

Annual Report

Aging & Adult Services Agency



2018

Cover Photo: Older Michigianians Day at the state Capitol on May 16, 2018.

**Michigan Department of Health and Human Services
Aging & Adult Services Agency**

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Mission

To provide statewide leadership, direction, and resources to support Michigan's aging, adult services, and disability networks, with the aim of helping residents live with dignity and purpose.

The Aging & Adult Services Agency is an equal opportunity employer and program provider. This report, required by state law, is developed with federal funds by authority of the Older Americans Act of 1965, as amended. Service data is preliminary and subject to change.

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January 2019

Greetings from the Aging & Adult Services Agency!

Each January, as required by state law, the Aging & Adult Services Agency (AASA) within the Michigan Department of Health and Human Services (MDHHS), shares its many accomplishments, experiences, and successes with the governor, members of the Michigan Legislature, and others interested in an aging society. In this spirit, AASA is pleased to present this annual report on how the state of Michigan helps older and vulnerable adults live independent, dignified, and purposeful lives in their communities.

As I tour the state visiting local aging programs each year, the words “resourceful, dedicated, knowledgeable, and compassionate” are among the many that come to mind. These words characterize the very nature of workers, including volunteers, who serve seniors every day, in every way, in every corner of the state. They are at the heart of the aging network, as it is known, which includes AASA at the state level, 16 regional area agencies on aging, and more than 1,000 local service providers.



*Richard Kline
AASA Senior Deputy Director*

I wish to commend the many people throughout the aging network who contribute in so many meaningful ways – from developing policies impacting a growing older adult population, to offering programs that foster individual autonomy; to challenging ageism; to giving voice to the needs and preferences of those we serve through spirited advocacy. Please know how much your work is valued.

And on behalf of the aging network, I extend well wishes to Governor Gretchen Whitmer on her successful election result, as well as to members of the Michigan Legislature. The 2019-2020 legislative session presents so many public policy opportunities to respond to the pressing needs of older and vulnerable residents, and we stand ready to work with you.

Finally, to the AASA team and members of the Michigan Commission on Services to the Aging and State Advisory Council, you are the best! Your collective expertise, collegiality, and teamwork are to be acknowledged and admired. Thank you for always working in the best interests of older and vulnerable Michigan residents, the ultimate beneficiaries of our work.

With Warm Regards,

A handwritten signature in black ink, appearing to read 'R. Kline', written in a cursive style.

Richard Kline
Senior Deputy Director, Aging & Adult Services Agency

Table of Contents

Introduction.....	2
A Profile of Older Michiganders.....	3
Aging Network Overview and Highlights.....	4
• Aging & Adult Services Agency	
• Commission on Services to the Aging	
• State Advisory Council on Aging	
• Area Agencies on Aging	
Progress, Activities and Accomplishments.....	9
• Goal I – Advocate for, inform, and empower those we serve.	
• Goal II – Help older adults maintain their independence at home and in their community.	
• Goal III – Promote elder and vulnerable adult rights and justice.	
• Goal IV – Conduct responsible quality management and coordination of Michigan’s aging network.	
FY 2018 Budget Appropriation – Aging & Adult Services Agency.....	35
FY 2018 Summary – Area Agencies on Aging.....	36
Rosters.....	37
• Aging & Adult Services Agency	
• Commission on Services to the Aging	
• State Advisory Council on Aging	
• Area Agencies on Aging	

Introduction

This 2018 annual report describes yet another chapter in the 40-plus-year history of how the state of Michigan, through the Aging & Adult Services Agency (AASA), helps Michigan residents live with dignity and independence as they age, in whatever setting they call home. AASA welcomes this opportunity to showcase its work and, in doing so, reflect on accomplishments, build on successes, and examine how best to move forward in serving the interests of older and vulnerable adults.

Readers will find the term “state plan on aging” referenced throughout this document. This is because the Older Michiganians Act (Public Act 180 of 1981) and the Older Americans Act require that AASA develop a comprehensive triennial state plan on aging regarding the priority needs of aging and older persons. AASA is also mandated, under section 400.586(n) of the Older Michiganians Act, to prepare an annual report to be submitted to the governor and Legislature by January 31 of each year that details progress made in implementing the triennial plan.

This report is based on the first of a multi-year, federally-approved state plan on aging developed for fiscal years 2018-2020, and it highlights the many ways in which AASA provides leadership, policy and program direction, and resources to Michigan’s aging network under these four broad goals:

- Goal I - Advocate for, inform, and empower those we serve.
- Goal II - Help older adults maintain their health and independence at home and in the community.
- Goal III - Promote elder and vulnerable adult rights and justice.
- Goal IV - Conduct responsible quality management and coordination of Michigan’s aging network.

Beyond descriptions of progress AASA has made in meeting its state plan obligations, readers will also find interesting facts about older Michigan residents, and information on supports and services available.

We hope this report is helpful in broadening your understanding of aging policies, programs, and services designed to help Michigan’s older and vulnerable citizens adults live independent, dignified, and purposeful lives in their communities.

A Profile of Older Michiganders

Michigan currently has 2,348,241 adults aged 60 years and older, who comprise 23.6 percent of the state's total population.

This population group is projected to increase by 50,000 people each year.

Characteristics of residents aged 60 and older:

- 54.2 percent of the state's older adult population is female, at 1,272,747.
- 354,584 are veterans.
- 25.9 percent are in the state's labor force.
- 82.2 percent own their own home.
- 46.1 percent live with a spouse; 41.1 percent live alone; 10.0 percent live with other relatives; and 2.8 percent live with non-relatives.
- 37.1 percent of all Michigan households have a person aged 60 or older.
- 14.1 percent identify as something other than of white European ancestry. African Americans represent the largest of such groups at 10.5 percent; Asians represent 1.8 percent; American Indians and Alaska Natives comprise 0.4 percent; 0.4 percent identify as some other race; and 1 percent identify as being two or more races. Additionally, 1.8 percent of the older population identify as Hispanic.
- 88.9 percent graduated from high school; 30.3 percent have had some college; and 24.9 percent have a bachelor's degree or higher.
- More than 86,885 are grandparents living in households with their own grandchildren under the age of 18; 25,831 of these grandparents live with grandchildren under age 18 without the child's parent being present.



Mackinac Bridge

Source: U.S. Census, 2017 American Community Survey, 1-Year Estimates

Aging Network Overview and Highlights

Aging & Adult Services Agency

For more than four decades, the Aging & Adult Services Agency (AASA) has served as Michigan's state unit on aging, with the responsibility for managing a statewide network that helps older adults aged 60 and over remain in the community setting they call home. In recent years, responsibility for state policies governing adult protective services has also come under AASA's purview.



South Grand Building in Lansing - Home of the Aging & Adult Services Agency

The statewide network, known as the aging network, includes AASA, the Commission on Services to the Aging, and State Advisory Council at the state level; 16 regional planning and service areas with each supported by an area agency on aging; and more than 1,000 local service providers that offer essential community-based supports and services. The collective aim of the aging network is to help older and vulnerable Michigan residents live dignified, independent, and purposeful lives.

AASA's governing legislation – the federal Older Americans Act, as amended in 2016, and the Older Michiganians Act of 1981 – provides a broad policy and program framework for serving older and vulnerable residents. Under the federal act, each state receives funds for services according to a formula based on its share of the U.S. population aged 60 and older. To that end, with an older adult population of more than 2.3 million, Michigan ranks eighth among the nation's 56 states and territories receiving funding under the Older Americans Act.

Recognizing the unique health, long-term care, and related needs facing our state's older residents, the Michigan Legislature also appropriates state general fund/general purpose funding for aging services. In FY 2018 state funding for aging services increased by \$3.6 million for in-home and nutrition services, specifically. These two services are pivotal for helping older adults remain in their home with independence, providing a community-based alternative to institutionalization as a sole care option.

AASA's FY 2018 budget appropriation (combined federal and state funds) was \$109,650,200. With this appropriation, more than 40 different types of access, in-home, community, caregiver, and nutrition services were provided throughout our state – services vital to the independence, autonomy, and dignity of those receiving them.

Funding for these services is distributed to regional area agencies on aging through an intra-state funding formula that is based on population, poverty, minority, and geographic factors. This formula is reviewed every five years to determine the statewide impact of shifting demographics on funding allocations, and a comprehensive funding formula review took place in FY 2018 (see Commission on Services to the Aging section for details).

