\$2,637	\$2,334	(\$303)
Life Health Insurance	\$1,768	\$1,480	(\$288)
Retirement	\$14,924	\$16,002	\$1,078

	2025 Budget	2026 Budget	Increase/ Decrease
Workers Comp.	\$149	\$160	\$11
Unemployment	\$374	\$400	\$26
Supplies-Office	\$2,500	\$2,500	-
Health Services Employees	\$500	\$250	(\$250)
Telephone	\$1,300	\$1,300	-
Postage	\$300	\$300	-
VAAA- Local Match	\$10,000	\$10,000	-
Printing	-	-	-

SENIOR MILLAGE BUDGET (ADMINISTRATION) CONTINUED

	2025 Budget	2026 Budget	Increase/Decrease
Advertising	\$7,500	\$7,500	-
Validated Parking	\$300	\$300	-
Training Employees	\$2,150	\$2,000	(\$150)
Copier Charges	\$2,000	\$2,000	-
Motorpool Charges	\$136,000	\$30,000	(\$106,000)
Insurance Charges	\$39,570	\$53,726	\$14,156
CSA	\$60,290	\$82,567	\$22,277
Office Equipment	\$3,875	\$4,000	\$125

	2025 Budget	2026 Budget	Increase/ Decrease
TOTAL	\$547,565	\$493,817	(\$53,748)

FUNDING BREAKDOWN (2010-2025)

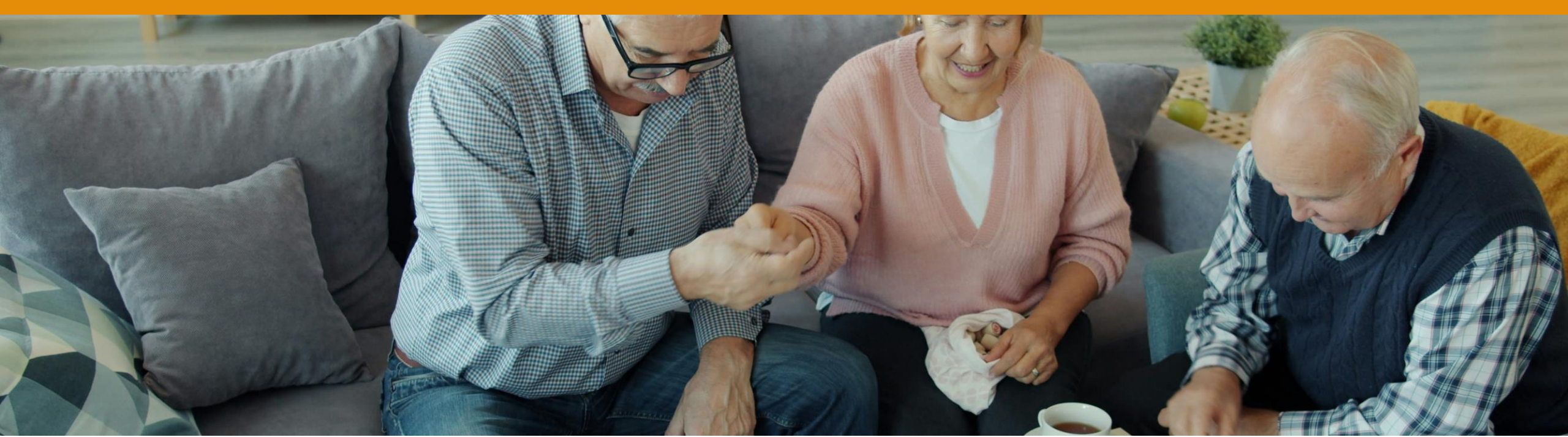
	Revenue	Expenditures	Fund Balance
2010-2011	\$6,506,357.00	\$7,791,060.82	*
2011-2012	\$6,400,000.00	\$6,863,874.99	*
2012-2013	\$5,898,036.00	\$6,228,498.10	*
2013-2014	\$5,612,488.00	\$6,140,332.20	*
2014-2015	\$5,673,961.00	\$6,048,421.69	*

	Revenue	Expenditures	Fund Balance
2015-2016	\$5,810,102.00	\$6,295,718.42	\$1,893,540.00
2016-2017	\$5,803,883.00	\$6,363,368.77	\$1,485,105.00
2017-2018	\$5,984,665.00	\$6,340,875.00	\$1,319,727.00
2018-2019	\$6,300,035.00	\$6,225,014.41	\$1,473,266.92
2019-2020	\$6,534,356.00	\$5,989,661.20	\$2,113,168.61

*Fund balance for this year is no longer available.

FUNDING BREAKDOWN (2010-2025) CONTINUED

	Revenue	Expenditures	Fund Balance
2020-2021	\$6,874,521.00	\$6,096,984.76	\$2,918,315.25
2021-2022	\$7,017,463.00	\$6,869,332.32	\$3,119,048.89
2022-2023	\$7,377,724.00	\$7,613,531.43	\$2,996,917.29
2023-2024	\$8,018,989.00	\$8,335,687.50	\$2,780,445.04
2024-2025	\$8,550,235.00	\$8,984,718.67	\$2,416,430.53



WHAT IS A SENIOR CENTER?

- A **senior center** is a community facility that provides programs, services, and social activities for **older adults**, typically ages **55 and up**. These centers are designed to support healthy aging, social connection, and overall well-being.

SENIOR CENTERS – LEVEL 2 : FY 2025-2026

Minimum Average Number of Activities/ Service Type Provided Each Month

- Award - \$144,819
- Requirements:
 - Education – 6
 - Health – 10
 - Nutrition – Daily meals or Meal education available
 - Transportation – Available
 - Social Services – 6
 - Volunteerism – Available
 - Support Group - Available
 - Legal Services - Available
 - Health Screenings – Available
 - 250+ unduplicated participants 60 years or better and Genesee County Resident by March 31, 2026

SENIOR CENTERS BUDGETS – LEVEL 2

Level 2 Centers:	Brennan	Forest	Hasselbring	Montrose	Mundy	Thefford
Administration	\$65,022 (44.90%)	\$106,200 (73.33%)	\$93,423 (64.51%)	\$86,228 (59.54%)	\$107,700 (74.37%)	\$108,227 (74.73%)
Programming	\$11,201 (7.73%)	\$8,000 (5.52%)	\$0 (0%)	\$16,500 (28.31%)	\$12,000 (8.29%)	\$7,900 (5.46%)
Operating	\$68,095 (47.02%)	\$29,519 (20.38%)	\$50,826 (35.09%)	\$41,101 (28.31%)	\$17,163 (11.85%)	\$19,800 (13.67%)
Equipment	\$500 (0.35%)	\$1,100 (0.76%)	\$570 (0.39%)	\$990 (0.68%)	\$7,956 (5.49%)	\$8,892 (6.41%)

Level 2 Senior Centers receive \$144,819 annually

2019-2025 YEAR-END UNDUPLICATED PERSONS COUNT — LEVEL 2

Year	Brennan	Forest	Hasselbring	Montrose	Mundy	Theftord
19-20	295	371	544	331	N/A	495
20-21	270	255	499	322	N/A	353
21-22	295	365	801	354	109*	597
22-23	317	395	620	328	731	653
23-24	338	435	845	351	813	749
24-25	340	461	692	324	804	676

*Partial Year Funding

SENIOR CENTERS – LEVEL 3 : FY 2025-2026

Minimum Average Number of Activities/ Service Type Provided Each Month

- Award - \$216,646
- Requirements:
 - Education – 10
 - Health – 14
 - Nutrition – Daily meals or Meal education available
 - Transportation – Available
 - Social Services – 10
 - Volunteerism – Available
 - Support Group - Available
 - Legal Services - Available
 - Health Screenings – Available
 - 1000+ unduplicated participants 60 years or better and Genesee County Resident by March 31, 2026



SENIOR CENTERS BUDGETS – LEVEL 3

Level 3 Centers	Burton	Carman	Clio	Davison	Eastside
Administration	\$216,207.28 (99.98%)	\$142,438.30 (65.76%)	\$147,782 (68.21%)	\$189,645 (87.54%)	\$154,597 (71.36%)
Programming	\$0 (0%)	\$20,891 (9.65%)	\$0 (0%)	\$0 (0%)	\$5,370 (2.48%)
Operating	\$0 (0%)	\$47,816 (22.07%)	\$68,164 (31.46%)	\$26,501 (12.23%)	\$55,959 (25.83%)
Equipment	\$438.72 (0.20%)	\$5,500 (2.54%)	\$700 (0.32%)	\$500 (0.23%)	\$720 (0.33%)

Level 3 Senior Centers receive \$216,646 annually

SENIOR CENTERS BUDGETS CONTINUED – LEVEL 3

Level 3 Centers	Flushing	Grand Blanc	Krapohl	Loose	Swartz Creek
Administration	\$149,485.54 (68.99%)	\$159,905 (73.81%)	\$178,760 (82.51%)	\$193,400 (89.27%)	\$132,072.40 (60.96%)
Programming	\$18,200 (8.4%)	\$12,316 (5.68%)	\$0 (0%)	\$0 (0%)	\$12,200 (5.63%)
Operating	\$47,900.46 (22.11%)	\$43,925 (20.28%)	\$34,580 (16.42%)	\$11,870 (24.01%)	\$61,557.60 (28.41%)
Equipment	\$1,060 (0.49%)	\$500 (0.23%)	\$3,306 (0.48%)	\$11,376 (5.25%)	\$10,816 (4.99%)

Level 3 Senior Centers receive \$216,646 annually

2019-2025 YEAR-END UNDUPLICATED PERSONS COUNT — LEVEL 3

Year	Burton	Carman	Clio	Davison	Eastside	Flushing	Grand Blanc	Krapohl	Loose	Swartz Creek
19-20	1259	901	1027	1488	1108	947	1275	1026	1455	918
20-21	961	750	801	1182	880	958	878	911	715	876
21-22	1314	939	1131	1582	1013	1423	1224	1054	944	1112
22-23	1443	1159	1226	1841	1097	1476	1493	1160	1072	1227
23-24	1572	1322	1328	1978	1153	1641	1649	1364	1574	1493
24-25	1447	1329	1408	1845	1205	1888	1727	1461	1601	1625



WHAT IS A SERVICE PROVIDER?

A service provider is an individual or organization that offers services designed to support older adults (seniors) in maintaining their health, safety, independence, and quality of life.

A key aspect of a senior service provider's role is meeting the senior where they are, both literally and figuratively. This means providing care in the environment that best suits the senior's needs and respecting their individual abilities, preferences, cultural background, pace, and level of independence.

REQUEST FOR PROPOSAL

Genesee County wants to ensure that all interested suppliers are given a fair and equal opportunity to bid on County business. Our goal is to obtain the best value and service possible for public monies spent, at all times maintaining the highest standards of business ethics in our dealings with suppliers.

All procurement activities are conducted according to the Genesee County Purchasing Regulations, a copy of which is on file and available for inspection at the Genesee County Purchasing Department and at the website.



ADULT DAY CARE

Adult day care provides supervised care for senior citizens who are functionally and/or cognitively impaired. It offers structured social activities and specialized support services designed to promote safety, engagement, and well-being.

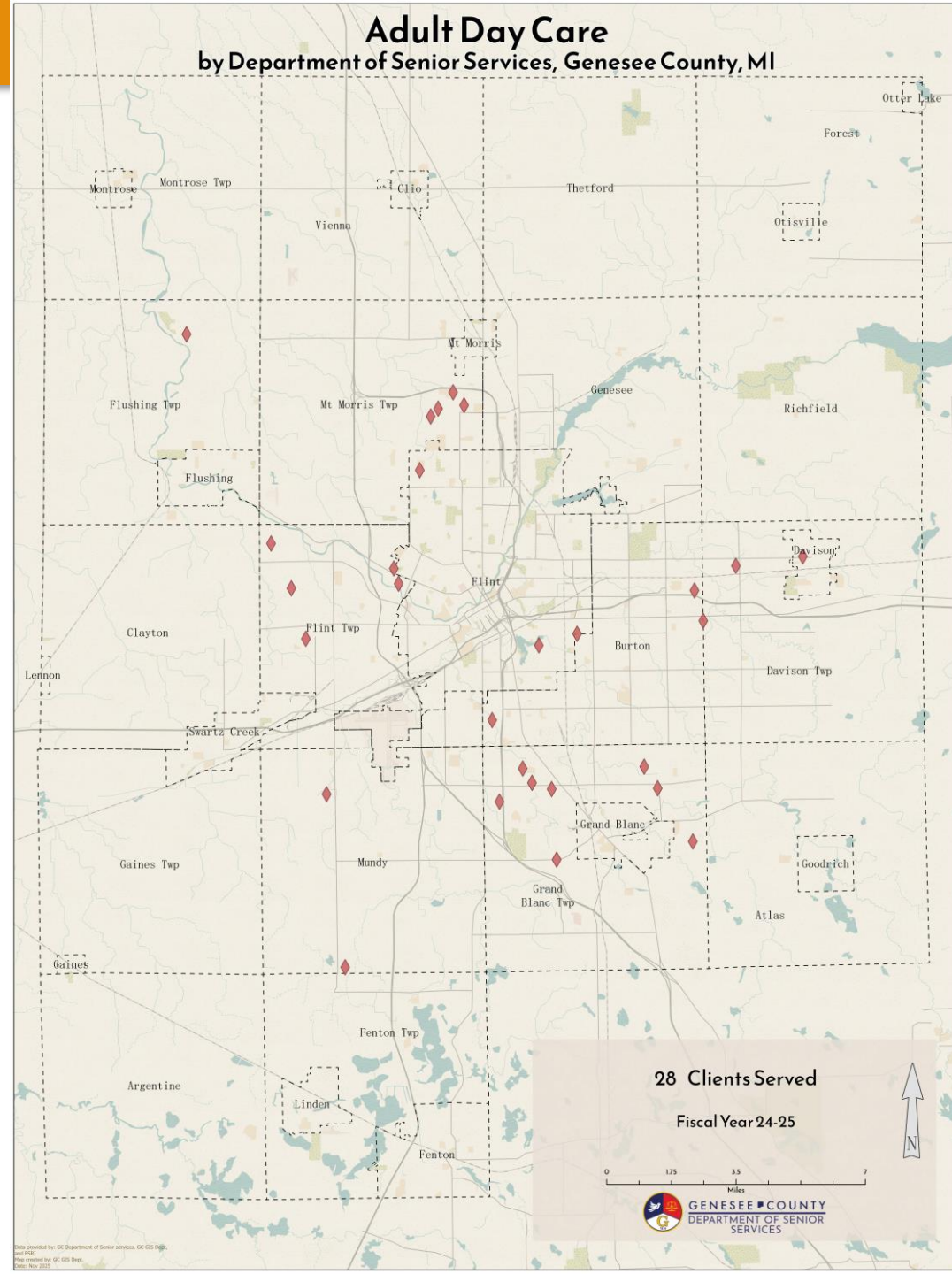
FY 2024-2025
Contract Award - \$180,000
Clients Served - 28
Hours of service - 7,910.2

FY 2025-2026
Contract award - \$120,000

Waitlist: 4

Adult Day Care

by Department of Senior Services, Genesee County, MI



Data provided by: CC Department of Senior Services, CC GIS Dept.
and ES&S
Map created by: CC GIS Dept.
Date: Nov 2023



CASE MANAGEMENT AND ASSESSMENT SERVICES

Case Management & Assessment Services include a comprehensive evaluation of each participant's needs. Based on this assessment, appropriate services are identified, and a coordinated, individualized care plan is developed.

FY 2024-2025

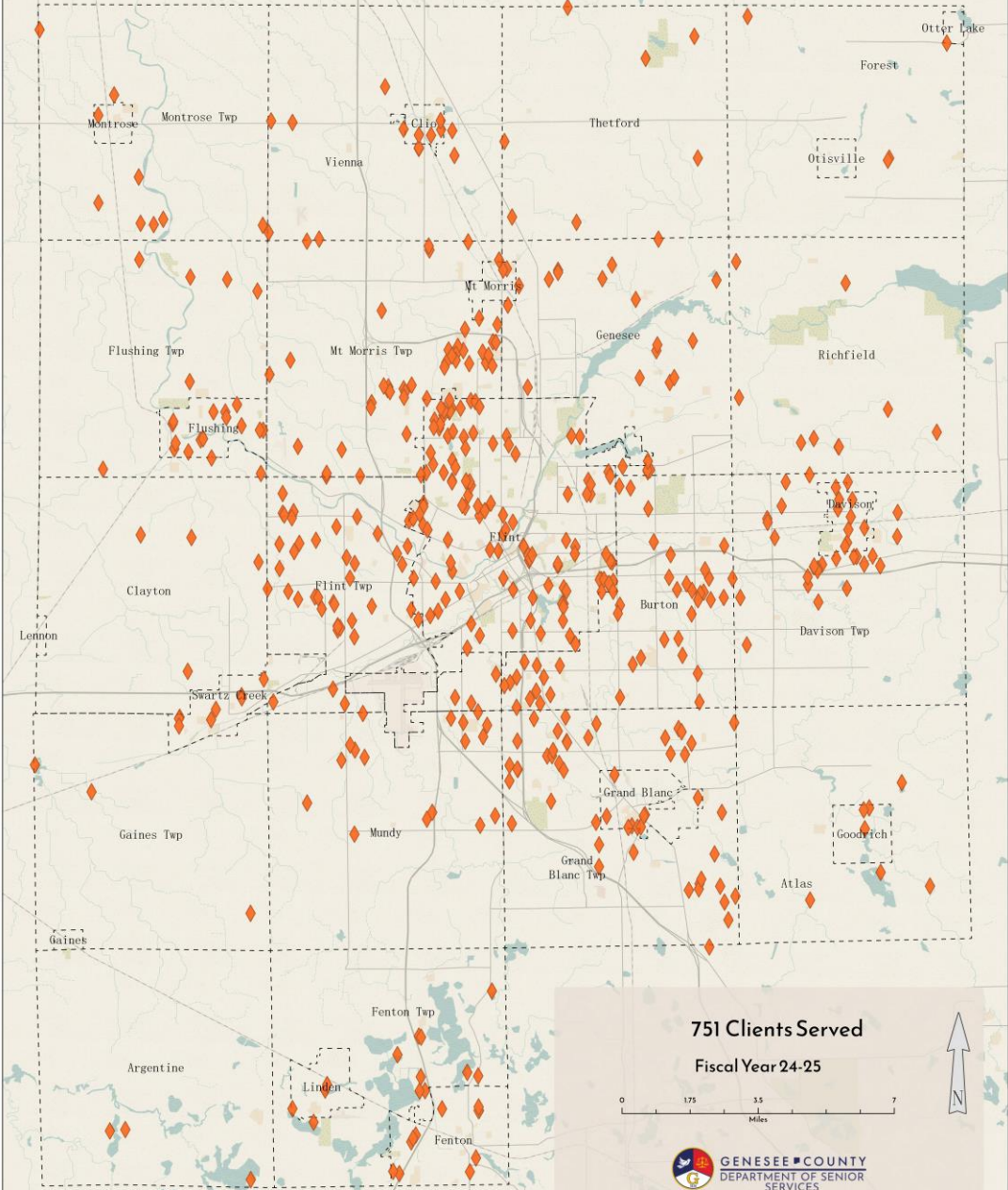
Contract Award - \$293,053

Services Provided (Assessments & Reassessments) -751

FY 2025-2026

Contract Award - \$293,053

Case Management by Department of Senior Services, Genesee County, MI



Data provided by: GC Department of Senior Services, GC GIS Dept, and ES&I
Map created by: GC GIS Dept
Date: Nov. 2025

TELEPHONE INTAKE, SCREENING, AND REFERRAL PROGRAM

The Genesee County Senior Millage Telephone Intake and Screening Program provides initial screening to help seniors connect with the full range of programs and services available in Genesee County. To begin the process and learn which services you or your loved one may be eligible for, please call (810) 249-6531.

FY 2024-2025

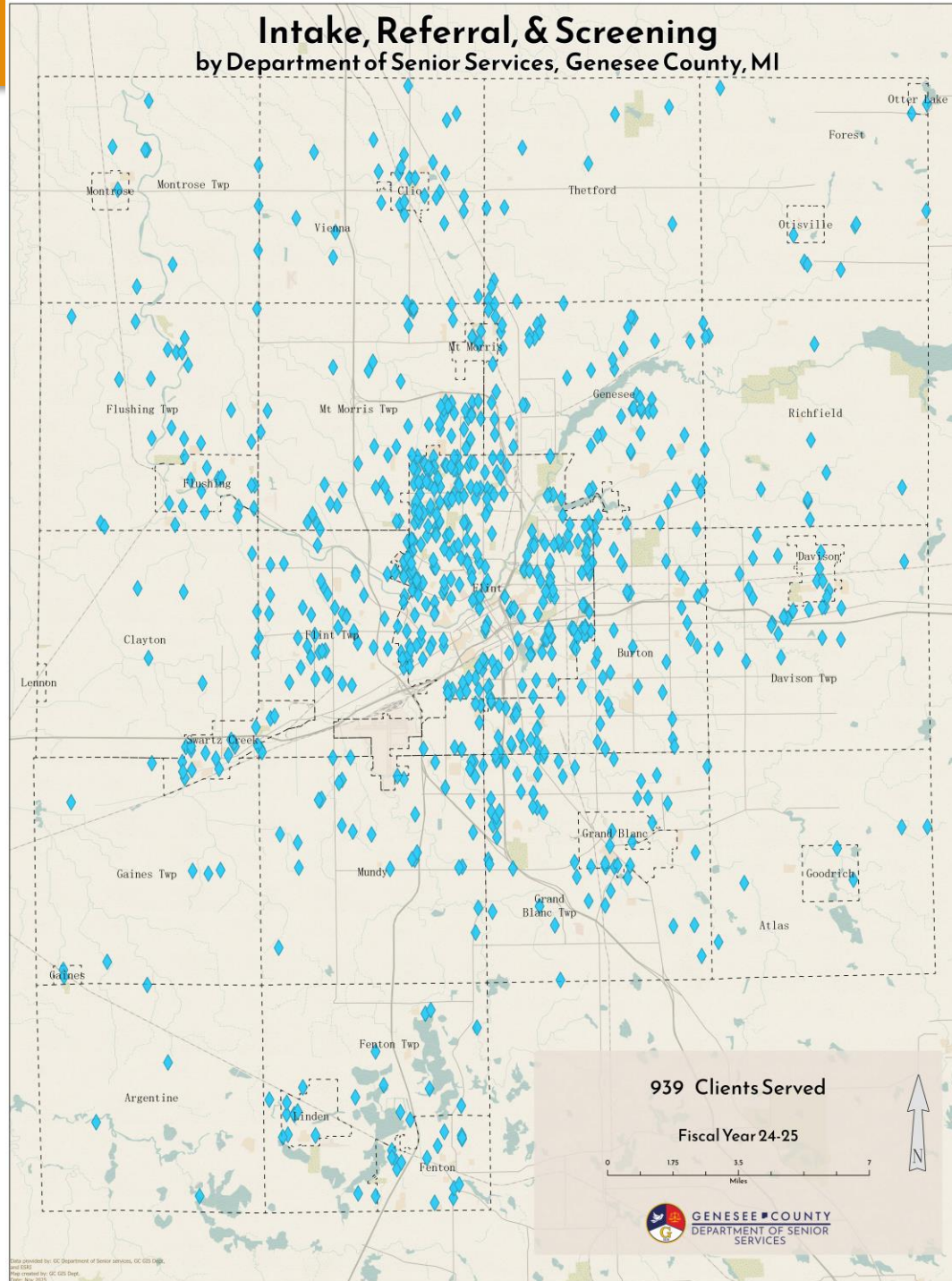
Contract Award - \$251,460

Clients served - 939

FY 2025-2026

Contract Award - \$251,460

Intake, Referral, & Screening by Department of Senior Services, Genesee County, MI



Data provided by: GC Department of Senior Services, GC GIS Dept.
April 2025
Map created by: GC GIS Dept.
Scale: 1:50,000



ELDER ABUSE PREVENTION

Elder Abuse & Exploitation Prevention (EAP) conducts in-depth criminal investigations into suspected cases of elder abuse, neglect, or financial exploitation. The program works closely with multiple agencies and community organizations, all united in the goal of serving, protecting, and educating seniors.

FY 2024-2025

Contract Award - \$500,000

Client Served - 1,259

Outreach - 30 Events

LENS Received from APS -143

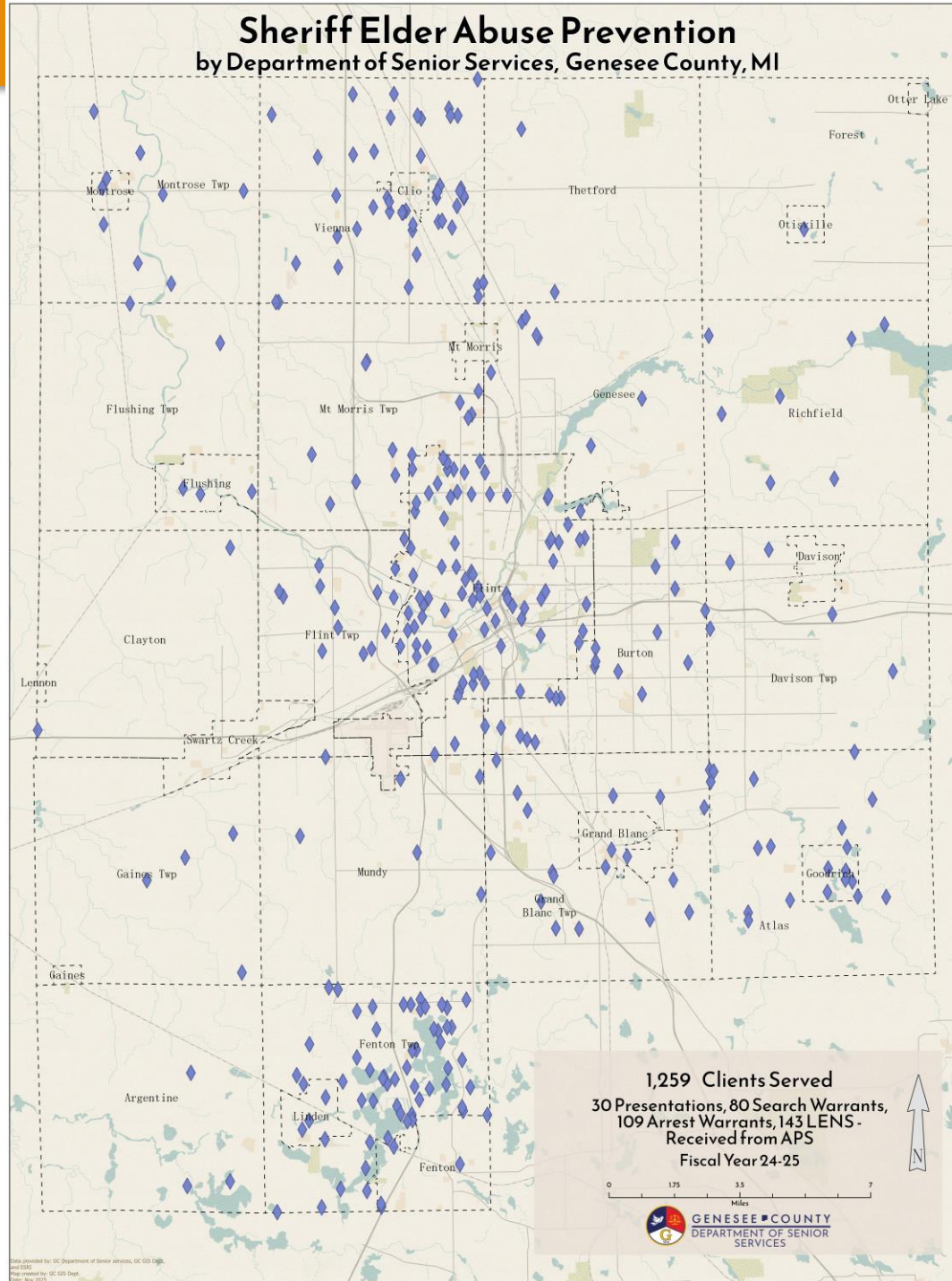
Warrants: 189

FY 2025-2026

Contract Award - \$500,000

Sheriff Elder Abuse Prevention

by Department of Senior Services, Genesee County, MI



Data provided by: OC Department of Senior Services, OC GIS Dept.
 April 2024
 Map created by: OC GIS Dept.
 Date: Nov. 2023



PROSECUTING SERVICES (EAP)

The purpose of this contract is to retain the Prosecutor to provide advisory and prosecuting services to the Elder Abuse and Exploitation Prevention Program.

FY 2024-2025

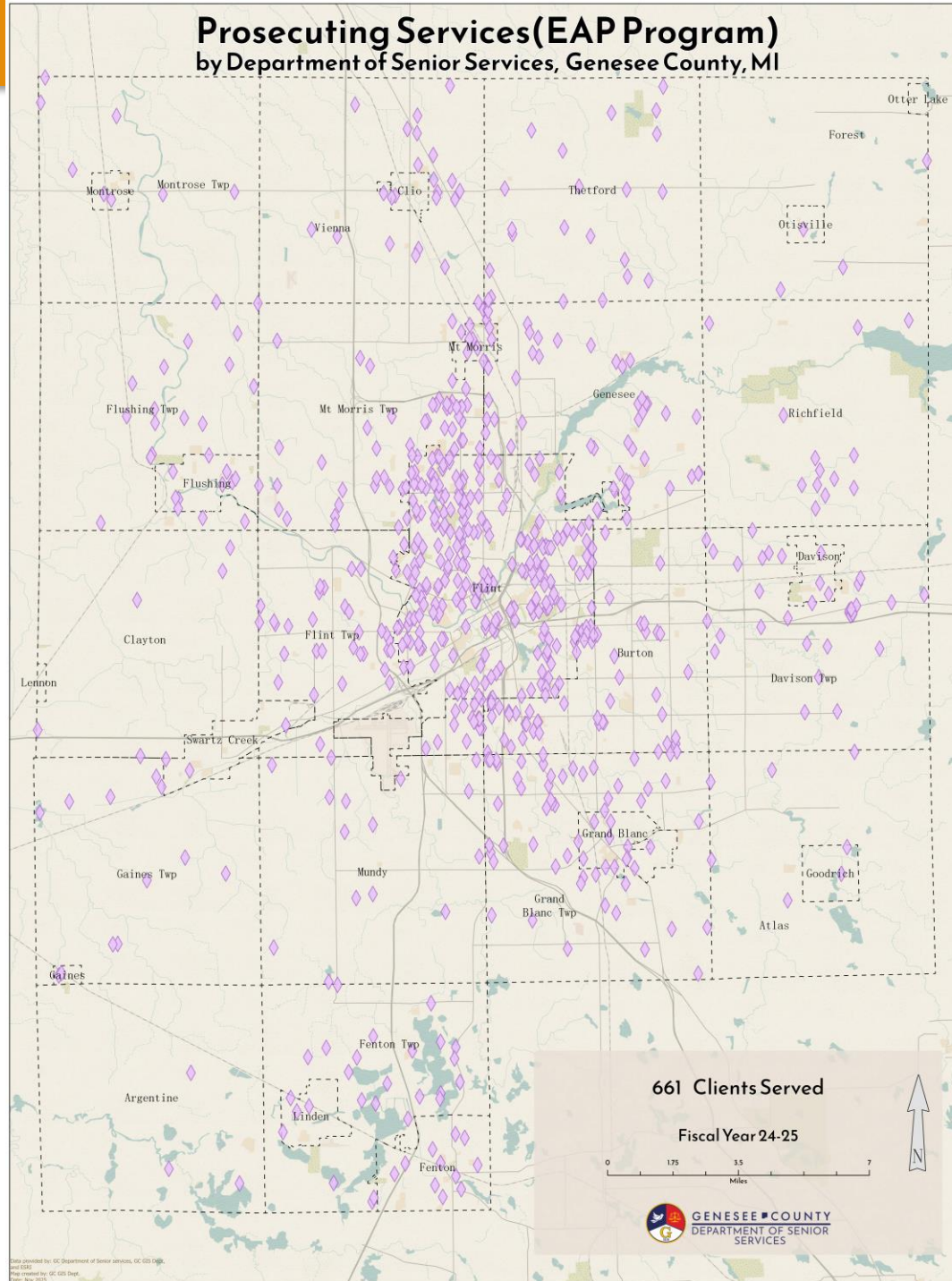
Contract Award - \$53,200

Clients Served - 661

FY 2025-2026

Contract Award - \$53,200

Prosecuting Services (EAP Program) by Department of Senior Services, Genesee County, MI



Data provided by: GC Department of Senior Services, GC GIS Dept.
April 2025
Map created by: GC GIS Dept.
Scale: 1:50,000

PROBATE SERVICES (EAP)

The Probate court provides legal guardian ad litem services, reviews, and audits for senior citizens referred by the Genesee County Sheriff's Elder Abuse Program (EAP) and other referral sources.

FY 2024-2025

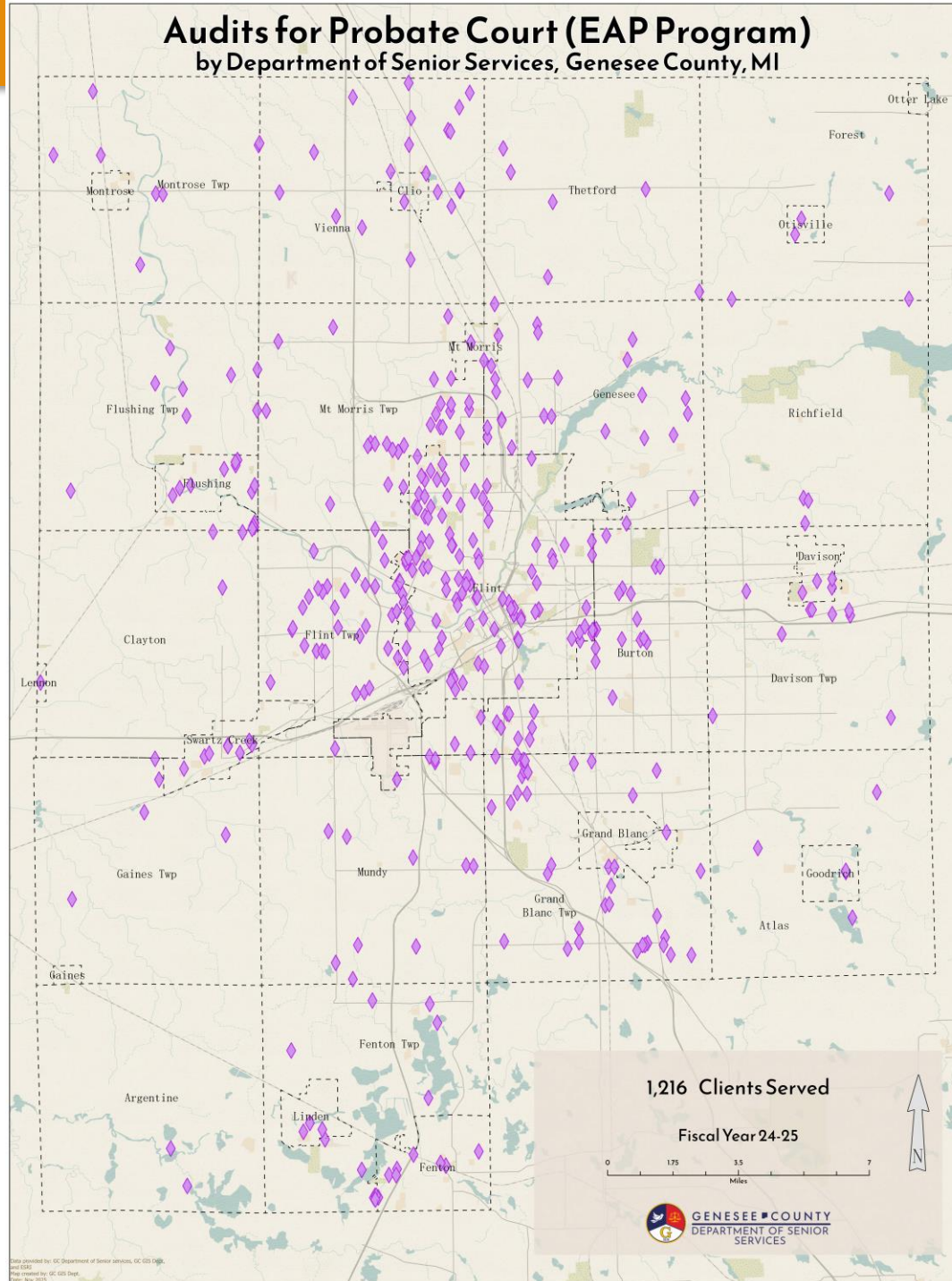
Contract Award - \$85,847

Clients served – 1,216

FY 2025-2026

Contract Award - \$85,847

Audits for Probate Court (EAP Program) by Department of Senior Services, Genesee County, MI



Data provided by: GC Department of Senior Services, GC GIS Dept.
April 2024
Map created by: GC GIS Dept.
Scale: 1:25,000



GUARDIANSHIP/CONSERVATORSHIP SERVICES

Professional guardians serve as guardians and/or conservators for seniors. Their responsibilities include managing the individual's personal needs, medical needs, estate matters, and other assets in a manner that supports the senior's best interests.

