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Alzheimer's Disease Demonstration Grants to States Program: Michigan

Final Report

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MICHIGAN**

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Executive Summary

Michigan's wraparound, academic detailing and dementia competencies projects are the most recent elements in a series of Alzheimer's Disease Demonstration Grants to States (ADDGS) programs, which began with Michigan's first respite and adult day care project in 1992. The Michigan ADDGS grant is being implemented by the mental health unit within the Michigan Department of Community Health. The Department of Community Health collaborates with a large number of partners, including the Michigan Dementia Coalition, the Michigan Public Health Institute, Michigan chapters of the Alzheimer's Association, and local service providers in order to meet the objectives of the ADDGS grant. The Michigan Department of Community Health is unusual among ADDGS grantees in being housed within a mental health unit rather than a State Unit on Aging.¹

The current ADDGS grant projects build largely on work developed from the Michigan Dementia Plan. This plan, developed by a large group of participating individuals, agencies, and coalitions, was drafted to identify the best strategies to decrease the burden of dementia in Michigan. This state plan established goals and strategies to help achieve them, which have formed the foundation of current ADDGS grant activities.

Since 1992, the Michigan ADDGS grants have sought to enhance the development of a statewide system of supportive services for caregivers and individuals with Alzheimer's disease and other disorders. The current grant:

- serves individuals with dementia who exhibit acute behavioral symptoms of distress and their families with a multidisciplinary system of services, known as the "Integrated Model of Wraparound Services and Supports";
- links direct care workers in home-based and institutional settings with training to increase their level of competency to provide care for people with dementia; and
- provides primary care physicians with a peer network for dementia care and resources from the aging network and the Alzheimer's Association chapters.

Exhibit ES-1 provides a listing of the two research questions for this case study and a summary of case study findings.

The Michigan ADDGS grants have built on knowledge from existing research, the experience of prior ADDGS grants, and the Michigan Dementia Plan, which has demonstrated that when mental health, public health, and aging service systems collaborate with primary care physicians and Alzheimer's Association chapters, then people with Alzheimer's disease and their family members receive more integrated community support. For more than two decades, Michigan's community partnership model has helped to facilitate improvements in the quality of service delivery for individuals with Alzheimer's disease, their families, and their community-based provider networks.

¹ Mississippi is the only other state that has had an ADDGS grant located in a mental health agency.

Exhibit ES-1. Key Findings

To what extent has the ADDGS grant's orientation/planned activities been affected by its location within a mental health state agency?

- Beginning with its work in the early 1980s to deinstitutionalize mentally ill older persons to other more appropriate settings, the Department of Mental Health (formerly a single department and now combined with the Public Health Administration, Medical Services Administration, and Office of Services to the Aging as the Department of Community Health) has been a leader in developing community-based models of care for individuals with mental health needs.
- The Department of Mental Health was the natural home for the first ADDGS grant, given:
 - its history in advocating for the inclusion of dementia care in the state's infrastructure and programming, providing continued direction and commitment;
 - its ability to obtain general revenue funds to support respite programs, caregiver education, and family support activities in the community, providing the direct service required for participation in the grant;
 - a large staff ready and able to support the work of the grant; and
 - the perception that the initial grant was designed to provide respite services for caregivers and other family members. Only the Department of Mental Health had an established track record of providing respite services for persons with mental health needs and their families at home at that time.
- One consequence of having the ADDGS grant placed in a mental health, rather than aging agency, is that the grants have included a mental health component, primarily a focus on good dementia care for persons with memory loss and loss of judgment and orientation, along with the provision of services.

To what extent has the grantee used the state's Dementia Plan to establish action steps for improving dementia care in the state of Michigan?

- The three main activities of the current ADDGS grant are designed to address several priority needs of the state of Michigan as outlined in the Michigan Dementia Plan.
- The wraparound initiative is designed to support family members who care for persons with Alzheimer's disease who are exhibiting disruptive or aggressive behaviors at home. This initiative directly addresses the first strategic goal of the Michigan Dementia Plan to increase support for family members who provide care for persons with dementia at home.
- The academic detailing project, which focuses on enhancing communication, information, and collaboration among public health, primary care and the aging network, addresses the second strategic goal of the Michigan Dementia Plan to promote a public health, disease management approach to dementia care in primary care practice that makes full use of best dementia care practices.
- The dementia competency initiative to enhance knowledge and training of direct care workers responds to the third plan goal to increase the level of knowledge of health care professionals with regard to dementia.
- The Michigan Dementia Plan provides a plan of action to guide state efforts to improve the quality of life and quality of care for persons with dementia and their families. The Michigan Dementia Coalition is in its third year of implementation of the plan. The plan serves as a guide for member agencies and their partners, including the Michigan Department of Community Health.

