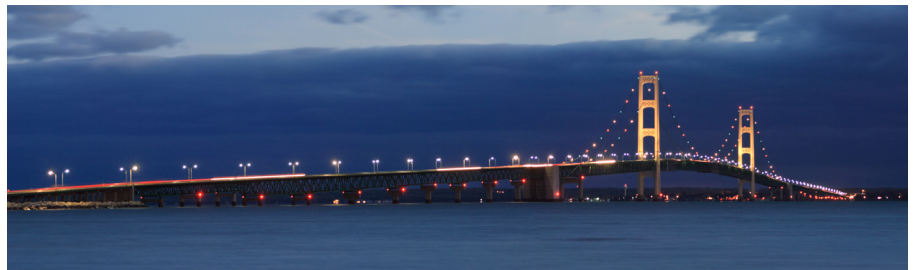


State Advisory Council on Aging

2019 REPORT



MICHIGAN AREA AGENCIES ON AGING Innovative Practices Supporting Older Adults

- DIRECT CARE WORKFORCE
- ELDER ABUSE PREVENTION
- TRANSPORTATION

ANNUAL REPORT TO THE MICHIGAN COMMISSION ON SERVICES TO THE AGING

Commission on Services to the Aging

The Commission on Services to the Aging (CSA) is a 15-member, bipartisan body that is appointed by the governor. The CSA advises the governor, the Michigan legislature, and the Michigan Department of Health and Human Services, Aging and Adult Services Agency (AASA) on matters relating to policies and programs for older adults. Members are appointed 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.

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.

State Advisory Council on Aging

The 40-member State Advisory Council (SAC) is appointed by the Commission on Services to the Aging to represent the needs and interests of local communities providing sage advice 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.



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Dear Chairperson Wishart and fellow Commissioners,

It gives me great pleasure to present the 2019 report from the State Advisory Council on Aging, "Michigan Area Agencies on Aging Innovative Practices Supporting Older Adults." In response to the commission's 2018 charge, the council explored and compiled a list of innovations in three critical areas of concern: direct care workforce, elder abuse and exploitation prevention, and transportation.

We have discovered new and practical information we are pleased to share with you, including assessment tools, community partnerships, training programs, and advanced technology. Staff of Michigan's sixteen area agencies on aging, in collaboration with the state's aging network, are actively and creatively tackling the challenges of our older adult population.

On behalf of the council, I wish to express our gratitude to Senior Deputy Director Dr. Alexis Travis, Deputy Director Scott Wamsley, and the staff of the Michigan Department of Health and Human Services, Aging and Adult Services Agency for their support and assistance. I also wish to express our thanks to Chairperson Dona Wishart and past and present commissioners as well as Commissioners Matthew Adeyanju, Mark Bomberg, Kathleen LaTosch, and Peter Lichtenberg for attending council meetings as guest commissioners. Finally, thank you to the commission for allowing me the opportunity to chair and work with this dedicated and passionate group of volunteers.

Sincerely,

Kristie Everett Zamora
Chairperson, State Advisory Council on Aging

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Michigan Area Agencies on Aging
Innovative Practices Supporting Older Adults
Direct Care Workforce | Elder Abuse Prevention | Transportation

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Executive Summary

In 2018, the Commission on Services to the Aging (CSA) charged the State Advisory Council on Aging (SAC) with compiling a list of innovative practices implemented by Michigan's Area Agencies on Aging (AAAs) in three critical areas of concern: Direct Care Workforce, Elder Abuse and Exploitation Prevention, and Transportation Solutions. SAC sent the AAAs questions to learn about innovative practices that could be shared. SAC workgroup members discussed the responses and made follow-up conference calls with AAA staff. This report highlights these practices.

Direct Care Workforce Highlights

- Recruitment and retention strategies were implemented by AAAs including offering cash support for unmet emergency needs of direct care workers (DCWs) or providing cash grants to homecare agencies for bonuses to high performing DCWs.
- To have a better-trained, high-skilled workforce, several AAAs implemented the Building Training...Building Quality (BTBQ™) personal care assistant training. The 77-hour training curriculum focuses on older adults and people with physical disabilities living at home.

Elder Abuse and Exploitation Prevention Highlights

- Many AAAs participate in community coalitions to prevent elder abuse and neglect. Several have created multidisciplinary and specialty teams to support various elder abuse prevention strategies such as improving investigations, establishing death review committees, and reviewing financial fraud and hoarding situations.
- A set of risk assessment tools for assessing the risk of financial exploitation, developed by Peter A. Lichtenberg, Ph.D., are available online. One tool is the *Financial Decision Tracker*, a 10-item interview, that examines a specific financial decision made by an older adult to assess his or her financial judgment and/or vulnerability to theft and scams, and whether financial predation may have taken place.

Transportation Highlights

- Three southeast Michigan AAAs came together to provide a *One-Click, One-Call* mobility management service, myride2, which helps users coordinate transportation.
- AAAs have actively collaborated with local transit authorities to improve transportation options for older adults. As a result, in Flint, telephone and website access was improved. A volunteer driver program developed with the Wexford Transit Authority is very successful.

All innovative practices came with needs for funding, continuous improvements based on technology, and other potential barriers, which must be addressed. This report details the AAAs' responses to the SAC's questions about their innovative practices and includes a discussion of issues.

Michigan Area Agencies on Aging Innovative Practices Supporting Older Adults

Direct Care Workforce | Elder Abuse Prevention | Transportation

The Charge to the State Advisory Council on Aging

The Michigan Commission on Services to the Aging (CSA) is advised by the State Advisory Council on Aging (SAC), a 40-member body appointed by the CSA to study aging issues and recommend policy to the Commission. The SAC's membership reflects the demographic and geographic diversity of Michigan's older adult population. Every year, the CSA charges the SAC with exploring an issue, to guide the Commission in its work. This year, the CSA presented the following charge:

Develop a compendium of AAA innovative solutions across the state relative to and impactful on the CSA Advocacy Committee's legislative priorities: Transportation Solutions, Direct Care Workforce, Elder Abuse and Exploitation Prevention, and Wait List Elimination.