FY 2024-2025

Contract Award - \$300,000

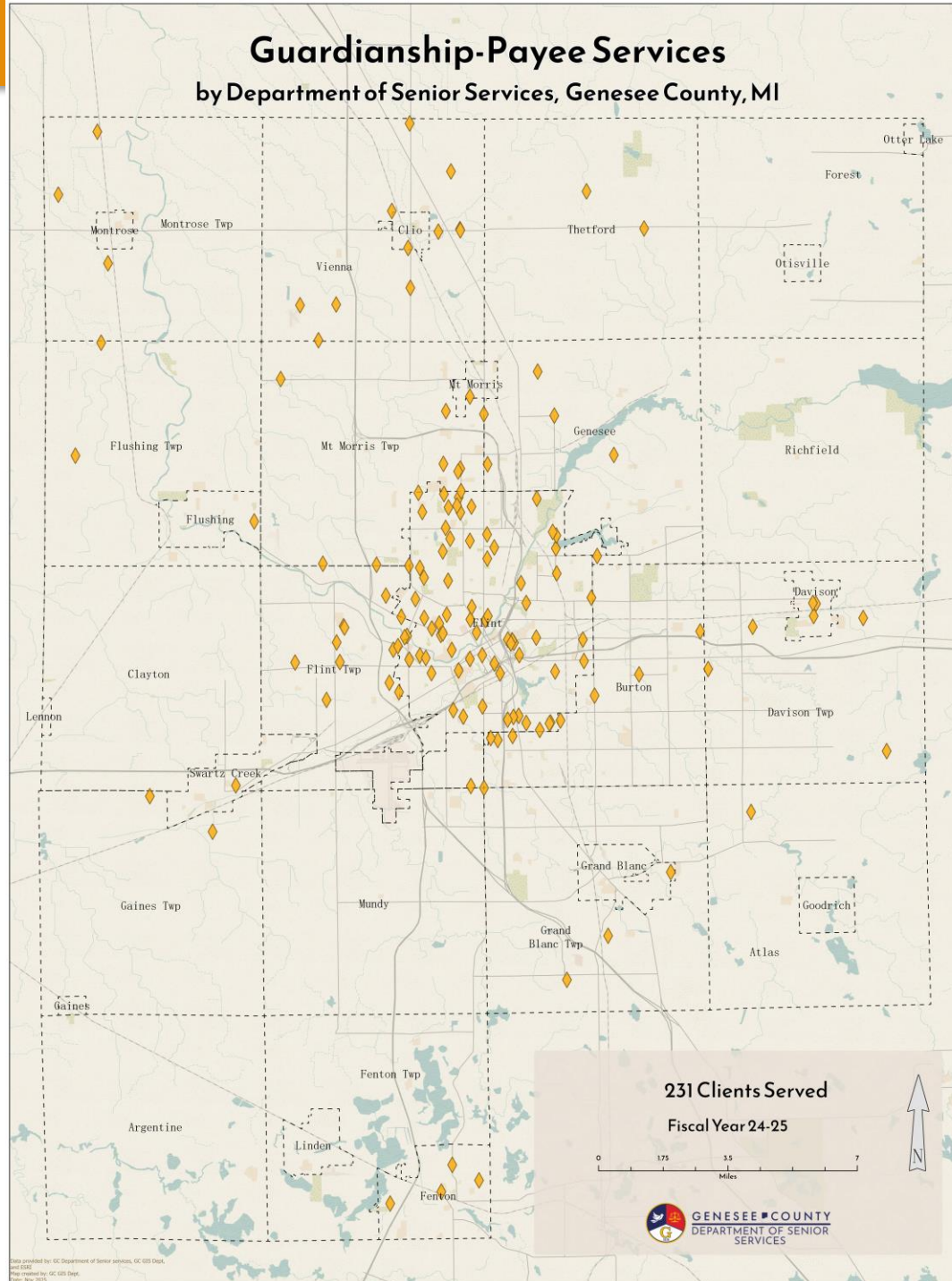
Clients served - 231

FY 2025-2026

Contract award - \$260,000

Guardianship-Payee Services

by Department of Senior Services, Genesee County, MI



Data provided by: GC Department of Senior Services, GC GIS Dept, April 2024
Map created by: GC GIS Dept, April 2024
Scale: 1:50,000



HOME DELIVERED MEALS (MEALS ON WHEELS)

Provides nutritious home-delivered meals to seniors 60 years of age and older who have been assessed and determined eligible for the service. Ongoing reviews every six months help ensure that clients continue to meet eligibility requirements.

FY 2024-2025

Contract award - \$1,580,096

Clients - 576

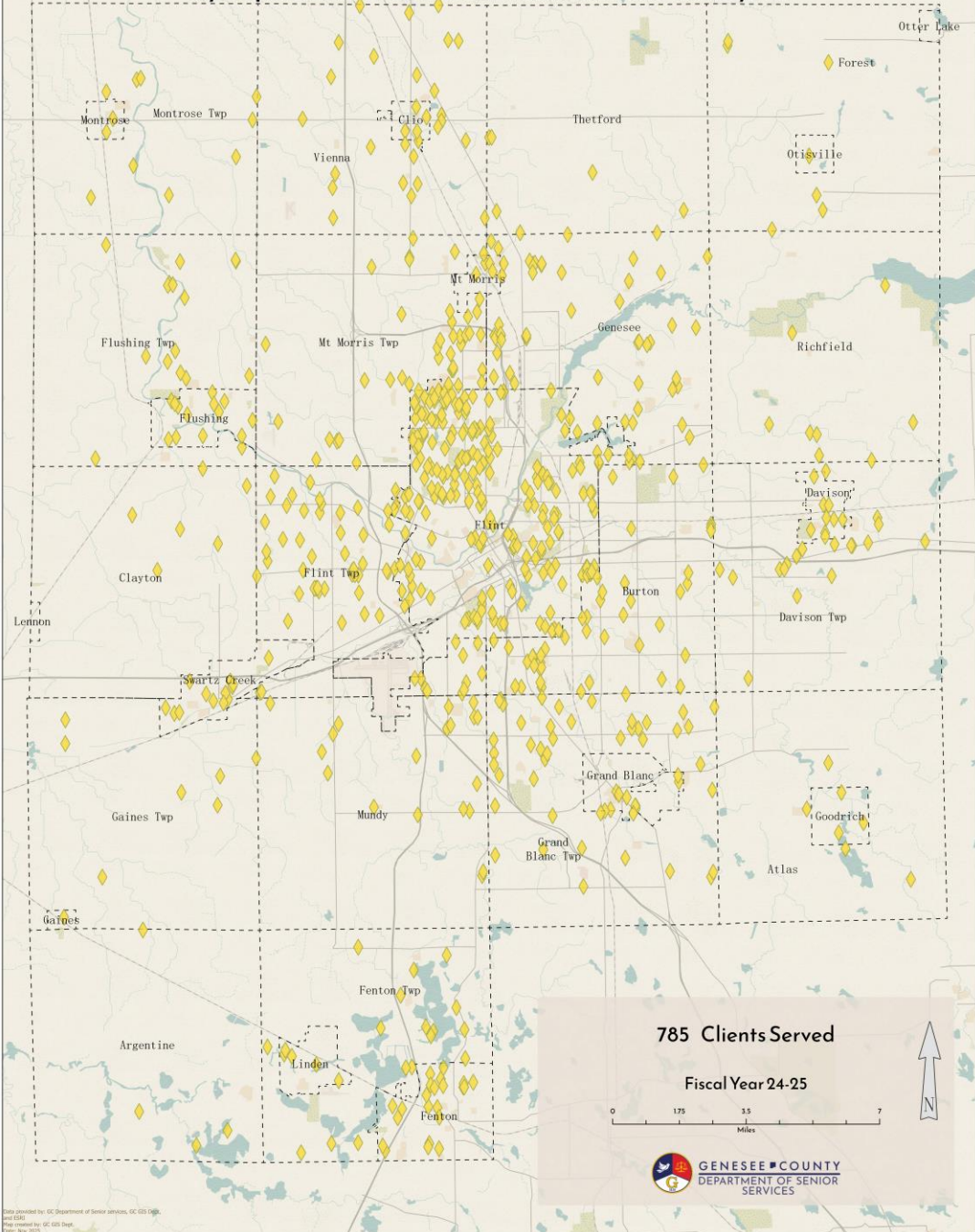
Meals served - 200,332

FY 2025-2026

Contract Award - \$1,430,096

Waitlist: 99

Home Delivered Meals Assessment by Department of Senior Services, Genesee County, MI

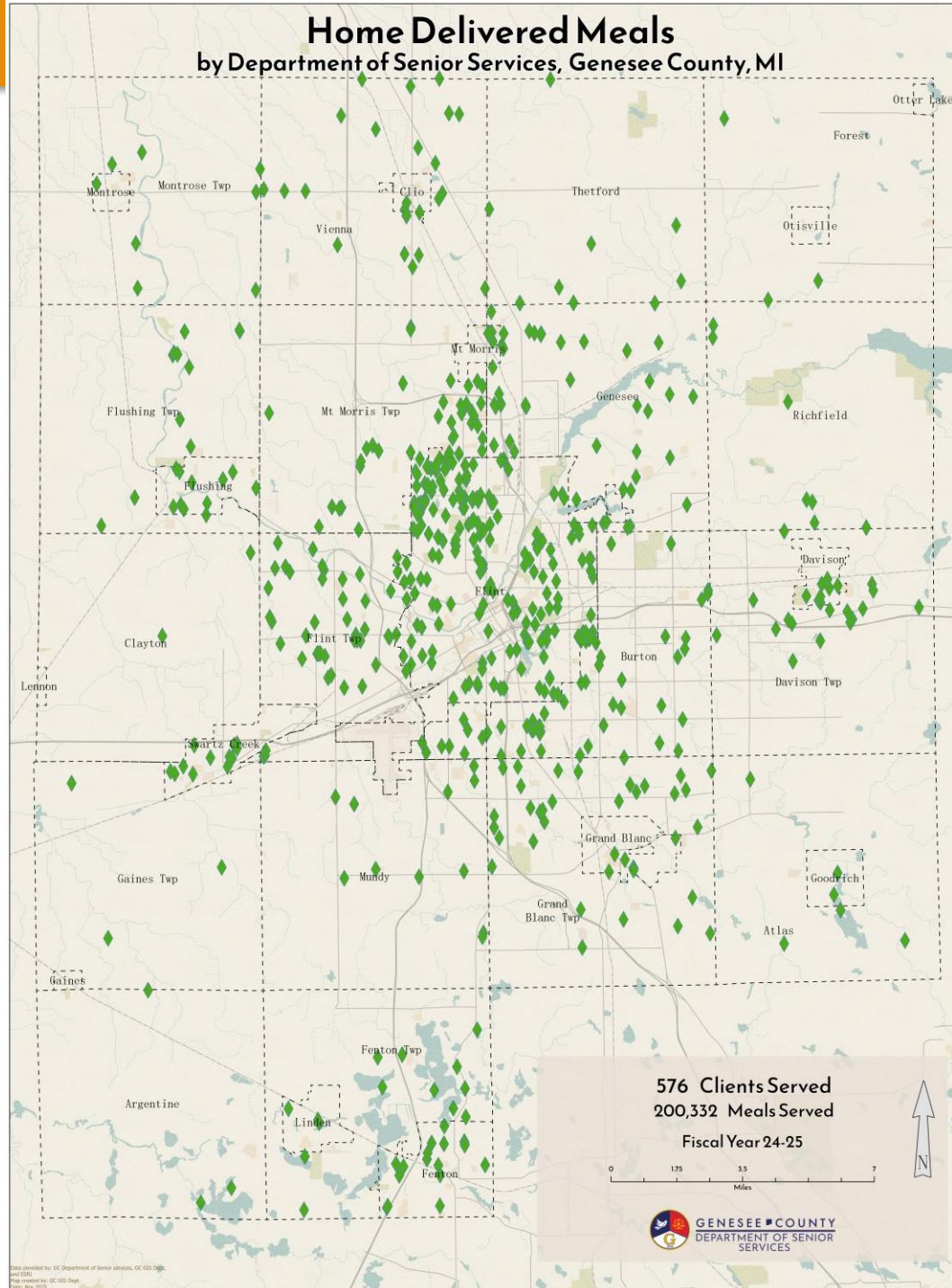


Data provided by: GC Department of Senior Services, GC GIS Dept.
April 2024
Map created by: GC GIS Dept.
Scale: 1:50,000



Home Delivered Meals

by Department of Senior Services, Genesee County, MI



Data provided by: CC Department of Senior Services, CC GIS Dept.
 and ESRI
 Map rendered by: CC GIS Dept.
 Date: Nov 2023

IN-HOME PERSONAL CARE AND HOMEMAKING SERVICES

Personal care services include assistance with bathing, dressing, grooming, toileting, transferring, and similar needs, as well as domestic support such as light housekeeping, laundry, and meal preparation. Eligibility for these services is determined through an assessment and reevaluated every six months for continued qualification.

FY 2024-2025

Contract Award - \$1,105,000

Clients Served - 542

Hours of Service - 37,130.34

FY 2025-2026

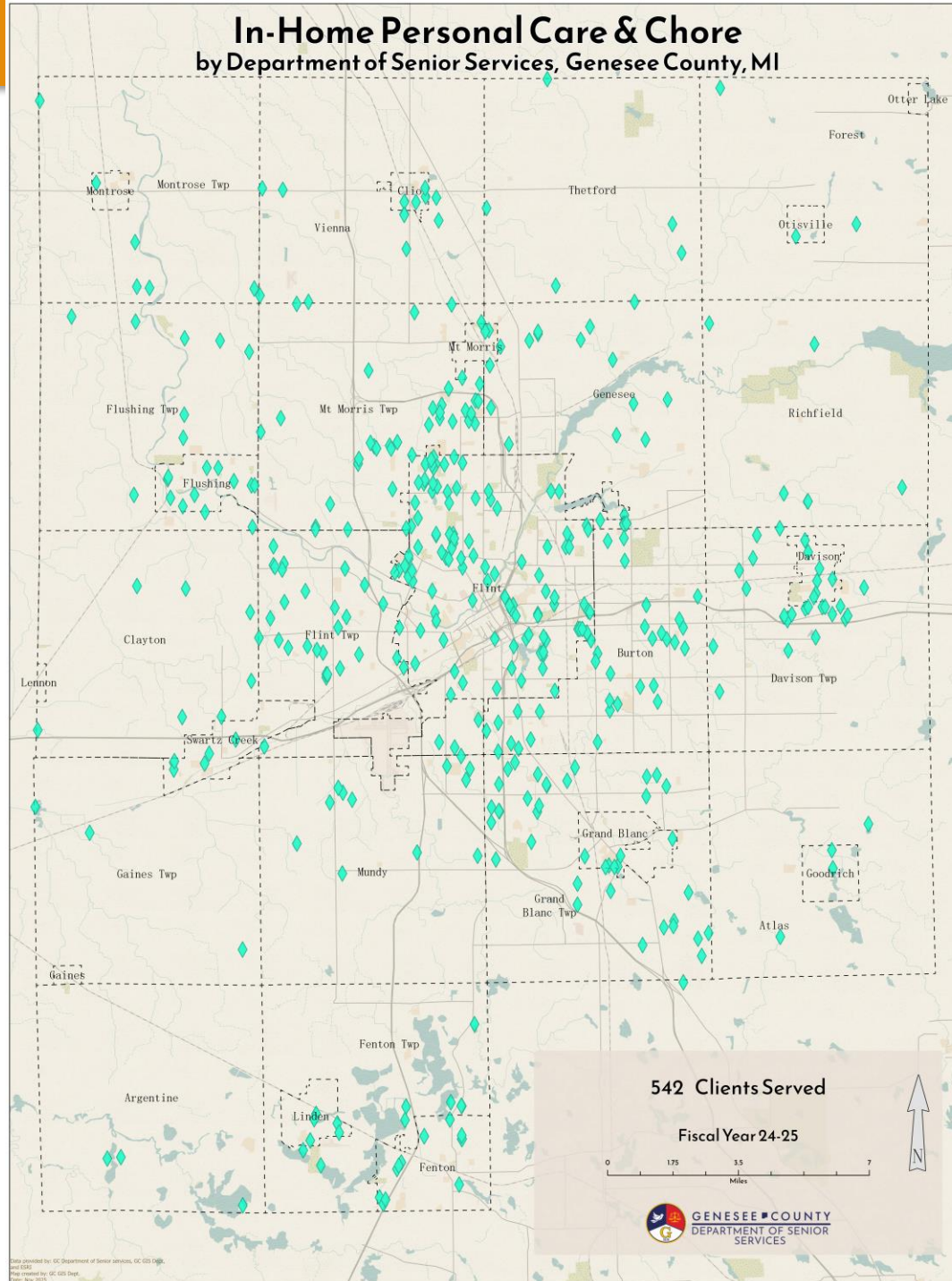
Contract Award - \$1,180,080

Waitlist (Housekeeping): 202

Waitlist (Personal Care): 201

In-Home Personal Care & Chore

by Department of Senior Services, Genesee County, MI



Data provided by: GC Department of Senior Services, GC GIS Dept.
April 2025
Map created by: GC GIS Dept.
Scale: 1:250,000



IN-HOME RESPITE CARE

Respite services help seniors who need ongoing supervision at home, giving their usual caregiver time to rest and recharge. Eligibility is confirmed through an assessment and reviewed every six months.

FY 2024-2025

Contract Award - \$200,000

Clients served - 49

Hours of service – 6,083.1

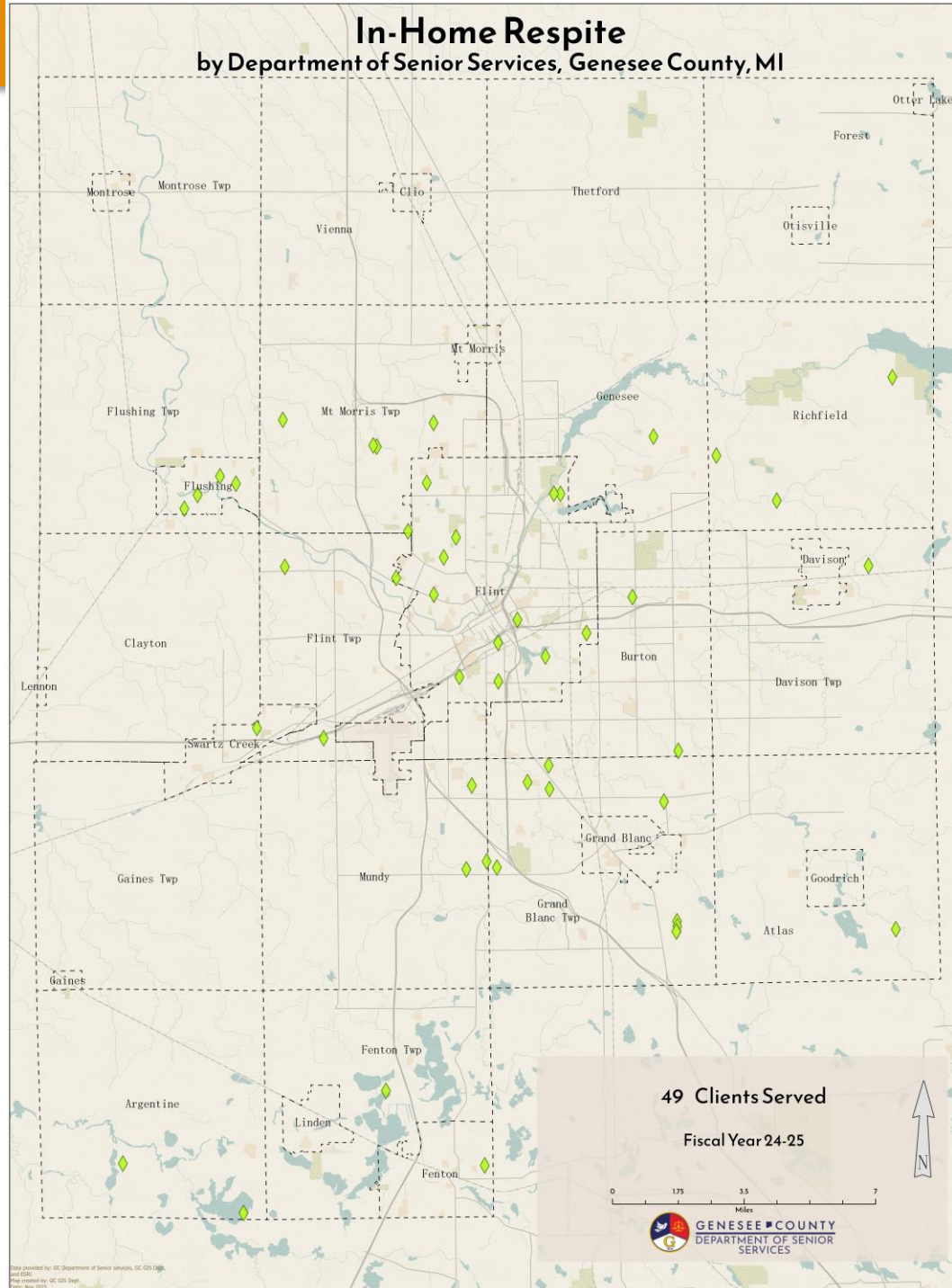
FY 2025-2026

Contract Award - \$200,000

Waitlist: 50

In-Home Respite

by Department of Senior Services, Genesee County, MI



Data provided by: CC Department of Senior Services, CC GIS Dept.
and ES&S
Map created by: CC GIS Dept.
Date: Nov 2023

LAWN AND SNOW MAINTENANCE PROGRAM

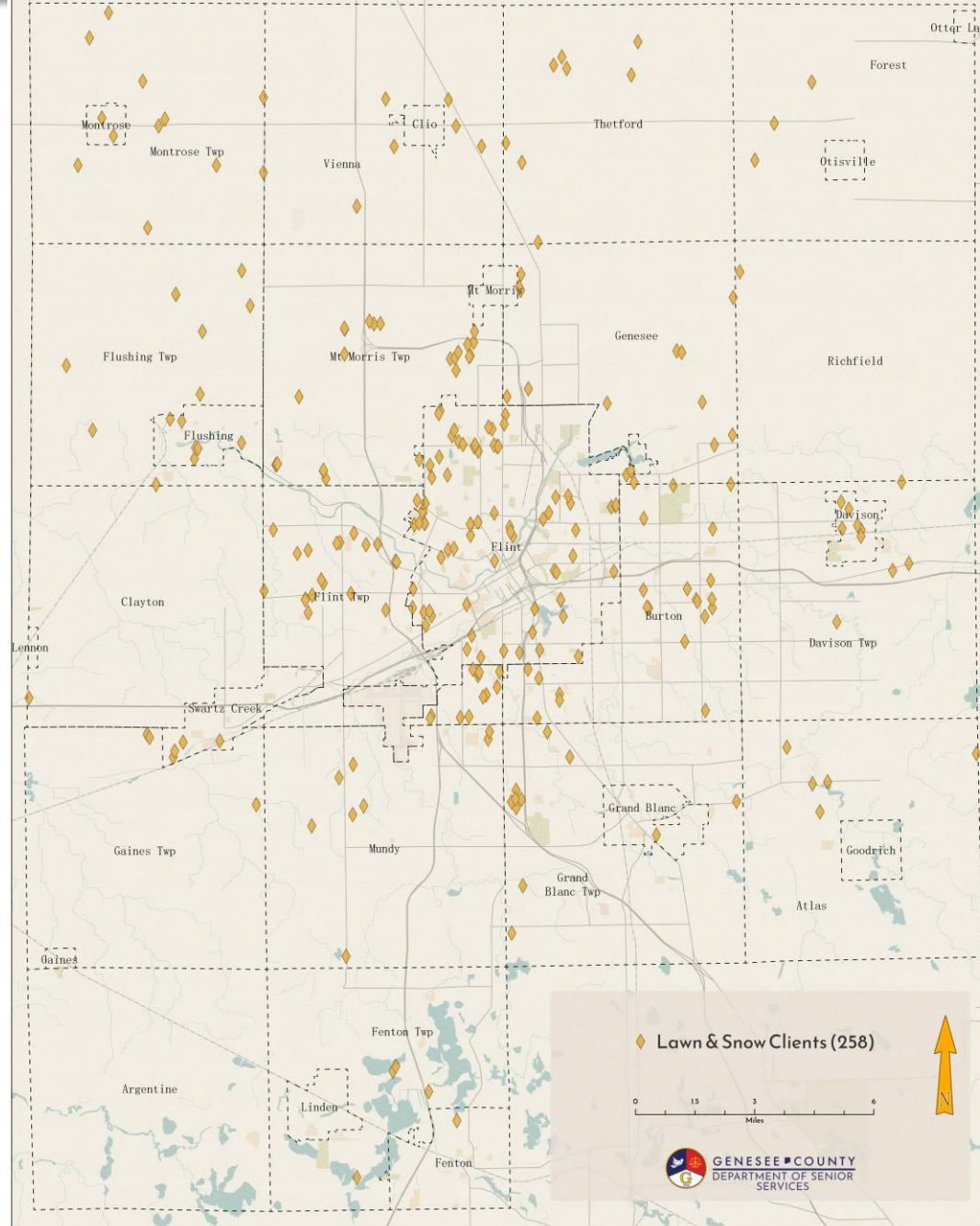
These services help keep seniors' homes safe and well-maintained by providing lawn mowing and edging, seasonal clean-ups in the spring and fall, and clearing snow from driveways, porches, and walkways throughout the winter months.

FY 2024-2025
Contract Award - \$275,000
Clients - 226

FY 2025-2026
Contract Award - \$210,000

Waitlist: 280

Lawn Care and Snow Removal Program By Department of Senior Services - Genesee County



LEGAL SERVICES

Elder law attorneys and paralegals provide a full range of legal services tailored to seniors, including legal advice, estate planning, wills and trusts, power of attorney, advance directives, and general counseling on seniors' legal rights and protections. These professionals meet seniors where they are, whether in their homes, senior centers, nursing homes, or other long-term care facilities, to ensure convenient access to legal support. Their goal is to help seniors make informed decisions, protect their assets, plan for the future, and navigate complex legal issues with confidence and peace of mind.

FY 2024-2025

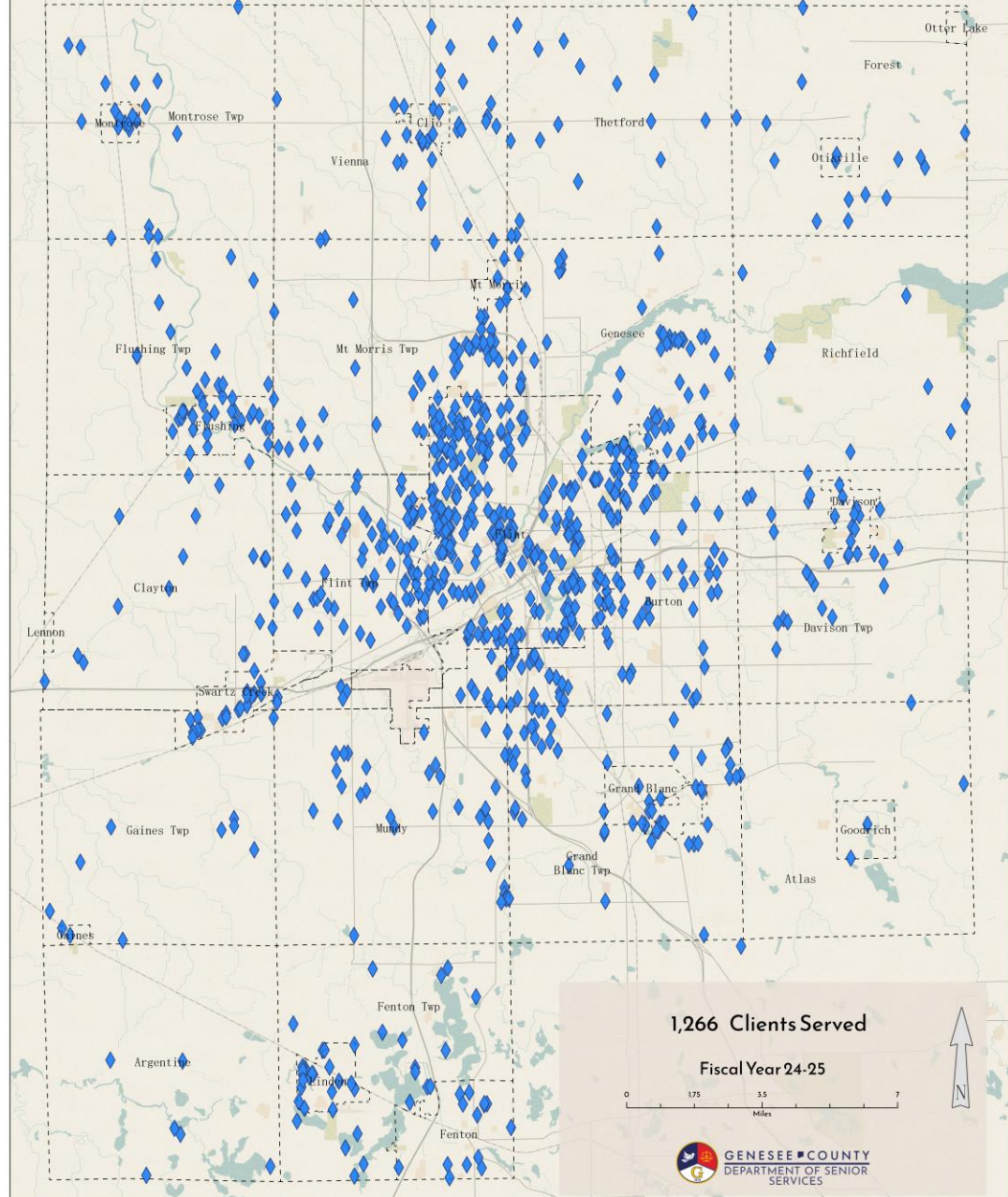
Contract award - \$329,000

Clients served - 1,266

FY 2025-2026

Contract Award - \$329,000

Legal Assistance for Seniors by Department of Senior Services, Genesee County, MI



Data provided by: GC Department of Senior Services, GC GIS Dept, and ES&I
Map created by: GC GIS Dept
Date: Nov. 2025



MEDICAL TRANSPORTATION WITH A LIAISON

Provides safe, supportive transportation for seniors to medical appointments and procedures, with a caring liaison by their side. Services include helping the senior from home to the car, staying with them during appointments, and assisting with post-appointment needs like prescription pick-up or errands.

FY 2024-2025

Contract Award - \$350,000

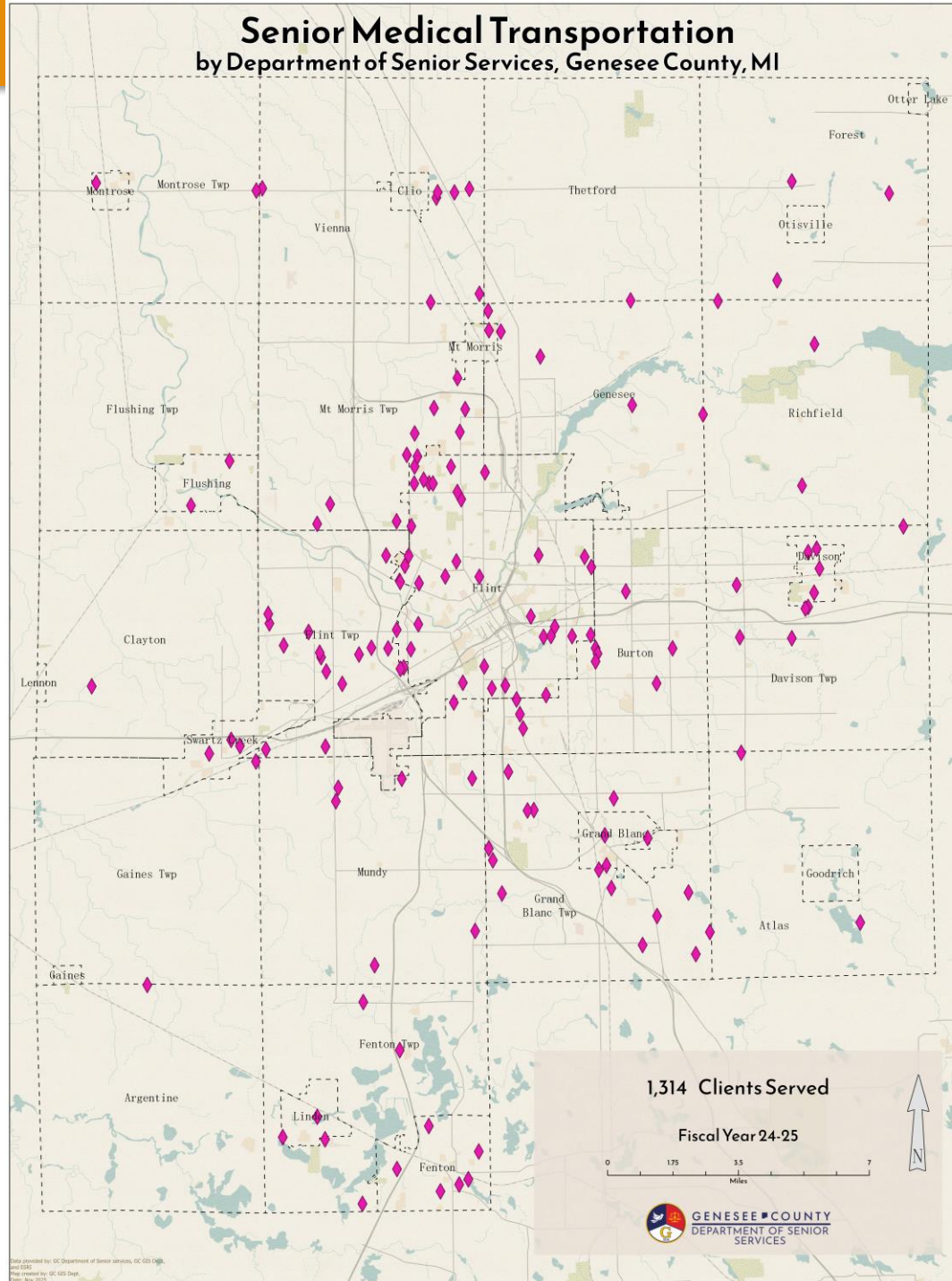
Rides provided - 1,314

FY 2025-2026

Contract Award - \$300,000

Waitlist: Approximately 100 rides are not able to be fulfilled each month due to vehicle availability.

Senior Medical Transportation by Department of Senior Services, Genesee County, MI



Data provided by: OC Department of Senior Services, OC GIS Dept.
April 2024
Map created by: OC GIS Dept.
Scale: 1:50,000

VISUAL AND HEARING IMPAIRED PROGRAM

Helps clients develop skills to live independently with hearing or vision challenges using adaptive strategies and assistive devices. Services include personalized and group therapy for clients, families, and friends, along with community education and outreach to promote awareness and inclusion.