1. INTRODUCTION

Alzheimer's disease is a devastating degenerative disease that causes memory loss, challenging behavior problems and severe functional limitations. A person with late stage Alzheimer's disease requires constant supervision, support and hands-on care. While many persons with Alzheimer's disease are admitted to nursing homes, the majority of people with the disease live in the community, where their families provide most of the care. To improve services to persons with Alzheimer's disease, Congress established the Alzheimer's Disease Demonstration Grants to States (ADDGS) program, which is administered by the U.S. Administration on Aging. The program focuses on serving hard to reach and underserved people with Alzheimer's disease or related disorders (U.S. Administration on Aging, no date).

This report describes one of four case studies conducted by the ADDGS National Resource Center in 2006 on the activities of selected state programs.² The Michigan Department of Community Health was selected because of its mental health focus and its use of a statewide dementia care plan to guide its activities. The Michigan grant is unusual among ADDGS grantees in being housed within a mental health agency rather than a state unit on aging. The Department of Community Health helped to spearhead the development of the Michigan Dementia Plan to guide both the policies of the Michigan Department of Community Health and the development of programs to help family members and individuals with Alzheimer's disease and other dementias.

The first section of this report highlights the main features of the three Michigan ADDGS projects. Subsequent sections of this report address each of the following two research questions for this site:

- To what extent has the ADDGS grant's orientation/planned activities been affected by its location within a mental health state agency?
- To what extent has the grantee used the state's Dementia Plan to establish action steps for improving dementia care in the state of Michigan?

Information for this case study was gathered by reviewing administrative files at the U.S. Administration on Aging and Web sites, and by conducting an in-person site visit in Lansing and Howell, Michigan, on June 19-21, 2006. RTI International staff met with staff from the Michigan Department of Community Health/Mental Health and Substance Abuse Administration, Michigan Office of Services to the Aging, Michigan Public Health Institute, representatives from the two chapters of the Michigan Alzheimer's Association, representatives of Michigan's Dementia Coalition, educators, university faculty, direct service providers, ADDGS grant subcontractors, and other important community stakeholders. They also attended a tri-annual meeting of the Michigan Dementia Coalition. Exhibit 1 summarizes our findings regarding the two key study questions.

² Two case studies are in New York and Minnesota, and a fourth report is focusing on minority populations across a number of states.

Exhibit 1. Key Findings

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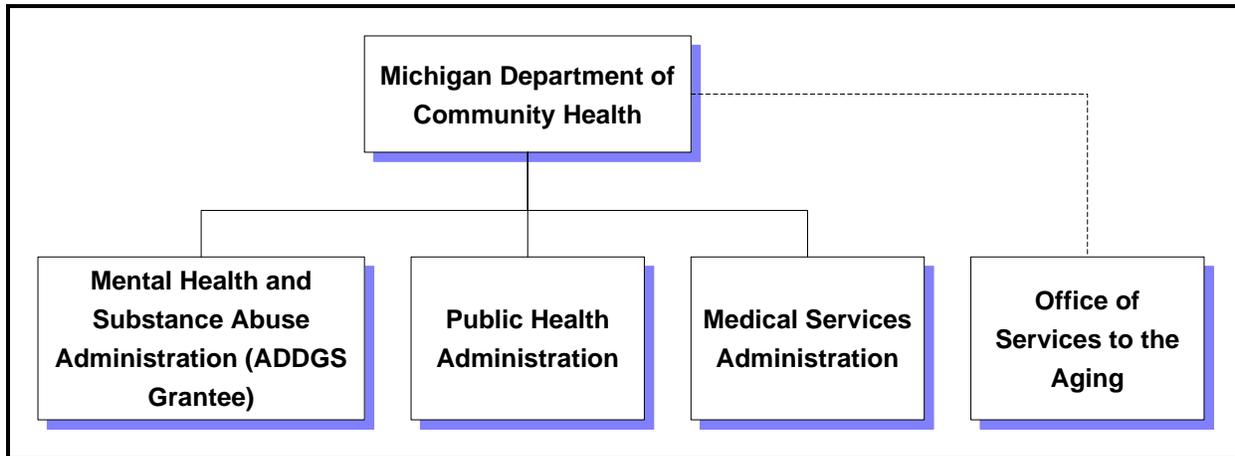
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2. BACKGROUND

The Michigan Department of Community Health is responsible for health policy and management of the state's publicly funded health service systems. Exhibit 2 provides a simplified organizational structure of the department.