As Michigan's aging network has evolved over more than 40 years, one thing is clear – it has never wavered on its commitment to the principle that all people deserve to live their best, most fulfilling lives, regardless of age or disability.

Commission on Services to the Aging

The Commission on Services to the Aging (CSA) is a 15-member bipartisan body that advises the Michigan Legislature and AASA on matters relating to aging policies and programs.

Commission members are appointed by the governor for three-year terms, and membership reflects the distribution and composition of the state's older population. A majority are aged 60 and older, and no more than eight members are from the same political party.



Michigan Commission on Services to the Aging Members

Working in close collaboration with AASA, the CSA approves funds for services statewide; participates in preparation of the multi-year state plan required as a condition of federal funding; determines aging policy; serves as an advocate for older adults in government decisions; holds public hearings across the state; and appoints a 40-member State Advisory Council on Aging to advise state-level decision-making.

In FY 2018 the CSA met monthly as is customary, and public hearings were held following four of these meetings – in Lansing, Munising, Capac, and Alpena – to hear from older adults, caregivers, service providers, volunteers, and others on important issues. Among the issues cited during these hearings were: lack of available transportation; support for volunteer programs; the need for more and adequately trained direct care workers; stresses of caring for family members with dementia; and the ongoing need for additional funding for services.

A major highlight of the CSA's work in FY 2018 focused on enhancing its leadership and advocacy role by developing a comprehensive legislative agenda in support of four major issues:

- Transportation policies that mitigate barriers to meeting the needs and quality of life for older adults;
- Policies and programs designed to create a strong pool of well-qualified, trained, and compensated direct care workers;
- Policies and programs designed to minimize elder abuse, neglect, and exploitation; and
- Policies and programs designed to eliminate waiting lists for home-delivered meals and in-home services.

These issues were selected based on their high level of need and importance to older adults; their broad, statewide scope; the ability to join in partnership with like-minded advocates to make a positive difference; and the expertise of AASA and the CSA in crafting sensible, cost effective legislative policy proposals to address these key areas of need.

Another significant highlight was a comprehensive months-long review of Michigan's current intra-state funding formula – a process facilitated by AASA – to determine how new demographic data may impact funding distribution to area agencies on aging and other AASA grantees. This review included an examination of:

- Demographics and factors used to weight the current formula (i.e. geographic, low-income, minority);
- Factors used by other states (i.e. medically underserved, limited English speaking, disabilities, living alone), and their impact on Michigan's older adult population; and
- Comments received during a 30-day public review period.

Following this review, the CSA unanimously voted to:

- Retain the existing factors.
- Update the formula using the 2016 American Community Survey data.
- Phase-in the impact of population changes on current funding allocations over two years.

State Advisory Council on Aging

The 40-member State Advisory Council is appointed by the Commission on Services to the Aging to represent the needs and interests of local communities and to provide guidance on vital state issues and policies impacting Michigan's older and vulnerable adults.

The council researches important topics assigned by the commission to inform Michigan's older adults, the aging network, and state government. In November 2018, the council issued its annual report entitled 'Volunteerism is Ageless – It Spans a Lifetime' that explores the benefits of volunteering, opportunities available, recruitment techniques, and volunteer retention strategies.

The topic of volunteerism was chosen for two very important reasons. First, experience of the aging network has demonstrated time and again that volunteerism is a "win-win" for both the volunteers themselves, and the communities they serve. Speak with any volunteer, and you'll discover how volunteering provides an overall sense of well-being to those who give of themselves. The emotional, spiritual, and physical benefits all contribute to improved quality of life – helping people stay positive, reinforcing their personal value, and engaging with others.

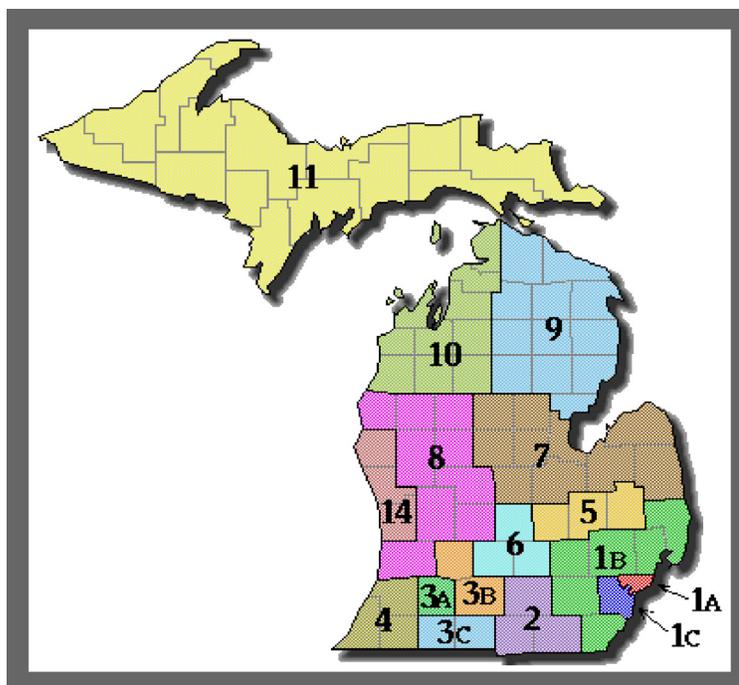
As well, organizations serving older adults rely on volunteers to complement the work they do. Aging network volunteers serve a valuable purpose, from delivering meals to vulnerable citizens at home, to working with at-risk children, to offering caring companionship to those who are isolated, often without family. National research indicates that, on average, the value of just one volunteer to be worth \$23 per hour.



*State Advisory Council on Aging
Members*

Area Agencies on Aging

Michigan's 16 area agencies on aging are regional, non-profit agencies that were created in the early 1970s by federal and state legislation to respond to the needs of older adults in every local community. They work in partnership with more than 1,000 local organizations in every corner of the state to customize programs and services to individual community needs.



Area Agencies on Aging Planning and Service Areas

Each area agency on aging operates a service delivery system that offers a range of community-based supports and services within a designated planning and service area (PSA), and each PSA varies widely in size (see map). Area agencies on aging conduct their work under the governance of a policy board and the guidance of an advisory council.

In their important role within Michigan's aging network, area agencies on aging:

- Develop multi-year plans that outline how local needs will be addressed;
- Contract with a wide variety of local agencies that provide services directly;
- Ensure that services are targeted to those in greatest social and economic need; and
- Ensure public funding is spent in accordance with state and federal policies.

In FY 2018, AASA continued to meet its obligation to provide oversight of area agency on aging operations by:

- Conducting on-site program and fiscal assessments of each agency;
- Working with the CSA on approval of each agency's annual implementation plan;
- Attending all policy board meetings; and
- Providing training, technical assistance, and consultation on all aspects of area agency on aging operations, as needed.

Progress, Activities and Accomplishments

Goal I – Advocate for, inform, and empower those we serve.

One of the most important aspects of the federal Older Americans Act (OAA) is the requirement to advocate on behalf of older Americans. State Units on Aging, like AASA here in Michigan, must advocate on behalf of older adults within state government, including with elected officials, and promote state policies to improve the lives of older adults.



Senior advocates at the Capitol Building

Area agencies on aging are also mandated to advocate for policies that impact older and vulnerable adults residing within their planning and service areas.

The ability to advocate has provided the aging network with an opportunity to inform Michigan's elected officials about public policies necessary to support a growing older adult population.

Legislative Advocacy

In keeping with its advocacy mandate, AASA engaged in these activities in FY 2018:

- AASA presented the governor's proposed budget to the Michigan Legislature during the annual appropriations process, in both the Michigan Senate and Michigan House of Representatives. Older Americans Act programs, how they are funded and how they positively impact the lives of Michigan residents were described. Lawmakers had an opportunity to ask questions, and follow-up information was shared with those who wanted to learn more about what the aging network does every day to serve Michigan's older and vulnerable adult population.
- Legislative proposals impacting older adults were tracked by AASA/MDHHS, and status reports on proposed legislation were provided to the Commission on Services to the Aging, State Advisory Council on Aging, Area Agency on Aging Association of Michigan, and other aging stakeholder groups, as needed.