The CSA Advocacy Committee decided to work directly on the issue of Wait List Elimination, so the SAC compiled a list of innovative practices implemented by Michigan's Area Agencies on Aging (AAAs) in the other three critical areas of concern: Direct Care Workforce, Elder Abuse and Exploitation Prevention, and Transportation Solutions. While many innovative programs exist within Michigan's aging network, this report focuses on the 16 Area Agencies on Aging that fall under the mandates and guidelines of the federal Older Americans Act and the Older Michiganians Act, and receive funding distributed by the Michigan Department of Health and Human Services, Aging and Adult Services Agency (AASA). It is important to note that this report lists the AAAs' innovative practices based on their experiences and it is not a quantitative report.

Concerns

Direct Care Workforce

Direct care workers provide in-home supports and services to older adults and persons with disabilities. Between 2016-2026, Michigan will need 34,090¹ more trained direct care workers than we currently have, due to a growing aging population. Direct care workers make it possible for people to live at home, versus living in nursing homes, which is more expensive and less desirable. These workers need consistent and quality training to provide quality supports, but not enough comprehensive training is available. Additionally, there is a significant problem recruiting and retaining direct care workers due to non-competitive pay and benefits. In many regions, the pay rate is so low that direct care workers can secure better income and benefits by working in the fast food or retail industries. Recruitment, training, and compensation issues must be addressed to make sure Michigan has enough direct care workers to meet the needs of Michiganders in the coming years.

Elder Abuse and Exploitation Prevention

Elder abuse, exploitation, and crimes against adults ages 60 or older are serious problems. Estimates suggest up to 10 percent² of older adults become victims of abuse, neglect, or exploitation by an individual tasked with their care and support. Abuse means harm or threatened harm to an adult's health and welfare caused by another person. Neglect means the inability or failure to provide adequate food, shelter, clothing, or medical care. Neglect includes not only actions by someone else, but also an individual's lack of self-care or self-help. Exploitation is the misuse of an adult's funds, property, or personal dignity, including humiliation, objectification, degradation, or dehumanization, by another person. AAA programs and services such as caregiver training and nutrition programs can, and do, serve as primary prevention programs. But, as the older adult population in Michigan grows, prevention programs that include raising awareness about abuse, learning about the different types of abuse and how to recognize and report abuse to the appropriate local agencies, are even more critical.

Transportation Solutions

Lack of transportation options and restrictive transportation policies create barriers to meeting the needs and improving the quality of life for older adults. As adults age, access to basic needs such as food and clothing purchases becomes difficult when mobility and/or transportation options are limited. One example: bus routes often do not cross county lines, which creates insurmountable barriers for many to get to critical healthcare appointments. Limited public transportation routes and hours during evenings and weekends create further mobility limitations. Transportation solutions support the ability of Michiganders to "age in place" by providing them the opportunity to continue to live in their own homes and communities.

Developing a List of Innovative Practices

The members of the State Advisory Council on Aging (SAC) began work on the new charge at the October 2018 meeting. Members formed four workgroups, each focusing on four of the state's 16 Area Agencies on Aging (AAAs). Members reviewed the AAAs' Annual Implementation Plans, and discussed innovative practices, both during SAC in-person meetings and conference calls. Commissioner Peter Lichtenberg, Ph.D., gave a presentation to the SAC entitled, *Research and Training on Financial Decision Making, Cognition and Financial Exploitation*.³ Jean Ruestman, Administrator, Office of Passenger Transportation, Michigan Department of Transportation, also provided a presentation to the SAC on the Michigan Mobility Challenge.⁴

With the assistance of Michigan Health and Human Services, Aging and Adult Services Agency (AASA) staff, a list of questions was created and distributed to the 16 AAAs, using SurveyMonkey® online software. The list of questions asked AAA staff to briefly discuss innovative practices in the areas of Direct Care Workers, Elder Abuse and Exploitation, and Transportation including a description of the problems being addressed, innovative practices that had been tried, and successes and challenges. This list is based on the AAAs' self-report. Additionally, some responses described practices that were unfamiliar to workgroup members who wanted to learn more and so some AAAs were interviewed for more detailed information. The workgroup's goal was to be able to describe an innovative practice in enough detail that other AAAs and service providers might be inspired to find out more about that practice. Notes from these interviews, presentations to the SAC, and written responses were used to create a list of innovative practices.

This list of innovative practices in the areas of Direct Care Workers, Elder Abuse and Exploitation Prevention, and Transportation Solutions, is by no means exhaustive. Highlights of innovations are presented, rather than attempting to identify every use of an innovative practice by each of the 16 AAAs. We hope this list will provide a starting point for discussing ways in which we can better meet the growing needs of older Michiganders in the coming years.

Background on Area Agencies on Aging

To address the need for community social services for older adults, the federal Older Americans Act (OAA) authorizes and provides funding for various aging supports and services including Area Agencies on Aging (AAAs). Federal funding is allocated to the state agency that oversees aging programs, the Michigan Department of Health and Human Services, Aging and Adult Services Agency (AASA). AASA then awards funding to AAAs, based on a state funding formula. Michigan's Commission on Services to the Aging (CSA), made up of 15 members appointed by the Governor with consent of the Senate, reviews and approves the federal and state grants for older adult programs administered by AASA, the annual State Plan and Budget, and spending plans submitted by the AAAs.

The OAA requires states to set up regional planning and development entities, which are the Area Agencies on Aging (AAAs). AAAs serve as the regional planning, advocacy, and administrative agencies that plan and provide needed services to older adults in specified geographic regions. There are 16 Area Agencies on Aging (AAAs) in Michigan that serve all of Michigan's 83 counties.