Exhibit 2. Simplified Organizational Structure of Michigan Department of Community Health



The main state departments that work closely with the Michigan Department of Community Health/Mental Health and Substance Abuse Administration (where the ADDGS grant is housed) include the Public Health Administration, which oversees the acute and chronic public health needs of all Michigan residents, and the Office of Services to the Aging, which is the State Unit on Aging. The Office of Services to the Aging is considered an independent agency within the Michigan Department of Community Health, and continues to report directly to the Governor of Michigan on a number of policy issues.

Other key partners that have worked with the Michigan Department of Community Health/Mental Health and Substance Abuse Administration since the inception of the first ADDGS grant include the following:

- Michigan Dementia Coalition,
- Michigan Public Health Institute,
- Michigan's Alzheimer's Association Chapters, and
- local service providers.

The *Michigan Dementia Coalition* is a coalition of individuals and agency representatives that have served in some capacity (with different names and advisory group mandates) for over two decades to inform the state on Alzheimer's disease and other dementias. The Dementia Coalition has been the advisory committee for the last two ADDGS grants to the state of Michigan.

The *Michigan Public Health Institute*, an independent, nonprofit agency designed to promote partnerships among government, communities, and universities, was established in the mid-1980s to develop health systems innovations (<http://www.mphi.org>). The Michigan Public Health Institute distributes funds to Dementia Information Network organizations—which include Alzheimer’s Association chapters, Michigan chapters of the Parkinson Disease Society, and the Huntington Disease Society—and funds a number of specific Alzheimer’s disease initiatives through the establishment of subcontracts with direct service providers. The Michigan Public Health Institute receives its funding primarily from the Public Health Administration of the Michigan Department of Community Health.

There are currently two Alzheimer’s Association chapters in the state of Michigan—the Greater Michigan chapter and the Michigan Great Lakes chapter. The mission of each chapter is to eliminate Alzheimer’s disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. Since the early 1990s, when Michigan was awarded its first ADDGS contract, the Michigan Alzheimer’s Association chapters have collaborated with local service providers to implement ADDGS-supported activities.

Local service providers affiliated with the ADDGS grants include area agencies on aging, community mental health agencies, county commissions on aging, adult day health centers, community mental health boards, senior centers, neighborhood service organizations, and affiliated universities. Since 1986, local service providers have received ongoing state funding through the Department of Mental Health to support respite, caregiver education, and training programs for families and other caregivers of persons with Alzheimer’s and other similar conditions.

Following a brief summary of influential activities that provided the context for the ADDGS grants, we describe the key features of each of the three grants.

Influential Activities Associated with the ADDGS Grants

The state of Michigan has a long history of addressing the needs of people with dementia and their families. This extensive background and experience helped the state implement the ADDGS grants. Among the key activities that occurred during the past two decades were the following:

- In the early 1980s, the heads of the Michigan Department of Mental Health and the Office of Services to the Aging formed the Mental Health and Aging Advisory Council, whose job was to help facilitate the transfer of individuals from mental hospitals into the community.
- In 1985, the Governor established the Task Force on Dementia and Related Disorders, one of whose goals was to help facilitate the transition of persons with dementia from institutional settings to supportive living in the community.
- From 1984–1986, the Alzheimer’s Association chapters lobbied for and obtained some state funding for respite care and family support. The specific funds, which were administered by the Department of Mental Health, enabled the Department to develop a

network of respite service providers and educational materials. This money was critically important to the Department of Mental Health as it helped to establish a formal provider network and a conduit to receive direct service matching funds, two essential requirements to participate in the soon-to-be-initiated ADDGS program.

- In the mid to late 1990s, the Michigan Department of Community Health challenged leaders from public health, mental health, and aging to develop a unified state plan that would guide and coordinate the development of dementia initiatives and activities in Michigan.
- The State Dementia Plan, which was designed to identify the best strategies to decrease the burden of dementia in Michigan, was developed in the early 2000s. The resulting plan established goals, and a series of strategies to help achieve them.

Main Activities of Each ADDGS Grant

Michigan has had three ADDGS projects awarded to the Michigan Department of Community Health (or its predecessor, the Michigan Department of Mental Health). The main features of the three grants are:

First ADDGS Grant (1992–2000)

The first ADDGS grant was designed to develop a statewide system of support services for caregivers and individuals with Alzheimer’s disease and related disorders. The initial three-year grant was extended several times, resulting in an 8-year grant period. The outcomes of the first ADDGS grant were to:

- increase the number of programs that provided respite services, adult day, and other supportive services for individuals with Alzheimer’s disease and their caregivers through local community collaboration;
- build on existing training resources, develop training skills at the model sites, and provide multiple training and education opportunities to families and service staff; and
- develop a coordinated and cooperative approach to serving individuals with Alzheimer’s disease.