- To ensure AASA/MDHHS legislative priorities were accurately communicated by others, information was shared, when appropriate, with external stakeholder and advocacy groups that frequently met with federal, state, and local lawmakers. Groups included the Area Agencies on Aging Association of Michigan, Alzheimer’s Association, Michigan Dementia Coalition, Silver Key Coalition, AARP Michigan, Elder Law of Michigan, and Michigan Directors of Services to the Aging. A monthly network electronic newsletter also kept stakeholders informed when legislation was being considered by lawmakers that could impact older adults.
- The combined efforts of Michigan’s aging network led to a \$3.6 million increase in AASA’s state funding for senior services.
- AASA continued as a point of contact for requests from federal, state, and local lawmakers on senior-related issues in their communities and districts.

Older Michiganians Day

AASA participated in the annual 2018 Older Michiganians Day (OMD) celebration held at the State Capitol in May 2018. The events’ advocacy platform included support for in-home services; elder abuse and exploitation prevention; shortage and training of direct care workers; and preserving and protecting the Medicaid MI Choice Waiver program.

All state legislators were invited, and many joined attendees from their districts to discuss the OMD platform.

Senior Citizens of the Year

As part of the OMD event attended by 1,000 senior advocates, two older adults were honored as 2018 Senior Citizens of the Year, a program organized by AASA. Orzhelle Johnson, a Foster Grandparent, works tirelessly to help kids achieve academic and personal success. Cornelius Wilson works to build awareness and promote change so that LGBT older adults may age with dignity and authenticity.

Senior Citizens of the Year are chosen for their exemplary community volunteerism by representatives of AASA, the CSA, SAC, and Consumers Energy, which contributes a monetary award to winners.



Senior Citizen of the Year Award Winners Orzhelle Johnson and Cornelius Wilson with AASA Senior Deputy Director Richard Kline and Commission Chair Dona J. Wishart

Diversity and Inclusion

The aging network strives to serve all residents with dignity, respect, inclusiveness, and sensitivity. To do so requires an understanding of what makes each individual unique, and an awareness of the role diversity plays in meeting an individual's needs and expectations.

To best serve older and vulnerable adults in a person-centered way, it is important to understand that diversity includes many differences – be it race, ethnicity, gender, sexual orientation, gender identity, nationality, religion, ability, age, citizenship, etc. – and to recognize how differences among individuals relate to and influence strategies for service delivery.

The aging network, in its mission to serve those in greatest economic and social need, has a specific federal mandate to serve Michigan's American Indian (AI) elders under Title III of the Older Americans Act, and to establish partnerships with this community. Michigan is home to 12 federally-recognized AI tribes and a sizeable urban non-tribal affiliated AI population in southeast Michigan.

AASA engaged in these diversity-related activities in FY 2018:

- AI elders were served in greater numbers as compared to their proportion of the older adult population. AI elders make up 0.4 percent of the Michigan older population, and 0.6 percent were served by the aging network.

AASA received a grant from the Michigan Health Endowment Fund to provide the Savvy Caregiver program in a culturally-aware format through the Diversity in Dementia Care project. Savvy Caregiver is an evidence-based dementia caregiving education program. Under the project:

- Region 6 Area Agency on Aging reached out to Hispanic caregivers within its planning and service area; and
- The Grand Traverse Band of Ottawa and Chippewa Indians agreed to pilot an AI adaptation of Savvy Caregiver.

The Grand Traverse Band of Ottawa and Chippewa Indians also received a PREVNT grant for community education on elder and vulnerable adult abuse, neglect, and exploitation.

Two tribes participated in the Senior Project FRESH/Market FRESH program through the aging network, receiving 5,000 coupons for purchase of fresh fruits and vegetables from local farmers.

All Older Americans Act Title VI* grantees were invited to a Nutrition Summit hosted by AASA for nutrition service providers statewide. Two AI Title VI providers participated.

Evidence-based disease prevention programs were offered to the AI community in a culturally-aware format. Cultural elements, such as use of talking sticks (to guide conversation) and dream catcher circles (in place of symptom circles) were incorporated into the program.

AASA continued its membership on the MDHHS department-wide committee on Diversity, Equity, and Inclusion that is developing new standards in the areas of leadership; culture and climate; recruiting, hiring, and retention; training and professional development; and service delivery. The master plan on Diversity and Inclusion is now available to all 14,000 department employees, and it is expected that all departmental units will adhere to the principles set forth in each of the five issue areas.

Senior Project FRESH/Market FRESH informational materials are now available in English, Spanish, Chinese (Mandarin), Russian, and Arabic.

AASA and SAGE Metro Detroit began working closely with area agencies on aging in regions 7, 9, 10, and 11 on cultural competency training related to the Lesbian, Gay, Bisexual, Transgender (LGBT) community.

**Federal funds for nutrition and support services are granted directly to tribes under Title VI of the Older Americans Act.*

Goal II – Help older adults maintain their health and independence at home and in the community.

Caregiving

Caregiving for someone unable to care for themselves has often been called “a labor of love.” And this “love” is most often provided to older and vulnerable adults by their family members.

Family caregivers may be relatives, friends, or neighbors who provide support to individuals needing help with activities of daily living because of a physical or mental disability, or another health issue. Family caregivers are the foundation of Michigan’s long-term supports and services system, providing up to 80 percent of care for Michigan’s older adults and those who have a disability.

Caregiving can present significant physical, emotional, and economic challenges under the best of circumstances. Research has shown that caregivers often neglect their own personal needs while caring for others, and experience conflicts in managing competing family and workplace demands. The stresses caused by cognitive changes are felt even more acutely by family members providing care.



Senior volunteer delivering Meals on Wheels in Otsego County

The good news is that programs are available through the aging network to relieve the anxiety and stresses of caring for a loved one, and caregivers provide better care for longer time periods when they avail themselves of such programs.

In FY 2018:

- 6,828 caregivers were supported by 810,817 hours of adult day care, respite care, counseling services, training, and supplemental care through the aging network. As a part of respite care, 207,122 home-delivered meals were served.
- Ten area agencies on aging provided 36 Creating Confident Caregiver®(CCC) programs for 310 caregiver participants, 83 percent of whom attended four or more of six sessions. The CCC® is an evidence-based program for people who care for someone with dementia. It has served nearly 7,000 caregivers in the past 10 years since the program's inception, making it a national leader in dementia intervention for caregivers.
- The CCC® program was the foundation for receiving the Developing Dementia Dexterity (DDD) project funded by the federal Administration for Community Living to develop a dementia capable service system over three years. Area agencies on aging in regions 2, 3-B, 6, 9, 10, and 11 are project partners.

In FY 2018 (year two of the DDD project), area agency on aging partners:

- Held more than 30 training sessions, reaching 428 participants which included 253 staff;
- Assessed dementia knowledge of aging staff; and
- Implemented cognitive screening protocols for service participants, which increased referrals of families engaged in dementia caregiving to appropriate supports.
- The DDD project also developed two evidence-informed refresher sessions for prior CCC® participants, as well as an evidence-informed dementia consultation intervention designed to support family caregivers experiencing stress.

AASA supports the Michigan Dementia Coalition activities, formed and led by the Alzheimer's Association and AARP Michigan.

AASA has an appointed member to the MDHHS Behavioral Health Council, a federally required consumer/advocate council that oversees federal funding for substance abuse and mental health services. AASA is also a member of the MDHHS Mental Health & Aging Conference planning committee.

Care Management and In-Home Services

Care management and in-home services go hand in hand. In-home services help older adults who have difficulty managing daily tasks on their own, and care management offers the means for older adults to get the in-home help they need to live as independently as possible.

Some older adults, for example, have chronic conditions or disabilities that make performing daily activities a challenge. In-home services are available in these types of life situations, and when older adults have little or no support system to help them.

Care management complements in-home services by coordinating all aspects of in-home care the older adult needs. Care managers navigate the healthcare system, help solve problems, and work to remove barriers so people may continue thriving on their own.

This chart lists in-home and care management services offered by the aging network in FY 2018:

Service Type	Clients	Hours/Units
Care Management	3,654	26,461
Case Coordination & Support	10,933	61,685
Chore Services	3,466	52,484
Homemaker	9,873	557,710
Personal Care	4,326	295,275

Community Services

Community services offered by the aging network are key to helping older adults maintain their independence at home and in their community.