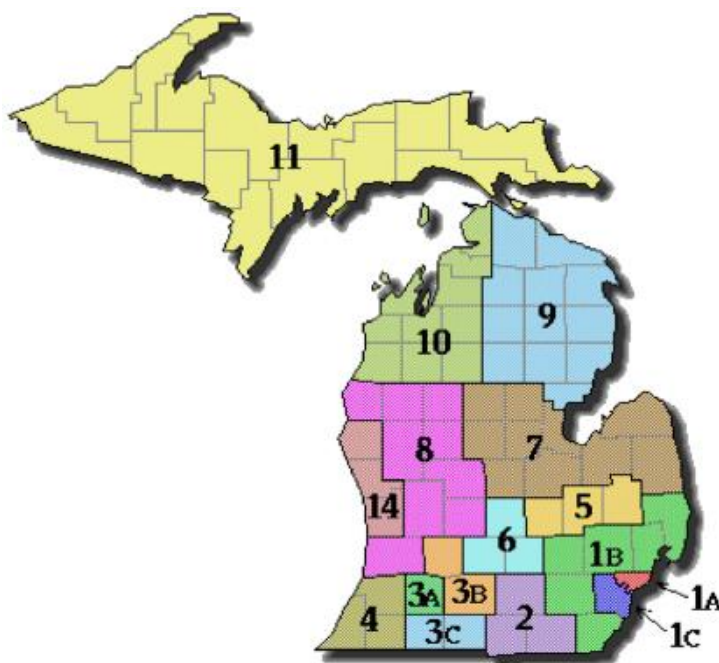
Michigan Area Agencies on Aging

Region 1-A: Detroit Area Agency on Aging: The Senior Solution – Serving cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park
<https://www.detroit seniorsolution.org/>

Region 1-B: Area Agency on Aging 1-B – Serving Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw Counties
<https://aaa1b.org/>

Region 1-C: The Senior Alliance – Serving all of Wayne County except Region 1-A
<https://www.thesenioralliance.org/>

Region 2: Region 2 Area Agency on Aging – Serving Hillsdale, Jackson, Lenawee Counties
<https://www.r2aaa.net/>



Region 3-A: Region 3-A Area Agency on Aging – Serving Kalamazoo County
<https://www.kalcounty.com/aaa/>

Region 3-B: CareWell Services Southwest – Serving Barry, Calhoun Counties <http://carewellservices.org/>

Region 3-C: Branch-St. Joseph Area Agency on Aging – Serving Branch, St. Joseph Counties <http://www.bhsj.org/aaa>

Region 4: Region IV Area Agency on Aging – Serving Berrien, Cass, Van Buren Counties <https://areaagencyonaging.org/>

Region 5: Valley Area Agency on Aging – Serving Genesee, Lapeer, Shiawassee Counties <https://valleyareaaging.org/>

Region 6: Tri-County Office on Aging – Serving Clinton, Eaton, Ingham Counties
<https://www.tcoa.org/>

Region 7: Region VII Area Agency on Aging – Serving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola Counties <https://region7aaa.org/>

Region 8: Area Agency on Aging of Western Michigan – Serving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola Counties
<https://www.aaawm.org/>

Region 9: Region IX Area Agency on Aging – Serving Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon Counties <https://www.nemcsa.org/services/senior-services/region-9-area-agency-on-aging.html>

Region 10: Area Agency on Aging of Northwest Michigan – Serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford Counties <http://www.aaanm.org/>

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

Region 14: Senior Resources of West Michigan – Serving Muskegon, Oceana, Ottawa Counties <https://seniorresourceswmi.org/>

Direct Care Workers: Innovative Practices

Recruitment and Retention

- **Enhanced Background Checks**

Region 3B AAA (CareWell Services Southwest), MDHHS, Aging and Adult Services Agency, Michigan State University, and Yale University conducted a pilot project with several providers using enhanced (fingerprint) background checks on potential employees, funded by the Centers for Medicare and Medicaid Services in 2016. A fingerprint background check accesses the national Integrated Automated Fingerprint Identification System, which maintains nationwide data on criminal arrest dates, charges, and the disposition of cases. Providers were reimbursed the cost through the grant (\$53 per check during the grant period, which has since been reduced to \$50.25). They reported that the system was easy to use and helped ensure safety, identified quality applicants, and served as a positive marketing tool. Enhanced background checks were especially important for providers who recruit from neighboring states, as state databases only maintain Michigan data. Providers were unable to continue the practice after the pilot, however, as the cost was prohibitive.

- **Increased Support for Direct Care Workers**

Region 4 AAA (Region IV Area Agency on Aging) held listening sessions with providers employing direct care workers about staffing difficulties. Based on the feedback, in FY 2019, the AAA provided cash support for unmet emergency needs of workers, such as replacing a car battery or paying for childcare. The AAA also developed mentoring support, by paying a supervisor to mentor a direct care worker as needed, with the goal of avoiding “quits” on difficult situations.

Region 7 AAA (Region VII Area Agency on Aging) in FY 2018 offered an opportunity for agencies to apply for a grant for \$1,000 per employee (up to 5 employees) for caregiver retention. Eighty employees from 18 different agencies received the retention award monies. The AAA reported that caregivers who received the award are still employed with those agencies. Region 7 AAA is continuing the program in FY 2019.

Region 14 AAA (Senior Resources of West Michigan) attempted a “pass through” quality-based incentive increase in FY 2019 by issuing a one-time bonus to “excellent” providers to pass through to workers. Senior Resources offered two incentive options. One was a two percent increase minus the payroll taxes with nine home care agencies accepting the increase. The second incentive provided was a bonus to 15 providers who met certain quality support criteria for a total of \$280,000. However, providers still had difficulty recruiting and retaining staff.

- **Working with Michigan Works!**

Region 10 AAA (Area Agency on Aging of Northwest Michigan) worked with providers and Michigan Works! in 2016-17 to develop an awareness campaign about open positions and tried to centralize job postings. It was mainly funded by Michigan Works! with some support from the AAA. From concept development to campaign end was

about one year. The campaign ran for three months. This experiment in collaboration needed more time and funding for marketing efforts to be successful.