The initial target population for the grant included six rural areas in Michigan that either developed or expanded respite, adult day care, and supportive services, and two urban, multicultural and minority neighborhoods of Detroit, where two respite and adult day care programs were expanded (Montgomery, 1995). Subsequent add-ons to the initial grant enabled the Department of Mental Health to work with local communities to develop or support existing systems of care in other regions of the state.

Second ADDGS Grant (2002–2005)

In 2002, the Mental Health and Substance Abuse Administration of the Michigan Department of Community Health was awarded its second ADDGS grant. The focus of this grant was “to develop innovative approaches to providing care, and to integrate various systems to

improve care for people with Alzheimer's disease and other dementing illnesses and their families" (Cameron, 2005, p. 1).

The Alzheimer's Association—Greater Michigan Chapter collaborated with the Memory Diagnostic Center of Upper Michigan to replicate a service model that provided physicians with a single point of referral for linking people with dementing illnesses and their families with case management and community support services. The initial model, developed with funding from a federal Health Resources and Services Administration's Bureau of Primary Care grant, was located in the greater Detroit area. For the replication of this model in six rural counties of Michigan, a care manager was assigned to individuals living in rural areas who were referred to the Memory Diagnostic Center of Upper Michigan. Marquette General Health Care System was an additional partner for this initiative and served as the location where persons with Alzheimer's disease received a screening tool and family members received a care plan, as well as education, information, and referral services.

For up to 18 months after the screening, family members were able to receive at no charge: care management, customized information, education, and registration in the Safe Return™ Program and in-home respite with personal care assistance services, and adult day care. Stipends of up to \$3,000 per family over a three-year period were made available to provide respite care for families enrolled in the program.

The relatives of 65 families were screened and given care management services and 30 families received respite scholarships from the ADDGS grant. Since 2005, when the ADDGS grant ended, Marquette General Hospital has adapted the model and continues to deliver the service using general hospital operating funds. Social workers and the chief neurologist, who provided the training, continue to donate their time to this effort.

The Michigan Public Health Institute implemented a model program of assistance designed to enhance the statewide capacity of voluntary health organizations involved with Alzheimer's, Huntington's, and Parkinson's diseases to follow up on inquiry calls, provide care consultation, and link callers with other supportive services that were available in the community.

The Michigan Public Health Institute also worked with the Michigan Primary Care Dementia Network to coordinate and implement physician education and community screening programs in the Upper Peninsula. Primary care dementia tool kits were developed and disseminated to Michigan Primary Care Dementia Network physicians.

Since the second ADDGS grant has ended, the Michigan Public Health Institute has been able to continue to provide care consultation services through its line item in the Public Health Administration section of the state budget. It also has sought continued support and funding from various foundations and federal sources to support ongoing work for the Michigan Primary Care Dementia Network.

The Otsego County Commission on Aging, a nonprofit multipurpose service agency for older persons, was selected to develop a model of assistance to improve its capacity to respond to

the needs of people with dementing illnesses and their families as they progress through different stages of the disease. The objectives of this initiative were to:

- establish an “up and go” program to allow families to obtain early morning or late afternoon assistance to help loved ones with Alzheimer’s disease to get ready to go to adult day care or stay with loved ones after adult day care ended until caregivers returned home;
- develop a student intern/mentoring program—in response to the need for more direct service workers—to support adult day care staff;
- develop an expressive arts/music therapy program utilizing musicians, artists, and storytellers for participants of its adult day care program;
- provide crisis respite services by expanding options for respite care in the consumer’s home for short periods (up to 8 hours) and contracting with local long-term care facilities for short-term placement for respite care; and
- increase community awareness of Alzheimer’s disease through radio show spots and provide training tools to home-bound caregivers and providers who were unable to come to trainings.

Once the ADDGS grant ended, a commitment was made by the management of the Otsego County Commission on Aging to maintain smaller staff/client ratios at the adult day care center, to continue to support the “up and go” service with local county millage funds,³ and to maintain the crisis respite service. Staff members have incorporated music therapy learning principles into their adult day care center programming. The Otsego County Commission on Aging also has identified potential funding sources to support adult day care services in the future.

Senior Services/Midland County Council on Aging, a nonprofit multipurpose center for older persons, worked to be more responsive to the needs of people with dementing illnesses and their families. The specific objectives of this project were to:

- develop a single philosophy of family-centered care across all service areas;
- develop a “Family Centered Alzheimer’s Care Manual” to help train case managers, family, and staff and to serve as a reference tool to the community;
- provide financial assistance for 50 families to use short-term respite care in home and at the adult day care center (for up to 4–6 weeks/family); and
- collaborate with hospices on end-of-life issues and education, including training of hospice staff, development of joint community education presentations, and case conferencing.