These services complement those provided through existing medical and health care systems to, among other things, help prevent hospital readmissions by supporting activities of daily living.

This chart lists community services offered through the aging network in FY 2018:

Service Type	Clients	Units
Assistance to the Hearing Impaired	1,906	4,207
Assistive Devices & Technologies (e.g. PERS)	5,487	14,270
Community Support Navigator	4,902	7,709
Counseling	229	1,295
Crisis Service (I&A)	784	784
Disease Prevention/ Health Promotion	12,599	57,419
Elder Abuse Prevention	11,875	9,123
Friendly Reassurance	2,235	16,050
Gap Filling Services/ Special Needs	81	429
Health Screening	250	750
Home Injury Control	1,531	3,762
Home Repair	135	2,274
Information & Assistance	N/A	100,392
Legal Assistance	10,649	47,130
Medication Management	5,212	21,502
Nutrition Education	45	45
Outreach	N/A	114,952
Senior Center Operations/Staffing	45,016	64,343
Transportation	7,613	143,933
Vision Services	1,560	739

Communities for a Lifetime

Engaging communities in the process of becoming more “aging-friendly” has been a long-standing AASA priority. Through the Communities for a Lifetime (CFL) program, AASA offers technical assistance to a variety of local municipalities, counties, and cities interested in reshaping their vision, public policies, and practices to create more desirable and welcoming living environments for people of all ages, including older adults.

Communities choosing to conduct an aging-friendly community assessment and develop a local CFL action plan may submit their application package to be recognized for “Completing an aging friendly community assessment and commitment for becoming a Community for a Lifetime.”

Plans may include making neighborhoods more walkable, creating a safer environment, ensuring easy access to shopping centers, and promoting a range of recreational, community inclusion, and housing opportunities, for example. With the aging of Michigan’s population, this initiative will become even more critical to ensure our communities are ready to accommodate the needs of an aging population.

In FY 2018, the Michigan communities of Deckerville, Cheboygan, and Brooklyn completed the CFL assessment and planning process and were approved for recognition. Their recognition now makes a total of 29 communities that have received CFL recognition by the Commission on Services to the Aging.

The program is part of a broader national movement to create aging-friendly communities that Michigan has actively participated in since 2007.

Direct Care Workers

There are currently 171,490 direct care workers (DCWs) in Michigan, and it is estimated that an additional 24,000 DCWs will be needed by 2022. The net effect of this shortage is being acutely felt by the aging network. The importance of the role that DCWs have in the LTSS system cannot be overstated as they provide older and vulnerable adults the essential help needed with daily activities.

In recent years, AASA and its partners completed a federal demonstration project to develop and formally evaluate a training program that presents key competencies required to be a successful direct care worker. Called Building Training...Building Quality (BTBQ™), this 77-hour training encompasses 22 3.5-hour modules consistent with nationally required core competencies. Over the past two years, the BTBQ curriculum has been further revised and is now recognized as an evidence-based program.

To build upon this important work, AASA engaged in a new collaborative partnership to develop the Integrated Model for Personal Assistant Research and Training (IMPART), a project sponsored by Michigan State University (MSU) – College of Human Medicine, with funding from the Michigan Health Endowment Fund.

The newly-formed statewide training coalition guiding the IMPART project – of which AASA is a member – met quarterly in FY 2018 to:

- Explore ways to promote the value of the work performed by DCWs;
- Examine potential funding for offering a living wage; and
- Develop various training management strategies, including a web-based portal for all IMPART/BTBQ™ training program data.

In addition to AASA, MSU engaged the Community Services Network, Yale University, Michigan Works!, and an advisory group of area agencies on aging, people receiving long-term supports and services, and home care providers to help guide the project.

There are 23 trainers statewide. Sixty-seven DCWs have been trained, mainly on person-centered thinking and body mechanics.

Gatekeepers of the Year

In FY 2018, the Gatekeeper Program celebrated its 31st year of recognizing a unique partnership between utility companies and the aging network. Through this program, utility company workers, called Gatekeepers, are trained to identify vulnerable older adults in need through work-related consumer contacts, and connect them to community programs for assistance.



Gatekeeper of the Year Dana Pearson with Commission Chair Dona J. Wishart and AASA Senior Deputy Director Richard Kline

Gatekeepers of the Month are selected from monthly nominations submitted by each participating utility company. Gatekeepers of the Year go above and beyond the call to recognize when older people need assistance, and then act on it. They are caring, concerned problem solvers – another set of eyes in the community – who help older adults remain independent at home.

Dana Pearson of Consumers Energy and Robert Servick of DTE are two such people, honored as the 2018 Gatekeepers of the Year by AASA and the Commission on Services to the Aging.

Dana Pearson was recognized for referring an older customer who was without gas service and heat and was struggling with a basement that needed repair and extensive cleanup. Thanks to the insight and intervention of Ms. Pearson, the customer was able to have her heat restored, and she was given referrals for help with basement cleanup and repairs.

Robert Servick was recognized for referring an older customer and neighbor who was unable to live in his home due to a fire and flooding. With the intervention of Mr. Servick, helpful referrals were made. His efforts also extended above and beyond his work at DTE to include helping rid the customer's basement of water so that power could be restored.

Evidence-based Disease Prevention Programs

The term “evidence-based” is used to describe programs that are proven to work, based on scientific research and testing. Evidence-based disease prevention programs offered by the aging network are proven to help older adults learn how to reduce their risk of developing chronic conditions, and how to better manage conditions they already have.

The great benefit of these programs is that they teach older adults to take control of their own health care through the information, motivation, reinforcement of healthy behaviors, and activities they provide. Anecdotally, many participants say they just feel better, and feel empowered to take charge of their own well-being.

Among the popular programs offered are: Chronic Disease Self-Management, known as PATH in Michigan, Diabetes Self-Management (Diabetes PATH), Matter of Balance, Chronic Pain Self-Management, Building Better Caregivers, Arthritis Exercise Program, Arthritis Tai Chi, National Diabetes Prevention Program, Walking with Ease, Powerful Tools for Caregivers, Arthritis Aquatic Exercise Program, Fit for Life, Fit & Strong, EnhanceFitness™, and Cancer: Thriving and Surviving.

The “Matter of Balance” program aimed at preventing falls was especially popular, which is important given that falls are a threat to the health of older adults and can reduce their ability to remain independent. The risk of falling and fall-related problems, such as broken bones, rises with age. More than one in three people aged 65 or older falls each year.

All 16 area agencies on aging sponsor one or more wellness programs within their planning and service areas, in partnership with county councils and commissions on aging, Michigan State University Extension Offices, local health departments, and others.

In FY 2018, more than 6,000 older adults participated in one or more evidence-based disease prevention programs offered by the aging network.

Long-Term Supports and Services Quality Improvement

AASA continues to facilitate a state-level quality improvement process targeting key components of Michigan’s long-term supports and services (LTSS) system.

At the helm of this initiative is the BOLD Council (Building Options for Long-term Supports & Services Decision-Making), established in 2014 as a state-level collaborative interdepartmental body tasked with integrating and streamlining access to LTSS. From the beginning, government partners have included the Medical Services Administration, Michigan Rehabilitation Services, and the Department of Licensing and Regulatory Affairs (LARA).

The BOLD Council identifies opportunities for quality improvement, and with the help of Design and Action Teams trained in continual quality improvement processes, positive changes are recommended, tested, and instituted.

FY 2018 the BOLD Council and 11 Design Teams focused on:

- Redesigning Michigan's Level of Care Determination process;
- Launching a redesigned Nursing Facility Transition program;
- Developing effectiveness measurements for Adult Protective Services; and
- Linking Michigan Rehabilitation Services to adult service workers in the Adult Home Help program to identify clients who may need support to work.

Equally important to this initiative has been observable culture change, demonstrated in these ways:

- Adoption and adherence to Dr. W. Edward Deming's scientific, data driven training, and use of his Plan, Do, Study, Act process improvement model; and
- A CQI-trained corps of 80 engaged and committed people from local service programs and state government working together on Design and Action Teams, using their training to identify problems and improvements.