Training

- **Building Training...Building Quality (BTBQ™)⁵**

AAA regions 2, 9, 10, and 11 participated in the U.S. Department of Health and Human Services--Personal Home Care Assistant State Training grant, beginning in 2010, to develop, test, and implement a training program for direct care workers. AASA, Michigan State University, and PHI, a national quality care organization, worked with the AAAs to develop the Building Training...Building Quality (BTBQ™) training program, a 77-hour curriculum that emphasizes “person-centeredness,” as well as using interactive, adult-learner instructional strategies and content related specifically to home care. Region 11 AAA (UPCAP Services, Inc.) originally trained 70 people in BTBQ™. Funding from the grant was available to pay wages for staff while they were being trained. The AAA had a trainer on staff. It is difficult to do training on a regional level, especially in areas like the Upper Peninsula, as travel time and costs present a major barrier. The AAA recommended that all AAAs and larger provider agencies have a BTBQ™ trainer on staff.

Region 6 AAA (Tri-County Office on Aging) distributes information on BTBQ™ training opportunities to its providers. The AAA also advocates for DCW training as a member of the Advisory Board of the IMPART (Integrated Model for Personal Assistant Research and Training) Alliance, a Michigan coalition of researchers, personal care workers, participants, home care providers, and state and local government agencies working together for solutions to developing a competent home care workforce. The IMPART Alliance trained 23 trainers in 2018-19 to deliver BTBQ™ trainings and is conducting a pilot to adapt this training to be part of career/technical training at the high school level in a local district.

Technology

- **Electronic Visit Verification (EVV)**

EVV, an electronic visit system such as a phone or computer that verifies service delivery, electronically captures the type of service performed person receiving the service, date and location of the service; individual providing the service, and time the service begins and ends. Region 1-A AAA (Detroit Area Agency on Aging) has begun using an EVV, which has helped with the quality of services and supports provided. Although not yet in effect statewide, federal law will require all providers of Medicaid-funded personal care services to use EVV by January 1, 2020. However, MDHHS plans to request an extension of this federal requirement soon.

Challenges

- **Wage Levels**

Many Area Agencies on Aging indicated the need for increased funding to be able to increase wages for direct care workers. Recruitment and retention are affected by wage levels that are lower than wages provided by competing employers. In addition, the cost

of providing services is not fully recognized in reimbursement rates. For example, workers very likely have transportation challenges themselves, such as unreliable vehicles, yet may be asked to spend hours traveling to provide services in several counties in one day.

- **Paying for Training**

AAAs also indicated the need for funding to pay for training opportunities for direct care workers. Availability of low- or no-cost, flexible training is key for these workers to be able to participate in training opportunities. Many AAAs stressed the positive effect that training had on retention rates of direct care workers.

Elder Abuse and Exploitation Prevention: Innovative Practices

Education

- **Faith-Based Organizations**

Region 1-A AAA (Detroit Area Agency on Aging) partnered with faith-based organizations, the Wayne County Sheriff's Office (WCSO), the Wayne County Department of Health and Human Services – Adult Protective Services, and other community partners to develop and implement an 'Elder Abuse Prevention-in-Action' collaborative. 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. The organizations then train their members to detect abuse and/or self-neglect and 669 participants were trained in FY 2018. A tool kit for chaplains and other interested parties was developed, and four public service announcements were created. Mentioned in the tool kit is the ongoing program, *Success After Financial Exploitation--SAFE* to help older scam and identity theft victims via financial coaching (since 2016) for seven counties in greater metro Detroit.

- **Bullying Reduction Training**

Region 9 AAA (Northeast Michigan Community Services Agency, Inc.) partnered with long-term care (LTC) ombudsman staff from 2016 to 2018 to create senior-to-senior bullying reduction training, *Campaign of Respect & Dignity--CORE*. This effort aims to decrease bullying behavior and increase empathy. The initial audience was nursing home staff. The training was then expanded to include staff from councils/commissions on aging, adult foster care facilities, homes for the aged, and other community partners. During this period, 428 nursing home staff, 182 partners, and 33 LTC ombudsman staff were trained and training manuals with supporting videos and documents were produced. The program was funded by AASA's Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) Initiative (2016--\$40,000, 2017--\$45,000, and 2018--\$59,830).

- **Peer Leadership Approach**

Region 6 AAA (Tri-County Office on Aging) revitalized its “Abuse Later in Life” (ALL) project in FY 2018 and continued in FY 2019 enhancing and strengthening the awareness, prevention, and response to elder abuse in Ingham County, with a special focus on minority communities and the LGBTQ community. It partnered with the local domestic violence program, a LGBTQ community center, and the regional Retired & Senior Volunteer Program and Senior Companion programs. Using a peer leadership approach that connects older adults with members of their own community who can identify with their experiences, workshops engaged individuals about the issues, making them relatable rather than stigmatizing.

- **Opioid Education**

Region 4 AAA (Region IV Area Agency on Aging) partnered with the local health department in April 2019 to provide opioid education in senior housing complexes. The AAA found that initiatives in this area traditionally target youth and recognized the need to reach out to older adults, particularly those who might be isolated in senior housing without professional staff. They plan to continue the program through 2020.

Collaboration

- **Kent County Elder Abuse Coalition**

Many AAAs participate in community coalitions to prevent elder abuse and neglect. For example, Region 8 AAA (Area Agency on Aging of Western Michigan) hosts monthly meetings of the Kent County Elder Abuse Coalition. It is comprised of over 150 members representing 40 agencies, including fire department and law enforcement staff, attorneys, estate planners, financial institutions, and social service workers. The coalition hosts a website where members of the public can learn about scams, read articles on prevention, and request a presentation. In addition, a smaller group of agencies, prosecutors, and Adult Protective Services staff review case studies to determine improved approaches to assist someone who is being abused or exploited.

- **Kalamazoo County Elder Abuse Prevention Coalition**

Region 3-A AAA (Area Agency on Aging Region IIIA) worked with the Kalamazoo County Elder Abuse Prevention Coalition to create multidisciplinary and specialty teams to support elder abuse investigations. These teams also review financial fraud and hoarding situations. A database has been established, prevention initiatives developed, and cases addressed to mitigate risk. This effort was funded by AASA’s Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) Initiative (FY 2017--\$76,180, FY 2018--\$70,971, and FY 2019--\$70,000).