FY 2024-2025

Contract Award - \$215,000

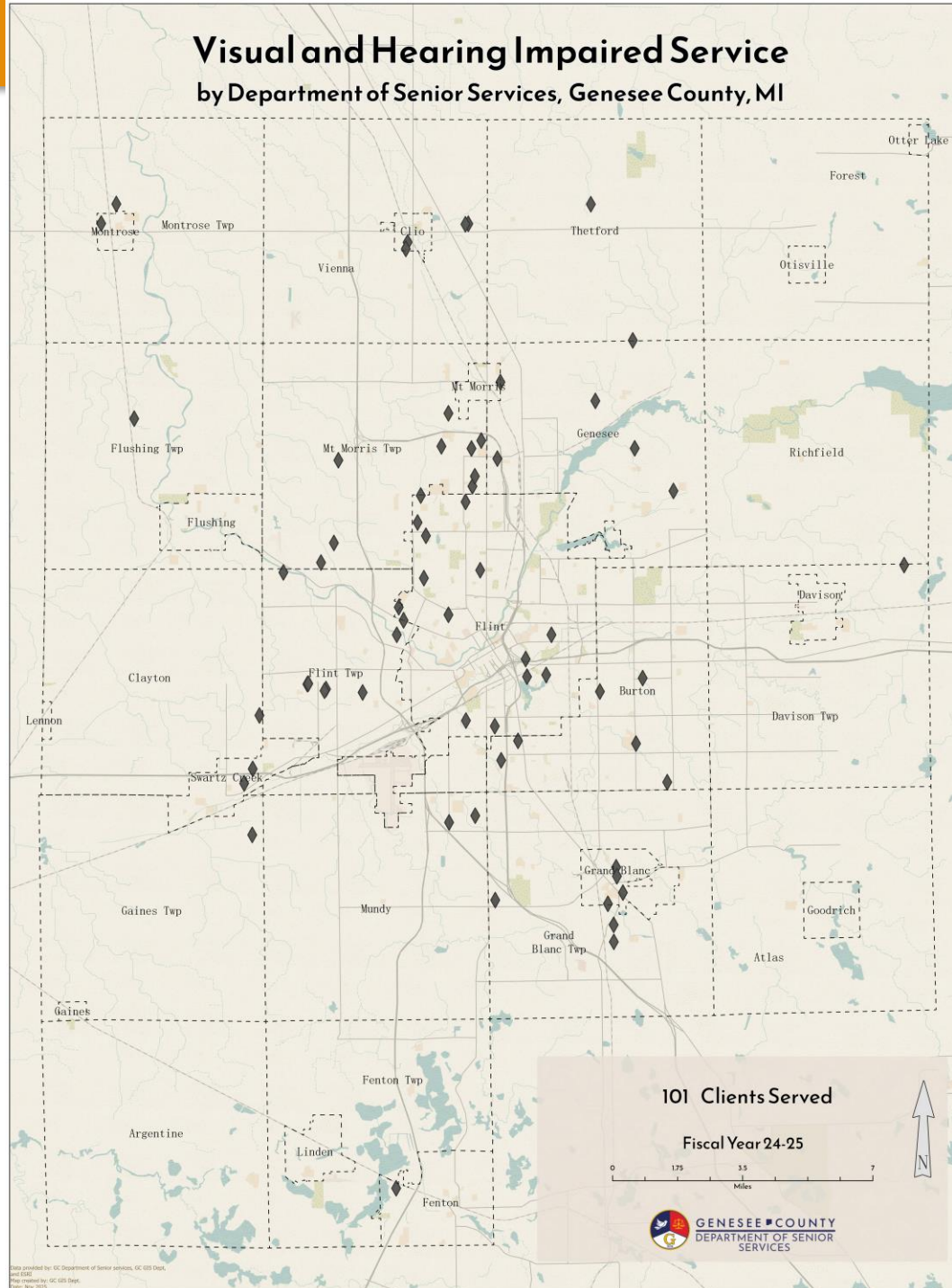
Clients served - 101

Assistive Devices - 688

FY 2025-2026

Contract Award - \$190,000

Visual and Hearing Impaired Service by Department of Senior Services, Genesee County, MI



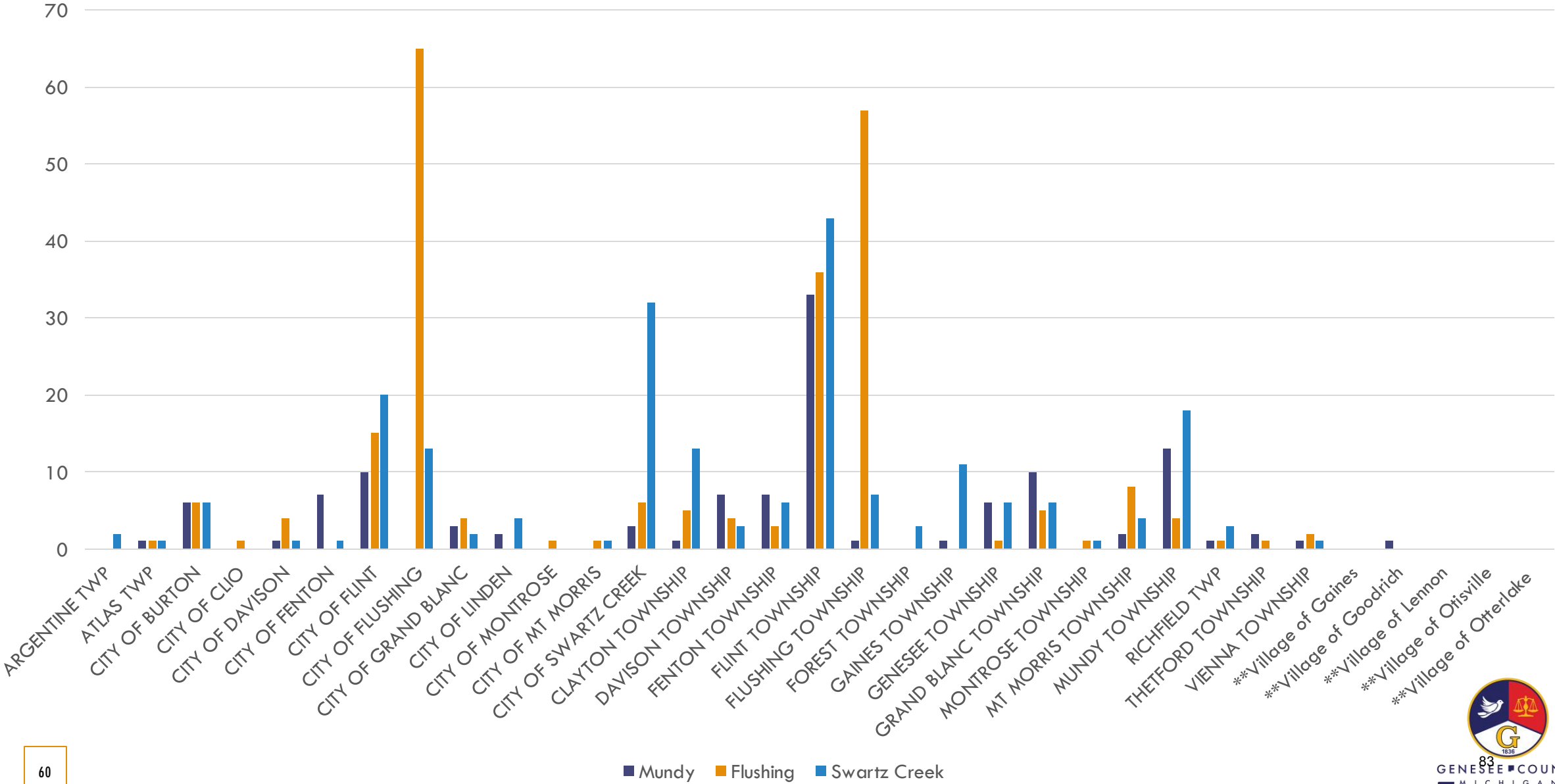
CONFIDENTIAL SHREDDING AND RECYCLING EVENTS

Free, safe, contact-free shredding and recycling drive-thru events are offered in the community or at local senior centers. Each event also includes a convenient medication take-back service.

FY 2024-2025
Contract Award - \$2,900
Clients - 634

FY 2025-2026
Contract Award - \$2,900

Senior Shredding Events



AUDITING SERVICES FOR SENIOR CENTERS

The Auditor shall audit the financial statements of all funds, related entities, and grant contracts for the Genesee County Department of Senior Services (GCDSS) 501(c)(3) senior centers. In addition, the Auditor shall prepare and file IRS Form 990 for each senior center.

FY 2024-2025

Contract Award - \$45,000

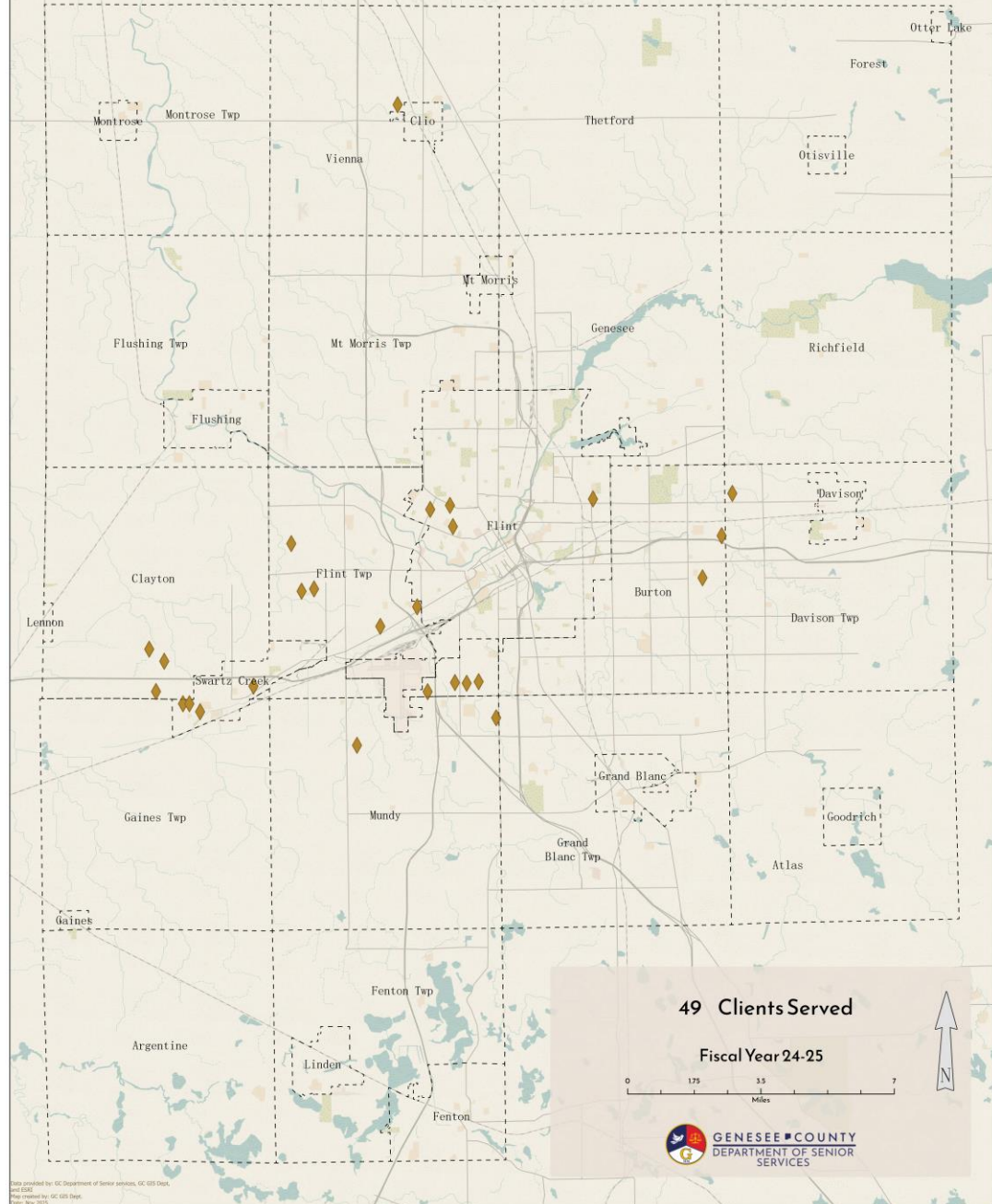
FY 2025-2026

Contract Award - \$45,000

SPECIALIZED SENIOR PROGRAMMING

- ❖ Interpreters for the Flint Deaf Senior Group (CAC) - \$10,000
- ❖ Silver Foxes (Atlas Township) - \$12,500
- ❖ McCree Theatre - \$12,500

Specialized Program (CAC) by Department of Senior Services, Genesee County, MI



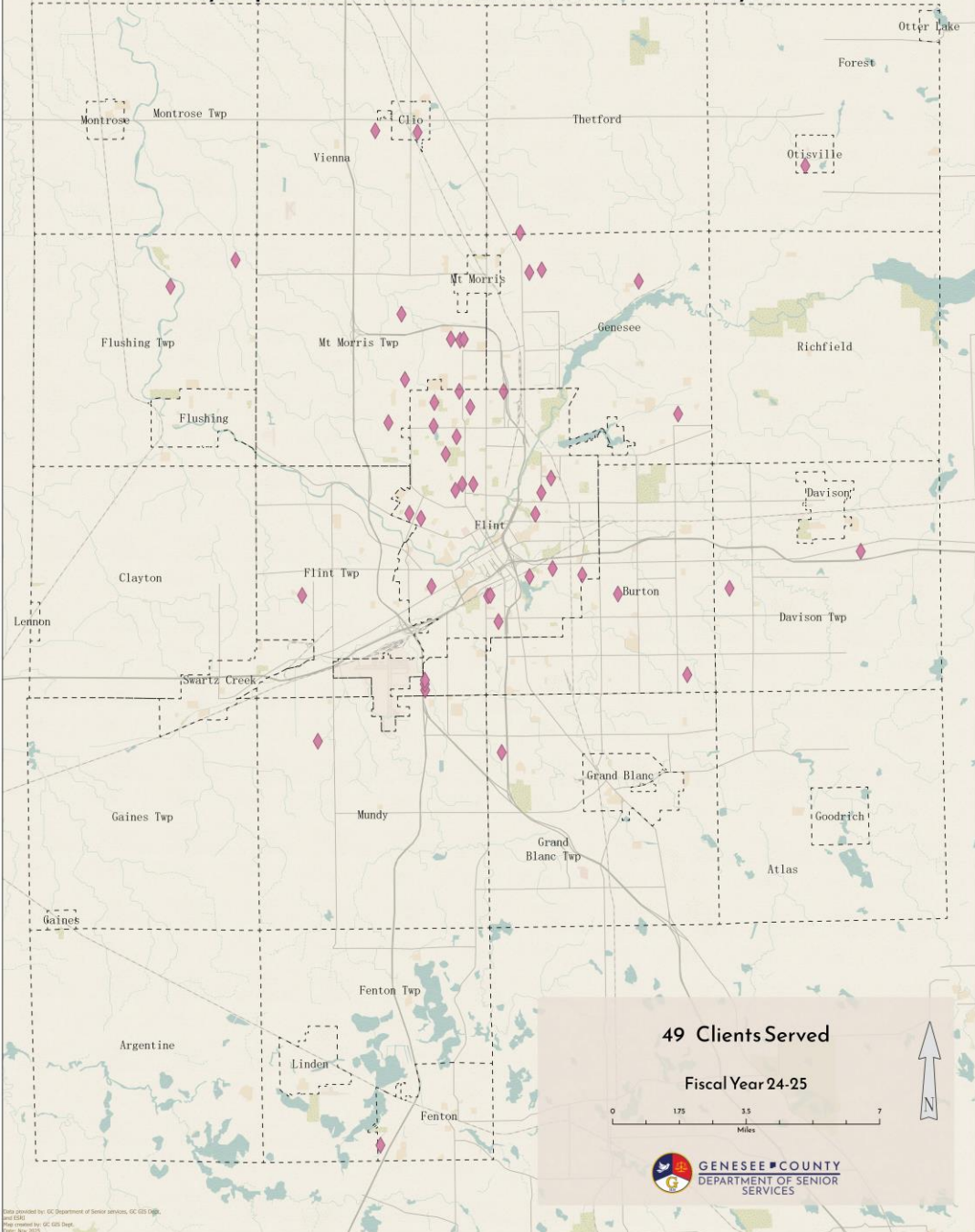
Data provided by: GC Department of Senior Services, GC GIS Dept, April 2024
Map created by: GC GIS Dept, March 2024
Scale: 1:25,000

PREVIOUSLY FUNDED SENIOR MILLAGE PROGRAMMING

- ❖ Ramp Construction
- ❖ Congregate Meals
- ❖ Mass Transportation Authority (MTA)
- ❖ Veteran Services
- ❖ Medicaid MI Choice Waiver
- ❖ Intensive Case Management and Deep Cleaning Services

Senior Ramp Construction

by Department of Senior Services, Genesee County, MI



Data provided by: GC Department of Senior Services, GC GIS Dept.
 April 2024
 Map created by: GC GIS Dept.
 Date: Nov. 2023





Existing Plans in Genesee County

Genesee County Senior Services Task Force

The Task Force invited Yaushica Aubert, President and CEO of the Valley Area Agency on Aging (VAAA) to review their existing Multi – Year Plan with a focus on existing needs for seniors in Genesee County. Yashica discussed waitlists, funding priorities, and the development of their new Multi-Year Plan. This information is contained in this section.



Valley Area Agency On Aging

Answers, Action & Advocacy
for **All Things Senior**

*MILLAGE TASK FORCE
PRESENTATION*



Mission Statement

VAAA provides action, answers, and advocacy for the elderly and disabled adults of Genesee, Lapeer, and Shiawassee counties, by enhancing lives, empowering choice, sustaining independence, and supporting caregivers and their families.

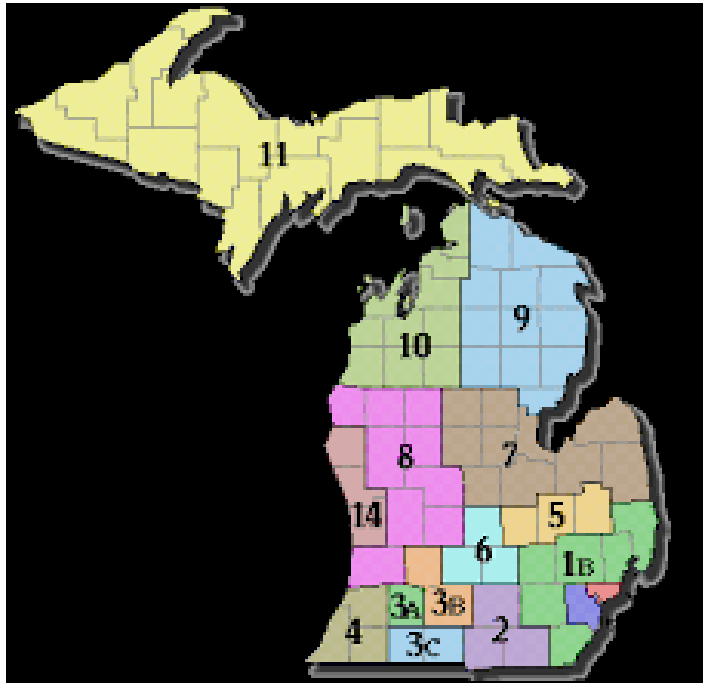
We are all things senior!



**Valley Area
Agency On Aging**

Answers, Action & Advocacy
for **All Things Senior**

Area Agencies on Aging Association of Michigan



Valley Area Agency on Aging is a federally designated entity, established by the Older Americans Act of 1965 and the State Older Michigianians Act for planning and coordinating services and advocating on behalf of persons 60 years of age or older

VAAA is 1 of 16 Area Agencies on Aging organizations in Michigan to meet the needs of the growing aging population. In 2026, VAAA proudly celebrates 50 years as a private, non-profit organization providing services in Region 5. The focus is on 3 priorities: Advocacy, Planning, and Service Provision and Monitoring

Advocacy

In 2024/2025 VAAA advocated for seniors in many different ways:



- Attended the USAging Policy Briefing in Washington DC and visited all Legislators representing Region 5 to educate regarding our priorities: Expand access to the MI CHOICE Waiver Program, Increase funding for Home and Community-Based Services, and Support Family & Informal Caregivers
- Older Michiganians Day – Held annually on the lawn of the State Capitol in Lansing, all legislators representing Region 5 are given information regarding services and priorities
- VAAA obtained approximately 400 signatures on a petition requesting legislators to increase funding for senior programs. A copy of our petition was given to each state legislator
- VAAA annually holds Senior Power Day, an event that provides resources and access to legislators to seniors and caregivers. In FYs 2024/2025 it is estimated 2,000 seniors and caregivers attended.
- VAAA also wrote letters to legislators on various topics, including the Direct Care Worker (DCW) Shortage, DCW wage increases, requests to hold harmless senior programs during budget cuts, budget resolutions to stop Continuing Resolutions (CR) and Government Shutdowns, decreasing the cost of medications, protections for seniors facing elder abuse and financial exploitation, and various other topics.

Planning

- Michigan Department of Health and Human Services (MDHHS) requires AAA's to develop a comprehensive three-year plan that will be utilized as the blueprint to carry out the overall mission of the Area Agency on Aging. This is called the Multi-Year Plan (MYP)
- The plan must be updated annually. This updated plan is called the Annual Implementation Plan (AIP). All plans must be approved by MDHHS and presented to and approved by The State Commissioners
- Part of the planning requires VAAA to get input regarding priorities and gaps in services. Input was obtained from the community in several ways: Focus Groups, Public Hearings, the review of various community needs assessments, census data, VAAA data, and surveys completed by homebound participants.

Census data: 2023, beginning the MYP

Data Source for 60+ Greatest Economic Need (150% of Poverty) from (Aging and Adult Services Agency, 2020)

County	Total Population (all ages)	60+ Population	**60+ Greatest Economic Need (150% of poverty)	60+ Minority Population	60+ Frail/Disabled Population
Genesee	406,770	99,123	16,485	20,816	32,918
Lapeer	87,975	23,018	3,715	875	6,745
Shiawassee	68,176	17,722	3,070	585	4,888
Region 5 (Total)	562,921	139,863	23,270	22,265	44,551

2025 Information & Assistance Data

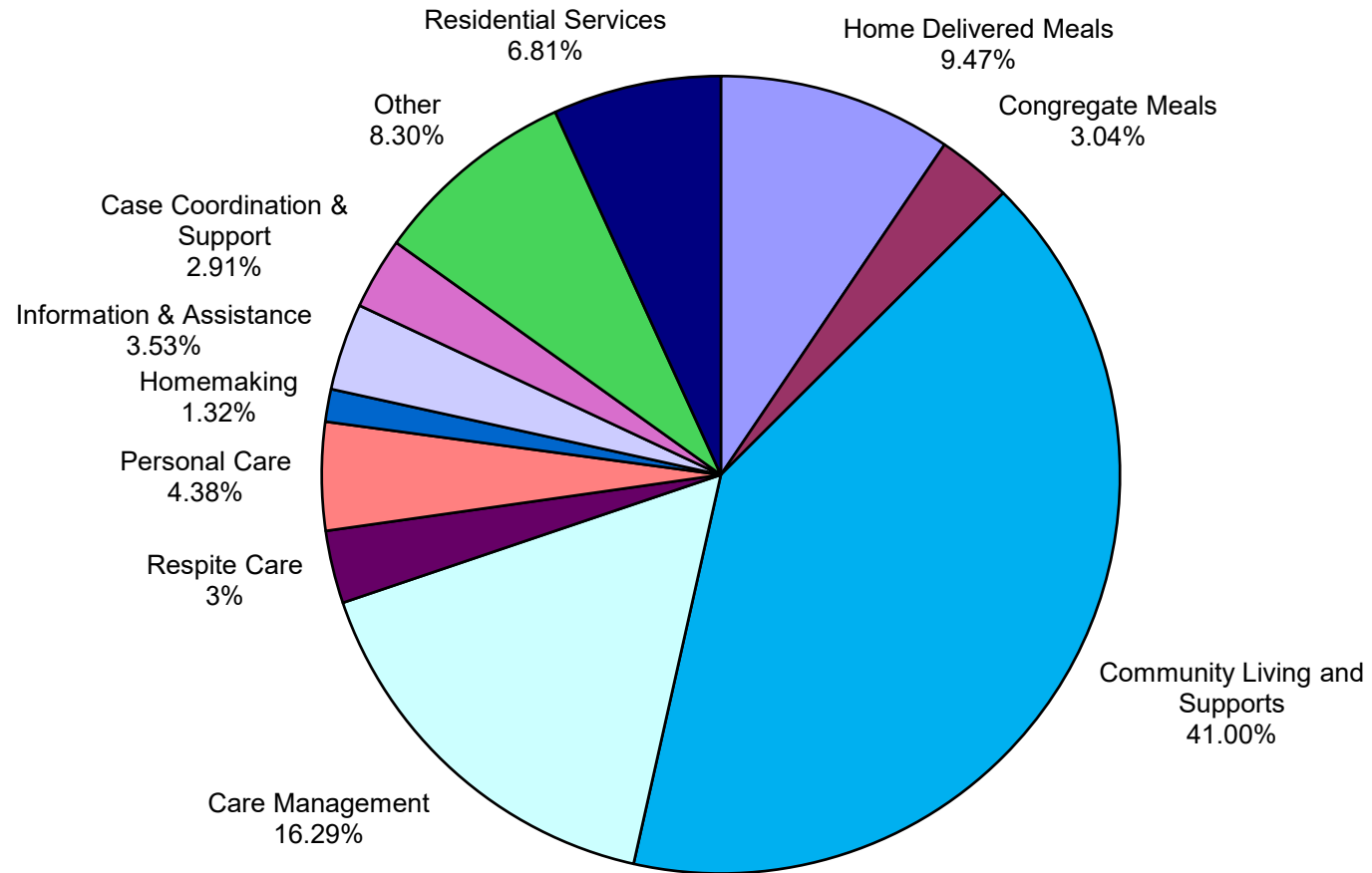
I&A Call Volume	2025
Incoming Calls	18,187
Service Point Intake	6,161

Electronic I&A Referrals	2025
Website	1,811
Fax	447
MI Bridges	1,696
FindHelp	184
Healthify	0
Unite Us (VA)	0
Total	4,138

Outreach	Year to Date
Events	136
Attendees	4,923
Caregiver Referrals	836
Caregivers Identified in I&A	153
Caregiver Outreach Attendees	738
Caregivers Reached	Year to Date
Total Caregivers Reached	1,727

Targeted Outreach Data	Year to Date
Targeted Outreach Locations	23
Targeted Population Attendees	895

VAAA Program Service Breakdown



Estimated Growth:

County	Current 60+ Population	2025 60+ Population Estimates	2030 60+ Population Estimates	2035 60+ Population Estimates	Difference in 60+ Population (Current-2035)	Percentage of 60+ Population Growth (Current - 2035)
Genesee	101,888	109,712	114,685	116,069	14,181	13.9%
Lapeer	24,443	27,356	29,340	29,661	5,218	21.3%
Shiawassee	18,617	20,102	21,327	21,535:	2,918	15.7%
Region 5	144,948	157,170	165,352	167,265	22,317	15.4%

U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates Census Data estimates the senior population will continue to grow through 2035. The fastest growing age bracket: Centenarians

Wait-list (Year end - FY 2025)

Month	Waiver	Case Management (VAAA)	Home Delivered Meals	Senior Millage
October	0	153	406	148
November	0	147	443	123
December	0	146	446	112
January	0	129	413	134
February	0	109	394	137
March	0	65	304	97
April	0	62	269	91
May	0	60	174	105
June	0	44	135	137
July	0	20	53	160
August	0	6	16	208
September	0	4	51	242

Current Wait-list

Month	Waiver	Care Management (VAAA)	Caregiver	Home Delivered Meals	Senior Millage
October	0	17	15	81	257
November	0	20	17	112	262
December					

FY 2025 Most Requested Services

Program	Year To Date Total
Information	3,491
Waiver	328
Care Management (VAAA)	116
Nursing Facility Transition	217
Home Delivered Meals	966
KISS (Keeping Independent Seniors Safe)	33
Flint Seniors Lives Matter	416
Senior Millage	594

2025/2026 Priorities and Gaps

Service Priorities include:

- ✓ Meals
- ✓ Information & Assistance
- ✓ Support for Caregivers
- ✓ Transportation
- ✓ In-home Services (Personal Care with Homemaking, Respite, Medication Management)

Gaps in Services:

- ✓ Home Repairs
- ✓ Transportation
- ✓ Education on Technology
- ✓ Virtual Programming
- ✓ Funding for necessities not typically covered with grant dollars (ex, assistance with school supplies and essentials for Kinship Caregivers, mattresses, hearing aids, co-pays for medical visits, animal/pest removal, fence repair, appliance repair/replacement)

Challenges:

- ❑ Continuing Resolutions/Government Shutdowns/Funding uncertainties
- ❑ Uncertainty with the RSVP Program funding – Approximately \$ 250,000 /annually
- ❑ Direct Care Worker Shortage
- ❑ Shortage in RN's and Social Workers
- ❑ Increased Wages
- ❑ Increased Insurance Costs (2025/26 increase of 24.3%)
- ❑ Maintaining Low Administrative Costs (currently at 6.4%)
- ❑ Increased Service Demand

Fiscal Years	Amount Spent on Services
2023	\$20,368,094
2024	\$21,172,525 (includes ARPA)
2025	\$20,598,069 (no ARPA funds)
2026 (est)	\$21,435,022 (est.)

	60+ Population, by County (2019 Census)							
	Genesee		Lapeer		Shiawassee		Total	
	73.00%		15.00%		12.00%		100.00%	
	Genesee County (Incl. City of Flint)		Lapeer County		Shiawassee County		Total Funds	
Adult Day Care	\$ 137,697	86.71%	\$ -	0.00%	\$ 21,105	13.29%	\$ 158,802	
Care Management	395,556	78.37%	55,550	11.01%	53,624	10.62%	504,730	
Case Coordination & Support	17,598	63.43%	-	0.00%	10,148	36.57%	27,746	
Chore Maintenance	50	1.23%	0	0.00%	4,000	98.77%	4,050	
Congregate Meals	174,203	73.00%	35,795	15.00%	28,636	12.00%	238,634	
Home Delivered Meals	1,135,183	73.00%	233,257	15.00%	186,606	12.00%	1,555,046	
Home Injury Control	100	2.58%	-	0.00%	3,778	97.42%	3,878	
Independence by Choice	34,000	100.00%	-	0.00%	-	0.00%	34,000	
Information & Assistance	236,179	88.84%	-	0.00%	29,668	11.16%	265,847	
In-Home Respite	221,776	64.55%	84,430	24.58%	37,344	10.87%	343,550	
In-Home Services (PC/HM/CLS)	737,593	67.88%	210,955	19.42%	138,003	12.70%	1,086,551	
Kinship Caregiver Respite	20,000	100.00%	-	0.00%	-	0.00%	20,000	
Medication Management	2,884	31.80%	-	0.00%	6,186	68.20%	9,070	
Outreach	26,277	47.64%	28,886	52.36%	-	0.00%	55,163	
Personal Emergency Reponse	14,100	100.00%	-	0.00%	-	0.00%	14,100	
Transportation	1,150	100.00%	-	0.00%	-	0.00%	1,150	
Assistance to the Hearing Impaired & Deaf	100	100.00%	-	0.00%	-	0.00%	100	
Caregiver Supplemental Services	100	100.00%	-	0.00%	-	0.00%	100	
Counseling	200	100.00%	-	0.00%	-	0.00%	200	
Options Counseling	1,100	100.00%	-	0.00%	-	0.00%	1,100	
Care Transition Coordination & Support	2,000	100.00%	-	0.00%	-	0.00%	2,000	
	\$ 3,157,846	73.00%	\$ 648,873	15.00%	\$ 519,098	12.00%	\$ 4,325,817	
Tri - County Services								
Congregate Meals	\$ 14,600	73.00%	\$ 3,000	15.00%	\$ 2,400	12.00%	\$ 20,000	
Elder Abuse Education	6,520	73.00%	1,340	15.00%	1,072	12.00%	8,932	
Emergency Gap Filling	73	73.00%	15	15.00%	12	12.00%	100	
Friendly Reassurance	730	73.00%	150	15.00%	120	12.00%	1,000	
Home Repair	73	73.00%	15	15.00%	12	12.00%	100	
Legal Services	30,660	73.00%	6,300	15.00%	5,040	12.00%	42,000	
Long - Term Care Ombudsman	38,834	73.00%	7,980	15.00%	6,384	12.00%	53,197	
Caregiver Education	73	73.00%	15	15.00%	12	12.00%	100	
Caregiver Training	7,300	73.00%	1,500	15.00%	1,200	12.00%	10,000	
Caregiver Support Groups	1,460	73.00%	300	15.00%	240	12.00%	2,000	
Evidence Based Disease	64,105	73.00%	13,172	15.00%	10,538	12.00%	87,815	
Funding by county prior to NSIP	\$3,322,274		\$682,661		\$546,127		\$4,551,061	
NSIP - Congregate Meals	\$ 55,261	61.82%	\$ 13,714	15.34%	\$ 20,420	22.84%	\$ 89,395	
NSIP - Home Delivered Meals	427,249	75.96%	73,292	13.03%	61,948	11.01%	562,489	
Total Funding	\$ 3,804,784	73.13%	\$ 769,667	14.79%	\$ 628,495	12.08%	\$ 5,202,945	

OAA Funding Distribution FY 2026

Program	Amount
MiChoice Waiver	\$ 15,584,822
Bureau of Aging, Community Living, and Supports (ACLS):	
Older American's Act	5,753,967
Flint Senior Lives Matter (FSLM)	100,000
Retired Senior Volunteer Program (RSVP)	27,859
Targeted Case Management (TCM)	65,551
Community Transition Services (CTS)	716,650
Veterans Administration (VA)	831,890
Genesee County Millage:	
Care Management	293,053
Information & Assistance	251,460
AmeriCorp - Retired Senior Volunteer Program (RSVP)	75,000
Local Units of Government	22,000
Keeping Independent Seniors Safe (KISS) & Chatting Helps	
Aging Adults Thrive (CHAAT)	48,845
Fundraising & Other Programs	230,296
Total VAAA Funding	<u>\$ 24,001,393</u>

2025 - VAAA Total Funding Sources

Funding Facts

- ❖ VAAA average total cost per month - \$1.7 million
- ❖ 100% of all Millage dollars go directly to services – NO funding goes towards Administration
- ❖ VAAA provides approximately \$50,000 of in-kind (All Administration Costs) towards millage
- ❖ Our Administration Rate is 6.4%. Approximately 94% of all funding goes directly towards services.
- ❖ It is VAAA's goal to be able to cover 12 months of services. We currently have approximately 7.5 months of funding.
- ❖ Millage clients average approximately 1 day a week for chore (HM), 2 day/2 hours of personal care (4 hours per week)
- ❖ MI CHOICE Waiver (serves Nursing Home Eligible Clients), services costs an average of \$83/day as opposed to the Nursing Homes' cost of \$285/day

Service Provision: Every 3 years, VAAA posts Requests for Proposals (RFP) for services. The grantees are called Subcontractors. VAAA does 2 audits of all subcontractors annually: 1 fiscal audit and 1 programmatic audit. Our current Subcontractors include:

VAAA			
Subcontractor Funding			
FY2025			
Genesee County			
	Active Adult Day Health	\$ 87,136	
	GOCARD	1,126,607	
	Alzheimer's Association	10,000	
	Legal Services of Eastern Michigan	48,926	
	Region VII Area Agency on Aging	193,575	
	Total Genesee County		\$ 1,466,244
Lapeer County			
	Lapeer County Health Department	665,930	
	Hispanic Service Center	43,626	
	Total Lapeer County		709,556
Shiawassee County			
	Shiawassee Council on Aging	487,091	
	Homejoy of Mid-Michigan	91,050	
	Total Shiawassee County		578,141
	Total All Counties		<u>\$2,753,941</u>

VAAA Programs- What Does VAAA Offer Directly?



MI Choice-Home Based and Community Based Medicaid Waiver Program

Care Management Program

Targeted Case Management Program

Senior Millage Program

Community Transition Services Program

Home Delivered Meals Program

KISS (Keeping Independent Seniors Safe)

CHAAT (Chatting Helps Aging Adults Thrive)

RSVP (Retired Senior Volunteer Program)

Wellness Programs

Education Programs

Caregiver Programs

Dementia Friendly Task Force Initiatives

Flint Seniors Matter Program

Community Resources

VAAA provides the opening assessment and reassessment (which varies depending on the program).

The VAAA Supports Coordinators work with the participant and the family (if allowed) to develop a Care Plan

VAAA orders the service using our 82 Direct Purchase of Service Providers (DPOS) - Unless it is millage, we must use millage providers for millage services.