Cross-pollination between design teams working on different LTSS processes prior to making improvements that may negatively impact other programs:

- Design and Action Team member comfort with questioning and challenging the status quo. Examples: Teams have not taken "no" for an answer from anyone who does not have the power to say "yes;" and they are unafraid of moving up the chain of command to ask for help when experiencing a barrier or set-back;
- Creation of meaningful stakeholder feedback from all levels of the service networks affected by proposed improvements. Relationships are built or redefined in a positive way, and stakeholder feedback is used to refine proposed improvements;
- Piloting improvements before implementation. Pilots start small and then grow and spread so that by the time of statewide implementation, every barrier or issue that can be forecasted has been considered and successful implementation ensured; and
- Weekly support from BOLD Council members and monthly support from the Departments of MDHHS and LARA executive leadership provide encouragement for teams challenging the status quo, provide opportunities to get advice, and remove barriers experienced by teams.
- As Design and Action Team members change jobs, they take this CQI knowledge and practice with them to positively affect their new organizations.

Nutrition Program

The congregate and home-delivered meals programs serve as the hallmark of those offered through the Older Americans Act, and they are the most popular and recognized community-based programs offered by the aging network.

This program, first made available in the late 1960s, continues to address issues of food insecurity, reducing social isolation, and promoting the health and well-being of older adults. We all know that people of all ages greatly benefit from a healthy diet. For older adults, especially, adequate nutrition is necessary for health, functionality, and the ability to remain independent at home.

For older adults, healthy eating can help increase mental acuteness, resistance to illness and disease, energy levels, immune system strength, recuperation speed, and the effectiveness of chronic health problem management.

While there is no “means test” for program participation, nutrition services are targeted to older adults aged 60 and older in greatest social and/or economic need.

Healthy meals are provided in a variety of group settings, such as senior centers, and faith-based settings, as well as in homes of frail older adults. In addition, the program serves as an important link to other supportive services, such as homemaker and home-health aide services, transportation, physical activity programs, chronic disease self-management programs, home repair and modification, and falls prevention programs.

It’s important to note that local governments, philanthropic organizations, private donations, and a volunteer workforce also contribute resources to the program’s sustainability.

A recent national survey of the nutrition program reported that:

- 81 percent of home-delivered meals participants said that meals helped their health improve.
- 92 percent of home-delivered meals and 61 percent of congregate meals participants said that meals helped them to stay in their own homes.
- 86 percent of home-delivered meals participants said that meals helped them live independently.
- 67 percent of home-delivered meals and 40 percent of congregate meals participants take five or more medications.
- 78 percent of home-delivered meals participants have difficulty with walking, preparing meals, or going outside the home.

In Michigan, the most frequently reported activity limitations by home-delivered meal participants were cooking, shopping, doing laundry, using transportation, climbing stairs and walking.

Service Type	Clients	Hours/Units
Home-Delivered Meals (Includes HDM Respite)	52,297	8,194,337
Congregate Meals	51,437	2,096,582

Nutrition standards were revised in accordance with Older American’s Act requirements and USDA Dietary Guidelines for Americans, effective October 1.

A Nutrition Summit for 86 area agencies on aging staff and nutrition service providers was held in August 2018. The program included a review of the new nutrition standards, discussion on older adults and social isolation, and a presentation on new products and methods to address person-centeredness.

Senior Project FRESH/Market FRESH

Senior Project FRESH/Market FRESH provides eligible older adults with unprocessed, Michigan-grown products from authorized farmers markets and roadside stands throughout the state.

People who qualify – those aged 60 and older with household incomes of 185 percent of poverty or less – have direct access to fresh berries, lettuce, tomatoes, onions, beans, honey, herbs and more to help provide nutrients that are essential for healthy aging. A program free to eligible older adults and farmers alike, participants receive a minimum of 10 \$2 coupons to purchase fruits and vegetables from farmers during Michigan’s growing season. Funding from the U.S. Department of Agriculture through the federal Farm Bill reimburses farmers for coupons honored.



Senior Project FRESH sign at farmers market in Livingston County

During the 2018 season:

- More than 20,000 older adults participated throughout all 83 Michigan counties.
- 244 registered markets and 94 roadside stands, representing 2,911 farmers, were enrolled in the program statewide.
- \$500,000 was put back into the Michigan agricultural economy.
- Kent County had the highest number of registered markets and roadside stands, at 20.

Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is a community service, work-based training program for older adults aged 55 and older who are low-income and unemployed. Older adults enrolled in the program have a strong desire to actively engage in the workforce, obtain new skills through work-based learning, stay engaged with others around them, and contribute to their community.

This training program is a bridge to unsubsidized employment opportunities, with the goal of fostering economic self-sufficiency and providing opportunities for meaningful employment that complements a person's abilities and interests. In the last program year, more than half (50.6 percent) of Michigan's 347 enrollees successfully moved on to unsubsidized employment, earning \$8,511, on average.

In FY 2018:

- 72 percent were aged 60 and older;
- 76 percent of participants were female;
- 7 percent were veterans;
- 48 percent were Caucasian, 49 percent African American, 2 percent Hispanic, and 1 percent American Indian;
- 22 percent had a disability;
- 73 percent were receiving public assistance;
- 28 percent had low literacy skills; and
- 72 percent had low employment prospects.

Senior Volunteer Programs

For more than 40 years, the state has invested in the skills, experiences, and talents of our older adult population as a volunteer resource to meet community needs. Michigan's volunteer programs encourage and support older adults to remain involved in community life and service.

In FY 2018, \$4,465,300 in state funding administered by AASA, coupled with federal funding through the Corporation for National and Community Service, enabled 7,696 older adults to participate in Michigan's three older adult volunteer programs – Foster Grandparent Program (FGP), Retired and Senior Volunteer Program (RSVP), and the Senior Companion Program (SCP).

Foster Grandparents

The Foster Grandparent Program was the first of three volunteer programs to receive state funding in 1978 and continues today, providing opportunities for low-income individuals aged 60 and older to mentor and tutor children and youth who need personal attention and assistance in schools, hospitals, juvenile detention facilities, day care centers, community programs, and private homes.

FGP volunteers offer emotional support to child victims of abuse and neglect, and care for premature infants and children with physical disabilities and severe illnesses. Foster Grandparents receive a stipend of \$2.65 per hour, transportation assistance, training, and volunteer insurance.

One thousand, one hundred and ninety-eight Foster Grandparents served 5,436 children and youth with exceptional and special needs in 1,414 different settings available through 388 non-profit organizations in FY 2018.

Retired and Senior Volunteers

Retired and Senior Volunteers provide opportunities for people aged 55 and older to serve their communities, explore new interests, and stay active. Volunteers serve without payment, but receive transportation assistance, volunteer insurance, training, and recognition.

They provide services in such areas as tutoring, literacy, public safety, healthcare, and economic development.

Six thousand and eleven RSVP volunteers provided service to 1,198 non-profit organizations that serve Michigan communities in FY 2018.

Senior Companions

The Senior Companion Program offers low-income men and women aged 60 and older the opportunity to provide individualized care and assistance to older adults and others with developmental disabilities, Alzheimer's disease, mental illness, and/or conditions that make them frail and at-risk.

Senior Companions add richness to the lives of those they serve. They also support other services funded by AASA, such as care management and respite, which allow older adults to remain in their own home. Senior Companions receive similar benefits to those of Foster Grandparents.

Four hundred and eighty-seven Senior Companions served 2,497 adults in 2,092 different settings available through 197 organizations in FY 2018.



Senior Companion volunteer with program participant.

Transportation

AASA participated in a by-invitation-only, newly-launched \$8 million Michigan Mobility Challenge initiative, a collaborative effort under the auspices of the Michigan Department of Transportation (MDOT). Project partners included the PlanetM/Michigan Economic Development Corporation, MDHHS, Michigan Veterans Affairs Agency, Bureau of Services for Blind Persons, and Michigan Department of Civil Rights – Division on Deaf, Deafblind, and Hard of Hearing.

Funding supports innovative pilot transportation projects of varying sizes aimed at solving mobility gaps for seniors, persons with disabilities, and veterans in urban, rural, and suburban communities throughout Michigan.

AASA's role in this project was to:

- Consult on transportation issues facing aging adults and adults with disabilities;
- Participate on the grant review team to evaluate grant proposals; and
- Inform the aging network on the nature and scope of this demonstration project.