Services

- **Safe Haven House Project**

Region 2 AAA (Region 2 Area Agency on Aging) received a \$91,007 grant in FY 2017 and another one in FY 2019 for \$70,000 from Michigan’s Aging and Adult Services Agency (AASA) under the Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) Initiative. The project provides a temporary safe house,

support services, and intensive case management for victims of elder abuse, neglect, and exploitation. Housing is provided in a safe haven house or hotels and apartments. Funding has continued through the AAA's general fund, further PREVNT grant funding, a Victims of Crime Act grant and other community supports and fundraising. Most of the adults served do not have cognitive issues and had successful outcomes due to the intervention and securing long-term housing. Part of the Safe Haven Project also consists of maintaining a Tri-County (Hillsdale, Jackson, & Lenawee) Elder Abuse Prevention Coalition, which is comprised of law enforcement, prosecutors, and adult protective services staff. They review situations without divulging names to problem solve better approaches for resolution of future situations.

- **Financial Exploitation Risk Assessment Tools**

Commissioner Peter A. Lichtenberg, Ph.D. is the director of the Institute of Gerontology at Wayne State University. His presentation to the SAC explained the tools he has developed for assessing the risk of financial exploitation. The Financial Decision Tracker, a 10-item interview, examines a specific financial decision made by an older adult to assess his or her financial judgment, vulnerability to theft and scams, and whether financial predation may have taken place. The Financial Vulnerability Assessment, an in-depth interview, includes an assessment of cognitive impairment, situational awareness and undue influence, and their impact on financial decisions. The *Family & Friends Interview* asks a series of questions to the trusted relative or friend of an older adult to better understand the older adult's recent financial decisions. The website www.OlderAdultNestEgg.com provides information on these tools and other resources.

- **Helping Hoarders**

Region 8 AAA (Area Agency on Aging of Western Michigan) piloted a hoarding prevention program to provide “wrap around” services and assistance for a targeted population of older adult hoarders. The purpose was to identify successful intervention strategies for older adults with hoarding behaviors. Rather than law enforcement arresting older adults for hoarding and building code issues, hoarding is treated as a mental health problem. During the year-long program, city inspectors assess a home for safety concerns and building violations. Professional organizers reduce the clutter. The older adult meets with a counselor, so they are less likely to return to hoarding. The program has been funded by AASA's Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) Initiative (FY 2018--\$67,025 and FY 2019--\$70,000).

- **Automated Referral Network**

Region 3-B AAA (CareWell Services Southwest), working with Elder Law of Michigan in FY 2016, developed an automated referral network with community partners. Lack of an integrated elder abuse reporting system, along with staffing shortages, hindered hospitals, law enforcement, service providers, agencies, and attorneys from acting quickly to help elder abuse victims find a solution. Using the network, 595 calls were received, and 258 referrals made electronically, and directed to one of five certified

Community Health Workers, who then help provide service arrangements, problem resolution, connection to resources, and empowerment.

- **Elder Abuse Victim Specialists**

Region 3-C AAA (Branch-St. Joseph Area Agency on Aging) received funding from MDHHS Division of Victim Services for a "Services to Victims of Elder Abuse" grant in FY 2018-19 for a more formal, targeted approach to serve victims directly and to develop a more effective collaborative community response. Victims of elder and dependent adult abuse, neglect, and/or exploitation can be directly served by the two newly hired Elder Abuse Victim Specialists, who have been extensively trained to be trauma-informed and sensitive to the situation. Victim specialists provide services such as person-centered support, relocation assistance, transportation, and personal/criminal advocacy. Through the grant, a participant claiming victimization of theft would be assisted by the victim specialist in replacing the stolen objects. This could be achieved through transportation to the local bank, Social Security Office, and/or Secretary of State. The AAA has presented this program to numerous agencies and organizations, including law enforcement, public transportation, fire fighters, and local rotary clubs.

Raising Awareness

- **Public Service Announcements**

Region 11 AAA (UPCAP Services, Inc.) has created four Public Service Announcements (PSA) to reach out to their communities on the theme of preventing elder abuse. The PSAs give a short scenario and direct the audience to contact the 2-1-1 system or the local AAA for more information. Some media outlets run the PSAs for free; others charge a fee. The PSAs have been made available to other AAAs for their use.

- **Outreach Events**

Region 5 AAA (Valley Area Agency on Aging), in partnership with the Elder Abuse Alliance, realized that older adults who have mobility or transportation issues are not always able to take advantage of resource fairs and community presentations. To address this, their local Elder Abuse Council offers seminars to people where they are living, in congregate settings such as senior living complexes and facilities. Many Area Agencies on Aging indicated that they conduct a variety of outreach events to educate older adults and their care providers to help them spot incidences of abuse or exploitation and learn how to report them. For example, Region 1-C AAA (The Senior Alliance), after presenting at a United Auto Workers' (UAW) regional meeting, received multiple requests for presentations at UAW local meetings.

- **"Are You a Sitting Duck?" Publication**

Region 3-B AAA (CareWell Services Southwest), as part of the Calhoun County Elder Abuse Coalition, worked with the county prosecutor's office and other coalition members to produce a 36-page booklet entitled "Are You a Sitting Duck?" about scams, home care safety, and financial self-defense. A variety of local organizations use the publication, including law enforcement agencies and the probate court. Contact CareWell Services Southwest for a copy: <http://carewellservices.org/> or call 269-966-2450.

Challenges

- **Lack of Awareness**

Lack of awareness and acknowledgement of elder abuse and exploitation is a major challenge. Elder abuse and exploitation are complicated and have many facets, making it difficult to recognize. Once the abuse and/or exploitation is recognized, people may not know how and where to report it.