We must audit at least 25% of our DPOS providers annually (1 fiscal audit, 1 programmatic audit). We also audit any providers that have multiple complaints regarding service delivery/billing errors

Long-Term Programs: Home Help

MI Choice Waiver

Must be 65+ or deemed disabled by Social Security Administration or DHHS

Income cap is \$2982/month (gross) (2026)

Must be at a Nursing Home Level of Care

Must have Medicaid

Can provide assistance personal care, medication management, meal preparation, respite, homemaking services, lawn/snow, and PERS units

Care Management

Must be 60+

No financial criteria

Must have a need that goes beyond homemaking assistance

Can provide personal care, homemaking assistance, and medication management



GENESEE COUNTY
— M I C H I G A N —

Genesee County Senior Millage Program

Must be 60 years of age or older

No financial criteria

Services offered include personal care, chore services, in-home respite care, and adult day care

The maximum hours of in-home services is 4/week

Screenings conducted by VAAA and services are managed by VAAA. Millage providers complete all other services.

Community Transition Services

Facilitates transition from the nursing home to the community and eliminates barriers

Must be 18+

Income cap is \$2982/month (gross) (2026)

Must have Medicaid in the nursing home for at least 1 day

Need at least 2-4 weeks for a successful transition

Can provide assistance with personal care, medication management, meal preparation, homemaking, respite, lawn and snow services, and PERS units

Home Delivered Meals

For individuals who are homebound and cannot get out into the community for meals any longer

60+

Must be unable to cook or prepare meals

Must not have anyone else in the home who is willing and able to prepare meals

No financial criteria

Meals typically delivered 5 days/week

Liquid nutrition is available



Keeping Independent Seniors Safe (KISS)

Telephonic wellness program

Available for seniors 60+

No financial criteria

For seniors who desire to be checked on once a day by phone call





Chatting Helps Aging Adults Thrive (CHAAT)

Telephonic companionship program

Available for seniors 60+

No financial criteria

For seniors who experience loneliness and desire companionship

RSVP- Retired Senior Volunteer Program



55+

Genesee, Shiawassee, and Lapeer Counties

No financial criteria

Volunteer opportunities include respite, food bank, companionship, education, transportation, and other opportunities available

Contact Loraine Travis at **(810) 600-0619**

Wellness Programs

HEALTHY EATING FOR OLDER ADULTS

In this workshop, you will:

Learn to make healthier food choices

Receive tips for improving portion control and label reading

Plan meals to better control fats, sugars, carbohydrates, and sodium

Explore ways to add physical activity to your day

Enjoy a healthy, delicious meal together and learn how to shop smart in your local grocery store

Discover that small changes can lead to BIG results!

For more information, please contact Abbie Mars at (810) 600-0633.

Education Programs

PRESENTATIONS PROVIDED TO THE COMMUNITY

Self-Care for Caregivers

What is Diabetes?

Nutrition as We Age

Healthy Eating for One, Food Safety

Michigan REAL –ID

I am Still Me – Understanding Mealtime and Dementia

LGBTQ+ ELDER COMPETENCY TRAINING

- The training is designed to be a 90-minute interactive program, providing information about challenges that LGBT elders face.
- LGBTQ+ Elder Cultural Competency Training learning outcomes include:
 - Increased understanding of diversity among elders, their families and caregivers
 - Better understanding of the concepts of sexual orientation and gender identity
 - Increased awareness of environments that are characterized by inclusion, respect and dignity
 - Tools for learning inclusive communication skills with LGBTQ+ elders, their families, and caregivers
 - Lessons on how to use affirmative language for appropriate interaction with the LGBTQ+ community
 - Creation of action plans to care for LGBTQ+ seniors



Caregiver Programs

DEMENTIA CAREGIVING SERIES

A 3-week, 90 minutes class series designed for those caring for a person with dementia or Alzheimer's

Assists with reducing caregiving stress by providing useful tools and information. There is no cost to this class, VAAA will provide all materials and snacks/water. Participants will learn to:

- Understand basic information about dementia and its impact on brain function
- Communicate more effectively with someone who has dementia
- Recognize stages of dementia
- Provide meaningful daily activities based on your loved one's interests and abilities
- Better understand and address dementia-related behaviors
- create a positive caregiving environment
- Learn strategies and benefits of self-care

For more information, contact Abbie Mars at (810) 600-0633.

MI VIRTUAL CAREGIVER SUPPORT GROUPS

Virtual support groups offered statewide in Michigan

For more information, contact Abbie Mars at (810) 600-0633.

Join our
Caregiver Corner
group on
Facebook!



Dementia Friendly Task Force Initiatives

- Genesee county is recognized as a Dementia Friendly community by the Dementia Friendly America Network
- VAAA runs the Dementia Friendly Task Force
 - The mission of the Dementia Friendly Task Force is to foster communities that are equipped to support people with dementia and their family care partners by working to become “dementia friendly”
 - VAAA is increasing dementia awareness and advocating for people living with dementia with a focus on community education
- Dementia Friendly Movies
 - Shown at the local NCG cinema and Art Spark at/with the Flint Institute of Arts

Virtual Dementia Tours

- The Virtual Dementia Tour is an evidence-based, patented program designed to give people the opportunity to experience what dementia is like through an individualized, experiential tour. Learn how to make your journey more dementia friendly!
- Conducted in a one-day experience, open to caregivers, friends/family & general public
- 8-minutes per person, 6 people go through tour every hour to hour and a half with a debrief after the tour

For more information on these initiatives, contact Abbie Mars at (810) 600-0633



Flint Senior Lives Matter



Available to seniors (60+) in the City of Flint

Offers services to seniors affected by the Flint Water Crisis

Grant funded program

Can provide assistance such as anxiety/stress counseling, art therapy, and connection to resources.

For more information, contact **(810) 249-0833**.

**Has client been informed of this referral? Yes No
 **Is the client able to answer for themselves? Yes No

Date: _____

Client Information

Full Name: _____
Last First

Address: _____
Street Address Apartment/Unit #

City: _____ State: _____ Zip Code: _____
 Phone #: _____ Race: _____ Gender: _____

Birth Date: _____ Marital Status: _____ Residence (alone, spouse, child, etc): _____

Gross Monthly Income: \$ _____ Assets: Below \$2000 Above \$2000 Do you have: Medicare Medicaid Both None

Have you been hospitalized in the last 30 days: Yes No If yes, where? _____ Current Diagnosis: _____

Are you currently in the hospital? Yes No Anticipated discharge date: _____

Requested Services: Home Help Respite Transportation Personal Care Emergency Response System (PERS)
 Home Delivered Meals Resources Nursing Home Transition Adult Foster Care Adult Day Center Millage

Preliminary Information

Is there currently someone paid to provide assistance in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, whom? _____	Are you on oxygen 24/7? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, with whom? _____	Do you have significant memory loss? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to get out of bed by yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to prepare your own meals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently receive Dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to complete personal care tasks independently? (bathing, grooming, dressing, toileting etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently drive? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently use assistive devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? <input type="checkbox"/> Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Other _____
Do you have a history of mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____	

Contact/Referral Information

If client cannot answer for themselves, whom should we contact? Family/Friend Legal Guardian
 Name: _____
 Relationship: _____
 Phone: _____
 Email: _____
 Other Comments: _____

Referred by: (Please provide email address)
 Would you like a follow up on referral? Yes No
 **Name: _____
 **Email: _____
 Agency/Title: _____
 Phone: _____

How to refer a client to services:

VAAA can accept a referral via fax using this form (left) at (810) 244-0980

VAAA can accept a referral via website at www.valleyareaaging.org/service-request/

VAAA can accept referrals through online referral platforms:
www.Michigan.gov/mibridges
www.findhelp.org



PLEASE DO NOT HESITATE TO ALSO
CONTACT VALLEY AREA AGENCY
ON AGING FOR ASSISTANCE AT
(810) 239-7671



[HTTPS://VALLEYAREAAGING.ORG/](https://valleyareaaging.org/)



FIND US ON FACEBOOK,
INSTAGRAM, LINKEDIN, YOUTUBE,
AND X

Questions?



Valley Area Agency On Aging

Answers, Action & Advocacy
for **All Things Senior**

Thank you!

Yaushica Aubert

President & CEO

yaubert@valleyaaa.org

(810) 239-7671



Senior Needs, Gaps, & Trends

Genesee County Senior Services Task Force

During the February 5, 2026 meeting, Task Force members heard from three agencies who collect and evaluate data on senior needs, gaps, and trends. Lori Kunkel from the Greater Flint Health Coalition offered a localized perspective on what their organization sees within the senior communities of Genesee County. Sydney Strunk from the University of Michigan's Poll on Healthy Aging identified gaps in senior services seen across the state of Michigan through the Poll. She also presented resources aimed at older Michiganders. Tammy Lemmer from the Bureau of Aging, Community Living, and Supports at the Michigan Department of Health and Human Services (MDHHS) was the final speaker and she spoke on projected population changes and how those impact the statewide waitlist for services. The MDHHS statewide plan that will include county profiles on seniors is forthcoming. This information is contained in this section.



Greater Flint Health Coalition

Presentation to Genesee County Board of Commissioners' Senior Services Task Force

February 5, 2026



Introduction to the GFHC



Greater Flint Health Coalition

- The GFHC is a broad partnership of health care providers and insurers, public health, local government, business, education, nonprofits, social service agencies, community organizations, and residents
- Nonprofit, co-founded in 1996 by three local hospitals, General Motors, United Auto Workers, health plans, health department, and community leaders
- GFHC utilizes a “collective impact” strategy with multi-sector partners
- GFHC convenes / leads ~25 multi-sector “coalitions within the coalition” and operates numerous programs utilizing an established collective impact strategy



Neutral Convener/
Organization



Community-Based
Programs



GFHC Senior Specific Programming



- Commit to Fit!
 - Senior Physical Fitness and Nutrition Education offerings throughout Senior Center Network
- Mid-Michigan CHAP (Community Health Access Program)
 - Community Care Hub improving access to care through medical homes and addressing social determinants of health
- Your Health Your Choice Advance Care Planning (ACP)
 - Systemic process to support older adults in advance care planning and the completion of advance directives
- Age Friendly Wellness Councils / Healthy Aging Task Force
 - Prioritizing the voice of older adults in identifying and addressing the health and wellness needs of the senior population.





Older Adult Needs



GFHC Data Collection

- Data Review Subcommittee

Group of data analysts from local hospital systems, health insurance plans, health department, and community mental health who collect, aggregate, and review data for GFHC's Cost and Resource Planning Committee

- Annual Community Data Scorecard

Over 550 private and public data metrics related to the health of Genesee County residents and the utilization of the community's healthcare system trended over time

- Joint Community Health Needs Assessment, CHNA

Completed in partnership with Genesee County's three hospitals, the CHNA prioritizes the health needs of residents and develops a Community Action Plan to address them

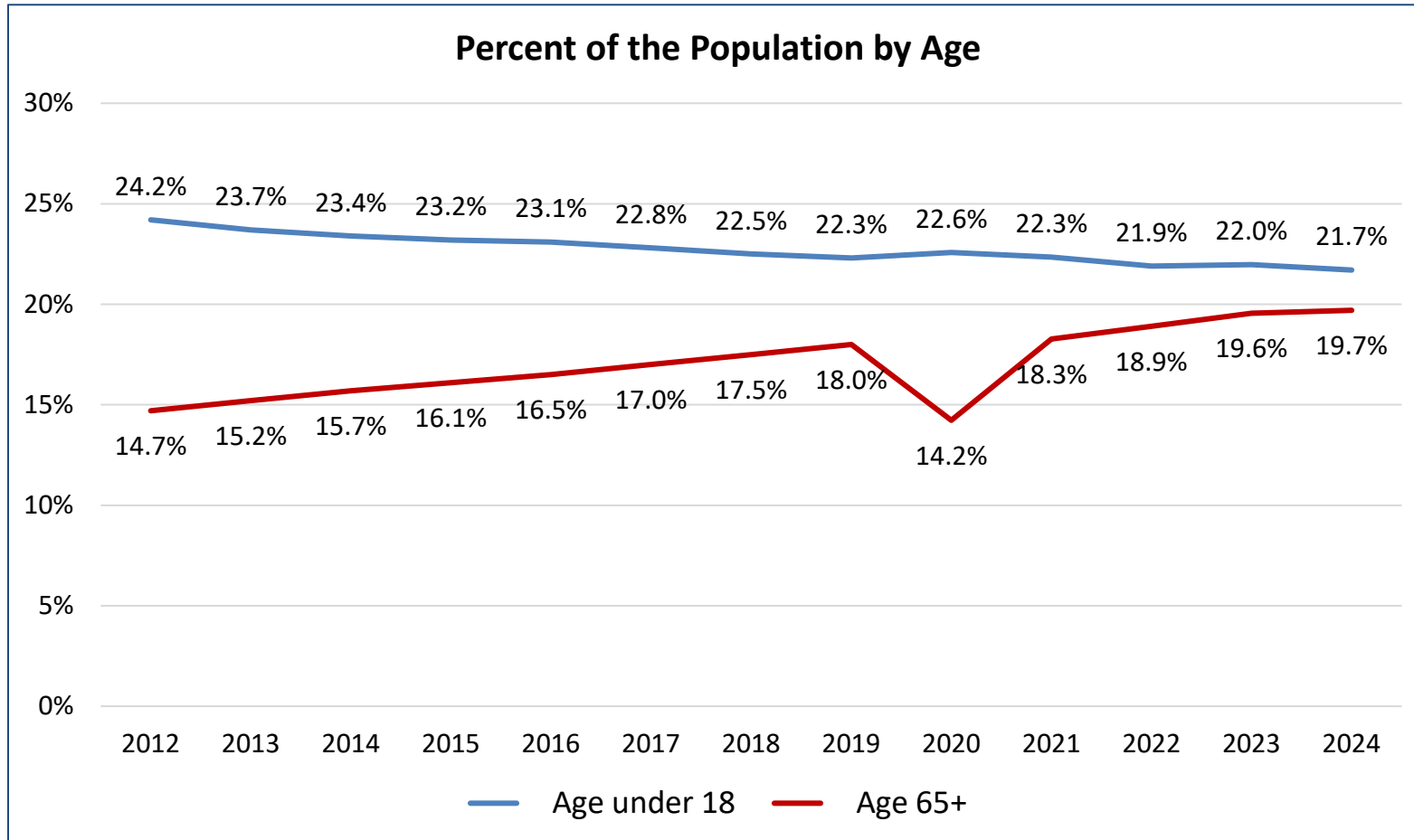


Adults Age 65 Years and Older

U.S. Census Data, 5 Year Estimates (2017-2021)

Demographics	Michigan	Genesee County
Numbers		
Total population	1,733,056	70,849
Percent of population	17.2%	17.4%
Gender		
Male	45.40%	44.2%
Female	54.60%	55.8%
Race		
White	83.9%	81.0%
Black	10.2%	15.5%
Other	2.9%	2.1%
Two or More	3.0%	1.4%
Ethnicity		
Hispanic or Latino	2.0%	1.5%
Other Characteristics		
Living alone	43.2%	45.6%
Responsible for grandchildren	0.9%	0.9%
Veteran	14.1%	16.7%
Disabled	32.0%	36.3%

Aging Population



- Over the last 10 years, the percentage of Genesee County residents age 65 years or older increased over 25%.
- As the population ages, more healthcare resources and caregivers will be needed.
- Michigan Poll on Healthy Aging found that 59% of Michiganders age 50+ think it is unlikely they will need long term care in the future.
- Medicare does not cover long term care and Medicaid benefits are facing cuts.

BRFSS Data For Older Adults Age 65+

(Behavioral Risk Factor Surveillance System 2017-2021)

BRFSS Measurement	Weighted Percent	
	Genesee County	Michigan
Adults with fair or poor health	25.4	22.9
Poor physical health 14+ days	15.7	16.2
Poor mental health 14+ days	11.5	9.9
Overweight	33.5	38.3
Obese	39.5	33.3
Has disability	50.8	47.4
Has no health care provider	4.9	4.0
Needed to see a doctor but cost prevented	3.6	4.8
No leisure time physical activity	32.7	29.9
Current smoker	10.5	9.9
Alcohol consumption in past month	37.5	45.2
Heavy alcohol consumption	2.7	4.1
Binge drinking	5.1	5.9
No routine checkup in past year	12.0	9.7
No flu vaccine in past year	38.6	37.0
Never had a pneumonia vaccine	31.6	26.1
Current asthma	9.7	9.0

Highlighted items point out where Genesee County is doing much better or worse than the State of Michigan as a whole.

Green: Better than State

Red: Worse than State

Orange: Better than State but caution as may be due to lack of screening.



BRFSS Data For Older Adults Age 65+

(Behavioral Risk Factor Surveillance System 2017-2021)

BRFSS Measurement	Weighted Percent	
	Genesee County	Michigan
Ever told have COPD	16.2	14.6
Diagnosed with some form of arthritis	62.3	56.3
Ever told had a heart attack	14.0	11.8
Ever told had a stroke	10.9	7.8
Ever told had angina or coronary heart disease	12.7	12.6
Cardiovascular disease	27.3	23.5
Ever told had skin cancer	14.0	17.3
Ever told had other cancer	16.1	19.2
Ever told had cancer	26.1	31.8
Ever told had diabetes	27.2	22.9
Ever told had kidney disease	8.5	7.7
Ever told had depression	19.0	16.6
Fruit consumed less than once daily	38.8	32.5
Vegetable consumed less than once daily	22.4	18.5
Ever told had high blood pressure*	66.3	60.8
Not taking high blood pressure meds	5.1	7.5
For those tested, told had high cholesterol	53.5	54.8

Highlighted items point out where Genesee County is doing much better or worse than the State of Michigan as a whole.

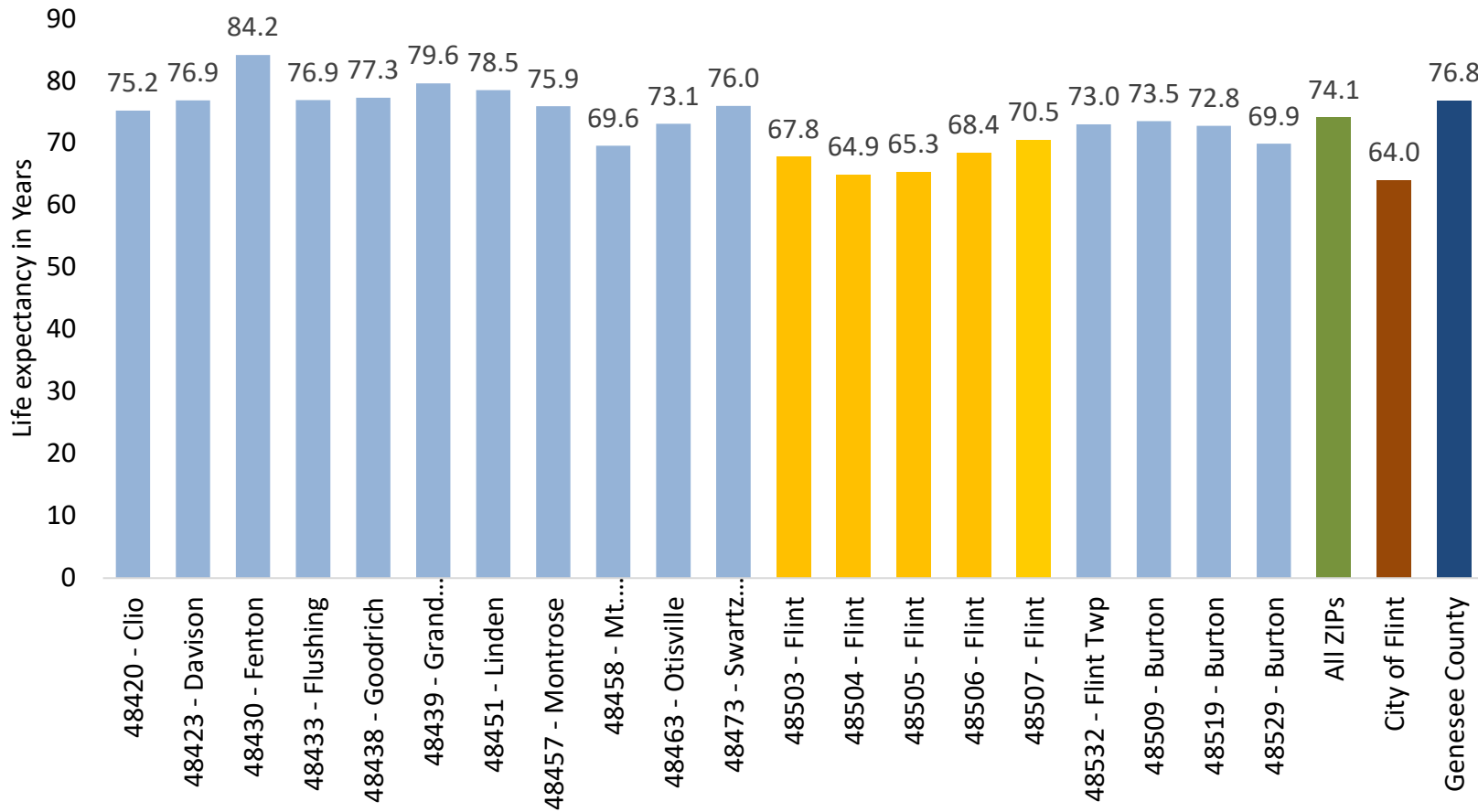
Green: Better than State

Red: Worse than State

Orange: Better than State but caution as may be do to lack of screening.



Average Life Expectancy by Zip Code (2021-2023)



For All Zip Codes	
Mean	73.5
Medium (50th pct)	73.3
Maximum	84.2
Minimum	64.9
Difference	19.3

Color Key

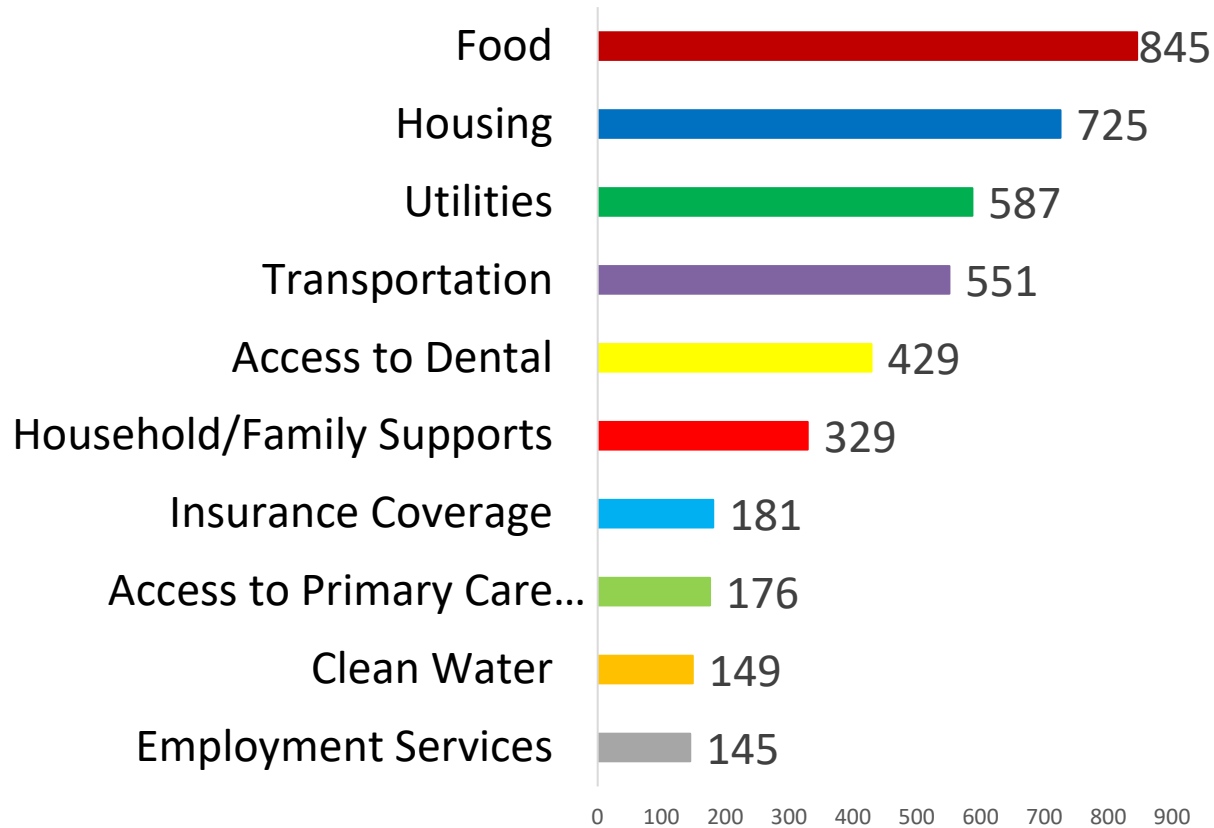
- Gold: Flint
- Green: All Zips
- Brown: City of Flint
- Navy Blue: Genesee County

Wealth is strongly associated with longevity.

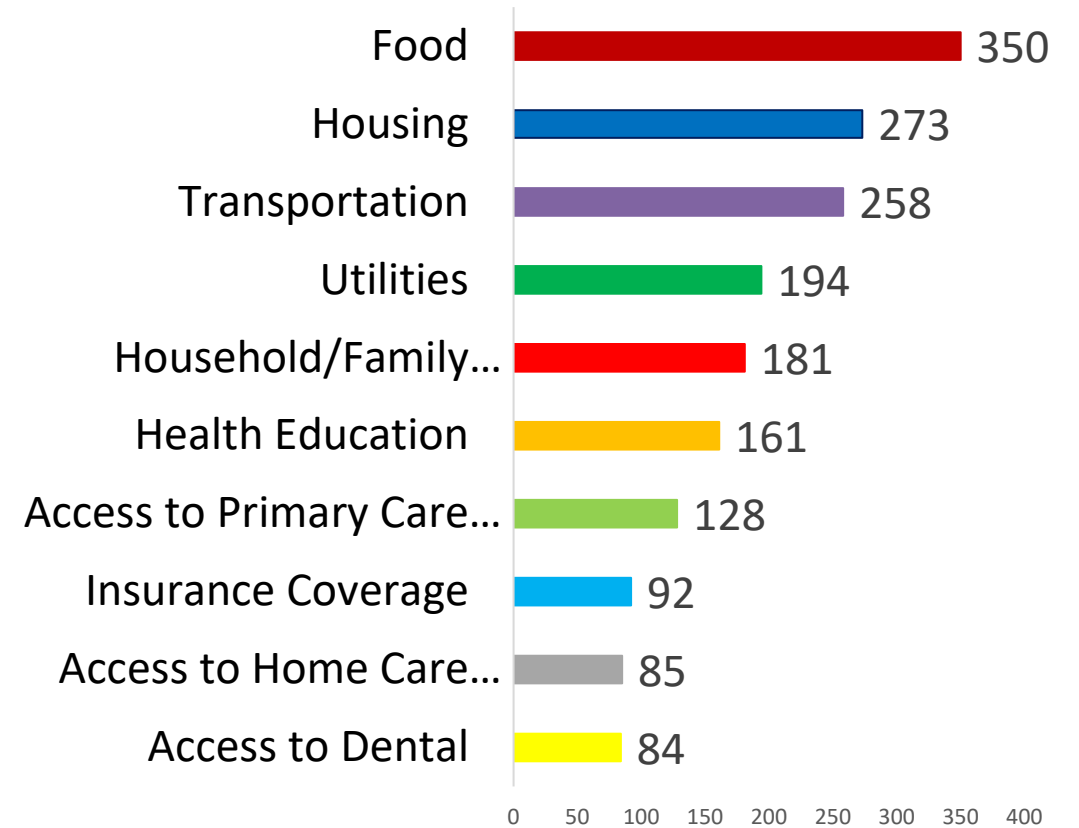
Mortality rates among older adults in the bottom 60% of wealth were nearly double those of older adults in the top 20%. In fact, those in the bottom 20% of wealth died on average nine years earlier than those in the top 20%.

Mid-Michigan CHAP Top 10 Referral Reasons

Clients Age 50-64 (n=4180)



Clients Age 65+ (n=1494)



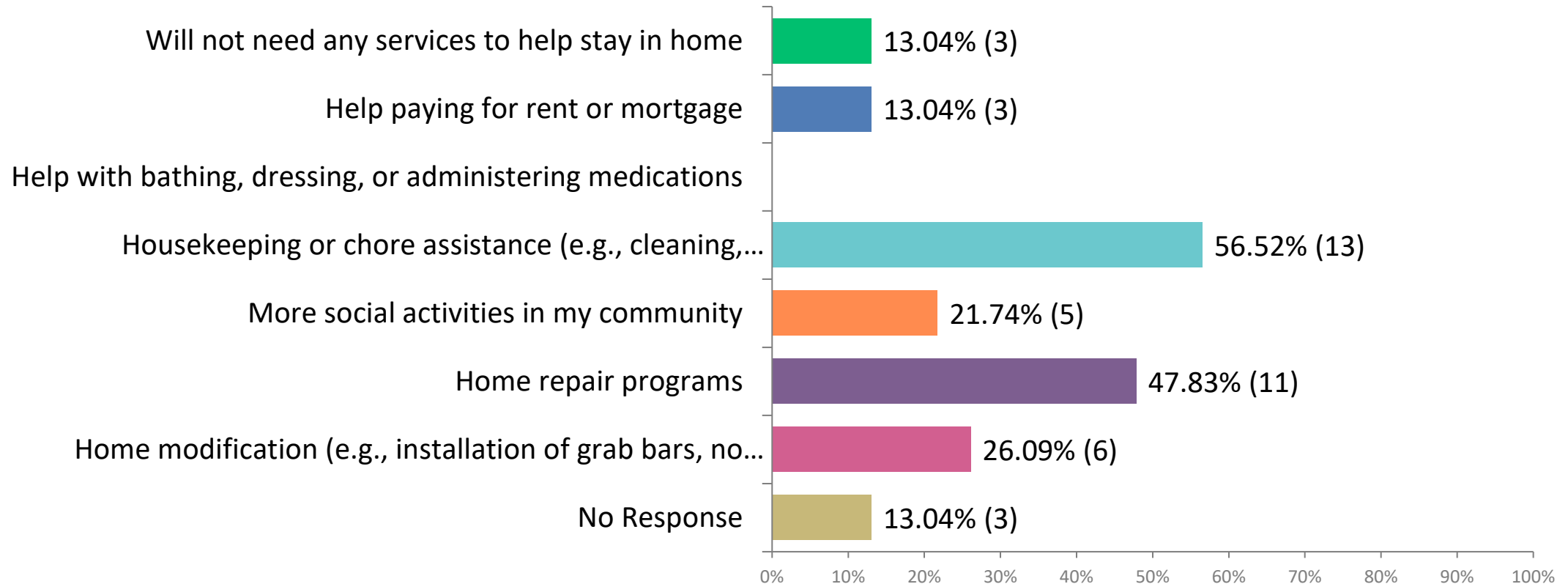


Survey about Older Adult Services in Genesee County (MDHHS Community Health Needs Assessment)

- 23 of 39 Age-Friendly Wellness Council members (59%)
- Responses reflective of what members have shared during the 72 meetings held.



Which services would most help you stay in your current home?



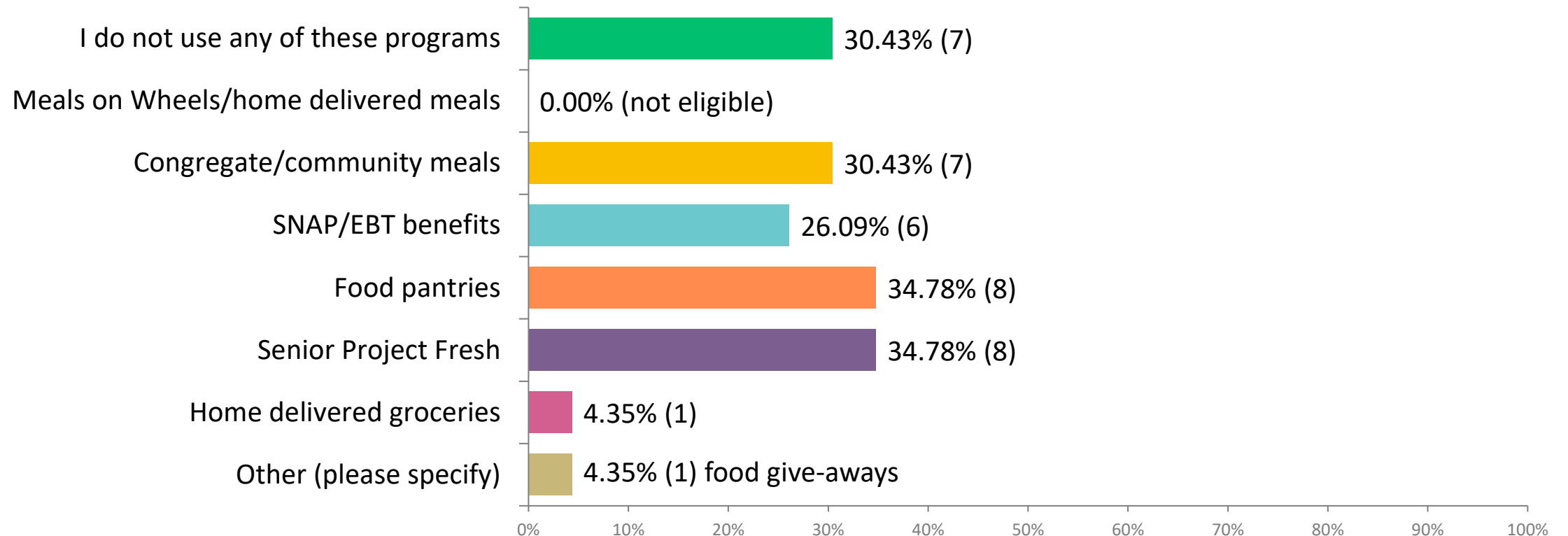
- Main reasons they plan to move elsewhere are home maintenance and finances.