There was an overwhelming response to this request for proposals; 43 proposals totaling \$27 million were received. Of those, nine proposals totaling \$3.5 million were funded in the first round, with additional projects to be funded in FY 2019.

Goal III – Promote elder and vulnerable adult rights and justice.

Adult Community Placement

AASA provides program support to Medicaid's Adult Community Placement (ACP) that offers a range of assistance so that individuals may live safely in the least restrictive community-based care setting. Personal activities of daily living (ADLs) and medication (IADL) are offered. The program served approximately 1,800 clients in FY 2018.

Adult Protective Services

All people should be able to live their lives with dignity and respect, free from abuse of any kind. Unfortunately, far too many – an estimated 1 in 10 older adults – are abused, neglected, or exploited in Michigan each year.

AASA is committed to developing policies, training programs, and public information aimed at helping prevent abuse from happening in the first place; protecting people from abusive situations; and supporting people who have experienced abuse to help them recover.

In FY 2018, there were 48,316 referrals made to the Adult Protective Services (APS) program and 28,932 were investigated. Of those who agreed to receive help, 80 percent lowered their risk of abuse.

Education, Training, and Partnerships

In an ongoing state effort to help keep Michigan's vulnerable adults safe and secure, AASA provided training to service providers on how to recognize abuse, who to report it to, what to report, and how to collaborate with community partners to address issues of abuse. To this end, vulnerable abuse awareness presentations took place at the following venues:

- Community Action Association Summer Conference;
- Elder Abuse Has No Borders Conference;
- Michigan Center for Assisted Living Conference;
- Michigan County Social Services Association Conference; and
- A joint conference of the Michigan Directors of Services to the Aging and Michigan Adult Day Services Association.

AASA also worked in collaboration with the Prosecuting Attorneys Association of Michigan, the Code Enforcement Association, and Elder Law of Michigan to educate members of law enforcement, prosecutors, and adult protective services workers. Law enforcement and the legal community play critical roles in protecting vulnerable adults who fall prey to abuse and exploitation, often by their own family members.

AASA's APS reach also extended to two institutions of higher learning. Forensic nursing students at Oakland University received training on recognizing signs of abuse, neglect, and exploitation and where to refer these cases, and resources at the Institute of Gerontology, Wayne State University were tapped to develop a financial exploitation scale.

Michigan Adult Integrated Management System (MiAIMS)

To better monitor the APS program, a web-based program management system completed its first year of implementation. The Michigan Adult Integrated Management System, or MiAIMS, provides for improved referral processes, risk assessments, documentation, and plans of care.

With this new technology:

- Risk factors for effective intervention are now measured through questions posed during a risk assessment; and
- A plan of care is more easily designed that shows individual progress made in each risk area.

Using quality improvement processes, AASA has determined that interventions have resulted in the reduction of risk for clients.

Prevention of Elder Abuse, Exploitation and Neglect

Fiscal year 2018 marked the fourth year of AASA's Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative. This state-funded initiative implements local tools and systems to prevent, detect, and address crimes against vulnerable adults in communities across Michigan.

To this end, nearly \$1 million in funds were awarded to the following organizations for a wide variety of projects:

Area Agency on Aging of Western Michigan

The Area Agency on Aging of Western Michigan ran a pilot program to provide "wrap around" services and assistance for a select targeted population of senior hoarders. The purpose of the pilot was to develop a best practice standard for identifying successful intervention strategies for seniors with hoarding behaviors.

Outcomes: Five seniors participated.

Detroit Area Agency on Aging

The Detroit Area Agency on Aging partnered with the Wayne County Sheriff's Office (WCSO), the Wayne County Department of Health and Human Services – Adult Protective Services, faith-based organizations, and other community partners to develop and implement an 'Elder Abuse Prevention-in-Action' project. This project supported the training and mobilization of community chaplains within the WCSO to build awareness of elder abuse, neglect, and exploitation, and increase reporting of crimes through a network of 70 faith-based organizations.

Outcomes: 669 participants were trained, four public service announcements were created, a tool kit was uploaded to flash drives to distribute to chaplains and other interested parties.

Disability Network Oakland & Macomb

The Disability Network Oakland & Macomb (DNOM) continued to provide mobile outreach to educate target populations about elder and vulnerable adult abuse, neglect, and exploitation.

Outcomes: 924 people participated, a digital resource folder was given to each participant.



2018 annual meeting of PREVNT grantees in Lansing

Grand Traverse Band of Ottawa and Chippewa Indians

The Grand Traverse Band of Ottawa and Chippewa Indians educated the American Indian community about elder and vulnerable adult abuse, neglect, and exploitation through a series of trainings, meetings, and other outreach activities throughout its six-county service area.

Outcomes: 210 participants were trained, "Gifts from the Creator" DVD was produced, staff attended the National Aging Protective Services Conference.

Grand Traverse County Prosecuting Attorney's Office

The Grand Traverse County Prosecuting Attorney's Office provided trainings and support to six targeted groups that are often involved with cases of elder abuse crimes. Groups included adult protective services/law enforcement, financial institutions, attorneys/estate planners, aging network service providers, medical professionals, and the public.

Outcomes: Seven trainings were held for 81 people.

Great Lakes Legal, Inc.

Great Lakes Legal, Inc. continued to expand efforts to support elder mediation services for family conflicts that are not well-suited for the courts.

Outcomes: There were 1,841 participants and a public service announcement and toolkit were developed.

Institute of Gerontology at Wayne State University

The Institute of Gerontology – Wayne State University continued its work on a financial exploitation educational and prevention program. A fully enhanced website was implemented (www.olderadultnestegg.com) with the goal of it being the predominant financial decision making/exploitation/capacity assessment website in the country.

Outcomes: 240 participants received training, three financial instruments were developed that provide e-learning and certification.

Kalamazoo County Health and Community Services Department/Region 3-A Area Agency on Aging

Region 3-A Area Agency on Aging continued its work with the Kalamazoo County Elder Abuse Prevention Coalition to create multidisciplinary and specialty teams to support elder abuse investigations.

Outcomes: There were 291 participants, the Elder Death Review Teams continued, toolkits were developed.

Michigan State University

Michigan State University developed and tested a model to advance the understanding of abuse and neglect of older adults with dementia or cognitive impairment, and to create an integrated prevention program derived from stress coping theory.

Outcomes: Assessment tools were developed, trainings were evaluated.

Northeast Michigan Community Services Agency/Region 9 Area Agency on Aging
The Northeast Michigan Community Services Agency/Region 9 Area Agency on Aging (NEMCSA) expanded its Campaign of Respect and Empathy (CORE) statewide by partnering with the State Long-Term Care Ombudsman program. This effort aims to decrease bullying behavior and increase empathy by training staff of councils/commissions on aging, adult foster care facilities, and homes for the aged. Outcomes: 135 participants were trained, training manuals and USB with supporting videos and documents were produced.

Prosecuting Attorneys Association of Michigan
The Prosecuting Attorneys Association of Michigan (PAAM) conducted statewide trainings for financial services employees and local law enforcement to prevent, identify, and respond to vulnerable adult financial abuse. Outcome: 348 participants were trained.

Tri-County Office on Aging
The Tri-County Office on Aging launched its "Abuse Later in Life" (ALL) project to enhance and strengthen the awareness, prevention and response to elder abuse in Ingham County, with a special focus on minority communities and the LGBT community. Outcome: 936 participants were trained.

Legal Services

Legal services, a priority service under the federal Older Americans Act, are critical to protecting the rights of older adults. In Michigan, nine legal assistance providers and the Legal Hotline for Michigan Seniors ensure that older adults have access to needed legal services, and the ability to address barriers to living in the least restrictive setting of their choice.

Legal assistance includes information and referral, advice and counsel, education, and direct representation. Services are targeted to older individuals in economic and/or social need, including those with limited English proficiency, low incomes, minority individuals, those who live in rural areas, and frail individuals.

Housing, elder abuse, scams/financial exploitation, and assistance with wills and advance directives were the top areas of legal assistance provided.

In FY 2018:

- 10,649 individuals were served;
- 21,885 unduplicated cases were worked on;
- 503 community education presentations were held; and
- 26,094 case work hours were clocked by staff.