- **Need for Collaboration and Training**

Collaborations allow organizations, agencies, and businesses to increase their knowledge about services available for vulnerable adults, receive education and training, obtain information about the latest scams, brainstorm about elder abuse cases, and create a network for referral services. Collaborations need funding, staff, and time to support on-going operations and training for participants.

- **Self-Neglect Prevention**

Self-neglect prevention faces unique challenges. The federal definition of “harm type” does not include harm to oneself, so services and resources provided by Michigan’s Division of Victim Services are not available. Cleanup services for people in hoarding situations can be unaffordable to older adults with limited resources. Initiatives addressing opioid use and/or addiction traditionally target youth, leaving older adults, especially those who are isolated, without information and support.

- **Funding for Prevention Efforts**

Even though many AAAs have received grant funding for prevention initiatives, many still cite lack of funding as a barrier. Elder abuse prevention is not a priority in some communities, so it is difficult to carve out funding from existing budgets. While some AAAs have found community support to help fund prevention initiatives, others are hoping for future grant opportunities to fund current projects and address other issues.

Transportation: Innovative Practices

Mobility Management Services

- **myride2**

The mobility management service, myride2 is a one-call, one-click mobility management service to help older adults and adults with disabilities remain mobile for life. The myride2 service covers Region 1-A AAA (Detroit Area Agency on Aging), Region 1-B AAA (Area Agency on Aging 1-B), and Region 1-C AAA (The Senior Alliance, Inc.). The service provides access to transportation providers, travel training on how to use public transportation, and safe driving information through a toll-free multi-lingual phone line (855-myride2) or website (www.myride2.com⁶). Mobility specialists help individuals determine which transportation options are best for the individual’s needs, such as wheelchair accommodations or door-to-door or curb-to-curb service starting with the lowest cost first. Individuals may also search for a provider, request a ride, or find other mobility information on the website. The service is totally grant funded utilizing Federal

Transit Administration 5310 Enhanced Mobility of Seniors & People with Disabilities funding through the Regional Transportation Authority of Southeast Michigan.

The myride2 service does not provide or pay for the transportation, and cost is often a barrier to riders. Riders pay any costs directly to the provider and the fee depends on the service needed (wheelchair accessibility, etc.), time/date of the ride, and distance of the ride. When rides are needed county-to-county, they are most often referred to a private pay option, which is more costly. Local transportation resources, including volunteer drivers, community agencies (Senior Center, cities, townships), and Suburban Mobility Authority for Regional Transportation (SMART) curb-to-curb connector services are explored first. The Senior Alliance, Region 1-C, has five vehicles, including wheelchair-accessible vans, to provide a ride as a last resort. This is often needed since local community resources may not provide transportation outside their community's lines.

- **RideLink**

Region 8 AAA (Area Agency on Aging of Western Michigan) participates in an integrated on-demand transportation service, RideLink, for older adults in Kent County. RideLink, a network of area transportation providers, offers transportation to persons aged 60 or older to any destination, including doctor visits, recreational visits, and shopping trips within Kent County. Providers include Hope Network Volunteer Transportation, Senior Neighbors, Kent County Community Action, United Methodist Community House, and The Rapid's Go!Bus.

- **Michigan Mobility Grant for Central Upper Peninsula**

Region 11 AAA (UPCAP Services, Inc.) serves the area targeted by the Michigan Universal Vehicle Ecosystem (MUVE) Pilot, the mobility grant awarded in FY 2019 by the Michigan Department of Transportation's Michigan Mobility Challenge. The pilot is working with MUVE, a for-profit company that hopes to provide an application that helps transportation providers with coordination of transportation in rural areas. Possible barriers include the region's inability to sustain a for-profit model and the problems using cellphone or computer-based apps in rural areas with spotty cell-phone service and non-existent broadband service.

Non-emergency Medical Transportation

- **Upper Peninsula**

Region 11 AAA (UPCAP Services, Inc.) is seeking a planning grant to study non-emergency medical transportation needs and gaps. Medical care is increasingly regionalized. For example, in Grand Marais, 60 miles from a regional medical center, volunteer drivers may be available, but they do not have accessible vehicles. Region 11 AAA plans to purchase accessible vehicles to lease to communities, using volunteer drivers to provide transportation. Locations will be based on the planning grant's results.

- **Lower Peninsula**

Other AAAs have similar programs for providing non-emergency medical transportation. For example, Region 7 AAA (Region VII Area Agency on Aging) purchased two vans to

help meet demand for out-of-county transportation to medical appointments, which resulted in more rides being offered and fewer unmet transportation requests. Region 14 AAA (Senior Resources of West Michigan) has implemented a program to reimburse drivers in their volunteer transportation program at a higher mileage rate to ensure individuals are transported to necessary appointments. Region 3B AAA (CareWell Services Southwest) worked with other agencies to support funding for expanded transit service called The Marshall Albion Connector, which combined transportation for older adults and families to health appointments as well as transportation for students to attend a new regional high school. Region 10 AAA (Area Agency on Aging of Northwest Michigan) shared that the volunteer driver program in Wexford County through the Wexford Transportation Authority is working well and would be a good model to replicate in other areas of the state.

In Region V AAA (Valley Area Agency on Aging), a new program, “Vets to Wellness” gives veterans and spouses four trips a month to the Detroit, Ann Arbor, and Saginaw Veterans Administration facilities, across county lines. The Flint Mass Transportation Authority (MTA Flint), partnering with the Shiawassee Area Transit Agency, the Greater Lapeer Transit Authority, and Kevadiya, Inc., a veterans-serving organization, was awarded a Michigan Mobility Challenge grant for the program. Such a program, which provides transportation across county lines, could be expanded to serve all older adults if funding were available.