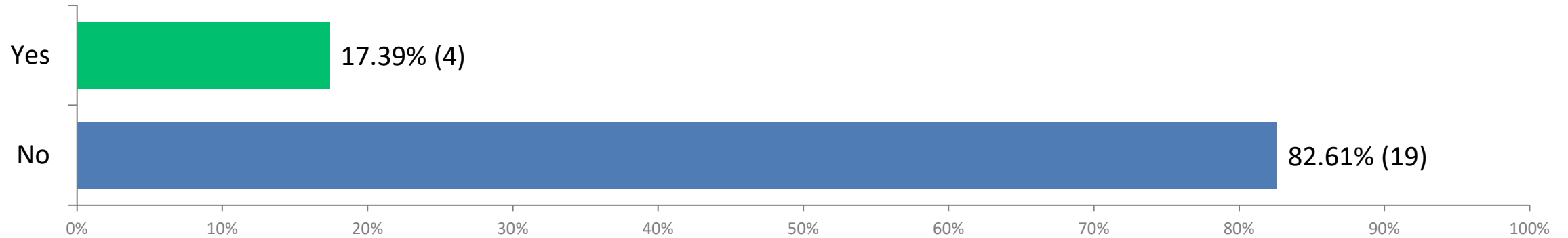
Healthcare Access Challenges	Medical visits	Prescription medications	Dental care	Vision care	Medical devices	Assistive equipment
Transportation	2	2	2	3	1	2
Location too far away/No delivery	1	1	1	2		2
Cost/insurance	1	3	6	6	2	2
Not timely	1		1	1	1	1
Difficulty leaving home			1		1	1
Communication/language						
Other		Delivery	Provider out of Network	Can't take medications	Room to store device	Tablet access and use



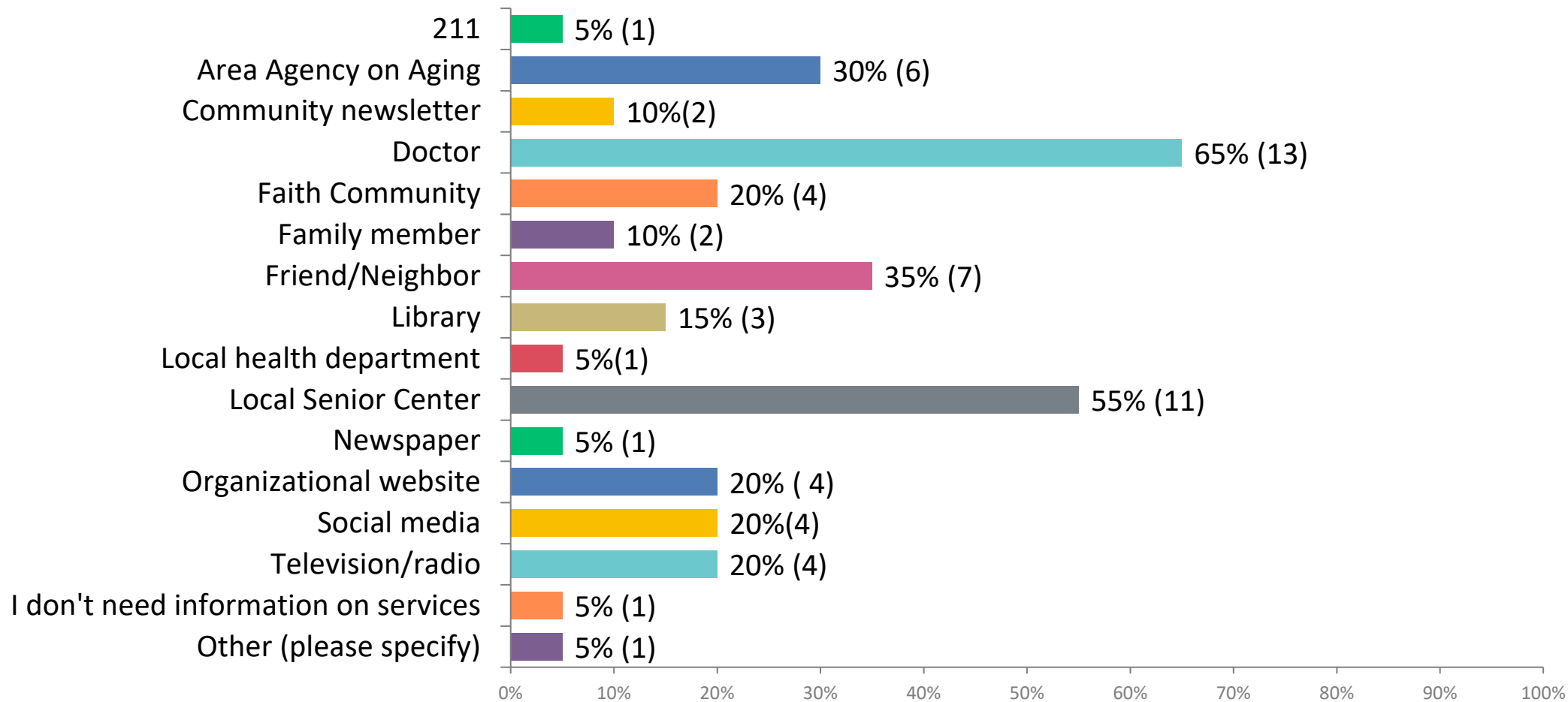
In the past 12 months, have you used any of the following food or nutrition programs?



In the past 12 months, have you needed help because you were feeling sad, stressed, worried, or upset, but were not able to get it?



- They didn't know where to go for help and
- They were embarrassed or worried about what others would think.

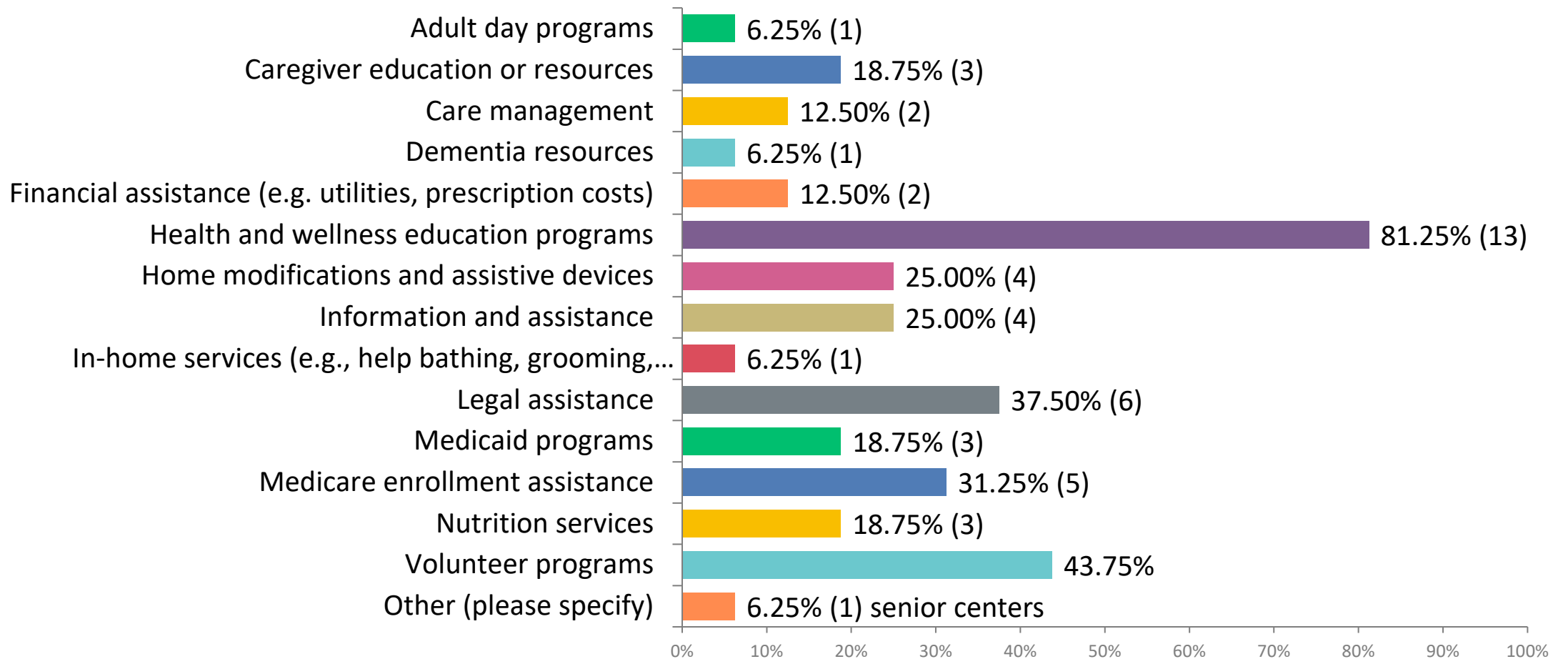


• *Percentage calculated for 20 respondents*



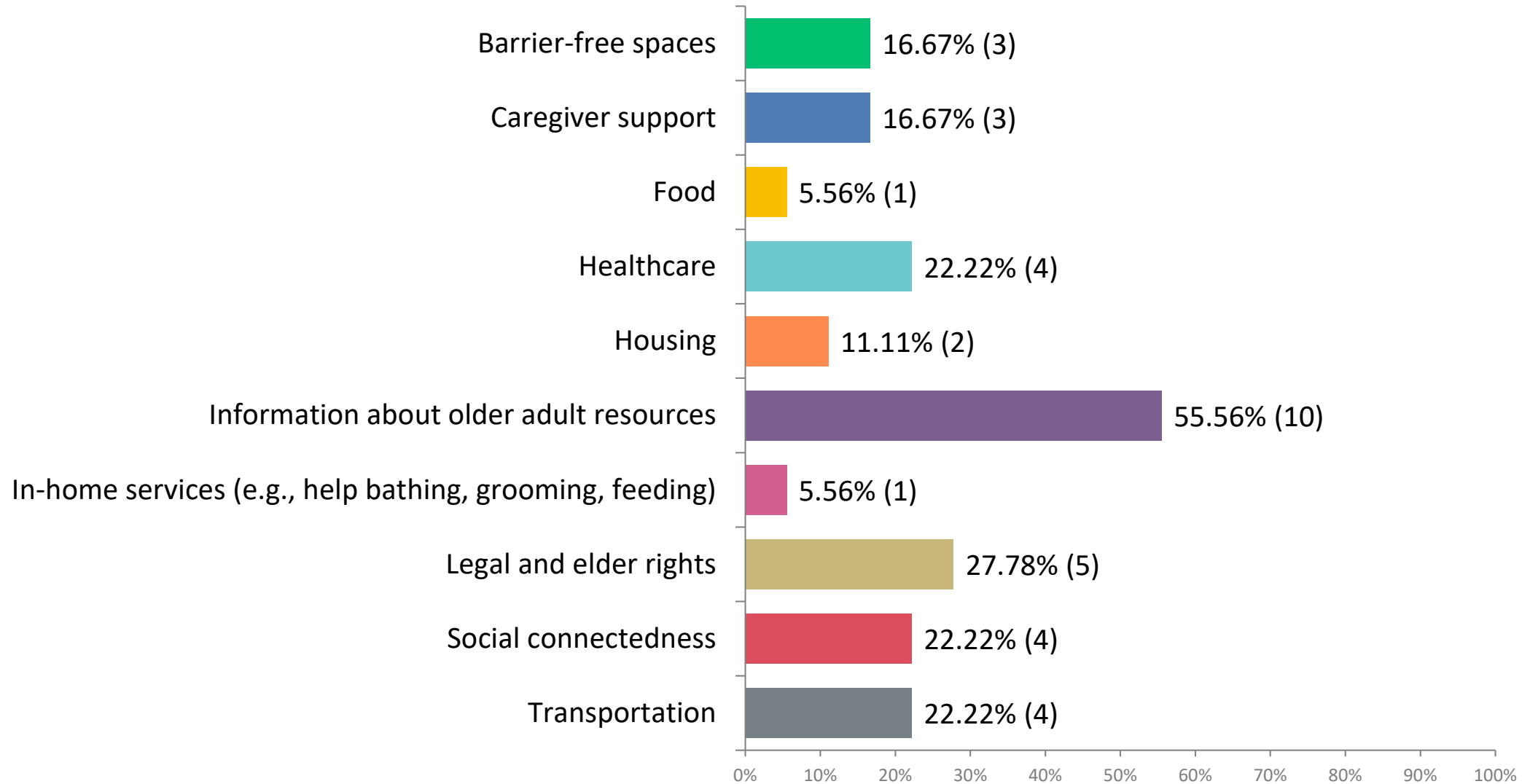
	yes	not knowing where to look	limited internet access	identifying organizations and resources	information difficult to understand	information is not formatted in an accessible way	looking for information in my community but it's not there	not able to talk to a real person	other
Food and Nutrition	6	1	3	5	3	0	1	4	
Health & Wellness									
Education	6	4	3	4	1	0	2	4	
In-home Service (help grooming, feeding, etc.)	4	5	1	4	0	0	1	2	
Home Modifications (grab bars, ramps, etc.)	8	6	2	4	3	0	2	2	Cost
Mental Health Services	7	3	1	2	1	0	2	2	Finding provider
Assistive Technology/ Adaptive Equipment	6	3	4	4	1	1	1	2	no computer
Technology Support	8	4	4	2	0	0	1	1	no computer
Legal Services	6	6	3	2	0	0	1	1	
Elder Abuse Services	4	3	2	2	0	0	1	2	

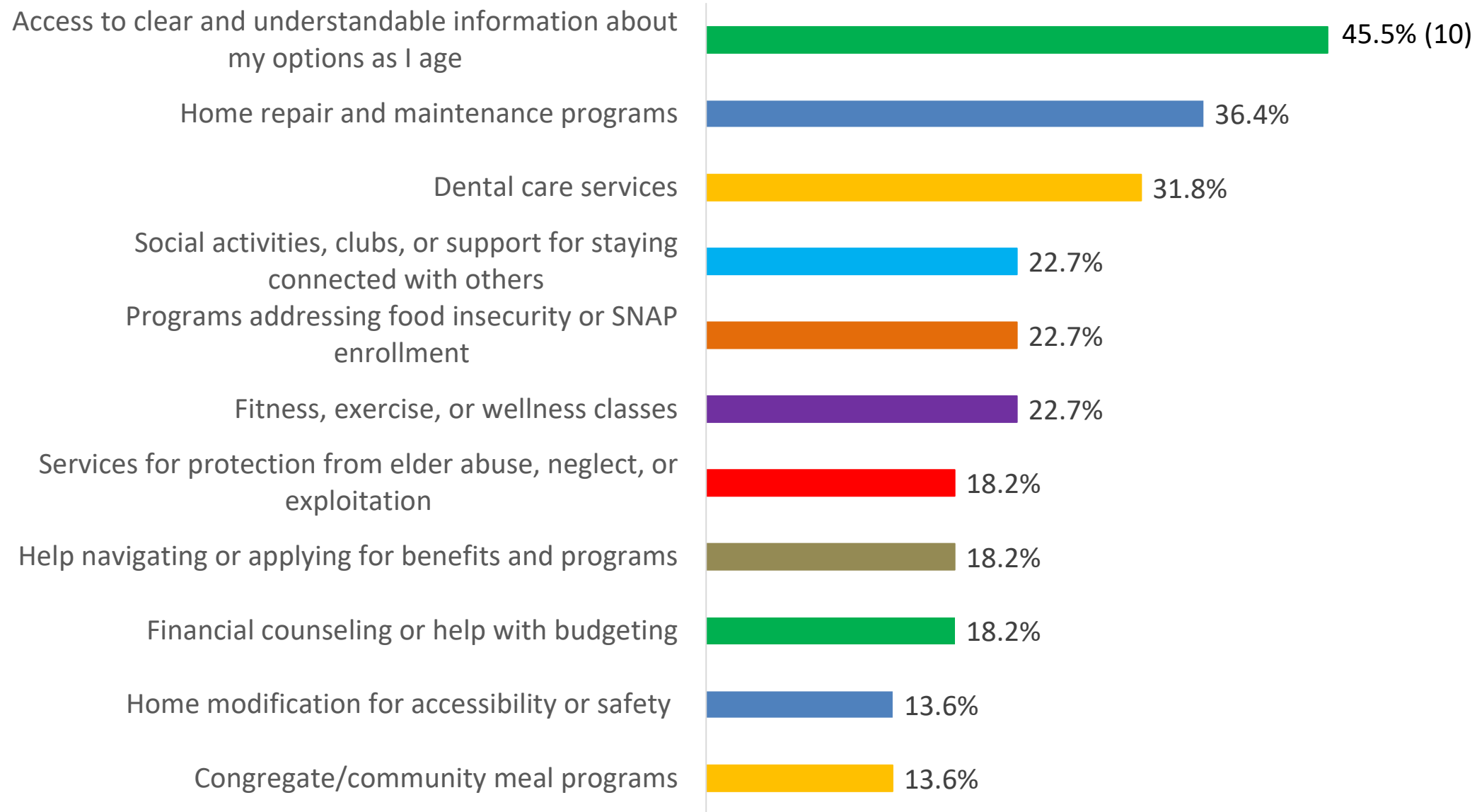




- None of the respondents used chore services, senior companion program, senior community service employment, or telephone reassurance/friendly caller support.
- Satisfaction Levels = Very satisfied 15% (3) , Satisfied 35% (7) , Neutral 40% (8) , and Dissatisfied 10% (2).

Respondents top two needs





0.0% 5.0% 10.0% 15.0% 20.0% 25.0% 30.0% 35.0% 40.0% 45.0% 50.0%

Gaps, Needs, and Services for Older Michiganders: What We've Learned from the Michigan Poll on Healthy Aging

Sydney Strunk, MPH, Research Specialist
February 5, 2026



SUPPORTED BY



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Michigan Poll on Healthy Aging Overview

Est. 2024



INSTITUTE FOR HEALTHCARE POLICY AND INNOVATION
NATIONAL POLL ON HEALTHY AGING
UNIVERSITY OF MICHIGAN

MICHIGAN HEALTH
ENDOWMENT FUND

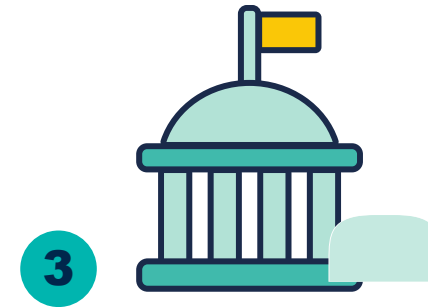
Michigan Poll on Healthy Aging goals



1 Develop, implement, and **sustain** a recurring, representative household survey of adults in Michigan age 50 and older



2 Disseminate **results** through multiple channels

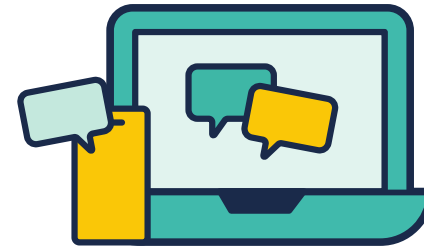


3 Reach a variety of audiences **in Michigan**, including older adults and their families, health care and aging professionals, and policymakers

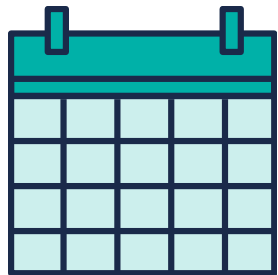
Michigan Poll on Healthy Aging methods



Surveys conducted using nationally representative and nonprobability samples



Surveys completed online or by phone

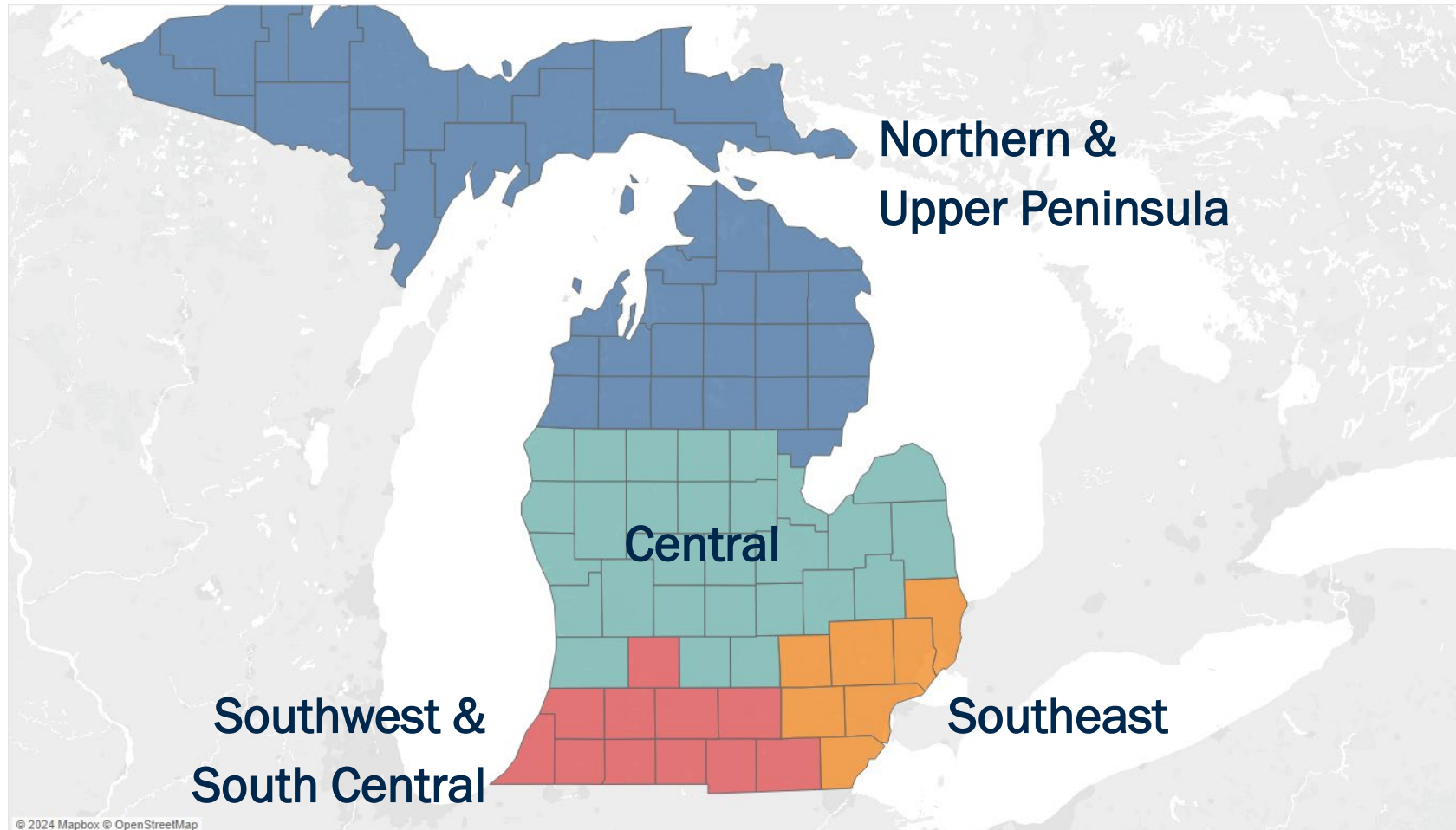


Surveys fielded 2 times/year to ~1,200 Michiganders age 50+



Sample is weighted to reflect the state's older population

Michigan Poll on Healthy Aging regions



Topics we've asked about

- Aging in place
- Aging resources
- Artificial Intelligence (AI)
- Cannabis
- Caregiving
- Climate & health
- Driving
- Financial strain & well-being
- Friendships
- Health care companions
- Long-term care
- Scams
- Top health concerns
- Work & health

Identified Gaps and Needs Among Older Michiganders



Gaps in Knowledge

- There is a need for educational outreach to help build awareness and understanding of:
 - aging and caregiving resources and how they can be accessed
 - long-term care options, including who pays for nursing home care
 - hospice and palliative care

Many Michiganders age 50+ don't know about resources for navigating caregiving and aging

Among caregivers

Among all Michiganders

	Adult Day Programs	Respite Care	Area Agencies on Aging	Michigan Medicare Assistance Program
Have used	10%	15%	10%	5%
Not used, but familiar	50%	55%	38%	27%
Not used, not familiar	40%	30%	52%	68%

Many Michiganders over 50 hold mistaken beliefs about who would pay for nursing home care

- 58% believe Medicare would pay for their care if they needed to permanently move into a nursing home
- But Medicare generally does not cover this type of care

- 33% said Medicaid would help pay for a nursing home
- But statistics show that 60% of the state's nursing home residents have their costs paid by Medicaid

Many Michiganders age 50+ don't know much about care options for people with serious illness, but express interest once they're explained to them

Palliative Care

- 64% know very little or not much at all
- Once provided a definition, 84% expressed interest if they had a serious illness

Hospice Care

- 32% know very little or not much at all
- Once provided a definition, 85% expressed interest if they were dying

Gaps in Planning, Preparation, and Support

- There is a need to help older Michiganders make plans for the future around:
 - long-term care needs, services, and supports
 - aging in place
 - potential changes in driving ability
- There is a need to better connect older Michiganders, especially caregivers, people with disabilities, and workers, with structural supports and resources

Many **Michiganders** age 50+ may not be ready for their future long-term care needs

59% think it is unlikely they will need long-term care in the future

45% say they do not know how to plan for their long-term care needs



Source: Michigan Poll on Healthy Aging,
University of Michigan, March/April 2025

Few **Michiganders** age 50+ have taken key steps to plan for their long-term care needs



25%

designated a durable power of attorney for medical care



24%

identified people in their lives who could serve as caregivers



17%

made home modifications to help age in place



7%

bought long-term care insurance

Less than half of Michiganders age 65+ have taken key steps to “age in place”

- 44% have made home modifications, already moved to a more age-friendly place, or both
- Even though 85% of those who have not yet moved or made home modifications expect to stay in their current home

- Top concern about making modifications: cost
 - 40% say cost barriers are something they’ve faced or think they will face

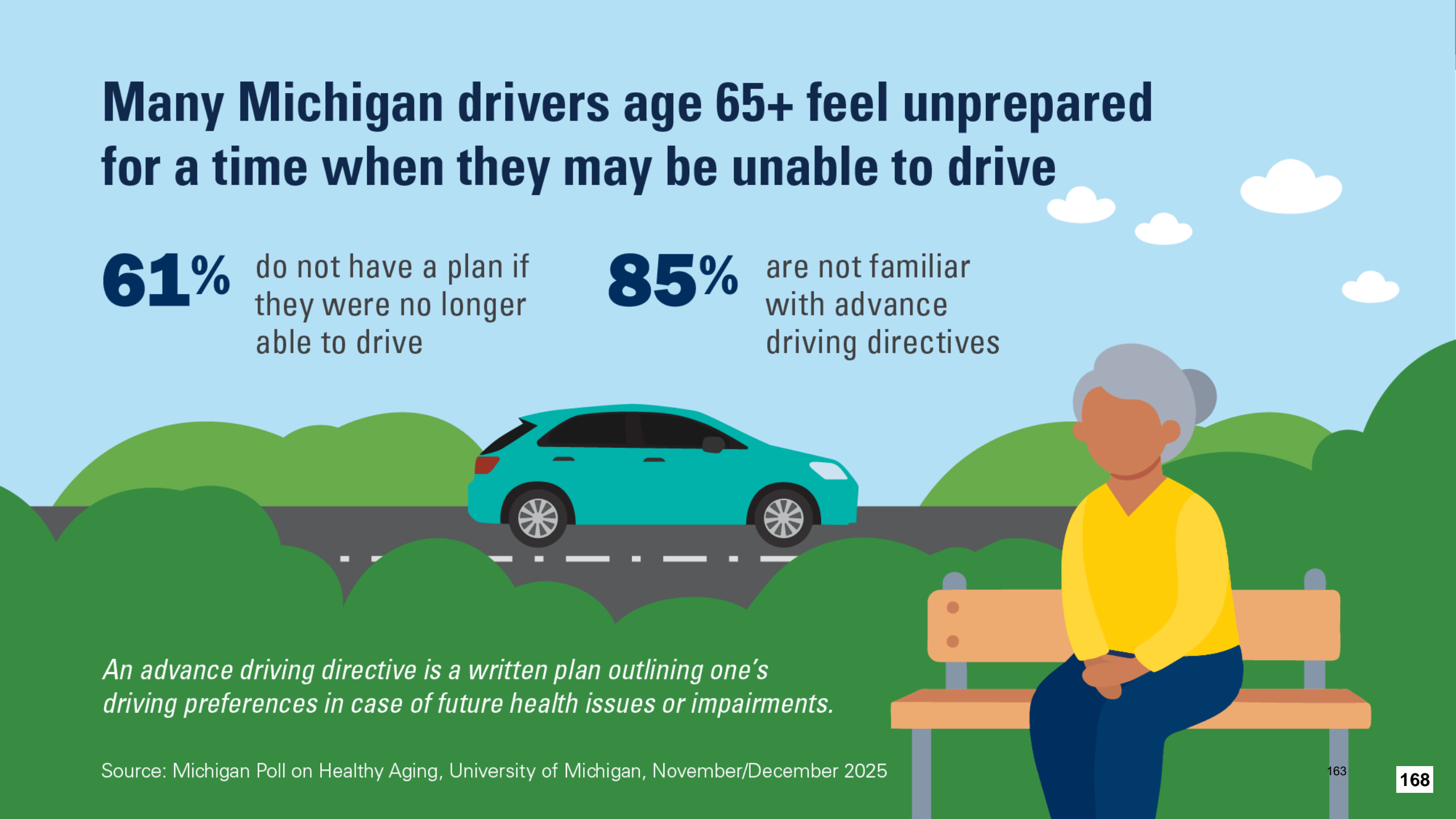
Many Michigan drivers age 65+ feel unprepared for a time when they may be unable to drive

61% do not have a plan if they were no longer able to drive

85% are not familiar with advance driving directives

An advance driving directive is a written plan outlining one's driving preferences in case of future health issues or impairments.

Source: Michigan Poll on Healthy Aging, University of Michigan, November/December 2025



Many Michigan caregivers age 50+ experience financial strain and need more support



- 31% of Michigan adults age 50+ are caregivers
- Of those providing care:
- 33% experienced financial challenges related to caregiving
 - 17% felt they did not have the support they need

Many older Michiganders with disabilities may be missing out on accommodations during health care visits

- 33% of Michigan adults age 50+ have at least one type of disability or functional impairment that may legally qualify them as a person with a disability
 - Yet only 22% identify as a person with a disability
-
- 20% of those who identify as a person with a disability said they could have used assistance related to a health care visit, but didn't ask for it

Many Michiganders age 50+ report one or more barriers to working

Among those who are not retired



Disability,
chronic illness,
or poor health



Limited options for
transportation



Not having the
necessary training,
skills, or experience



Caregiving
for an adult

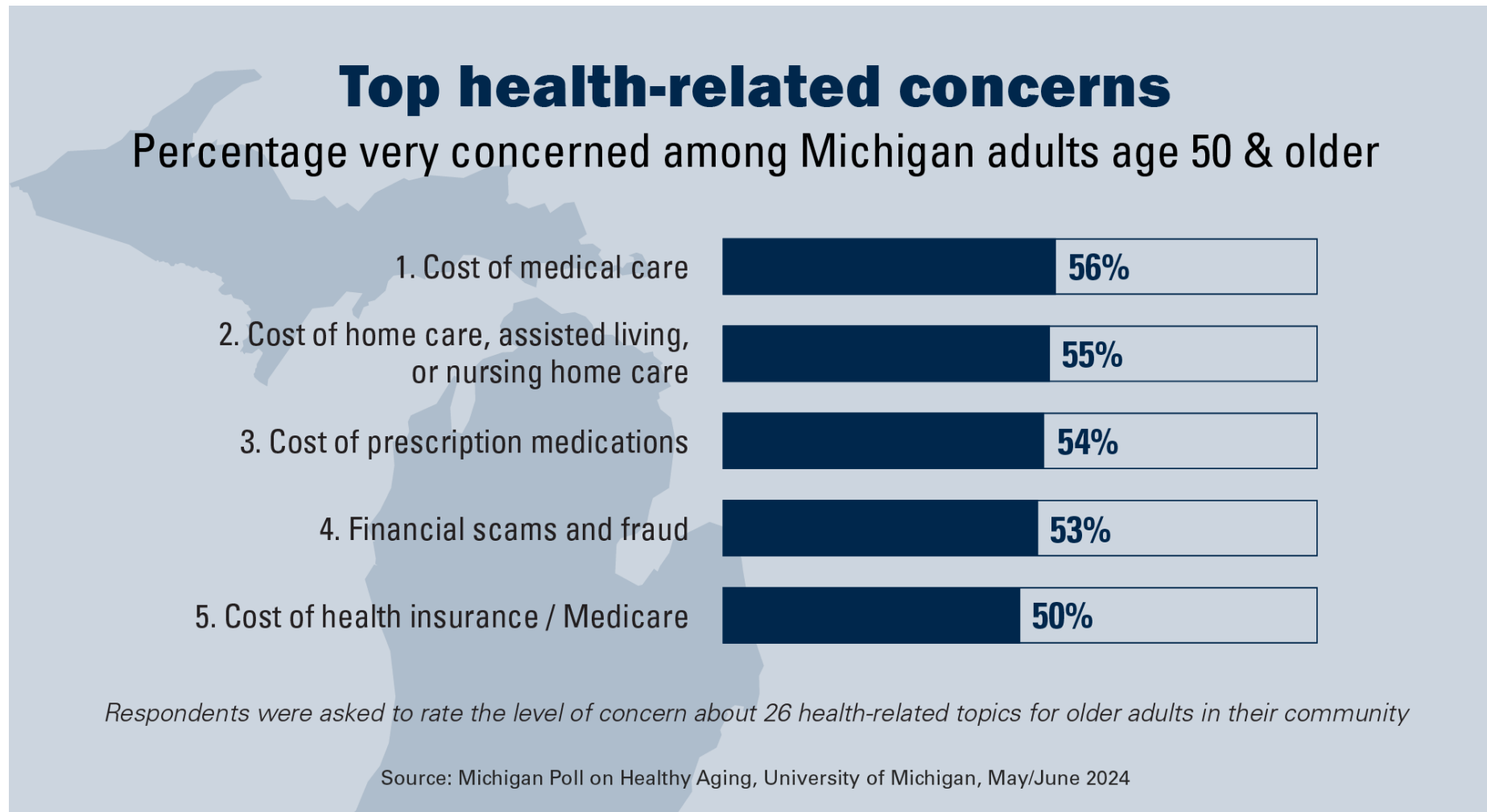


Caregiving for a
child or grandchild



A prior conviction
or legal action

Health-related costs weigh heavily on the minds of older Michiganders of all backgrounds



New Services and Resources for Older Michiganders



Support with caregiving, finances, insurance, planning for long-term care, and more

- MI Options program: 1-800-803-7174 or www.michigan.gov/MDHHSMIOptions
 - Caregiver support
 - Financial, legal, and insurance assistance (Medicare counseling)
 - Health and medical services
 - Home maintenance and improvement (aging in place)
 - Nutrition and meal services
 - Transportation services

Support with preparing for future driving needs

- Safe Drivers, Smart Options:
<https://www.michigan.gov/agingdriver/>
 - Entire site for older drivers, their families, and professionals who provide health care and other services to them
 - Find resources to support older driver safety and mobility
 - [Download guide for aging drivers and their families](#) in English, Spanish and Arabic

**New poll findings
to be released
in 2026**

- Flu and COVID-19 vaccines
- Caregiving
- Food and nutrition
- Growing older in Michigan
- Concerns about aging
- Pets
- Menopause
- 988 / mental health

More Michigan findings available online via interactive data dashboards

View the Michigan data, including comparisons with the rest of the U.S.

- [Healthcare Companions \(September/October 2025\)](#)
- [AI Use \(July/August 2025\)](#)
- [Long-Term Care \(May/June 2025\)](#)
- [Climate & Health \(March/April 2025\)](#)
- [Work & Health \(February 2025\)](#)
- [Friendships \(December 2024\)](#)
- [Cannabis \(September 2024\)](#)
- [Financial Strain and Well-Being \(July 2024\)](#)
- [Top Ten Health Concerns \(May 2024\)](#)



How Health Care Companions Support Older Adults at Appointments

Michigan Poll on Healthy Aging, September / October 2025 Report 

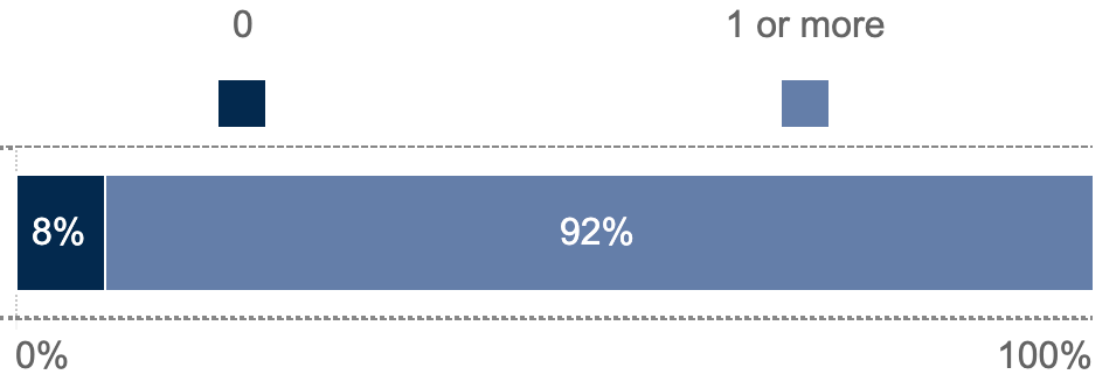
In the past year, how many health care appointments have you had (including telehealth visits)?

Universe: Michigan adults age 50+ (n = 1353)

Select comparison group

- Michigan total
- Michigan total
- National vs Michigan
- Age category
- Disability
- Gender
- Household income
- Mental health
- Michigan region
- Physical health

Hover over a percentage to show 95% confidence intervals 



Poll data as a resource for planning and assessment



Explore topics for areas of need



Gather baseline data for grants and program planning and evaluation



Reach out to the poll team with ideas for future poll topics/questions

Q&A





NATIONAL POLL ON HEALTHY AGING

UNIVERSITY OF MICHIGAN



Learn more: www.healthyagingpoll.org/Michigan



Share your topic ideas with us: healthyaging@umich.edu



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The National Poll on Healthy Aging: Elevating the Perspectives of Older Adults

JANUARY 2026



The [National Poll on Healthy Aging \(NPHA\)](#) is a recurring, nationally representative household survey of U.S. adults age 50 and older. It offers important insights into the health and well-being of older adults in the U.S., including their experiences, perspectives, and preferences regarding health and health care. Together with the companion [Michigan Poll on Healthy Aging](#), the polls' monthly reports and articles, publicly available datasets, and widely cited findings across major media outlets provide timely, valuable data to inform health care practice, public health, research, and policymaking to support healthy aging both nationally and in Michigan.