Medicare Improvements for Patients and Providers Act

Michigan continued to receive federal funding under the Medicare Improvements for Patients and Providers Act to help Medicare beneficiaries apply for the Medicare Part D Extra Help/ Low-Income Subsidy and the Medicare Savings Programs. Funding also helped provide Part D counseling to Michigan residents living in rural areas. Funding was distributed among area agencies on aging, the Michigan Medicare and Medicaid Assistance Program (MMAP), and four local aging and disability partnerships. In FY 2018:

- Area agency partners assisted beneficiaries with 1,295 enrollment applications;
- MMAP partners assisted beneficiaries with 2,785 enrollment applications;
- Aging and disability partners assisted beneficiaries with 492 enrollment applications; and
- Two hundred and eleven presentations and outreach events took place.

Michigan Medicare & Medicaid Assistance Program (MMAP)

The Michigan Medicare & Medicaid Assistance Program (MMAP), also known as the State Health Insurance Assistance Program or SHIP, works through area agencies on aging to assist Medicare and Medicaid beneficiaries to help them make informed health benefit decisions. The program is supported by a statewide network of unpaid and paid skilled professionals trained to provide free, objective, and confidential health benefits information.

In FY 2018:

- 96,520 Medicare beneficiaries were served;
- Counselors achieved \$16,097,584 in client savings;
- 43,343 contacts were made with beneficiaries having annual household incomes of \$24,930 or less;
- 15,154 contacts were made with beneficiaries under the age of 65 who had Medicare due to a disability;
- 51,339 beneficiaries received enrollment assistance with Medicare prescription drug plans;
- Presentations reached 32,899 individuals on such topics as Medicare eligibility and benefits, Medicare Part D plans and plan comparison, Medicaid eligibility, Medicare Savings Program, and Part D Low-Income Subsidy eligibility; and
- 51,339 beneficiaries received enrollment assistance with Medicare prescription drug plans.



2018 MMAP volunteer training and recognition event

Michigan Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program addresses quality of care and quality of life issues experienced by residents of Michigan's nursing homes, homes for aged, and adult foster care facilities.

At the state level, the program represents the interests of long-term care residents in development and implementation of federal, state, and local laws, regulations, and policies. The program also assists residents in hearings related to guardianship, level of care determinations for Medicaid services, and involuntary discharges.

Local ombudsmen are a community presence, working with individual residents and their families to resolve problems and promote quality care. In doing so, they:

- Explain residents' rights;
- Empower residents to communicate their concerns individually or collectively;
- Assist in resolution of resident concerns;
- Promote community education and awareness regarding long-term care issues;
- Promote use of best practices; and
- Seek solutions to identified problems within the long-term care system.

As with many states, AASA contracts out for these services and in doing so, monitors contractor performance against contract obligations and federal laws governing the program.

In FY 2018:

- The program opened 1,748 cases and closed 1,756 cases involving 3,698 complaints.

The top three client complaints were:

- Discharge/eviction – 411 complaints;
- Dignity and respect – 206 complaints; and
- Failing to respond to requests for assistance – 197 complaints.

The program provided 378 education/information sessions for 4,031 facility staff, residents, families and visitors. Informational topics included the nature of ombudsman services, complaint processes, legal issues, community services, federal nursing home regulations, involuntary discharge, and prevention of elder abuse, neglect, and exploitation.

Monthly calls and quarterly trainings were held for local ombudsman to address a wide variety of topics – resources available on the National Ombudsman Reporting System website, involuntary discharge, phone and email protocols, capacity and consent, senior to senior bullying, involuntary discharge, resident rights, federal nursing home regulations, effective advocacy, and training in OmbudsManager, the programs' electronic reporting system tool.

The program placed considerable emphasis on quality improvement by developing and adopting a quality improvement plan that established a commonly understood and accepted aim and purpose of the program, a self-assessment tool used by local ombudsman, and a staff well-trained on program policies and procedures. The state program, evaluated from the perspective of local ombudsmen, was important to garner feedback on program effectiveness related to communication, training, case guidance, and responsiveness.

The state program was represented on a variety of workgroups including, but not limited, to the Olmstead Coalition, Department of Licensing and Regulation's Nursing Home Stakeholder group, Medical Services Administration, Consumer Voice Leadership Council, National Association of Long-Term Care Ombudsman, and a variety of local groups focusing on elder abuse, neglect, and exploitation prevention.

Goal IV - Conduct responsible quality management and coordination of Michigan's aging network.

A primary obligation of AASA is to ensure that area agencies on aging are using state and federal funds in a way that is accountable to the public trust, and in keeping with applicable laws and regulations governing programs within its purview. To this end, these activities took place:

- **Area Agency on Aging Planning and Performance Monitoring**
In August and September 2018, annual implementation plans of all 16 area agencies on aging were presented to and approved by the Commission on Services to the Aging (CSA) for FY 2019. During the approval process, each area agency on aging was given time to showcase its programs and successes, and to have meaningful dialogue with CSA members.

AASA released an online AIS area agency on aging assessment module to automate the completion and submission of the AASA assessment guidebook by area agencies on aging to AASA.

All AASA onsite assessments of area agencies on aging were completed, and all assessment findings were successfully closed.

Area agencies on aging were provided with technical assistance on updated nutrition service standards at AASA's statewide nutrition summit in August 2018.

- **Financial Management**
AASA utilized an updated expenditure review form for area agencies on aging that tests for compliance with minimum requirements and maintenance of effort.

All AASA grantees have an updated tool for risk assessments and monitoring plans in accordance with the Uniform Guidance, per the U.S. Office of Management and Budget. The monitoring plans include on-site financial assessments, as well as other monitoring activities.

Financial assessments were completed for FY 2018. Area agency on aging on-site financial assessments are completed on a three-year cycle, ensuring that each has at least one financial assessment within that cycle.

Technical assistance was provided to area agencies on aging through on-site meetings, conference calls, transmittal letters emails and in person as part of a formal schedule, and as needed.

Fiscal year 2017 financial audits on all area agencies on aging were successfully closed. Audit reports were reviewed by the MDHHS audit division, as well as by AASA's financial quality support unit. Audit findings or compliance items were followed up on, as necessary.

Area agency on aging closeouts were automated using technology, in conjunction with the area agency expenditure review form. Carryover and lapsed funds amounts continue to be tracked, as are expenditure levels, match requirements, and maintenance of effort.

The Financial Summary Profile (FSP) report is now an automated module within AASA's Aging Information System (AIS) online software to enhance functionality and allow for online submission of FSP data.

- **National Aging Program Information System (NAPIS)**

The NAPIS report, required by the federal government, was prepared and submitted on time to the federal Administration for Community Living. This report, made available through software developed as part of Michigan's Aging Information System, provides detailed information about Older Americans Act program performance, consumer demographics, delivered services, and expenditures. It remains a crucial element in AASA's effort to create secure information systems that support informed decision-making, effective service delivery, and overall management of the aging network.

The Commission on Services to the Aging received quarterly briefing on financial performance data of programs and services funded through AASA.

AASA presented NAPIS financial data to several area agency on aging policy boards. AASA also presented a summary of NAPIS information to attendees of the annual conference of the Area Agencies on Aging Association of Michigan.

AASA implemented a data quality review module in NAPIS for use during area agency on aging onsite monitoring and assessment visits.

AASA released a FSP module in the AIS to automate completion and submission of FSP reports by area agencies on aging to AASA, and to add additional functionality and reporting on expenditures.

AASA released an annual senior volunteer program Annual Funding Agreement module in the AIS to automate completion and submission of funding agreements by volunteer program grantees.

AASA developed an online NAPIS data collection form to automate and enhance the functionality of the NAPIS client registration form; implementation of the online form is slated for FY 2019. This change will improve data accuracy and significantly reduce service provider and area agency on aging data entry time and requirements.

- **Emergency Preparedness**

In times of public emergency or natural disaster crises, AASA reports to the Michigan State Police's State Emergency Operations Center (SEOC) to help facilitate an effective and coordinated emergency response.

During SEOC activations, AASA is the state unit on aging designated liaison to the Michigan State Police Emergency Management Division (MSP-EMD), the Michigan Department of Health & Human Services – Office of Public Health Preparedness (MDHHS-OPHP), the Federal Emergency Management Agency (FEMA), and other appropriate local, state and federal emergency preparedness and homeland security agencies.