- **Non-Emergency Medical Transportation as a MI Choice Service--
Statewide**

In half of the AAAs that are MI Choice waiver agents, a pilot program explored the possibility of making non-emergency medical transportation a MI Choice service where supports coordinators, working directly with participants, would authorize the payment. Through this pilot, they were able to reduce the authorization time to 27 minutes. Previously, the average time it took for a MI Choice participant to get authorization for vendor payments for travel through the state plan transportation service was over two weeks, which, for treating a periodic illness, was too long. All the state’s MI Choice waiver agents are now responsible for authorizing transportation as one of the regular waiver services. This improvement was designed, piloted, and implemented by the MI Choice (Waiver) Design Team, which is part of Michigan’s BOLD Council Long-Term Supports and Services (LTSS) Continual Quality Improvement (CQI) Initiative, coordinated by AASA.

Coordination with Local Transportation Authorities

- **Active Participation on Advisory Councils**

AAAs are required to be on the advisory councils of local transportation authorities, by state rules. Active participation on these councils can help identify problems and improve services. Transportation authorities do respond to feedback, so it is important for AAAs to provide impactful information from users.

Region 5 AAA (Valley Area Agency on Aging) works closely with all three transportation agencies in Region 5, providing them with feedback about issues and concerns raised by older adults and persons with disabilities. For example, it was pointed out that the

public transportation authority for Flint and Genesee County—Mass Transportation Authority (MTA Flint) website was challenging to use for people who are hearing or visually impaired. MTA Flint utilized this information to improve their website. Additionally, the Region 5 AAA, along with consumers and other service agencies, forwarded concerns about long wait times for calls and the transportation authority worked to improve the call system.

Other AAAs have fostered relationships with local transportation authorities. For example, members of the local Transportation Advisory Council serve on the Region 6 AAA (Tri-County Office on Aging) Advisory Council. This representation has helped increase transportation options and improve communication with public providers. Region 2 AAA has participated in focus groups on transportation in the Region 2 area (Hillsdale, Jackson, and Lenawee counties) to improve transportation options and the ease of access for older adults and adults with disabilities.

- **Vouchers**

Many AAAs use vouchers to overcome the cost barriers to transportation. AAAs identified the use of vouchers as an innovative practice because expansion of existing systems, rather than creating new systems, was considered to be innovative. However, there is limited funding available for implementing this practice on a wide scale. Consequently, there is competition for scarce dollars between funding for transportation vouchers and funding for personal care services. Region 14 AAA (Senior Resources of West Michigan) purchased public transportation vouchers and provided them to participants. This is a very cost-effective option and provides assurance to those needing transportation services that they will be transported as needed. Region 5 AAA (Valley Area Agency on Aging) is given a limited number of free passes by the MTA Flint to distribute to those in need.

- **Michigan Mobility Challenge**

The Michigan Department of Transportation (MDOT) distributed \$8 million in FY 2019 through the Michigan Mobility Challenge to fund innovative transportation projects that can solve mobility gaps for older adults, persons with disabilities, and veterans in urban, rural, and suburban communities throughout Michigan. Jean Ruestman, administrator of Office of Passenger Transportation for MDOT, spoke to the SAC about the 13 funded projects. Project partners include mobility companies, public transportation agencies, area agencies on aging (AAAs) and social services agencies providing services to older adults, persons with disabilities, veterans, and/or advocacy groups.

The purpose of the Michigan Mobility Challenge was to develop innovative solutions to mobility challenges for all Michiganders with mobility issues. The aging network was specifically included in discussions and focus groups. AAAs were included as partners in the development of proposals. Projects include the Southeast Michigan Integrated Platform for Paratransit Services, an integrated online booking and trip management platform that can create a “one-click” experience for users of the Ann Arbor Area Transit Authority (AATA), Detroit Department of Transportation (DDOT), and Suburban Mobility Authority for Regional Transportation (SMART) paratransit services.

Challenges

AAA written responses, interviews with AAA staff, and comments from focus groups hosted by the Michigan Mobility Challenge identified key barriers in providing transportation services to older adults.

- **Service Gaps**

Lack of regional transportation service (across municipal borders and county lines) is a major problem. Long waiting times for return trips due to limited service is problematic, especially having to wait at doctors' offices or stores.

- **Costs and Payment**

Costs of service and payment methods are challenges. Older adults on fixed incomes cannot afford premium services. The demand for vouchers exceeds the supply, due to competition for limited resources. Older adults often have a fear of paying over the phone or online with a credit card.

- **Using Transit Services**

Learning to use transit services is difficult, including learning a fixed-route system or a demand-response system (who to call, when to schedule, planning a return trip).

Utilizing technology to find transportation options, book trips, and check status of rides can be challenging as well. Getting in and out of transit vehicles may be difficult if handicapped accessible vehicles are not available.

- **Barriers to Using Ridesharing Apps**

If a person does have a computer but not a smart phone, apps such as www.GoGoGrandparent.com charge a small fee to arrange a ride and text a family member with details. Drivers for ridesharing apps may not drive accessible vehicles. There are challenges for persons with cognitive impairments, as a driver may pick up a passenger for a medical appointment, but instead drives to a different destination requested by the passenger.

Conclusion

The innovative practices being implemented by Michigan's 16 area agencies on aging (AAAs) to address concerns with the direct care workforce, elder abuse and exploitation prevention, and transportation solutions are crucial for providing our state's older adults and persons with disabilities the supports and services they need. As the older adult population grows, strong collaborations with many local, state, and national partners will be necessary to ensure the best possible quality of life for our elders. The strong relationships that exist in our aging network—our sixteen Area Agencies on Aging, the Commission on Services to the Aging, the State Advisory Council on Aging, and the Aging and Adult Services Agency—must continue to ensure successful implementation of these innovations. Continued advocacy is necessary to make sure that resources are made available to continue and expand this important work.