A trusted tool developed through strong partnerships

In 2017, the [University of Michigan \(U-M\) Institute for Healthcare Policy and Innovation \(IHPI\)](#), with support from AARP and the Michigan Medicine Department of Communications, developed and launched the NPHA to gain a deeper understanding of the health and health care issues affecting older adults and their caregivers, and better inform national health care research, policy, and practice.

IHPI unites 800+ faculty researchers across diverse disciplines at U-M, the nation's largest public research university, harnessing broad expertise to collaboratively address the most challenging issues facing U.S. health care. A [team of IHPI faculty and staff](#) with deep expertise in health, aging, and survey research directs the poll, and over [80 IHPI members](#), more than half of whom are affiliated with U-M's Medical School, have contributed their expertise as poll collaborators.

Since its launch nine years ago, the NPHA has become a well-respected and widely cited source of information for older adults and caregivers, advocates, health care providers, media outlets, policymakers, and other stakeholders who rely on the poll to inform decision-making, planning, and public dialogue about aging and health.

Building off the success of the national poll, IHPI launched the [Michigan Poll on Healthy Aging](#) in May 2024 with support from the Michigan Health Endowment Fund to gather data from older Michiganders and inform policy, planning, and practice across the state.

Beginning in 2025, the National Poll on Healthy Aging collaborated with the Alzheimer's Association on a brain health poll to be released in 2026.

A timely and rich source of data

The NPHA team and IHPI faculty collaborate to develop survey questions around a broad range of health and health care topics. NPHA surveys are administered twice per year to a diverse, nationally representative sample of more than 2,000 U.S. adults age 50 and older from NORC at the University of Chicago's [AmeriSpeak@](#) panel. The Michigan poll includes a diverse, representative sample of over 1,000 Michiganders age 50 and older from across the state.

To date, the poll team has fielded 18 NPHA surveys; [14 waves of data have been made publicly available](#) at no cost through the National Archive of Computerized Data on Aging's (NACDA) Open Aging Repository. This repository is based at the Inter-university Consortium for Political and Social Research (ICPSR), a data collection and curation center within U-M's renowned Institute for Social Research (ISR). There have been more than 2,400 downloads of these datasets by researchers worldwide.

For the Michigan Poll on Healthy Aging, the poll team shares state-level findings, along with comparisons to national data, through [10 online interactive data dashboards](#) with more than 4,000 cumulative views as well as data reports designed to inform journalists, policymakers, and other state leaders.

Effective dissemination of results

The NPHA team has produced [more than 70 national reports](#) and [11 Michigan articles](#) based on poll data covering a wide range of topics. Reports are made publicly available online and distributed widely, shedding light on crucial issues like family caregiving, driving, technology use and health, health care decision-making, loneliness and social isolation, ageism, mental and oral health, aging in place, and more. Michigan poll articles highlight findings

from older adults in Michigan and compare their responses to older adults in the rest of the U.S.

The NPHA team has also created [nearly 25 “poll extras”](#): short, engaging articles that utilize NPHA data to answer timely questions in health and health care. Poll extras are possible because of the depth and richness of poll data and allow the team to be responsive to emerging topics by offering new, relevant findings that go beyond the focus of NPHA reports, such as older adults’ knowledge of palliative and hospice care or intentions about getting vaccinated against flu and COVID-19.

IHPI researchers have used poll data to develop [nearly 50 peer-reviewed academic publications](#), one-third of which had a first author who was a student or trainee, in high-profile journals, including the *Journal of the American Medical Association (JAMA)*, *Annals of Internal Medicine*, *JAMA Network Open*, and the *Journal of the American Geriatrics Society*.

To further amplify the dissemination of poll results, the team has also developed multiple “patient pages” for the [Michigan Medicine Health Lab](#) and for the JAMA Network sites, with actionable information for older adults and their families.

The NPHA team also routinely disseminates poll findings via presentations at national, state, and local events and meetings.

Broad reach with key audiences

NPHA findings have been featured hundreds of times across major media outlets, including *The New York Times*, *US News & World Report*, *CNN*, *NPR*, *Politico*, *The Washington Post*, *HealthDay News*, *Newsweek*, *People*, *Reuters*, *Forbes*, *NBC News*, *Consumer Reports*, *Fortune*, and *USA Today*. NPHA results have also been covered widely in more specialized professional publications such as *CIDRAP News* and *McKnight’s Senior Living*, and in Michigan media outlets like *Detroit Free Press*, *Bridge Michigan*, *WEMU-FM* and *WDIV-TV Detroit*.

In 2025, the poll’s website received over 109,000 views, and press releases issued in 2025 about poll reports, papers, and poll extras garnered a cumulative 117,500 views.

The NPHA team has produced and disseminated [nearly 25 videos](#) including an [overview of the poll](#), a tutorial on [using poll data](#), and a [webinar](#) featuring Michigan experts based on the long-term care poll findings. Collectively, these videos have generated more than 41,000 views on YouTube.

NPHA reports and poll extras reach broad audiences through U-M communications channels, including the daily Michigan Health Lab blog, Michigan Medicine social media, and the U-M Alumni Association Education Gateway, curated for U-M’s 640,000+ alumni and also accessible to the general public.

Since 2023, the NPHA team and the Michigan Medicine Department of Communication have produced twelve broadcast clip packages for local and regional news stations with video segments featuring poll data. These broadcast clip packages have formed the basis for more than 150 documented stories on 16 stations across 13 markets in the Midwest, and several markets in Florida and Texas, reaching more than 5 million people.

Poll evidence informs policymaking

The NPHA has played a pivotal role in informing policies aimed at enhancing the well-being of older adults across the nation. NPHA data have been cited in congressional testimonies in the U.S. House and Senate, in the introduction of federal legislation, and as part of a major policy proposal of a presidential candidate.

The poll team communicates with bipartisan legislative staff at the federal level, ensuring that policymakers have access to the latest evidence to guide decision-making.

Looking to the future

The NPHA has fully established itself as a trusted and valued source of information about the health and aging experiences and perspectives of adults age 50 and older across the country and the state of Michigan. As ongoing and emerging challenges affect the nation’s growing older population and the health systems that care for them, the NPHA provides critical insights from older adults that can advance policy, public health, and health care innovations to support healthy aging and the delivery of age-friendly care. Looking ahead, the National Poll on Healthy Aging is committed to elevating the voices of older adults and expanding its impact in the years to come.

The Institute for Healthcare Policy & Innovation is the nation’s largest university-based community of health services researchers.

Our mission is to foster innovative, interdisciplinary research to inform policies and practices that advance the equity, quality, safety, and affordability of healthcare, and improve health for individuals, families, and communities.

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State Unit on Aging

Statewide Data and Trends



State Unit on Aging (SUA)

- The Bureau of Aging, Community Living, and Supports (ACLS) was created in March 2022 by merging the Medicaid Services Administration Long-Term Care (LTC) Services and Supports programs with the former Aging and Adult Services Agency.
- ACLS Bureau also oversees Older Americans Act and Medicaid (state and federally funded) home and community-based service (HCBS) programs, and some facility-based LTC activities, including the LTC Ombudsman Program.

Bureau of Aging, Community Living, and Supports

HCBS Programs:

- Home Help Program.
- MI Choice Waiver.
- MI Coordinated Health.
- Older Americans Act (OAA) Services.
- Program of All Inclusive Care for the Elderly (PACE).



Profile of Older Michiganders

- In 2024, Michigan's population ages 60+ grew to approximately 2.68 million people, or 26.4% of the state's population.
 - That's up from 1.94 million people in 2010.
- Approximately 13% of Michigan residents – including over 11% of older adults in the state – live in poverty.
- Forty-three percent of Michigan householders age 65 or older live in a married-couple family. Forty-four percent live alone.

Michigan projected ten-year population change from 2025-2035

Age Group	Projected Population 2025	Projected Population 2035	Percent change, 2025-2035
60+	2,734,970	2,979,133	8.9%
65+	2,062,248	2,420,905	17.4%
70+	1,413,179	1,852,035	31.1%
75+	870,710	1,267,584	45.6%
80+	464,647	745,008	60.3%
85+	218,248	358,336	64.2%

Source: 2024 Vintage Population Projections, Net Positive Migration Scenario, Michigan Center for Data and Analytics

Statewide Wait Lists

- Tracked for Home-Delivered Meals and In-Home Supports.
- Length of time on wait list varies.
 - Under 30 days, 30-59 days, 60-179 days, or 180+ days.
- Some participants are underserved.
 - May receive one meal a day but qualify for more than one.
 - May receive 5-10 hours of chore services per week but are eligible for more based on assessed need.

Needs Assessment Themes/ Key Topics

- Access and Affordability of Healthcare Services.
- Caregiver Supports (including respite).
- Information Sharing (across systems and personal networks).
- Safe, Affordable, & Accessible Housing and Transportation.
- Technology/Digital Divide.

Next Steps

- Complete analysis of data.
- Identify goals and objectives.
- Prepare draft plan for public comment.
- Submit draft to federal Administration for Community Living (ACL).
- Obtain Commission on Services to the Aging (CSA) approval.
- Submit final plan to ACL.

Current ACLS Bureau Projects

- **AARP Age Friendly States and Communities Network**
 - Working to improve livability for older adults.
- **Bridging Aging and Disability Networks**
 - Collaboration with MI Developmental Disabilities Council.
- **Housing Services Partnership Accelerator**
 - Promoting efforts to strengthen/expand collaboration.
- **MI Options/No Wrong Door System**
 - Statewide options counseling and Medicare counseling.
 - Medicare Savings Program (MSP).
 - 1-800-803-7174

QUESTIONS?



Contact:

Tammy Lemmer, State Assistant Administrator
Bureau of Aging, Community Living, and Supports

517-230-9707
LemmerT1@michigan.gov





Senior Millage Stakeholder Input

Genesee County Senior Services Task Force

The Task Force requested input from all millage funded providers on unmet senior needs, gaps in services, and underserved senior populations. All millage funded providers were also given an opportunity to present during the March meeting. The information provided is included in this section.

	Speaker	Agency
1	Jean Johnson	Burton Senior Center
2	Seth Neblock	Legal Services of Eastern Michigan
3	Barbara McCallum	Swartz Creek Senior Center
4	Yaushica Aubert	Valley Area Agency on Aging
5	Kelly Jacobs	Forest Township Senior Center
6	Pamela Coleman	Genesee County Community Action Resource Department
7	Greg Matheson	Flushing Area Senior Center
8	Lisa Monk	Alternative Elderly Care
9	Karen Reid	Krapohl Senior Center
10	Brooke Gow	Family Service Agency
11	Dawn Nieman	Binson's Nursing & Staffing Services
15	Bob Nelson	St Luke NEW Life Center
16	Mickey Bauchan	Michigan Community Services, Inc.

Report*	Agency
Bruce Burger	Clio Area Senior Center
Mandy Lupu	Mundy Township Senior and Enrichment Center
Theresa Miracle	Communication Access Cener
Beverly Lewis	Hasselbring Senior Center

*These stakeholders submitted a report, but will not be addressing the Task Force on March 12th

Burton Senior Center

- Needs include social workers and grant writers.

Legal Services of Eastern Michigan

- Needs and gaps include estate planning assistance, guidance through decedent probate issues, and protection from elder abuse.

Swartz Creek Senior Center

- Needs include transportation to and from medical appointments, food and nutrition services beyond GCCARD, social workers or “resource partners”, and staffing at the senior centers.

Valley Area Agency on Aging

- Needs and gaps include major and minor home repairs, transportation, education regarding technology, and virtual programming.

Forest Township Senior Center

- Needs include transportation and funding for programming.

Genesee Community Action Resource Department

- Needs include affordable, safe, and secure housing for seniors and maintenance on aging homes including major and minor home repairs.

Flushing Senior Center

- Needs and gaps include healthcare navigation and social support through social workers.

Alternative Elderly Care

- Needs and gaps include funding that matches the level of need and the ability for seniors to safely remain in their own homes.
- Underserved populations include homebound seniors.

Krapohl Senior Center

- Needs include general “aging in place” funds, transportation, increased capacity for lawn/snow services, affordable housing/home repairs, in home care workers, and meals for homebound seniors.

Family Service Agency

- Needs include access to free or affordable assistive devices for seniors struggling with vision or hearing impairments, funding for free or low-cost guardianship services, and there is a lack of other comprehensive alternative options for medical transportation.
- Gaps include the ability to reach homebound seniors, limited funding, sustainable funding for expanded services in guardianship, and the funding capacity for medical transportation services.
- Underserved needs include affordable or free hearing aids, affordable devices to assist with vision impairments, and guardianship services. Underserved populations include homebound seniors.

Binson’s Nursing and Staffing Services

- Needs include access to services for seniors who have already been identified as requiring assistance but remain unable to receive it due to limited program funding, respite services, and other financial limitations.
- Gaps include the resources available to provide services, current service intensity, preventative assistance and crisis response, and seniors’ desire to remain in their homes and the resources available to support them.
- Underserved populations include seniors who live alone without nearby family, low- and moderate- income seniors, seniors experiencing early cognitive decline/memory impairment, and family caregivers.

St Luke NEW Life Center

- Needs include trained and trustworthy advocates for homebound seniors.
- Gaps include addressing, meeting, and understanding the psychological and social needs of seniors.

Michigan Community Services, Inc

- Needs include services available to “invisible” seniors.
- Underserved populations include seniors who are limited due to physical limitations or dementia and their caregivers.

Clio Area Senior Center

- Needs include socialization, affordable housing, assistance with rental costs, utilities, and taxes, food pantry items, medical care and telehealth visits, “singleness” and coping with the loss of a loved one, individualized transportation, understanding and utilizing technology, education, and social workers.

Mundy Township Senior and Enrichment Center

- Needs include a regular MAPP counselor to assist navigating Medicare and Medicaid.
- Underserved needs include senior center programming fees.
- Gaps include a lack of evening and weekend senior center hours due to a lack of funds for staffing.

Communication Access Center

- Needs and gaps include shortages of interpreters and a lack of consumers willing to pay for interpreting services, communication access in nursing homes, AFC, or rehabilitation centers, and funding for Support Service Persons (SSP) to assist the deafblind population.
- Underserved populations include deaf, hard of hearing, and deafblind individuals.

Hasselbring Senior Center

- Needs include transportation, not enough funding for the volume of seniors served, socialization programs, and a lack of staff to fund development, and a lack of grant writers.



Burton Senior Center

47 Years of Quality Senior Services

Age Confidently...Age Comfortably...Age Creatively...SM

3410 South Grand Traverse Blvd
Burton, MI 48529
(810) 744-0960

March 4, 2026

Gwynneth Coselman, Planning Specialist
Genesee County Metropolitan Planning Commission

RE: Genesee County Senior Task Force Requested Input

I have been the Director of the Burton Senior Center for nearly 29 years. During this time, I have seen many changes in Senior Services in Genesee County. I was on the committee who put together the idea of a Senior Millage and worked to get it on the ballot.

The Senior Millage has made ageing in Genesee County a much better experience than in many other Counties. We work together to provide quality senior programming, information and support to our elder community.

The reason I have requested to speak to the Genesee County Senior Task Force is to clarify the level of cooperation we have developed and nurtured over the years. Senior Centers and service providers have worked closely together for many years – long before the senior millage was passed – and that collaboration has only strengthened since its approval. Our county has many unique qualities and approaches that differ from models used in other areas. Seniors have the freedom to attend any Senior Center, we have a supportive Senior Directors association all working together for the betterment of our community. This is not the norm, but it is the most efficient and effective way to provide services. We have long standing working relationships with area Service Providers. We work cooperatively to bring the best quality of living we can to those we serve.

I am a passionate supporter of Senior Centers! Over the years I have seen the wonders that happen within the space of a Senior Center. I have brought a few testimonials of just a small cross section of our Burton Senior Center participants. I don't want to be misunderstood that a Senior Center is a better or

Genesee County Senior Task Force Requested Input Page Two

lesser contribution to our aging community, however, it is most definitely an equal part. It takes many hands working together to provide the best we can do for our elders. Senior Services, as I am sure you are learning, is complex, multi-layered and a very emotional system.

I am deeply concerned that Senior Centers have not been given the value for which we provide within the community. I would be happy to discuss this further if the committee were interested.

In the original Senior Millage outline we envisioned Social Workers who would have regular hours within the Senior Centers. We are the focal point within the community for seniors. A safe and familiar environment to visit, providing a caring, supportive location to explore answers to complex issues. To have a social worker on site to evaluate with the senior and/or their family, concerns requiring additional time and resources. Subjects such as dementia services, housing matters, financial affairs, prescription medication concerns, navigating short and long term care, to name just a few. It would also be an immense value to have a grant writer to work with us. Grants could bring in more programming without putting additional stress on millage funds.

Senior Centers hold great value to the community and touch many thousands of seniors each year. We work in partnership with our many service providers within the county. Together we make Genesee County a wonderful place to age.

Sincerely,

Jean Johnson, Director
Burton Senior Center



Providing Legal Services to Senior Citizens

Legal Services of Eastern Michigan is dedicated to using legal expertise and advocacy to make positive impacts on the lives of senior citizens in Genesee County.

Unmet Needs

Access to civil legal help is essential for stability, dignity, and long-term security. In our community, too many individuals—particularly older adults and low-income families—face significant unmet needs related to estate planning assistance, guidance through decedent probate issues, and protection from elder abuse. Without proper estate planning, families are left vulnerable to confusion, conflict, and the unintended loss of assets. When a loved one passes away, navigating probate without legal support can delay access to critical resources, create financial hardship, and increase strain on already overburdened local probate courts.

By providing early legal guidance and representation, our services help streamline filings, reduce procedural errors, and alleviate pressure on the court system. Our outreach and educational clinics also strengthen partnerships with local senior centers, driving membership and increasing engagement as older adults seek trusted resources and supportive community connections. At the same time, elder abuse—whether financial, physical, or emotional—often goes unreported and unaddressed, leaving seniors at risk of exploitation and harm. Our services ensure individuals can plan for the future, resolve complex legal matters after a loss, and protect the safety and rights of older adults—strengthening families, promoting justice, and supporting both a more efficient court system and a more connected senior community.





Providing Legal Services to Senior Citizens

We compassionately serve our elder clients with patience, respect and dignity through effective advocacy, counseling and education.

**CASES
WORKED:
1865**

**CLIENTS
ASSISTED:
790**

2025 DATA

ECONOMIC IMPACT

ESTATE PLANNING \$397,500

WILL \$165,000

POWER OF ATTORNEY \$475,500

SERVICES RENDERED \$1,038,000

Absent the support of senior millage funding, 3 out of every 4 clients we currently assist would be ineligible for free legal services.

Amounts shown reflect national average costs for services. Estate Planning = \$1,500; Will = \$500; Power of Attorney = \$500

Senior Services

- Estate Planning
- Housing
- Public Benefits
- Probate
- Elder Abuse & Scams
- Consumer



Contact Us

✉ info@lsem-mi.org

@legalservicesEM

@legalservicesem



The Economic Impact of Civil Legal Aid

The fundamental mission of civil legal aid is to ensure fairness in our legal system by providing access to justice. The economic benefits it generates are substantial and undeniable



For every \$1 invested, civil legal aid returns an average of \$7



Every one of the 50+ studies conducted on the return on investment (ROI) of civil legal aid demonstrates that **legal aid provides a positive ROI** - something rare for publicly funded programs.



1865



790

In 2024, Legal Services of Eastern Michigan worked on 1865 **legal cases for Seniors in Genesee County.**

In 2024, Legal Services of Eastern Michigan **assisted** 790 **senior clients.**

OUTCOMES

Advice/brief service answered client questions **209**

Successfully transferred Property Rights **262**

Obtained a will **330**

Obtained Financial or other POA **938**

The Genesee County Senior Task Force

seniortaskforce@geneseecountymi.gov

Firstly, the Swartz Creek Area Senior Center Staff and Board of Trustees want to thank you for your commitment to better the lives of senior citizens in our county by being a part of this Task Force. Along with wanting to hear our input on what areas we feel are underserved or unmet in our community from the seniors that we serve and information we have gathered working with community partners.

The Swartz Creek Area Senior Center's motto is "Senior's Staying Active & Informed". It's a simple saying, but it represents the services and activities for over 1,000 unduplicated seniors in our community. Our center provides 14 different (free) exercise classes. We host/provide 15+ services including Legal Services of Eastern Michigan, Hearing Screenings, Transportation, Veteran Services, Congregate Meals with GCCARD, Medical Supply Loan Closet, multiple support groups, and more. We exceed our monthly education goal by working with community partners to help seniors learn about topics such as Estate Planning, Hospice/Palliative Care Options, Eating on a Budget, History, Joint Pain Management as examples.

We also provide an abundance of social groups and special events to help encourage senior to senior community, support, and friendships. Such as Card Playing Groups, Crochet/Knitting, Card Making, Board Games, Holiday Dinners, Teas, and more. We feel that our seniors find their sense of belonging, empowerment in knowing, taking charge of their own health, and support in each other when they attend our center.

Our qualifications for input are that we interact with a wide range of seniors at different eras of their lives, and we see the gaps in services that we witness our members struggle with and ways we think the senior centers can help bridge that gap if needed.

Transportation is needed beyond the services provided by our county. MTA services meet the minimum, however we see a gap primarily in transportation to and from medical appointments and procedures. This includes doctors offices in the county, but also when they have specialists they need to meet with in Ann Arbor or Rochester. MTA Your Ride services are the primary resource in Genesee County, however with low staffing and the amount of people they transport we hear stories of late pick ups/drop off, lack of availability on certain days, and the inability to go out of county for medical appointments. There are supplemental resources through other agencies, but they have higher ride fees, stricter requirements, or less availability in days/times.

The Genesee County Senior Task Force

seniortaskforce@geneseecountymi.gov

Our seniors do not feel confident in the transportation services and often rely on friends or family. We feel that our center could help bridge this gap if we had the funding to hire a fulltime bus driver so that we could widen our pickup range outside our school district, schedule more than once a week grocery shopping, and provide individual transportation to the center and doctor's appointments.

Due to cuts in SNAP and the cost of groceries skyrocketing, we are seeing a greater inquiry in Food and Nutrition services in our county. Local food pantries and soup kitchens are more popular than ever. Weekly we receive calls on how to apply for Meals on Wheels or the issue of the Meals on Wheels waitlist being very long. Congregate Meals through GCCARD, which we are fortunate to be meeting the minimums to have, is not as widely accessible since the new minimums being set in place cut it out of centers who have less membership or in more rural areas. Along with that the quality of the meals could be improved, by not only meeting the minimum nutrition guidelines but fitting it specifically to senior's nutritional needs, such as low sodium or diabetic diets. These services could be expanded and improved to better the health of seniors across our county, especially those who do not have the funds or ability to acquire fresh produce or create high quality meals for themselves.

Something that isn't in the clear description of a senior center is that we are used as a resource hub even for seniors who do not personally attend activities here. Daily we receive questions on Medicare/Medicaid, low-income housing, assisted living options, Alzheimer's support services, transportation services, SNAP applications, etc. We do our best to direct them in these circumstances, but we do not always have the wide knowledge or staffing time to sit down with each individual to research their specific needs. To hire or have a team county wide of social workers or trained "resource partners" that could take the time individually to help seniors make those calls, find the resources, apply for services, then the seniors would benefit far greater than calling/visiting each individual provider trying to piece it all together. We are grateful when we can lead someone in the right direction for services, but we aren't trained to help the whole person's needs or what questions to ask to see the full picture.



Senior Millage Stakeholder Comments

The Genesee County Senior Task Force

seniortaskforce@geneseecountymi.gov

We feel that senior centers as a whole have a lot of potential to bridge some of these gaps, for our center we feel the key is more staffing. We have a strong team of 3 (2 full-time and 1 part-time) that staff our center from 8:00 AM to 8:00 PM. With more staffing (additional office assistant, full-time driver, social worker) our current staff and new staff could meet more of the individual needs of our members.

Thank you again for seeking our input and taking our points into consideration. We hope that we can all continue to collaborate as partners to better the lives of the Genesee County seniors. If you have any questions regarding the Swartz Creek Area Senior Center, do not hesitate to reach out to us.

Best regards,

Barbara McCallum

Director

Swartz Creek Area Senior Center

Address

8095 Civic Dr.
Swartz Creek, MI 48473

Phone Number

810-635-4122

Valley Area Agency on Aging

2026 Millage Wait-list information (2/9/2026)

Millage Services	Number on waitlist
Genesee County Millage Case Management	252
Personal Care	201
Chore (homemaking)	205
Home Delivered Meals	214
Respite	45

* Participants can be waiting for multiple services

Service Priorities

Meals

Information & Assistance

Support for Caregivers

Transportation

In-home Services (Personal Care with Homemaking, Respite, Medication Management)

Gaps in Services /Unmet Needs

Major and Minor Home Repairs

Transportation

Education regarding Technology

Virtual Programming

Funding for necessities not typically covered by grant dollars (ex: assistance with supplies and essentials for kinship caregivers, mattresses, hearing aids, co-pays for medical visits, animal/pest removal, fence repair, appliance repair/replacement)



Forest Township Area Senior Center
Otisville, Michigan
(810) 631-3407

Senior Task Force,

March 6, 2026

Please allow me to thank you for taking the time out of your busy schedules to volunteer your time to this important group. I am sure that it is very difficult making decisions that affect the senior population of Genesee County.

I have been asked to write to you concerning unmet needs for seniors, underserved needs for seniors, and gaps in services for seniors in Genesee County. While I will note what I feel is necessary for the unmet needs, underserved and gaps, I would like to say that each of the 16 (now 17) senior centers in Genesee County have separate needs and gaps.

I'd like to give some facts: It is statistically proven that Senior Centers are one of the most widely used services among America's older adults. Older adults who participate in senior center programs experience better psychological well-being across several measures compared to non-participants, including higher levels of health, increased social interaction, and greater life satisfaction.

Our seniors rely on Forest Township Area Senior Center (FTASC) daily. Many seniors have told me that the center has been a life saver. They have a place to go that is nearby where they can see their friends, have lunch, learn new things, and stay active. We talk about aging in place, but seniors don't want to be static they want to age with the goal of doing the things they enjoy until they no longer do them.

The need for transportation beyond our area is great. Many times, transportation companies will not come out to Otisville as it is too far, and they don't have the staff to accommodate. So, we try to compensate for that but sometimes we are unable to help as well because our drivers are volunteers. To be able to get a full-time driver would help us immensely.

This of course leads to the second struggle and that is money. Because we don't have the number of participants that the larger centers have, the budget that FTASC is allotted is about \$60,000 less. Currently 84% of our funding comes from the Genesee County Senior Millage. The other 16% comes from donations and fundraising. We have 5 staff members at FTASC, myself and my part time assistant in the office and a full-time cook and 2 part time assistant cooks. Our center does not own our building; we pay rent and that amount is \$2,250 per month, which comes out to be \$27,000 per year. Between staff costs, taxes, and building costs, 91% of our budget has been used. That doesn't leave much for programming, the purpose of being here. We get by the best we can with the money we have but it really puts a strain on us.

As a final note, I invite any of the members of this committee to come to our senior center to see what we're about. I'd love to have you talk to the seniors as to why they love the center. I'd be happy to speak one on one with you. I am not one to make speeches in front of a lot of people but get me one on one and I will speak most passionately about the seniors here and what they need and want. If I can help just one senior a day, then I have fulfilled my mission.

Thank you for reading this and for the ongoing work to support the senior population of Genesee County. And while I most certainly agree that senior providers are essential partners in navigating the complexities of the senior population, I feel that senior centers are the heart and soul of providing the crucial services that address social, physical and mental needs. We help those who need social interaction through nutrition, fitness, transportation and of course we have volunteering opportunities to help keep purpose in their lives.

Respectfully,

Kelly Jacobs, Executive Director

Forest Township Area Senior Center



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GCCARD Director

Shardae Davis
GCCARD Deputy Director

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Jessica Prewitt
Neighborhood Svcs. Ctr. Mgr.

Kelli Webb
Head Start Manager

Chevon Wilborn
Nutrition Services Manager

Karen Moton
GCCARD Asst. Manager



GENESEE COUNTY
MICHIGAN

The Genesee County Community Action Resource Department (GCCARD) is a department of Genesee County government and the county's, state designated anti-poverty agency. This designation is a requirement to receive the Community Services Block Grant (CSBG).

CSBG is administered by the U.S. Department of Health and Human Services through the Office of Community Services part of the Administration for Children and Families. Established in 1964 as part of the War on Poverty, CSBG provides federal funds to states, territories, and tribes, which then distribute them to local agencies, primarily Community Action Agencies (CAAs) to deliver services that address the causes and conditions of poverty.

This distribution lends way for agencies to develop comprehensive plans to fight its own poverty and support programs they deem advantageous in the fight for their community. We believe one strategy for fighting poverty is to target methods for improving the overall health of the community.

This ideology of fighting poverty aligns with Genesee County's Board of Commissioners "Common Purpose" of "making a positive impact for Genesee County". Our purpose serves as a compass that keep departments focused on the priorities developed by our Board of Commissioners in the commitment to investing time and resources in four focus areas: Community & Economic Growth, Long-Term Financial Stability, Healthy, Livable & Safe Communities and Inclusive, Collaborative Culture.

GCCARD operates with the primary goal of mobilizing and utilizing resources, both public and private, to attack poverty. GCCARD accomplishes this by administering four primary programs within our department. The Head Start/Early Head Start, USDA Supplemental Foods, Neighborhood Services Center (NSC) and our Nutrition Services program.

For this report, we will focus on the Nutrition Services Program which receives partial funding from the Senior Millage.

Since 1973 GCCARD has provided hot, nutritious meals to eligible persons throughout Genesee County. These efforts are funded by the "Older Americans Act", through our local Valley Area Agency on Aging (VAAA) and the Genesee County Senior Millage funds. These programs prevent premature and unnecessary institutionalization of seniors, keeping at-risk seniors living independently and leading self-sufficient lives. Nutrition Services also provides hot nutritious meals to various after school programs and administers the "Meet Up & Eat Up", summer lunch program. Let us highlight the programs that are impacted by our Nutritious Services Program

The Congregate Meals

The program, funded by the Genesee County Millage, gives seniors the opportunity to receive hot nutritious meals while increasing their social experiences. Socialization, through these programs' isolation is reduced, a link to other social and rehabilitative services is offered and provides monthly nutrition education.

Home Delivered Meals

Most affectionately referred to as "Meals on Wheels", this program delivers a hot and cold meal, with milk, to seniors unable to leave their home to attend a congregate site or prepare a meal for themselves. Clients are received via referrals from Valley Area Agency on Aging. Meals are available for up to seven days a week, including vegetarian, diabetic, heart-friendly, renal and liquid supplements.

Kosher Meals

GCCARD subcontracts with the Jewish Community Services to provide specialized Kosher prepared meals. Congregate and other nutrition serves are facilitated at Temple Beth El.

Liquid Nutrition Supplement

Nutritionally at-risk seniors may qualify for liquid supplements to improve their health status through a special screening tool. Assessment requires a written doctors' prescription to receive the dietary supplement to assist seniors in maintaining healthy weight.

After School At-Risk Program

Through the Michigan Department of Education and the United States Department of Agriculture, GCCARD is able to provide hot, nutritious homemade meals to your participating in various after school programming. These meals are accompanied by homework assistance, enrichment activities and organized physical activities.

Meet Up & Eat Up

This program runs mid-June through early September in partnership with the Michigan Department of Education. This program allows for hot nutritious meals during the summer months when kids are out of school and no longer have access to school meals. This is a crucial time in a child's life, because when school ends, hunger does not. Along with meals, children are exposed to activities that range from academics to pure laugh out loud fun to bridge the gap that often occurs when school is dismissed for the summer.

As you can see our department is a crucial contributory tool to the success of the County's focus areas. In the fight to combat poverty, we must continue to pursue and promote "healthy, livable and safe

communities. When the focus is on the health of the community, this in turn promotes community & economic growth. These efforts are not without challenges. In the realm of Human Services, it is a proven fact that there will always be more need than funding to support.

GCCARD recognizes the painstaking undertaking the members of this task force have before them, so I address the shortages, gaps and underserved needs in this manner. With the approximate percentage of seniors in Genesee County being at 19.8%, the Senior Millage Fund and the services it covers should continue to fund the services it currently funds while considering future opportunities.

Affordable housing is a health issue that no city, state or municipality is immune to, and the crisis is not specific to particular age groups. While a lot is being done to combat this shortage, increased attention should be given to affordable, safe and secure housing for seniors. This could be in the form of housing facilities, both independent and assisted.

Also, a lot of participants of our Nutrition Services program live in their homes, I believe attention should be given to the maintenance of these older homes. Seniors in our community are more often than not, on fixed limited incomes so maintenance on an ageing home is not something most can readily afford.

A sagging porch, broken or loose steps, and a tarp on the roof are seen far too often when delivering meals to our recipients. One of our goals is to assist seniors in maintaining their independence, dignity and quality of life through the services we provide. If there were more programs available to assist seniors who are homeowners with major and minor repairs there would be no shortage of work.

This report is not all inclusive, however, I am certain other service providers will provide many alternatives to consider. I will petition careful consideration be taken should programs be thought to need elimination to implement. Our seniors cannot afford it.



March 6, 2026

To: Genesee County Senior Task Force
Genesee County Board of Commissioners
Josh Freeman, Director of Administration
Derrick Bradshaw, Director, Metropolitan Planning Commission

From: Greg Matheson, Executive Director, Flushing Area Senior Center

As a stakeholder and recipient of the senior millage, I appreciate the opportunity to share the unmet needs of seniors in our community. Prior to outlining those needs, it is important to provide some background information on the scope of services currently being provided.

The center currently offers an estimated **50** different events, classes, and programs each month, with approximately **90%** provided at no out-of-pocket cost to participants. These programs play a vital role in supporting the physical health, social engagement, and overall well-being of our membership.

Center statistics for the 2024-25 fiscal year include:

- Number of seniors served (age 60+): **1,888**
- Number of event participations: **25,270**
- Number of hours participated: **79,261.25**
- Number of staff: **3** – (two full-time, one part-time)
- Number of contracted programming instructors: **7**
- Other contracted services: **3** – (one accountant, two cleaners)
- Number of committed volunteers: **40**

The Flushing Area Senior Center operates as a Level 3 Center. During the 2024–2025 fiscal year, the center was eligible to receive reimbursement funding of up to **\$206,330**, provided that several contractual requirements were met including, but not limited to:

- serving a minimum of **1,000** individual seniors within the first six months of the fiscal year.
- providing at least **10** educational programs, **14** health programs, and **10** social services each month.

While the Center successfully served **1,888** seniors during the fiscal year, reimbursement funding was capped at the **1,000**-participant threshold, meaning additional funding was not available to support the operational and programming costs associated with serving the remaining **888** members.

To better understand the needs of both current and future participants, the center conducted an online community survey approximately one year ago. A total of **192** respondents provided feedback regarding what they believe are the greatest unmet needs at the center. Survey results showed strong interest in expanded programming opportunities, including the following:

- **67.4%** requested more exercise and wellness classes
- **53.5%** requested more educational lectures and guest speakers
- **44.9%** requested more arts and crafts classes
- **42.2%** requested more social activities and games
- **41.7%** requested more day trips
- **37.4%** requested more technology and computer skills training
- **33.2%** requested more music and dance classes
- **28.3%** requested more support services

These results clearly demonstrate both strong engagement and growing demand for programs that help older adults remain independent, active and connected in their community.

During this same period, the City of Flushing provided the senior center with additional space following the relocation of the connected library. This expansion created an important opportunity to increase programming and better serve the growing senior population in the community. While the additional space is a tremendous benefit, it also brought with it the responsibility of preparing the area so it could be effectively used for senior activities.

To make the space functional, accessible, and welcoming, several necessary renovations were completed, including improvements to flooring, accessibility, and general infrastructure. To date, these upgrades have cost approximately **\$60,000**, which has been funded directly through the center's general operating fund.

Moving forward, the center will also assume responsibility for the ongoing operational costs associated with the additional space. These expenses are estimated at **\$20,000 annually**, covering increased costs for insurance, utilities, and facility cleaning.