AASA's role is to provide expert advice and technical assistance to area agencies on aging, local aging service providers, and local community leaders regarding emergency preparedness, response, and recovery issues as they relate to the safety of older adults.

In FY 2018:

- All area agencies on aging provided AASA with their Emergency Management and Preparedness Plans. AASA is working with area agencies on aging on identifying strengths and challenges of these plans so that training and technical assistance may be provided, as necessary.
- AASA and area agency on aging representatives formed a workshop panel on emergency preparedness at the annual conference of the Area Agencies on Aging Association of Michigan. Information was shared on a variety of topics – experiences learned from both man-made and natural disasters; the role/value of social media in communication during a disaster; the importance of community partnerships and collaborations; and best practices at the local level.

- AASA and several area agencies on aging participated in seven emergency management training drills. Six drills were completed for a nuclear power plant disaster, and one drill was completed for the H3N2 flu. In each case, the participating area agencies on aging responded quickly and efficiently with accurate data to identify at-risk clients residing within a defined radius of the disaster.

The aging network also responded to these actual weather-related issues/disasters:

- Extreme heat conditions during the summer months (statewide);
 - High winds and flooding (Kalamazoo and Houghton area); and
 - Water contamination (City of Parchment).
- **Service Maps**
Service maps are useful planning and management tools that can be used to determine where services and programs are most needed. In FY 2018, mapping was used to help manage three programs in these ways:
 - Wellness programs: The location of programs and instructors were mapped to determine if classes were meeting the needs of those in the area. Regarding behavioral risk factors, for example, AASA examined the correlation between where a high number of workshops were offered in relation to where large numbers of people were reporting arthritis.
 - Nutrition: Mapping showed congregate meal locations related to socioeconomic factors in geographic areas, which helped address the federal requirement to put meal sites where they are most needed. Food desert statistics for Michigan were also mapped.
 - Senior Project FRESH/Market FRESH: Similar to the nutrition mapping, locations of the participating farmer's markets with available fresh food, lead agencies, and participants were mapped.

FY 2018 Budget Appropriation - Aging & Adult Services Agency

Line Item	Appropriation
Administration	9,394,700
Community Services	43,567,300
Nutrition Services	42,254,200
Employment Assistance	3,500,000
Respite Care Program	6,468,700
Senior Volunteer Service Programs	4,465,300
Gross Appropriation	109,650,200
Federal Revenues:	
Federal revenues	59,998,600
Total other federal revenues	520,000
Special revenue funds:	
Total private revenues	520,000
Michigan merit award trust fund	4,068,700
Total other state restricted	2,000,000
State general fund/general purpose	43,062,900

FY 2018 Summary - Area Agencies on Aging

Area Agency on Aging	Administration	Services	Total
Detroit Area Agency on Aging	434,983	7,826,774	8,261,757
Area Agency on Aging 1-B	1,167,550	20,359,962	21,527,512
The Senior Alliance	411,649	7,326,890	7,738,539
Region 2 Area Agency on Aging	147,966	2,921,093	3,069,059
Region 3-A Area Agency on Aging	97,844	1,791,484	1,889,328
Region 3-B Area Agency on Aging	95,731	1,733,635	1,829,366
Branch-St. Joseph Area Agency on Aging	54,441	1,049,552	1,103,993
Region IV Area Agency on Aging	148,670	2,594,721	2,743,391
Valley Area Agency on Aging	258,972	4,818,861	5,077,833
Tri-County Office on Aging	177,467	3,195,139	3,372,606
Region VII Area Agency on Aging	371,341	6,820,406	7,191,747
Area Agency on Aging of Western MI	417,687	7,455,147	7,872,834
Region IX Area Agency on Aging	196,184	3,869,629	4,065,813
Area Agency on Aging of Northwest MI	182,155	3,585,214	3,767,369
U.P. Area Agency on Aging	270,033	5,040,011	5,310,044
Senior Resources	185,846	3,133,462	3,319,308
Total	4,618,519	83,521,980	88,140,499

Rosters

Aging & Adult Services Agency

Executive Office

Richard Kline, Senior Deputy Director

Scott Wamsley, Deputy Director

Shirley Bentsen

Kelly Cooper

Carolyn Harden

Phil Lewis

Supportive Adult Services Section

Cynthia Farrell, Manager

Jane Alexander

Dawn Jacobs

Rachel Mays

Michelle McGuire

Rachel Richards

Rachel Telder

Continual Quality Improvement Division

Wendi Middleton, Director

Steve Betterly

Annette Gamez

Technical Assistance, Support and Compliance Division

Emma Buycks

Gloria Lanum

Tari Muniz

Becky Payne

Sally Steiner

Lauren Swanson-Aprill

Julia Thomas

Financial Quality Support Unit

Amy Colletti, Manager

Terri Simon

Field Services and Support Unit

Cindy Albrecht

Dan Doezema

Sherri King

Laura McMurtry

Departures: Eric Berke, Brenda Champion, Carol Dye

Commission on Services to the Aging

Dona J. Wishart, Chair (R), Gaylord

O. Matthew Adeyanju (I), Big Rapids

Mark Bomberg (R), Gladstone

John Briggs (I), Alpena

Renee Cortright (R), Troy

Nancy Duncan (I), Lansing

Jean Hall (I), East Lansing

Joan Ilardo (D), East Lansing

L. Kathleen LaTosch (D), Ferndale

Dr. Peter Lichtenberg (D), Farmington

Laura Newsome (R), Fort Gratiot

Michael J. Sheehan (I), Cedar

Linda K. Strohl (I), Sawyer

Amy Tripp (I), Jackson

Kristie E. Zamora (I), Flint

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Chairperson, Flint**

**Wendy White, Co-Vice Chairperson,
Midland**

**Donald Ryan, Co-Vice Chairperson,
Kalamazoo**

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Sara Damiano, Rochester Hills

Sandra Falk-Michaels, Livonia

Audra Frye, Redford

Debra Johnson, St. Joseph

Mary Jones, Grand Blanc

Victoria Laupp, Marshall

Kirk Lewis, Lansing

Nicolette McClure, Idlewild

Gerald McCole, Channing

Roy Pentilla, Glen Arbor

Angela Perone, Ypsilanti

Ann Randolph, Trenton

Patricia Rencher, Detroit

Gary Scholten, Holland

Joseph Sowmick, Mt. Pleasant

Joseph Sucher, Clarkston

Elizabeth Adie Thompson, Ypsilanti

Teresa Vear, Hillsdale

Jo Ver Beek, Holland

Susan Vick, St. Helen

Julie Wetherby, Brooklyn

Lillie Williams-Grays, Saginaw

Kathleen Williams-Newell, Detroit

Karen Wintringham, South Lyon

Daniel Young, Escanaba

John Zimmerman, Traverse City

*Ex-Officio: Mary Engelman, MI Women's
Commission; Robyn Ford, Social Security
Administration*

Area Agencies on Aging

Region 1-A: Detroit Area Agency on Aging – Serving cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park

Region 1-B: Area Agency on Aging 1-B – Serving Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw counties

Region 1-C: The Senior Alliance – Serving all of Wayne County except Region 1-A

Region 2: Region 2 Area Agency on Aging – Serving Hillsdale, Jackson, Lenawee counties

Region 3-A: Region 3-A Area Agency on Aging – Serving Kalamazoo County

Region 3-B: Region 3-B Area Agency on Aging – Serving Barry, Calhoun counties

Region 3-C: Branch-St. Joseph Area Agency on Aging – Serving Branch, St. Joseph counties

Region 4: Region IV Area Agency on Aging – Serving Berrien, Cass, Van Buren counties

Region 5: Valley Area Agency on Aging – Serving Genesee, Lapeer, Shiawassee counties

Region 6: Tri-County Office on Aging – Serving Clinton, Eaton, Ingham counties

Region 7: Region VII Area Agency on Aging – Serving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola counties

Region 8: Area Agency on Aging of Western Michigan – Serving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola counties

Region 9: Region IX Area Agency on Aging – Serving Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon counties

Region 10: Area Agency on Aging of Northwest Michigan – Serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford counties

Region 11: U.P. Area Agency on Aging – Serving Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft counties

Region 14: Senior Resources – Serving Muskegon, Oceana, Ottawa counties