Recommendations

1. The State Advisory Council on Aging recommends that the Commission on Services to the Aging share this report, which lists Michigan Area Agencies on Aging innovative practices, with the Governor, Legislature, AAAs, the aging network, elder abuse coalitions and multi-disciplinary teams, home care agencies, law enforcement, and transit authorities statewide.
2. We urge the Michigan Commission on Services to the Aging to continue to promote the direct care workforce recruitment, training, and retention strategies listed in this report.
3. The AAA elder abuse and exploitation prevention efforts with local coalitions and multi-disciplinary teams must be continued and supported, including the AASA Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative and the MDHHS Services to Victims of Elder Abuse grants.
4. The continued collaboration between AAAs and local transit authorities for improved transportation options should be encouraged, as these options are critical to the independence of older adults and persons with disabilities.
5. Partnerships with aging and disability network service agencies and providers, local units of government, state and national departments, foundations, nonprofits, and businesses are strongly encouraged to create strong supports and services for our state's older adults and persons with disabilities.

Appendix

In Order of Appearance

Michigan Commission on Services to the Aging (CSA)

<https://www.michigan.gov/osa/1,4635,7-234-64080-395270--,00.html>

State Advisory Council on Aging (SAC)

<https://www.michigan.gov/osa/1,4635,7-234-64080-324837--,00.html>

PHI, Quality Care Through Quality Jobs (formerly Paraprofessional Healthcare Institute)

<https://phinational.org/policy-research/workforce-data-center/#states=26&var=Employment+Projections>

Older Michiganians Act

<http://legislature.mi.gov/doc.aspx?mcl-act-180-of-1981>

National Council on Aging Elder Abuse Facts. (n.d.) retrieved from

<https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/>

Department of Attorney General, State of Michigan, Elder Abuse

https://www.michigan.gov/ag/0,4534,7-359-82917_92157---,00.html

Aging and Adult Services Agency, Michigan Department of Health and Human Services

<https://www.michigan.gov/osa/>

Older Americans Act (federal) <https://acl.gov/about-acl/authorizing-statutes/older-americans-act>

Michigan's "Building Training...Building Quality" Personal and Home Care Aide State Training Program, Final Report for the Michigan Office of Services to the Aging. Retrieved from

https://www.michigan.gov/documents/osa/Michigan_PHCAST_BTBTQ_Final_Report_December_18_2014_477161_7.pdf

IMPART Alliance <https://www.impartalliance.org/>

Financial Exploitation Risk Assessment Tools

<https://www.olderadultnestegg.com/about/>

myride2 <https://www.myride2.com/>

RideLink <https://www.ridetherapid.org/additional-services/ridelink>

Michigan Mobility Challenge https://www.michigan.gov/mdot/0,4616,7-151-9621_17216_86614---,00.html

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End Notes

¹ PHI, Quality Care Through Quality Jobs (formerly Paraprofessional Healthcare Institute) <https://phinational.org/policy-research/workforce-data-center/#states=26&var=Employment+Projections> (Retrieved September 3, 2019)

² National Council on Aging Elder Abuse Facts (n.d.) <https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/> (Retrieved September 3, 2019)

³ Financial Exploitation Risk Assessment Tools <https://www.olderadultnestegg.com/about/> (Retrieved September 3, 2019)

⁴ Michigan Mobility Challenge https://www.michigan.gov/mdot/0,4616,7-151-9621_17216_86614---,00.html (Retrieved September 3, 2019)

⁵ Michigan's "Building Training...Building Quality" Personal and Home Care Aide State Training Program, Final Report for the Michigan Office of Services to the Aging. https://www.michigan.gov/documents/osa/Michigan_PHCAST_BTBTQ_Final_Report_December_18_2014_477161_7.pdf (Retrieved September 3, 2019)

⁶ myride2 <https://www.myride2.com/> (Retrieved September 3, 2019)

State Advisory Council on Aging

List of Questions

Each area agency on aging (AAA) was invited to complete a list of questions, using SurveyMonkey® online survey tool. The questions asked AAAs to briefly discuss innovative practices in the areas of Direct Care Workers, Elder Abuse and Exploitation Prevention, and Transportation Solutions. The questions follow:

- 1) How did your AAA and/or region innovate regarding (Direct Care Workforce, Elder Abuse and Exploitation Prevention, or Transportation Solutions)?
- 2) How did the AAA decide to try this innovation?
- 3) What problem was the AAA addressing?
- 4) Why was the innovation so successful?
- 5) How did the AAA measure success?
- 6) What challenges developed while implementing this solution?
- 7) What areas of the (Direct Care Workforce, Elder Abuse and Exploitation Prevention, or Transportation Solutions) would you like to see improved that would be helpful to older adults and persons with disabilities?

Acronyms

AASA	Aging and Adult Services Agency, Department of Health and Human Services, State of Michigan
AAA	Area Agency on Aging
AAATA	Ann Arbor Area Transit Authority
ALL	Abuse Later in Life
APS	Adult Protective Services, Department of Health and Human Services, State of Michigan
BOLD	Building Options for Long-Term Supports and Services (LTSS) Decision-Making
BTBQ™	Michigan's "Building Training...Building Quality™ personal and home care aide state training program
CSA	Commission on Services to the Aging, State of Michigan
DDTA	Detroit Department of Transportation
DCW	Direct Care Worker
EVV	Electronic Visit Verification
IMPART	The IMPART Alliance is a coalition of researchers, personal care aides (PCAs), participants, and agencies working to develop a competent home care workforce and improve the lives of PCAs and the elders they serve.
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer (Questioning)
LTC	Long-Term Care
LTSS	Long-Term Supports and Services
MI Choice Waiver	MI Choice waiver program provides Medicaid-covered long-term care services and supports in a home or residential setting for participants meeting the nursing facility level of care. Services are provided through MI Choice waiver agencies
MDHHS	Michigan Department of Health and Human Services
MDOT	Michigan Department of Transportation
MTA Flint	Mass Transportation Authority, Flint

Acronyms, continued

OAA	Older Americans Act
PREVNT	Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today Initiative, a grant program of the Aging and Adult Services Agency
PSA	Public Services Announcement
SAC	State Advisory Council on Aging
SAFE	Success After Financial Exploitation
SMART	Suburban Mobility Authority for Regional Transportation
WCSO	Wayne County Sherriff's Office
UAW	United Auto Workers
2-1-1	2-1-1 is a free telephone, text, and online service connecting people with nonprofit and government resources in their area, 24/7.

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