In addition, the center plans to expand programming to better meet the interests and needs of its members. These expanded offerings will include new classes, activities, and educational opportunities, resulting in additional instructional and supply costs estimated at **\$5,000 to \$10,000 annually**.

While the center continues to make every effort to meet the needs of all members, there are additional unmet needs and gaps in services remain, particularly in the areas of healthcare navigation and social support.

Many seniors struggle to understand and access complex healthcare systems, including Medicare, Medicaid, and various supplemental insurance options. Navigating these systems can be confusing and overwhelming. As a result, there is a growing need for personalized, one-on-one benefits counseling at the center to help seniors make informed healthcare decisions and ensure they are able to access the coverage and services available to them.

This need is particularly significant among underserved seniors, who often rely more heavily on public programs such as Medicare and Medicaid and may have fewer resources available to help them navigate complicated insurance systems. Without guidance and support, these individuals face a greater risk of enrolling in plans that do not adequately meet their needs, missing important enrollment deadlines, or going without necessary medical care due to confusion about coverage and costs.

In addition to healthcare navigation, there is a growing need for on-site social work services. Many seniors view our center as a trusted place to seek information and assistance. Having dedicated social work support available would allow the center to better coordinate and collaborate with millage-funded service providers and other local agencies, ensuring that seniors, particularly those without nearby family support are connected to appropriate services and resources.

For underserved seniors, access to on-site social work services is especially important. Older adults who live alone, have limited support networks, or face financial challenges are often more vulnerable to loneliness, isolation, and depression. A social worker at the center could help identify these needs early, provide supportive guidance, and connect individuals to services such as transportation assistance, food programs, healthcare resources, and other community supports.

In closing, The Flushing Area Senior Center is at a critical point where, without additional support, seniors in our community may not receive the direct and local programs and services they deserve to remain independent and engaged.

We continue to face several ongoing challenges, including an increasing reliance on volunteers to sustain daily operations, limited millage funding beyond minimum reimbursement thresholds, and rising operational costs that reduce available resources for programming and staffing.

As these pressures grow, there is also an increasing dependence on our local municipalities to help bridge funding gaps. Addressing these challenges will be essential to ensuring the center can continue meeting the needs of our seniors.

Coselman, Gwynneth

From: Lisa M Monk <lmac111012@gmail.com>
Sent: Monday, March 2, 2026 10:19 AM
To: Coselman, Gwynneth
Subject: Genesee County Senior Needs and Gaps in Services

Warning: Unusual sender <lmac111012@gmail.com>

You don't usually receive emails from this address. Make sure you trust this sender before taking any actions.

Lisa Monk will be speaking on the 12th for Alternative Elderly Care.

To Whom It May Concern,

Alternative Elderly Care has proudly provided services to seniors in Genesee County for over 20 years. Our work includes private duty home health care, our current contract with the Genesee County Senior Millage providing Personal Care and Chore Services, a previous contract delivering intensive case management, participation on boards overseeing the senior community, and volunteer involvement with the Senior Food Box Program.

Throughout the years, we have had the privilege of working alongside fellow millage recipients, including the Sheriff's Department, legal services, meal providers, and transportation agencies. Each recipient plays a vital role in serving a specific segment of our senior population. Collectively, these services form an impressive and necessary network of support.

However, despite these resources, significant gaps remain — particularly for those who are homebound.

The homebound senior population represents the most vulnerable individuals we serve. Many are low-income, socially isolated, and lack basic access to communication tools such as phones, internet, or cable. They are unable to attend public meetings, advocate for themselves, or even fully understand what services may be available to them. These are the individuals who quietly fall through the cracks. When they cannot speak for themselves, we must speak for them.

The greatest need we consistently observe is the ability for seniors to safely remain in their own homes. Aging in place requires more than good intentions — it requires real, hands-on support. This includes housekeeping, personal care assistance, transportation, and in some cases, guardianship services. While many of these services are funded by the Senior Millage, the funding does not always match the level of need.

For example, housekeeping is currently limited to what is defined as “light housekeeping.” In reality, many of the seniors we serve require significantly deeper cleaning assistance due to hoarding situations, physical limitations, or long-term neglect. These circumstances go beyond light maintenance and require time, labor, and compassion that exceed current funding allowances.

It is also critical to recognize that these services are delivered one-on-one. Unlike programs that serve groups, personal care and in-home assistance require individualized attention. The cost of providing one-on-one care is inherently higher. Agencies are often forced into an impossible balancing act: compressing services into

shorter timeframes to stretch limited budgets, potentially compromising quality of care, or absorbing additional costs to ensure seniors receive what they truly need.

There have been multiple years when our agency personally absorbed costs to prevent interruption of essential services. We did so because the alternative was unacceptable.

Can you imagine having to tell a senior that they will not receive assistance with bathing for weeks due to lack of funding? That is not a statement that should ever be made. Yet funding reductions make that scenario a real possibility.

A cut in funding would not be a minor inconvenience. It would be a disaster for the most vulnerable members of our community. It would mean:

- Fewer showers and compromised hygiene
- Reduced access to food and nutrition
- Missed medical appointments
- Increased isolation
- Greater risk of hospitalization or institutional placement

Ultimately, reducing funding for preventative, in-home services will lead to higher long-term costs for the community through emergency interventions and long-term care placements.

In our experience working alongside the Genesee County Office of Senior Services, these service gaps have been acknowledged and efforts have been made to address them. We are grateful for the leadership and collaboration demonstrated. However, addressing gaps requires sustained — and in some areas increased — funding, not reductions.

It is essential that we not only listen to those who are able to attend meetings and advocate publicly, but that we actively consider the needs of those who cannot be present. The homebound, isolated senior population deserves equal consideration, dignity, and care.

There should never be a question about funding when it comes to meeting basic human needs. Food assistance, personal care, transportation to medical appointments, and protection for vulnerable seniors are not luxuries — they are necessities.

In closing, we are deeply grateful to be part of the Senior Millage service provider network and we have full confidence in the Office of Senior Services and their dedication to this community. Our doors and financial records remain open to anyone seeking further information about our services or the realities facing the seniors we serve.

We respectfully urge continued and sustained funding to ensure that no senior in Genesee County is left unseen, unheard, or without essential care.

Sincerely,
Bonnie Kelley
Owner
Alternative Elderly Care

Heart of Senior Citizen Services

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March 6, 2026

TO: Senior Services Task Force

FROM: Karen Reid, Executive Director, Krapohl Senior Center

Thank you for the opportunity to share Krapohl Senior Center's thoughts and concerns on unmet needs, underserved seniors and gaps in services. After speaking with a few of our seniors, we feel that the topics are intertwined. Here are a few of their thoughts.

Not all senior centers are equal. Some have large buildings and can have several programs at a time. Others may only be able to have one or two programs due to space.

The Krapohl Senior Center is one of the smaller centers but provides many services. These include educational programs, health and fitness programs, meals, transportation, social services, SHIP Program, legal services, computer/ phone assistance and of course, a place for social activities. In addition to the formal programs, we assist hundreds of people annually over the phone or who walk in with questions and problems. Out-of-state family members call us about their loved ones needing assistance and referrals for whom they can contact to help. These are just a few of the services we provide.

There will always be unmet needs, underserved seniors, and gaps in service for the aging population. Most of the aging network organizations promote "aging in place" but until there are enough monies, whether that be federal, state or local and enough qualified staff in the agencies/programs, that will not happen.

Transportation is and has always been lagging in services in Genesee County. As more seniors become unable to drive, more programs should be developed and implemented to meet the requests of those that need to go out of Genesee County for medical purposes.

To alleviate transportation wait lists, the agencies that provide transportation and have a wait list could contact a senior center in the person's area to see if they could help. Not all centers have handicapped lifts, but some referrals might work.

Some seniors can't get to their appointments due to snow in their driveways, sidewalks, and front walkways. Their transportation service will not pick them up due to this. Also, since they cannot follow the local ordinances regarding snow removal, they may receive citations/tickets which causes more financial worries. It is the same for lawn care services. People want their lawns mowed so they don't get a ticket and their house looks maintained. The current program can't handle all the calls. The current program at St. Luke's has a long waiting list. When I called for one of the seniors, I was told the person had been on the list for several months. I worked three days on getting a lady's driveway, sidewalk and front walkway shoveled because MTA wouldn't pick her up. She is in a wheelchair. Why not allocate some monies to the centers to spend on these two services for seniors in their service areas?

Affordable housing and home repair support: the cost of repairs is high. No one in Genesee County builds ramps or does home modifications at a reasonable price. Some seniors have been defrauded by the people coming into their homes and no longer trust anyone.

-2-

There are not enough in-home care workers to meet the needs of everyone requesting these services. If we're trying to keep people in their homes longer, then we need more trained and qualified people. Again, seniors may worry about losing independence and find it difficult to trust others with their care.

Meals: Krapohl Senior Center serves lunch every day. Three days a week we cook and the other two are congregate meals. Since the state changed the guidelines, we are getting more people back for congregate meals.

The waiting list for homebound meals could be alleviated if the rules for drivers/delivery methods are changed. I've offered several times to have the food delivered to us and we can deliver it to people in Mt. Morris Township since we have a bus. The food could be delivered with the meals we serve. We assisted during COVID so why not now?

In summary, there will always be unmet needs, underserved seniors and gaps in service. People are living longer and there will never be enough monies to fund programs. Therefore, a goal of local senior providers and senior centers should be to work better together to assist seniors so that they may actually "age in place."

Dear Members of the Senior Millage Task Force,

On behalf of our **Senior Medical Transportation (SMART) Program**, I would like to thank you for your continued investment in the health and independence of seniors in Genesee County. I am writing to provide an overview of this critical wrap-around service and to address the unmet, underserved, and gap needs facing the older adults we serve.

The Senior Medical Transport Program is a comprehensive, door-through-door transportation service provided free of charge to Genesee County seniors. This program is specifically designed for older adults who are home-bound, have mobility limitations, or require physical assistance to safely access medical care.

Unlike traditional curb-to-curb transportation, our program offers true hands-on support:

- Drivers greet seniors at their door.
- We assist them safely out of their homes and into the vehicle.
- We operate wheelchair ramp-accessible vehicles.
- Drivers escort seniors into their medical appointments and remain onsite for the duration of the visit.
- Following the appointment, we can transport seniors to the pharmacy to fill prescriptions or to obtain medically necessary groceries.
- We then return them safely home, directly to their door.

This is not simply transportation; it is a medically supportive, safety-focused service that ensures seniors do not miss critical care due to mobility, frailty, or lack of assistance.

Unmet Needs for Seniors

There are currently no alternative programs in our community that provide this same level of hands-on, door-through-door medical transport support at no cost. While other transportation options may exist, none offer the comprehensive assistance required by frail, home-bound seniors who cannot independently navigate stairs, doorways, medical buildings, or pharmacies.

Underserved Needs for Seniors

Home-bound seniors remain one of the most underserved populations in our county. Without access to this level of support, many are unable to attend medical appointments,



obtain prescriptions, or receive necessary treatment. Missed appointments often lead to worsening health conditions, preventable hospitalizations, and increased healthcare costs. Access to safe and supportive transportation directly impacts health outcomes, medication compliance, and overall stability.

Gaps in Services for Seniors

There is no other service in Genesee County that provides this level of comprehensive medical transportation support. The primary gap is funding capacity.

Currently, we average approximately 110–120 rides per month. However, due to limited funding and staffing, we turn away nearly 100 ride requests each month. This represents seniors who are either delaying care, relying on unsafe alternatives, or missing essential medical appointments entirely.

The need far exceeds our current funding capacity. With expanded and stabilized funding, we could significantly reduce denied rides, expand service hours, and reach more medically vulnerable seniors.

This program preserves independence, prevents avoidable hospitalizations, and ensures dignity for seniors who simply need assistance accessing healthcare. It is a critical link between medical providers and the home-bound older adults who rely on us.

We are deeply grateful for the support of the Senior Millage and remain committed to ensuring that no senior is denied medical care due to a lack of safe transportation.

Respectfully,
Brooke Gow
Executive Director
Family Service Agency of Mid Michigan

Dear Members of the Senior Millage Task Force,

On behalf of our *Senior Millage Guardianship Program*, I would like to thank you for your continued commitment to the seniors of Genesee County. I am writing to provide an overview of our program and to address the questions regarding unmet, underserved, and gap needs impacting vulnerable older adults in our community.

For nearly 15 years, our agency has proudly hosted this program, providing free guardianship services to Genesee County seniors who have a disability that prevents them from safely caring for themselves. As our population continues to age, many of our individuals now being 80 years and older, the complexity and intensity of their needs have increased significantly.

As court-appointed guardians, we are often the only consistent advocate and voice for these seniors. We ensure:

- Safe and stable housing
- Medicaid eligibility and benefit solidification
- Food assistance and basic needs access
- Transportation coordination
- Medical care oversight and appointment management
- Mental health case management coordination

For many, we are their sole protection against exploitation, eviction, medical neglect, and isolation.

Unmet Needs for Seniors

The most pressing unmet need is funding for free or low-cost guardianship services. In Genesee County, nearly all other public guardians are private attorneys who charge between \$100–\$225 per hour. These rates are simply out of reach for the majority of low-income seniors we serve. Without a millage-funded program, many incapacitated seniors would go unrepresented, placing them at serious risk of harm.

There are no other comparable free guardianship programs operating at the scale necessary to meet current demand.

Underserved Needs for Seniors

Access to affordable guardianship services remains significantly underserved. As the senior population grows and ages into advanced frailty (80+), referrals continue to increase. Many of these individuals have no family supports, limited income, and complex medical or cognitive conditions. Without accessible guardianship options, these



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seniors are left in unsafe environments, hospitalized longer than medically necessary, or vulnerable to abuse and exploitation.

Gaps in Services for Seniors

The primary gap is sustainable funding for expanded services. While the Senior Millage provides critical support, it does not cover the full cost of operating this intensive program. Each year, I write multiple supplemental grants and conduct additional fundraising efforts simply to maintain current service levels. This approach is not sustainable long-term, particularly as caseload complexity and demand continue to rise.

Expanded and stabilized funding would allow us to increase capacity to serve additional seniors, reduce wait times for court appointments, provide more intensive oversight for high-risk individuals, and ensure long-term program sustainability.

This program is not simply a service—it is a safeguard. It prevents homelessness, reduces hospital recidivism, protects public benefits, and most importantly, preserves dignity for seniors who cannot advocate for themselves.

We are deeply grateful for the partnership and support of the Senior Millage and remain committed to serving Genesee County's most vulnerable older adults with integrity, compassion, and accountability.

Respectfully,

Brooke Gow
Executive Director
Family Service Agency of Mid Michigan



Dear Members of the Senior Millage Task Force,

On behalf of our Visual and Hearing Impaired Program, I would like to thank you for your continued commitment to seniors in Genesee County. I am writing to provide an overview of this essential program and to address the unmet, underserved, and gap needs affecting older adults living with vision and hearing loss.

This program focuses specifically on the side of hearing and visual impairment that insurance does not cover. For many seniors, hearing aids, assistive devices, amplified telephones, visual alert systems, and adaptive technologies are either partially covered or not covered at all. As a result, older adults are often forced to live in isolation, confusion, and preventable danger. Our program provides a comprehensive social work approach to place supports, technology, and devices directly into the hands of aging seniors. To accomplish this we do the following:

- Provide support groups in senior centers for individuals coping with hearing or vision loss.
- Complete one-on-one assessments in seniors' homes or a place of their choosing.
- Identify, Initiate and monitor referrals to needed community services
- Purchase and provide education on a large variety of adaptive devices.
- Partner with Lions Club to obtain state of the art hearing aids at no or low cost.
- Contract with certified ASL interpreters to enhance access to communication.
- Serve as a pilot site for seniors to trial expensive assistive devices before making a significant financial investment.
- Provide counseling services through a licensed MSW for seniors struggling with the mental health impact of new or progressive disabilities.



Hearing and vision loss are strongly correlated with depression, social isolation, cognitive decline, and increased fall risk. This program addresses both the significant functional challenges and the emotional effects associated with these essential sensory losses.

Unmet Needs for Seniors

The most significant unmet need is access to free or affordable assistive devices that enhance quality of life and drastically reduces barriers for seniors struggling with vision and hearing impairments. Many seniors live on fixed incomes and cannot afford hearing aids, adaptive visual equipment, or communication devices. We are currently the only agency in Genesee County offering this level of coordinated, and wrap-around sensory support for older adults.

Underserved Needs for Seniors

Hearing:

Affordable or free hearing aids remain one of the most underserved needs among older adults. Traditional hearing aids can cost thousands of dollars and are often not fully covered by insurance. Without them, seniors experience communication breakdowns, withdrawal from social activities, and reduced access to medical care due to misunderstanding instructions or diagnoses.

Vision:

Affordable advanced technologies continue to grow as a need for those struggling with severe vision loss or blindness. These devices can cost thousands of dollars and are almost never covered by any health insurance. These technologies are enhanced magnification and other devices with built-in cameras and artificial intelligence to interpret visual information—such as text, faces, and objects—and deliver real-time audio feedback to support greater independence.

Gaps in Services for Seniors

A critical gap exists in reaching home-bound seniors. While we provide in-home assessments and services, limited funding restricts the number of individuals we



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can serve. Many home-bound seniors with sensory impairments remain isolated, without access to support groups, device education, or counseling. Additionally, this program is underfunded through the Senior Millage. To maintain services, we write supplemental grants each year and seek alternative funding sources to meet growing demand. This patchwork funding model limits our ability to expand and sustainably serve all seniors in need. This program restores communication, independence, and dignity. It reduces isolation, enhances safety, and supports mental health for some of our most vulnerable older adults.

We are deeply grateful for the partnership of the Senior Millage and remain committed to ensuring that seniors living with vision and hearing loss are not left behind due to cost barriers or lack of services.

Respectfully,
Sabrina Bouchard, LCSW
Visual and Hearing Impaired Program
Family Service Agency of Mid Michigan





Binson's Nursing & Staffing Services
G4443 Miller Rd., Suite 102
Flint, Michigan 48507

Date: March 3, 2026

To: Genesee County Senior Task Force

Subject: Genesee County Senior Millage- Unmet Needs, Underserved Populations, and Service Gaps Affecting Seniors Receiving In-Home Personal Care & Homemaking Services and Respite Services

Dear Members of the Task Force,

Thank you for the opportunity to provide input on the needs of Genesee County seniors receiving In-Home Personal Care & Homemaking Services and Respite services through Genesee County Senior Millage. These programs play a critical role in helping older adults remain safe in their homes while maintaining independence and dignity. As a provider working directly with seniors and their families, we see both the positive impact these services have and the challenges that arise when demand exceeds available resources.

This document focuses specifically on three areas affecting seniors who rely on in-home personal care and respite programs: unmet needs, underserved populations, and service gaps. Addressing these areas is essential to ensuring that older adults who wish to remain in their homes have the support necessary to do so safely.

Unmet Needs

One of the most significant unmet needs is access to services for seniors who have already been identified as requiring assistance but remain unable to receive it. At present, there is a waitlist of more than 250 seniors seeking in-home personal care & homecare services and/or respite services. These individuals qualify and determine to need assistance. However, due to limited program funding, services cannot be initiated for many of them.

For seniors who are waiting for services, the consequences can be significant. Personal care assistance often supports essential daily activities such as bathing, grooming, dressing, and mobility. Chore services help maintain a safe living environment through tasks such as light housekeeping, laundry, and meal preparation. Without these supports, many seniors attempt to manage physically demanding tasks independently despite declining strength, balance, or endurance.

When assistance is unavailable, seniors may delay bathing to avoid fall risk, reduce meal preparation because cooking becomes difficult, or struggle to maintain household conditions that support safe living. Over time, these situations can lead to declining health, increased fall risk, and preventable hospitalizations.

Respite services also address a critical unmet need. Many seniors receiving these services rely heavily on family members for daily care. Spouses and adult children frequently serve as primary caregivers, often balancing caregiving responsibilities with employment, their own health needs, and other family obligations. Without access to respite services, caregivers may experience significant physical and emotional strain. Providing structured respite support helps sustain caregivers' ability to continue supporting their loved ones at home.

Another important unmet need relates to financial limitations. When publicly funded services cannot provide enough hours of assistance, families sometimes attempt to supplement care privately. However, the cost of private-pay home care is quite costly. For seniors who require multiple hours of support each week, these expenses quickly become difficult to sustain, particularly for those living on fixed retirement incomes.

Underserved Populations

Certain groups of seniors face greater barriers to accessing services and, therefore, remain underserved.

Seniors who live alone without nearby family support are among the most vulnerable. These individuals often rely entirely on formal services for assistance with daily tasks. Without timely access to in-home support, even minor functional limitations can make it difficult to maintain personal care, prepare meals, or manage household responsibilities.

Low- and moderate-income seniors are also disproportionately affected when service availability is limited. Many older adults fall into a category where they do not qualify for certain assistance programs but also cannot afford to privately purchase ongoing in-home care. For these individuals, even a small gap in service availability can create significant challenges.

Seniors experiencing early cognitive decline or memory impairment may also face barriers when services are delayed. Although these individuals may appear physically capable of living independently, they often require assistance with routine tasks, reminders, and structured support to maintain safety and stability at home.

Family caregivers themselves represent another underserved population. While the focus of services is appropriately centered on the senior client, caregivers provide much of the day-to-day assistance that enables seniors to remain at home. When caregivers are unable to access respite services, the sustainability of home-based care can be affected.

Service Gaps

Several service gaps currently affect the ability of in-home personal care and respite services to fully meet community needs.

The most visible gap is the difference between the number of seniors identified as needing services and the resources available to provide those services. A waitlist exceeding 250 individuals indicates that many seniors are waiting for assistance that has already been determined necessary.

Another gap relates to service intensity. In some cases, seniors may receive only limited hours of assistance each week, even when their functional needs may require more consistent support. While

even a small number of service hours can provide meaningful assistance, seniors with multiple health conditions or mobility limitations may benefit from more comprehensive support.

There is also a gap between preventive assistance and crisis response. In-home personal care services and respite programs function most effectively when they provide early support that helps stabilize living situations. When assistance is delayed until a crisis occurs, the likelihood of hospitalization or facility-based-long-term care placement increases.

Finally, there is a gap between seniors' desire to remain in their homes and the resources available to support that goal. Aging in place is consistently identified by seniors as their preferred living arrangement. Maintaining independence in a familiar environment contributes significantly to emotional well-being, stability, and overall quality of life.

Conclusion

In-home personal care services and respite programs are essential components of a system that supports seniors who wish to remain safely in their homes. These services help older adults maintain independence, reduce caregiver strain, and prevent avoidable health complications.

The current waitlist of seniors seeking services highlights the growing demand for assistance among Genesee County's aging population. Addressing unmet needs, ensuring underserved populations have access to services, and closing existing service gaps will strengthen the overall support system available to older adults.

Thank you for your time and for your continued attention to the needs of seniors in Genesee County. We appreciate the opportunity to provide input on these important issues and look forward to ongoing collaboration to support older adults in our community.

Respectfully,

Dawn Nieman
Director of Nursing
Binson's Nursing & Staffing Services
810-733-1185



02/26/2026

Genesee County Senior Services Task Force
CC: Gwynneth Coselman, Planning Specialist
Genesee County Metropolitan Planning Commission

Good afternoon,

As a service provider, receiving funding through the Genesee County Senior Millage, we can provide a frequently requested, and often overlooked service to area seniors. This service, lawn care and snow maintenance, may seem low on the priority list of funding, however, as I have been informed and witnessed, it is the most requested and one of the first signs of seniors in need based on the suite of services provided through the senior millage.

As an adult child of an aging senior in Genesee County, the needs of seniors have been a focus of my daily life and activities for several years, especially due to the conditions I have had to traverse in my mother's care as well as those of my disabled sister. Support services that have been key to them having a reasonable and sustainable quality of life are in-home health care, transportation to and from appointments, social experiences and trustworthy financial services and backing.

It is my understanding that the senior millage can provide support in many of these areas and the service providers are funded according to these needs. One overlooked but imperative piece of these support services is trust. We serve 228 seniors throughout Genesee County during the lawn care season and 138 seniors during the snowy season.

These seniors depend on the quality and consistency of service and with multiple services being provided through the service providers (meals on wheels, rides to wellness, in-home care, advocacy, etc.) depending on the quality and consistency of our services, especially in the winter.

Our service model cannot meet the overwhelming needs of the seniors on our waitlist. We are limited by the staffing and training models that provide opportunities to individuals in our community that may not have them available through traditional means. The employment and self-sustainability models available to most are not readily accessible to the individuals we serve daily. I believe this is the best part of our partnership with Genesee County Senior Services. We can help and support the community in a larger scale due to the

structure of our program and being able to help both our residents and the seniors we serve.

Advocacy comes to mind as an unmet need for area seniors because of the amount of time and effort I have spent with my mother, her health needs and the fact that without me, her health, emotional and psychological well-being, would be at-risk, allowing for her to be taken advantage of and then leaving myself to recover what was lost and repair what was damaged. Having an appropriate, trained and trustworthy advocate is essential to the long-term care and well-being of seniors within our and every community.

If seniors are confined to their homes, the goal of any service provider should be that home is in the best possible condition to be conducive to health, healing and overall life quality of the individual in the home.

Service providers, if they are qualified and trustworthy, are a key to ensuring any potential unmet needs are addressed quickly and effectively.

If there are gaps in services, in my opinion, it would be addressing the psychological and social needs of seniors are met and understood completely. While it sounds great to have bingo nights, congregate meals and the like, some seniors, like my mother, are not particularly interested in those activities. Some seniors may have limited mobility and capacity to travel for those events. For those that are healthy and capable, these experiences are worthwhile. Those that are not able still need those supports and discovering how they can be achieved sounds simple but is not an easy task.

I am hopeful this narrative is supportive of the tasks as hand for all of you. If any further questions or concerns arise, please feel free to contact me using any of the information below. Thank you for your time and efforts to support the senior citizens of Genesee County.

Regards,



St. Luke N.E.W. Life Center
Phone: 810-239-8710 ext. 104
Email: bnelson@stlukenewlifectr.com



Michigan Community Services, Inc.
Serving People with Disabilities since 1982

TO: Members of the Senior Task Force

FROM: Mickey Bauchan, Assistant Director, Michigan Community Services, Inc

DATE: February 19, 2026

SUBJECT: Request for information on Unmet Senior needs, Underserved Seniors and Gaps in Services for Seniors in Genesee County

First off I'd like to thank the members of the task force for serving on this committee. I have watched the last two meetings on the county's YouTube channel and there has been a great deal of information submitted for you to process.

Michigan Community Services has worked with the Office of Senior Services since the beginning of the milage, working with seniors that have Alzheimer's or other forms of dementia. Originally, we provided just the in-home respite. We continued providing that service until this current fiscal year. Approximately 20 years ago there was an immediate need for a provider of the Adult Day Care services and in under a month MCSI was able to pull together and provide that service. Through the RFP process we have continued to provide that service to this day. We have estimated that we've provided one, or both, of those services to nearly 2000 seniors and their care givers.

In regards to the questions you're asking, and at the risk of sounding self-serving, I feel the answers are the "invisible" seniors – the ones that we serve.

The seniors that are limited due to either physical limitations or dementia – and their spouses and caregivers – are the ones that slip through the cracks. The services that reach out to them are often a lifeline and can be the difference between remaining at home or having to go to a long term care facility. Many of the people we serve have a mentality of "until death do us part" and even when the caregiver themselves is at the end of their rope, physically and/or mentally, they want their spouse to remain home. At the risk of their own wellbeing, they want to try to figure out a way to be there for their spouse. Earlier when I said we've served 2000 seniors, you can actually almost double that number. Nearly every senior we have served has a spouse that is receiving the benefit of the service.

Among these invisible seniors are former teachers, shop workers, nurses, and veterans. However, now they are at a point in life where they've often gradually withdrawn from the greater community. Oftentimes the spouse is also invisible, as they've devoted their

remaining time to caring for their husband or wife that has dementia. When the senior with dementia receives an in-home service, or attends the Adult Day Care, it allows the caregiving spouse to go to the grocery store or attend their local senior center for lunch and some socialization. At its most basic function, often it just allows them a moment to breathe.

Unfortunately, these are expensive services. Respite, bathing, personal chores are all services that are provided in a 1:1 ratio in terms of the staffing. The Adult Day Care is typically a 3:1 ratio. That is just staffing and doesn't even include the administrative costs and other overhead. Many other services can be done with much lower staffing levels, and therefore are much cheaper on a per capita basis. Those service can obviously reach a much broader swath of seniors. Unfortunately, many of the other services aren't of assistance to the invisible seniors. Without these services many of the spouses/caregivers of these folks would suffer tremendous burnout and the seniors with dementia would end up living their remaining years in a long term care facility.

These invisible seniors are a very niche group with unique needs.

To: Genesee County Senior Task Force

Clio Area Senior Center exists to enhance the lives of the elder population in our community. We pride ourselves on being “the place where connections are made” and striving daily to meet the needs of our participants. Having recently been asked for my input on the needs for Seniors, I present to you the following reflections on my 10 years as the Director of the Clio Area Senior Center. Although, I doubt that my report will be dissimilar to others that you receive, I will focus on areas of insecurity in socialization, housing, food, medical care, “singleness,” transportation, technology, and education as have been brought to me.

The pandemic taught us that socialization is fundamental to the well-being of senior citizens. Connections are key! Those with adequate social connections are much more able to thrive than those that do not. In spite of our efforts to make connections with everyone at CASC, it’s impossible to do so. When given the opportunity, we direct those who need something extra to other Senior Centers or agencies. When need arises, we develop a plan and expand our programming and invite others to participate. Our areas of programming/socialization include: physical exercise (soft through hard-core), meals, trips, games, and enrichment. In spite of hosting more than 100 programs per year - most occurring multiple times per week, it isn’t enough. Socialization is still a huge need.

Seniors call us thinking that we are a housing complex. They are in need of affordable housing and are frequently disappointed when they learn that we are a drop-in activity Center, not a residence. We do our best to steer them to facilities that have senior rentals – numerous times we are told that they have already called and it is either too expensive or the waiting list is long. CASC has purchased additional property to build a housing complex; however, funding is a major stumbling block for us at this time. In addition to the cost of rent, we frequently get calls to help with utilities or taxes, some so past due that eviction is imminent. We steer these callers to various agencies who have coffers for this type of aid. All things regarding housing are of concern.

We participate in the Commodities program and distribute food monthly to approximately 90 households. We frequently get calls/visits toward the end of the month asking if we have a food pantry and can supply some items. Unfortunately, we do not offer this program; but thankfully, we direct these callers to a few agencies in our area that are open for food distribution throughout the month. Additional food resources are a need.

Medical care is a need that we can’t begin to address. We offer shot clinics in partnership with a local pharmacy and/or the County Health Department and podiatry visits bi-monthly. Pre-Covid, we had a physician who was on-site one half day per month – what a blessing it was. Many of our calls for medical care are asking for a referral to a good doctor that will take them, and more importantly, their insurance. Unfortunately, we don’t have a list. Speaking of medical needs, we have been asked to facilitate “telehealth” visits. We’ve done our best to accommodate these requests and recognize a huge need to help seniors become more familiar/comfortable with their phones/tablets to take advantage of this program on their own. Medical care and resources are a need.

The loss of a life partner is devastating for most everyone. Grief is a real thing and is present in so many seniors. We offer Grief Counseling to help where we can. However, additionally, “singleness” presents a variety of problems that are

generally not anticipated. Traditional “gender roles” appear to be a huge stumbling block – consider the widower who has never written a check or cooked a meal, or the widow who cannot fix a door handle or plugged drain. Some of the most-frequent calls that I get are for handyman services – my list of reliable, affordable, handymen is dwindling. All things related to coping after the loss of a loved one are of need.

We frequently get calls for transportation from home to wherever. We have 2 buses (small and large) and would love to be able to accommodate these requests; however, we don’t have the drivers. We are able to make scheduled trips to the grocery store every Monday with the use of volunteer drivers; but are not able to accommodate a call to take someone to the doctor, church, etc. My people have asked for an MTA shuttle, however, when I’ve pressed them as to where this was to run, they couldn’t tell me – they simply wanted a bus available when they needed/wanted it. Although I can’t specifically point to the need, I do know that transportation is a need for seniors.

Technology will likely stump seniors for the rest of eternity – the newest “update” moves things around and causes angst for even some of the savviest users. Consider those who have a fear of technology. We offer individualized classes for tech help on all types of devices, but are generally behind. Understanding and utilizing technology is a need.

I’ve saved this section to nearly the end for a reason. Education has been my livelihood for more than four decades, and I value its importance to this day. I believe in education and have offered numerous classes at CASC over these past 10 years. However, I recognize that not everyone wants to learn. Kids rebel because someone is making them do it, or possibly because it is hard. Seniors don’t seem to like it, either. I believe they rebel out of a fear of being recognized or labeled. I mentioned telehealth, handyman services, and technology above – most everything can be accomplished when you learn how to do it. Education is a need.

As I was preparing an outline for this report, it dawned on me that the biggest need we have here at CASC (and I dare say all other Centers as well) is for a Social Worker. My Deputy Director, Gary and I do everything that we can to connect people to the right source, but we don’t have the time, or background for counseling and connection that is so often needed when we talk with our people. Having worked with social workers in the schools has given me great appreciation for the work that they do and I can truly see a huge advantage for our community if we were able to provide this. I realize that cost may be prohibitive, but at the least if there was a shared position available, our seniors would benefit. Social work is a need.

It is humbling to know that there is always more that can be done.

Respectfully,



Bruce Burger, Director



Senior Task Force: Senior Needs Mundy Township Senior & Enrichment Center

Mundy Township Senior & Enrichment Center, which operates under the Charter Township of Mundy, opened in June of 2022 as a level 2 senior center. At that time, we had 1 full-time employee and 1 part-time employee. We were open 5 days a week for 40 hours a week. We began implementing level 2 millage contract requirements for programming and services, including health, education, social, and outreach programming and social services. We also became licensed in Serv Safe and food distribution and began offering congregate meals 3 days a week. During our first year, we served 294 unduplicated seniors and 1648 duplicated seniors. We had established:

- A team of 6 volunteers
- A monthly newsletter
- Ongoing painting and crochet classes and a variety of art and craft classes, such as scrapbooking, seasonal decorations, papermaking, and sewing.
- Fitness programs, such as ballroom dancing, belly dancing, balance classes, yoga, Pilates, resistance workouts, stretching classes, tai chi, and Zumba Gold.
- Health-related programming, such as chair massage, journaling, comedy night, Medicare presentations, diabetes information, and nutrition education.
- Additional educational programming included domestic violence awareness, elder abuse presentations, estate planning seminars, funeral planning, self-care, senior scam prevention, and a sleep presentation.
- Social services included hosting COA's Senior Resource Fair and Senior Service's May shredding event and offering battery recycling, blood pressure checks, legal services, tech, and veteran services appointments, coffee hours, and weekly Medicare/Medicaid counseling.

At 930 unique senior visitors this fiscal year, we are now rapidly approaching meeting the criteria of 1000 unique senior visitors to advance to a level 3 senior center. We have grown by 2 more part-time staff members and 20 volunteers. After two moves, we are in our final home location, a newly constructed center, in Mundy Miracle Commons. We have now established the following programming:

- Hosting Senior Service's annual May shredding event
- A partnership with U of M-Flint's School of Nursing, in which the students fulfill their community clinical rotations at our center.
- Collaboration with U of M-Flint on special topics, such as physical therapy and senior technology needs.
- A partnership with Great Lakes Services Vet Center, in which veteran counselors offer support groups and non-medical counseling services up to twice a week at our center.
- The beginnings of a ceramics program (through private grant funds).
- Friday lunches and daily nutritional literature.
- A monthly newsletter and half of a township-wide quarterly newsletter.
- Annual tax preparation services.
- Van transportation to and from our center.
- Monthly and seasonal art and craft classes, such as embroidery, wool felting, painting, sewing, beading, and ornament making.
- Fitness programs, such as resistance workouts, Zumba Gold, belly dancing, cardio drumming, tap dancing, line dancing, balance classes, Wii Bowling, and arthritis exercise.
- Health-related programming, such as meditation, music therapy, diabetes education, dementia education, and nutrition education.
- Social services, such battery recycling (when shipping supplies are available), blood pressure checks, printed area resources, legal services appointments, tech device support appointments, quarterly Mobile Secretary of State appointments, township townhall

gatherings, and local representative coffee hours, a general support group, food donations, a loan library, and the use of a public computer.

- Social programming includes weekly penny bingo, euchre, and miscellaneous games; monthly bingo, birthday celebrations, lunch at a local restaurant, and a hobby hour; and an annual, festive Snow Ball.
- One evening hours special event each month, which often includes programming like a craft or book swap, holiday market, holiday party, karaoke, or Halloween car show.
- Monthly dinner trips, grocery trips, and specialty trips.

Like the other 15 senior centers in the county, our center covers a wide spectrum of senior needs and interests. These programs and services are documented through the use of My SeniorCenter software, and we send monthly activity reports and senior millage reimbursement requests with documentation to the Department of Senior Services. We find that the impact to seniors' physical, mental, and emotional health extends far past what documentation can show, and we are happy to be able to have a place that can support senior health, engagement, growth, friendships, and enrichment.

To better continue these programs and services and expand to cover other gaps and needs, we would like to highlight the following:

One large unmet need for seniors is a regular MAPP counselor to assist in navigating the ins and outs of Medicare and Medicaid, especially during the open enrollment period of October through December. This was once a standard offering in senior centers, but as funding changed, this service ended. We get many requests for assistance in health navigation.

An underserved need is senior center programming fees. As often as possible, we schedule free or sponsored programming in order to keep participation costs down for seniors. This can limit the range of activities we are able to offer. Funds to cover more instructor and special event fees would enable a greater programming offering.

A large gap in services for seniors is the general lack of evening and weekend senior center hours, due to lack of funds for staffing. Seniors who still work or have commitments during weekdays are unable to attend most senior center programming, leaving a significant portion of seniors without access to our programming and services. Due to lack of staff funding, we also depend heavily on volunteers to assist our staff. Most volunteers are seniors themselves, which limits the programming in which they themselves can participate.

Thank you for your time in researching senior needs. We appreciate your investment in this area and look forward to the results of the task force.

Kindly,
Mandy Lupu
Director
Mundy Township Senior & Enrichment Center
1286 W. Hill Rd.
Flint, MI 48507
(810)922-4557



214 E. Main St., Unit 103
Flushing, MI 48433

February 26, 2026

Good afternoon Genesee Task Force,

A large number of Deaf, Hard of Hearing and DeafBlind individuals relocate and reside in Genesee County for many generations, because Michigan School for the Deaf is located in Flint. This special population is underserved, because of lack of communication access being provided to them. This population experiences a shortage of interpreters and lack of consumers willing to pay for interpreting services. The American Disability Act is supposed to enforce this, but unfortunately, this does not happen.

As this population grows older and are in their golden years, additional barriers are obviously present. Deaf, Hard of Hearing and DeafBlind individuals who are not able to live independently and are living in nursing homes, AFC or rehabilitation centers do not have communication access in those facilities. Almost all of the facilities do not provide interpreting services for those individuals which leaves them being isolated and unable to communicate their needs with the staff or care givers. They also do not have access to a video phone which isolates them further and leaving them vulnerable.

The millage has offered this special population funding for interpreters for the Flint Deaf Seniors for their monthly meetings and speakers. This has been a wonder asset for this group of people. The number of DeafBlind individuals are increasing and they are able to attend the meetings with the help of these interpreters.

The DeafBlind individual's needs are not being met. This group of individuals need a Support Service Person (SSP). A SSP will assist them by leading them to the bathroom at events, assist with transportation to the Doctor's office, pharmacy or grocery store. MTA has proven to be a problem for this population, because of communication barriers and not able to see clearly to communicate through texting. A SSP can also assist the DeafBlind to remain living independently. This is a gap in service in our community. Funding is needed for SSP workers.

Thank you for listening to the concerns of the Deaf, Hard of Hearing and DeafBlind seniors of Genesee County.

Thank you,

Theresa Miracle, BSW, MA

Executive Director

Communication Access Center for the Deaf and Hard of Hearing



2111 Flushing Road – Flint, MI 48504
Phone: 810.766.9516 Fax: 810.221.7893
Email: hasselbring1002@gmail.com

TO: Senior Task Force
RE: Senior Needs

I am writing in response to the request for input on senior needs in Genesee County. As the spokesperson for Hasselbring, I would like to state first that I do not agree with many of the complaints that I have heard concerning funding for our Service Providers. In my opinion, the services they provide are crucial in making sure that our senior's needs are met.

Many of the programs we offer are made available through the Service Providers and other community partners (Arthritis Exercise, Drums Alive, Dementia Caregiving Support, Art Therapy, GCCARD Congregate Meals, Support Groups, etc.). Speaking for Hasselbring, there is no way we have the financial capacity or personnel to cover these services, making them very necessary.

Hasselbring's current millage funding falls very short of covering the costs of all of our activities, programs and services. We do not have the luxury of receiving funding or support from our municipality, as many of our county centers have. We also do not add any financial burdens to our seniors by asking them to pay dues or for any classes/programs that are offered. With the plight of our city regarding increasing costs for food, medications, rent and utilities, they are already struggling to cover their basic needs.

Hasselbring's issues do not necessarily look like those of our counterparts. For starters, we serve a higher volume of indigent seniors. We are also not located in or near any senior living facilities to help boost our number of participants. Many seniors face transportation challenges, especially during inclement weather which prevent them from participating in programs offered.

Are there gaps in services? Yes!

- Not enough funding for the volume of seniors served, may need to look at a different way to determine funding, with sacrificing service providing.
- Need to change the image of seniors turning 60 and how view their aging
- Seniors are hibernating (due to weather, transportation, etc.) and need to have more socialization programs to entice participation.
- Provide staff to provide fund development and grant writing
- Decrease director's paperwork to free up more time for senior interactions.

I realize that each of the above-mentioned items requires additional funding. While I would love to have more funding for the seniors utilizing Hasselbring, I'm not comfortable receiving them at the expense of jeopardizing the support of our community service providers and/or community partners.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read 'Beverly Lewis'.

Beverly Lewis, Executive Director

2025-2026 Hasselbring Board of Directors
President-Percy Knapp Vice President-Antwoine Little
Secretary-VACANT Treasurer-Genell Crain-Reeves Sgt. At Arms-Ronnie Russell
JoeAnn Carrigan Faith Timmons

My name is Misty Moen; I am the Director of the Grand Blanc Senior Center. I have been with the Grand Blanc Senior Center since September 2005. Before the senior services millage passed in 2006 many senior centers were on the verge of limiting their programming or closing their doors all together. When municipalities have to make a decision to cut costs, the first thing to be reduced is the “non-essential” services like senior center funding. Once the senior millage passed senior centers could breathe a sigh of relief that some funds would be allocated to keep their doors open and programs and services running. Originally senior centers were to be awarded \$250,000 each. Unfortunately, this did not happen due to a decline in property taxes. Now nearly 20 years later, senior centers are still struggling financially. When the millage passed, there was an understanding that the millage would not generate enough revenue to increase programming offered throughout the county, but it would help already in place agencies like the senior centers from having to reduce services or close their doors.

Increases in funding for senior centers have been extremely limited with more than a 10-year span where senior centers received zero increases and several cuts in funding. Senior Centers were prohibited from giving staff pay increases which made it difficult for senior centers to offer competitive wages to retain employees. For Fiscal Year 2021-2022 senior centers finally received an increase after several senior center directors reached out to their Commissioners asking them to step up and help level the playing field between senior centers and service providers. It was at this time there was discussion with the few Commissioners about why the funding between senior centers and service providers was different, why were they not given the same percentage of the collected millage dollars. It was also brought up that when increases or decreases occur, they should be equal across the slate of providers receiving millage dollars. This would prevent the two sides of the millage from competing against each other over funds. Every agency can share a story about desperation and need for funding, but this is not what should be happening, we are all here to serve the same demographic.

In the last seven years the amount of increases awarded to service providers is shocking, some agencies received over \$100,000 in increases. Level 3 senior centers over the last seven years received two increases (2021-2022 and 2023-2024) combined total \$9,825 and Level 2 senior centers received \$6,568 for the same timeframe.

For the Fiscal Year 2023-2024 the 16 senior centers served a combined total of over 14,000 unduplicated seniors and a duplicated count of over 300,000 all while receiving 32% (\$2,836,589) of the total senior millage budget, whereas service providers served approximately 7,700 seniors with 58% (\$5,158,186) of the total senior millage funding.

There is no one that will dispute services for seniors are needed in our community, however when there is not enough funding to make these services available to all, the frustration the seniors experience when they hear about a program being offered only to be told there is a waitlist or the waitlist is too long and they are not taking any more names.

When asked about having a sliding scale fee and making seniors income qualify for services like Oakland County does, we were informed that this was not an option because the millage language does not state that fees can be charged, yet some service providers like GCCARD request participants donate \$3.00 for Congregate Meals and \$3.50 for Home Delivered Meals all while receiving senior millage funds. Senior Centers are also allowed to charge for transportation, newsletters, and programs. Other counties have found that putting the income qualifier in place and having a sliding scale fee has allowed them to increase services while not taking more funds from their senior millage. I personally know someone that received a free ramp through Disability Network, this individual lives in an almost \$400,000 home and is a retired business owner with plenty of money to purchase a ramp

Senior Center directors are given a dollar amount to budget for with the understanding that additional funds will not be awarded during the fiscal year; however, multiple service providers are awarded additional funds in the middle of a fiscal year.

Senior Centers operate with minimal staff to accommodate the growing senior population. I cannot speak for the other directors, but at the Grand Blanc Senior Center, my staff consists of one full-time employee (myself), one part-time office assistant (29 hours/week), a bus driver (25 hours/week), and a maintenance worker (25 hours/week). Our allotted budget from the Senior Services Millage does not allow all staff to be full-time staff due to the additional costs of benefits. The Grand Blanc Senior Center is extremely busy; most days we average 100 participants through the doors before 12:00pm. We love the fact that our attendance continues to grow, but the need for both office staff to be hands on deck when seniors are checking in or registering for the first time takes time. This causes issues when I am trying to network to add additional programs, generate mandatory reports or attend meetings. We are also unable to have bus service available all day during our business hours Monday-Friday 8:00am-4:00pm. While this service is not always requested outside of our current offering Monday-Friday 8:00am-1:00pm, we do receive requests for transportation to doctors and to programming at the center. However, when looking at an already tight budget, I had to make the difficult decision to reduce the transportation availability because I could not justify taking funds away from utilities or other line items to pay for a staff person not to be utilized to their fullest potential.

Our current unduplicated count is 1,328 and a duplicated count of 15,589 Genesee County residents 60 years of age or older as of March 6, 2026.

Thank you for your time and commitment.



Recommendations & Prioritization Synopsis

Genesee County Senior Services Task Force

The Taskforce approved a form for members to submit potential recommendations in advance of their next meeting. During this meeting members were given time to propose any additional recommendations to the group before moving into a prioritization process. This information is included in this section.

Proposed Recommendation Statement

- 1) WHEREAS, Genesee County is home to a growing population of older adults who rely on accessible, affordable, and high-quality services to maintain independence, dignity, and overall well-being; and
- 2) WHEREAS, many seniors particularly those who are low-income, disabled, isolated, or from historically underserved communities face barriers to accessing essential services such as transportation, healthcare navigation, nutrition programs, and in-home support; and
- 3) WHEREAS, the Genesee County Senior Services Millage serves as a critical funding mechanism to support programs that enhance quality of life, promote health, and prevent unnecessary institutionalization; and
- 4) WHEREAS, there is a continued need to ensure that funding allocations reflect equity, cultural competence, geographic distribution, and responsiveness to the evolving needs of the senior population.

Rationale/Supporting Evidence

1. THEREFORE, BE IT RESOLVED THAT the Genesee County Senior Services Millage Advisory Taskforce recommends:
2. **Increased Investment in Community-Based Services**
Expand funding for programs that allow seniors to age in place safely, including home care, meal delivery, wellness checks, and caregiver support.
3. **Equitable Access and Outreach**
Strengthen targeted outreach efforts to underserved and marginalized senior populations to ensure awareness and access to available services.
4. **Transportation Expansion**
Improve and expand reliable, affordable transportation options for medical appointments, grocery access, and social engagement.
5. **Health and Wellness Prioritization**
Increase support for mental health services, chronic disease management programs, and preventative care initiatives.
6. **Accountability and Transparency**
Implement regular reporting and community feedback mechanisms to ensure millage funds are used effectively and equitably.
7. **Collaboration and Partnerships**
Encourage partnerships between local government, nonprofit organizations, healthcare providers, and community groups to maximize impact and reduce service gaps.

Genesee County's senior population continues to grow, with many individuals facing economic insecurity, health disparities, and social isolation. Research consistently shows that investment in community-based services reduces healthcare costs, delays institutional care, and improves overall quality of life.

- Local data and community feedback indicate:
- Increased demand for in-home support and transportation services
- Gaps in access for rural and underserved communities
- Rising concerns around mental health, isolation, and caregiver burnout
- By prioritizing equitable, preventative, and community-driven solutions, this resolution aligns with best practices in aging services and supports a more just and responsive system for all seniors.



Potential Volume and Risk Assessment

Volume Measure: (estimated volume of individuals impacted by this proposal)

- High Medium Low

This proposal impacts a significant portion of the county's senior population.

Vulnerability Measure: (estimated degree of risk for this population)

- High Medium Low

Many seniors served are at elevated risk due to age, income, health status, and social isolation.

Submitted by: Richard Richardson

Proposed Recommendation Statement

The task force recommends:
The Genesee County Board of Commissioners needs to review and increase the total percentage of senior millage dollars allocated to senior service centers.

Rationale/Supporting Evidence

Since 2010, the sixteen senior centers in Genesee County have received approximately 33.3% of senior millage funds. This level of funding was previously approved by a past Board of Commissioners.

These centers serve the single largest number of seniors who use millage funding for services.

Since 2010, senior centers have faced significant increases in operational costs. However, the current 33.3% allocation of millage funds has not offset these expenses.

Potential Volume and Risk Assessment

Volume Measure: (estimated volume of individuals impacted by this proposal)

High Medium Low

Vulnerability Measure: (estimated degree of risk for this population)

High Medium Low

Submitted by: Richard Richardson

Proposed Recommendation Statement

The task force recommends:

The Genesee County Department of Senior Services will hire a full-time (1 FTE) grant writer. This position will dedicate 1,040 hours each year to securing external funding for senior service programs and 1,040 hours each year to secure external funding for senior service centers.

Rationale/Supporting Evidence

The Genesee County Senior Millage represents a vulnerable funding source for senior services. To meet ever-growing funding needs, the Genesee County Department of Senior Services must secure external funding to maintain current services for our county's elderly population.

Potential Volume and Risk Assessment

Volume Measure: (estimated volume of individuals impacted by this proposal)

High Medium Low

Vulnerability Measure: (estimated degree of risk for this population)

High Medium Low

Submitted by: Richard Richardson

Proposed Recommendation Statement

The task force recommends:

The Genesee County Department of Senior Services will obtain internal and/or external funding to reinstate the ramp construction program for seniors who use medically prescribed assistive devices or wheelchairs to enter or leave their homes. The new ramps will provide secure, yet portable access ramps.

Rationale/Supporting Evidence

For home-bound seniors with limited mobility, the ability to enter and exit their residence is essential for accessing medical care and responding to safety emergencies.

Although this need affects only a small number of individuals, it poses an extremely high risk in the event of home emergencies.

Potential Volume and Risk Assessment

Volume Measure: (estimated volume of individuals impacted by this proposal)

High Medium Low

Vulnerability Measure: (estimated degree of risk for this population)

High Medium Low

Genesee County Senior Services Millage Advisory Taskforce
2025-26 Proposed Non-Binding Recommendations

Submitted by: Kathy Boles

Proposed Recommendation Statement

The Genesee County Commissioners should identify funding priorities for the Genesee County Senior Millage based on a countywide needs assessment.

Rationale/Supporting Evidence

An independent 3rd party entity should conduct a countywide needs assessment on what services are most important to the wellbeing of Genesee County senior citizens. Let the data drive the decision making. Pertinent questions should be the number of seniors needing long term care and services, waiting lists for services, percentage of chronic conditions facing the older adult population, caregivers providing hands-on care and how they can be supported, transportation and housing needs should be addressed. Ultimately, the assessment can help to determine how Senior Centers may be able to contribute to in-home care as well as provide services for more mobile seniors in the community. This may require a revamping of the service delivery model already in place to become more efficient and effective.

Potential Volume and Risk Assessment

Volume Measure: (estimated volume of individuals impacted by this proposal)

High Medium Low

Vulnerability Measure: (estimated degree of risk for this population)

High Medium Low

Genesee County Senior Services Millage Advisory Taskforce
2025-26 Proposed Non-Binding Recommendations

Submitted by: Kathy Boles

Proposed Recommendation Statement	
	<p>The Genesee County Board of Commissioners should establish a permanent Senior Citizen Advisory Committee to make recommendations on how the Senior Millage dollars should be spent, review waiting lists, ensure funding priorities are followed per the Board of Commissioners and from time to time commission a county-wide needs assessment.</p>
Rationale/Supporting Evidence	
	<p>The establishment of a county-wide Senior Citizen Advisory Committee was first established with the original passage of the senior millage. The Committee was dissolved for reasons unknown. The senior citizens of Genesee County should have greater input on how the dollars are spent.</p>
Potential Volume and Risk Assessment	
	<p><i>Volume Measure:</i> (estimated volume of individuals impacted by this proposal) <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low</p>

**Genesee County Senior Services Millage Advisory Taskforce
2025-26 Proposed Non-Binding Recommendations**

(Document Draft #1)

Proposal #: 2026- _____

Submitted by: Russ Perkins

Proposed Recommendation Statement

Solve Problem!

Eliminate waitlist, one person at a time.

By "Creating "Action Teams" for each waitlist type/need.

"Action Team" members are from our Senior services community and the larger community.

additional comments on back page)

Rationale/Supporting Evidence

see attached brainstorming pages

additional comments on back page)

Potential Volume/Potential Risk Assessment

Volume Indicator:

- High Medium-High Medium Medium Low Low

Vulnerability Indicator:

- High Medium-High Medium Medium Low Low

3/28/26

"Senior Brainstorming"

Put together "Action Teams" ... "Problem Specific" to eliminate waitlists ... then as needs arise, use or create teams to fit the need

Teams work from "Home Base" senior centers

- Teams that repair/build
- teams that evaluate needs
- teams that arrange at home care
- teams that arrange transport
- etc

Teams built from "providers" staff

Senior Center staff

Volunteers & Volunteer seniors

Builders staff

HVAC technicians

UAW/GM community

Legal; Health staffs

AmeriCorps ... Vista?

Teams composed of ...

Manager - planner - communicator - checker

experienced "doer" (Local Contractor?)

helper/learner/"apprentice"

3/28/26

More ... Create a "Senior Services Fund" (other page)

- Contract with "Action Teams" ..
"Action Teams" can subcontract
with community contractors!
→ Final Payments withheld until: "senior serviced"
and team leader satisfied.
- "Action Teams" paid at higher rate ...

and senior service receivers ...
give back of their communities and
schools!

3/29/26

Brainstorming: Create a "Senior Services" Fund!
And/or
at each G.C. Senior Center ...

Composed of
a % of Senior Center Money
Donations from Individual's
" From Community Service
groups
" From United Way?
" Community sponsors
" Day of Giving
Grants
Project "Go Fund Me"
AARP

3/29/26

Brainstorming -- Expand the quality and
quantity of food
for Seniors

and help local farmers
and local economy

by Contracting with local county
farmers
gardeners
orchards

For fresh, organic
vegetables
meat
fruits
etc

3/24/26

Brainstorming " Re... Senior Services
Transportation

Possible Partners ?

MTA - "Rides to Wellness" expand ?
"Senior Shopping" Busses " ?
"Your Ride"

AAA - "Car/Tire Problems"
Consumers Energy "Meter Readers"
Meal of Wheels

Doordash
?

USPS delivery "

Fed Ex

UPS

Amazon

UBER - Rides

LYFT

etc

AARP ?

Meetings with the above ...

Re Senior needs "

*

Re Emergency Evacuations !

Re Wellness checking! Power Out ?

3/31/26

Reviewing Waitlists!

4! for Adult Day Care
99! for Home Delivered Meals!
202! " Housekeeping!
201! " Personal Care!
50! " In Home Respite Care!
280! " Lawn and Snow maintenance!
each month 100! " Medical Transport unmet!

Thought ... Why have we divided ourselves ...

Let's work together ...
services and businesses!

MTA

SCSS

Senior Services Fund Balance ~ 2.5 Million

Genesee County Senior Services Millage Advisory Taskforce
 2025-26 Proposed Non-Binding Recommendations
 (Document Draft #1)

Proposal #: 2026- _____

Submitted by: Russ Perkins

Proposed Recommendation Statement

Contract with local
 Farmers
 Gardeners
 Orchards
 etc.
 For fresh, non-GMO, organic
 Meats
 Vegetables and fruits, etc

(additional comments on back page)

Rationale/Supporting Evidence

- see brainstorming pages

(additional comments on back page)

Potential Volume/Potential Risk Assessment

Volume Indicator:

High Medium-High Medium Medium Low Low

Vulnerability Indicator:

High Medium-High Medium Medium Low Low

**Genesee County Senior Services Millage Advisory Taskforce
2025-26 Proposed Non-Binding Recommendations**

(Document Draft #1)

Proposal #: 2026- _____

Submitted by: Russ Perkins

Proposed Recommendation Statement

Establish a "911 like call"
for local "Senior emergencies"
Heating problems
AC "
Water "
Car "
Falls "
etc

additional comments on back page)

Rationale/Supporting Evidence

see attached pages.

additional comments on back page)

Potential Volume/Potential Risk Assessment

Volume Indicator:

High Medium-High Medium Medium Low Low

Vulnerability Indicator:

High Medium-High Medium Medium Low Low

Submitted by: _____ Liza Gulliver _____

Proposed Recommendation Statement

Allocating Additional Funds to Senior Centers with Transportation Resources in Genesee County

To address transportation as a **top unmet need** for seniors in **Genesee County**, it is recommended that the County allocate **additional targeted funds** to senior centers that either currently provide, or are positioned to develop, **transportation services**. Prioritizing investment in senior centers with transportation capacity will help reduce barriers to **medical care, nutritious meals, social engagement, and supportive services** for older adults who lack reliable mobility options.

By directing additional funding to support current vehicle maintenance, fuel, insurance, scheduling, and driver staffing, the County can expand **safe, affordable, and dependable transportation** for seniors in both urban areas and the city of Flint. This focused investment will:

- Improve **access to health care** and preventive services,
- Support **independent living** and aging in place,
- Reduce **social isolation and loneliness**, and
- Advance **equity** for low-income, homebound, and underserved seniors.

We therefore recommend that Genesee County designate additional funding in the upcoming budget cycle specifically for **senior-center-based transportation programs**, using need-based criteria and service capacity to guide allocations. This strategy aligns financial resources with a clearly identified unmet need and will produce measurable improvements in the **health, safety, and quality of life** of Genesee County seniors.

Rationale/Supporting Evidence

The need for additional transportation options emerged as a top unmet need in presentations to the task force from both Senior Centers and other Service Providers. Senior Centers, which function as Service Providers themselves, are uniquely positioned to expand transportation services for older adults. However, many lack the financial resources necessary to grow or enhance these services, despite having the infrastructure, demand, and potential operational capacity to do so.

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Potential Volume and Risk Assessment

Volume Measure: (estimated volume of individuals impacted by this proposal)

XX High Medium Low

Vulnerability Measure: (estimated degree of risk for this population)

High Medium **XX Low**

Submitted by: _____ Sandra Murphy _____

Proposed Recommendation Statement

Fund the Michigan State University Senior Assessment Research Study.

Rationale/Supporting Evidence

While there are other organizations in the County that conduct assessments, there is not one objective comprehensive body of work on which to make data driven decisions. In addition, not all assessments are done at the community level with consumer/community engagement.

Potential Volume and Risk Assessment

Volume Measure: (estimated volume of individuals impacted by this proposal)

X High Medium Low

Vulnerability Measure: (estimated degree of risk for this population)

High Medium Low

Submitted by: _____ Sandra Murphy _____

Proposed Recommendation Statement

Create a Development Department within the County structure to house grant research, writing, and reporting.

Rationale/Supporting Evidence

The need for assistance in the area of grant research and writing is clear with service providers and senior centers but this department/role could benefit a wide range of economic development for the county.

Potential Volume and Risk Assessment

Volume Measure: (estimated volume of individuals impacted by this proposal)

High Medium Low

Vulnerability Measure: (estimated degree of risk for this population)

High Medium Low

Submitted by: _____ Sandra Murphy _____

Proposed Recommendation Statement

Convene a Task Force subcommittee to do a deep dive on transportation; who provides, barriers to consistent, reliable services, funding gaps, etc.

Rationale/Supporting Evidence

The need for transportation assistance was heard from both service providers and senior centers and ranged from consistent pick and drop off to wanting to have vehicles.

It is not clear how this critical part of the senior services infrastructure impacts overall service delivery and outcomes for wellness and might be a portion of the MSU study.

Potential Volume and Risk Assessment

Volume Measure: (estimated volume of individuals impacted by this proposal)

X High Medium Low

Vulnerability Measure: (estimated degree of risk for this population)

High Medium Low

Funding

No funding for new centers within 15 mi of another Center

Increase support for health services

Hire 1 full Time Grant Writer
Create a Development Department for grant research, writing, Reporting

Increase % of Funds for Senior Centers

Additional funds to Senior Centers for transportation

Increase the Millage

Senior center + programs fundraising outside of millage

Hire ~~1~~ Full Time Case Managers For all Senior Centers

Transportation for all service provider clients

Fund the MSU study

Reinstate the Ramp Program

Better ways to deliver transportation services (churches) Collaboration

Process Improvements

Strengthen Outreach to Underserved Populations

Encourage Partnerships to reduce gaps

Improve Marketing + Communications for all senior services

Nutrition

Identify Priorities based on a needs assessment

Implement regular reporting and Community feedback

Establish an advisory Committee

Advisory Committee that includes program recipients

Create Action teams to help eliminate wait lists

Competitive Salaries to retain employees ~~or bonuses for employees~~

Provide bonuses for employees

How sr Centers can get involved in the delivery of services (Brainstorm)

BoC Orientation to sr Services Every 2 years



Future
Programming

Assist/check on
Seniors/provide
contact # for
food, electricity,
heat (emergency)

Expand Programs
for aging in
Place

Establish an
emergency contact
for seniors

Authorize funds
to help seniors
get AAA memberships

Contact local
farmers for
produce

Homemaking
Programs

Senior Services Advisory Task Force Recommendations

JUNE 3, 2026

Task Force Members

District	Commissioner	Task Force Member
1st	Delrico J. Loyd	Helen Walker
2nd	Charles H. Winfrey	Elizabeth Taylor
3rd	Gary L. Goetzinger, Vice Chair	Richard Richardson, PhD, RN, Chair
4th	Dr. Beverly Brown	Kathy Boles
5th	James Avery	Mike Yancho
6th	Shaun Shumaker	Russ Perkins
7th	Martin L. Cousineau	Liza Gulliver
8th	Dale K. Weighill, Chair	Sandra Murphy, Vice Chair
9th	Brian K. Flewelling	Casey Clark

Mission Statement

- To assess the needs of older adults in Genesee County and to make non-binding recommendations to the Board of Commissioners as to programmatic, service, and budgetary priorities for this population
- Recommendations with quantitative and qualitative data will be given no later than June 1, 2026
- Members will present these recommendations no later than July 1, 2026

Data Collection and Timeline

- Millage History and Existing Conditions: To gain a better understanding of the Senior Millage in its entirety, members requested presentations on the Millage by the Director of Senior Services, Lynn Radzilowski. These presentations were conducted during the October 7th and December 4th meetings.
- Existing Plans in Genesee County: Yaushica Aubert, President and CEO of the Valley Area Agency on Aging (VAAA) was invited to review their existing Multi– Year Plan with a focus on existing needs for seniors. This presentation was conducted during the January 8th meeting.
- Senior Needs, Gaps, and Trends: Members heard from the Greater Flint Health Coalition, Michigan’s Poll on Healthy Aging, and the Michigan Department of Health and Human Services who collect and evaluate data on senior needs, gaps, and trends. These presentations were conducted during the February 5th meeting.

Data Collection and Timeline

- Senior Millage Stakeholder Input: Members requested input from all millage funded providers on unmet senior needs, gaps in services, and underserved senior populations. Stakeholders presented during the March 7th meeting.
- Recommendations and Prioritization: Members discussed and approved recommendations based on the information they gathered during this process. Prioritization of recommendations was done during the April 2nd meeting.
- Approval of Draft Report: Members conducted a final discussion on the proposed recommendations and suggested additional changes. A final approval vote was conducted via email.

Overall Recommendation:

The Genesee County Department of Senior Services should be the convener for collaborations with all parties to eliminate waitlists, bridge funding gaps, and provide better overall services to seniors in Genesee County.

High Priority Recommendations (5+)

- Provide funding for the Michigan State University Senior Assessment Research study and establish a study design that considers both able bodied and homebound seniors (9).
- Review and increase the annual millage funds allocated to senior centers (7).
- Increase millage funding and create a marketing plan for the millage. This plan will utilize data from MSU (6).
- Provide funding for case managers for all senior centers to assist with needs (6).

The Task Force recommended moving the following two items to the high priority category per discussion at the May 7th meeting:

- Create a Development Department within the County for grant research, writing, and reporting, and hire grant writers (4).
- Expand programs for homebound seniors including programs such as home care, meal delivery, wellness checks, and caregiver support (0).



Medium Priority Recommendations (4-3)

- Find better ways to deliver transportation services through collaboration between agencies (4).
- Strengthen outreach and marketing for all services to underserved and marginalized populations (4).
- Encourage partnerships between local government, nonprofits, healthcare providers, and community groups to maximize impact and to reduce gaps (3).
- Create action teams that are problem specific to help eliminate waitlists. Create additional teams as new needs arise (3).
- The Genesee County Department of Senior Services will conduct an orientation to Senior Services to the Board of Commissioners every two years (3).

Low Priority Recommendations (2-0)

- Establish a permanent Senior Citizen Advisory Committee that includes program recipients. Periodically commission a county-wide needs assessment (2).
- Provide additional funds to senior centers specifically for transportation programming. Convene a Task Force Subcommittee to do a deep dive on transportation (1).
- Obtain internal and/or external funding to reinstate the ramp program (1).
- Identify funding priorities based on a countywide needs assessment (1).
- Implement regular reporting and community feedback mechanisms to ensure funds are used effectively and equitably (1).
- Brainstorm how senior centers can get better involved in the delivery of services (1).

Low Priority Recommendations (2-0)

- Authorize funds to help seniors set up AAA memberships (0).
- Increase homemaking programs (0).
- Establish a “911-like” hotline for senior emergencies that will provide contact numbers for food, electricity, heat, or other emergencies. Assists seniors and provides wellness checks (0).
- Contract with local farmers, gardeners, orchards, etc. for produce to expand the quality and quantity of food for seniors (0).
- Increase support for mental health services, chronic disease management programs, and preventative care initiatives (0).
- Encourage fundraising for senior centers and other programming outside of the millage. Create a “senior services” fund composed of a percentage of senior center funds and donations from individuals/organizations (0).



Low Priority Recommendations (2-0)

- Provide transportation for all service provider clients (0).
- Provide bonuses and competitive salaries to retain employees (0).

The following recommendation was removed from the list at the May 7th meeting:

- Do not approve millage funding for additional senior centers that are within a 15-mile radius of an existing millage-funded senior center (4).



Genesee County

Staff Report

Genesee County
Administration Building
324 S. Saginaw St.
Flint, MI 48502

File #: 26-373

Agenda Date: 6/3/2026

Agenda #:

Budget Update - Chrystal Simpson, CFO



GENESEE COUNTY

General Fund Forecasting Discussions

Department of Fiscal Services



Key Revenue Assumptions

- **Property Taxes**—↑ Used a conservative 5.28% annual increase based on review of historical trends.
- **Investment Income**—↓ Expected to decrease once ARPA funds are fully spent.
- **Federal Revenue** —↓ Fluctuates and is expected to decrease once ARPA is fully spent.



Key Revenue Assumptions

- **State Shared Revenue – ↑**
 - Allocation of \$13,514,683 for FYE 2026
 - Anticipated allocation of \$14,412,368 for FYE 2027
- Included a conservative 1% increase in revenue for the remainder of the years presented.

"Add a short callout, resident quote, or leadership takeaway here."



Key Revenue Assumptions

- **Remaining Revenue – ↑**
 - Includes charges for services, fines and forfeitures, other intergovernmental, etc.
 - Estimated at 2 to 3% increases from FYE 2027 amount
 - Based on review of historical data and known changes affecting the upcoming FYE 2027 budget

"Add a short callout, resident quote, or leadership takeaway here."



Key Expenditure Assumptions

- Salaries & Fringes – ↑
 - Estimated at 3.81% annually based on prior 3 year's adopted budgets
 - Items that affect annual costs include:
 - Raises
 - Medical Cost fluctuations
 - Hard cap changes
 - Fringes that fluctuate with wages

"Add a strong capability to identify quality leaders"



Key Expenditure Assumptions

- **Department Level Non-Personnel Costs**—↑ Majority of expenditures were estimated to increase 3% annually.
- **Capital Outlay**—↑ Budgeted gradual increase as needs continue to grow.
- **Bond Payments**—↑ Scheduled from amortization schedules
- **Appropriations and Transfers Out**—↑ Expected to increase as other expenses increase.



Key Expenditure Assumptions

- **Pension Contributions**—↑
 - Expected to increase annually until everyone that is eligible has retired.
 - Will then decrease as people drop out of the plan.
- **OPEB Contributions**—↑ Continuing to fund OPEB with a 2% increase each year

"Add a short callout, resident quote, or leadership takeaway here."



Pressure Points

- **Active Healthcare Fund Transfers**—↑ If higher utilization continues in this fund, transfers will be required from General Fund to cover the shortfall.
- **Animal Care Fund Needs**—↑ If fund balance is depleted in this fund, a General Fund transfer will be needed to cover the shortfall.
- **Disposal of Old Administration Building**—↑ Continued costs to take care of the building as well as to dispose of it.



Pressure Points

- **Inmate Healthcare – ↑**
 - Majority is currently funded by health care millage.
 - If not renewed, the cost will shift to General Fund.
- **Volatile Grant Funding – ↑**
 - Possible loss of grant funding that we have had for many years and determining how to fill gaps.
- **Continued Capital Needs – ↑** Proactive vs. reactive approach



Pressure Points

- **Pension Contributions— ↑**
 - People falling out of the plan are offset by growth in cost as employees retire that are charged to grants while working.
 - 2027 estimated amount paid through funds other than General is \$3,485,778.
- **DTR Transfers — ↑** Continue to work with the Treasurer for annual allocations.



Pressure Points

- **Child Care Fund**—↑ As we continue to use fund balance, there may be a need for additional General Fund appropriations
- **OPEB Contributions**—↑
 - Current active employees eligible for OPEB that are charged to funds other than General Fund amount to \$2,368,895.
 - As they retire, we may have to increase our General Fund funding to maintain funds within the OPEB

Trust.




Pressure Points

- **Possible Property Tax Reforms–** ↓
 - Absence of clearly defined guaranteed reimbursement mechanisms for lost revenue.
 - Potential elimination of the residential uncapping tax.
 - Expanding Personal Property Tax exemptions
 - Would eliminate taxes on all equipment, including utility equipment that is not currently exempt under Michigan law.

“A leadership takeaway here.”



Pressure Points

- **Recap of Significant Budget Impact Items –** 
- Additional Pension Contributions from retirements outside of General Fund- \$3,485,778.
- Additional OPEB Contributions from retirements outside of General Fund- \$2,368,895.
- Inmate Healthcare funded from millage-\$5,551,539

"Add a short callout, resident quote, or leadership takeaway here."



Pressure Points

- **Requests Forthcoming to Keep Grant Positions– ↑**
 - 2 Executive Directors of Community Engagement- \$224,018
 - 2 Lieutenants –GHOST/Interdiction Team- \$521,400
 - ARPA Positions - \$811,655 for 1/1/27-9/30/27; \$1,082,205 for full year cost
 - Prosecutor High Crimes Positions - \$3,000,000
 - TOTAL = \$4,557,073 for FYE 2027, Higher thereafter

Questions?