³ A large proportion of the county aging services in Michigan are supported in part by local senior millage or property tax funds. In Otsego County, for example, the county raises \$1 million a year in local senior millage funds.

Once ADDGS grant funding ended, Senior Services/Midland County Council on Aging continued to train its staff using its family-centered approach to care, to provide support groups, and to pursue end-of-life collaborations. It will continue to use the caregiver manual and keep it in print. Finally, it will continue to provide periodic training for all staff. Without grant support, however, it will not be able to provide financial support for families to access adult day care or in-home services.

Third ADDGS Grant (2005–2008)

The third ADDGS grant, which is ongoing, is designed “to promote a collaborative approach among mental health, public health, and aging services systems, primary care physicians and Alzheimer’s Association chapters in developing community models of support for people with dementia and family members involved in their care” (Michigan Department of Community Health, 2005, p. 1). The three main objectives of the grant are to link:

- individuals with dementia who exhibit acute behavioral symptoms of distress and their families with a multisystem array of wraparound services and supports;
- direct care workers with training to increase their level of competency to provide care to people with dementia; and
- primary care physicians with a peer network for dementia care and resources from the aging network and Alzheimer’s Association chapters.

This project builds directly on three of the five strategies formally outlined in the Michigan Dementia Plan. The overall aim of the grant is to ensure that the needs of individuals with dementia and their caregivers are “incorporated into the emerging infrastructure of Michigan’s long-term care system” (Michigan Department of Community Health, 2005, p. 1).

The Integrated Model of Wraparound Services and Supports Project focuses on people with dementia with acute symptoms of distress who are resistant to care, challenging, agitated, disruptive, or aggressive. The Michigan Department of Community Health believes that this subset of individuals and their families require significant long-term care support to remain in the community. The term “wraparound services” describes an approach to “building constructive relationships and networks of support with individuals and families whose needs fall outside the scope of traditional service systems and require integrated coordination among organizations and the individual’s natural supports to reduce the use of institutional care settings” (Michigan Department of Community Health, 2005, p. 7). The term has been used widely in the mental health field as a way of addressing the needs of families of children who have serious emotional disturbance and has been incorporated into other fields such as child welfare, juvenile justice, and education (Larson, 1998; Talerico & Evans, 2000; Bartels & Colenda, 1998; Burns & Goldman, 1999; Pringle et al., 2002; Cohen-Mansfield, 2000).

The Workforce Development through Training Project is a collaboration of the Dementia Competencies Workgroup of the Michigan Dementia Coalition, the Michigan Public Health Institute, the Michigan Quality Community Care Council, the Office of Services to the Aging, and Lansing Community College. The Dementia Competencies Workgroup has developed a

comprehensive listing of core competencies for direct care workers. The core competencies outlined in the group's draft report are shown in Appendix A.

At the time of RTI's site visit, the dementia competencies document for direct care workers was under review by expert contributors and direct care workers; one dementia-specific training conference had been attended by 15 direct care workers at Lansing Community College; and a training course was being planned (at no charge to direct care workers) for the summer of 2006, along with free respite to assist caregivers in being able to attend the training. Training by Lansing Community College and the Michigan Quality Community Care Council will continue in the second year of the grant. In addition, a researcher contracted by Michigan Public Health Institute in the process of designing a self-assessment tool to be used by direct care workers.

The Coordination of Care among Primary Care and Community Service Organizations project builds on a number of related initiatives that began in 2000. The first was the establishment of the Primary Care Initiative, which was created as a project of the Michigan Dementia Coalition. This initiative was designed to develop strategies for promoting dementia awareness among primary care physicians, disseminating information about effective disease management practices, and linking providers with resources for diagnostic consultation and nonmedical community services (Michigan Department of Community Health, 2005). Also in 2000, the Dementia Coalition conducted a focus group with 30 physicians who identified barriers to effective dementia practice, developed recommendations for possible solutions, and enlisted workgroup members to address these concerns. Interested primary care and specialty physicians subsequently formed a group known as the Michigan Primary Care Dementia Network, which has expanded to include more than 80 physicians. Members of the Michigan Dementia Coalition work with the co-chairs of the Michigan Primary Care Dementia Network to guide Michigan Primary Care Dementia Network initiatives.

In 2004, the Dementia Coalition established a community resources workgroup to provide structured educational outreach materials and visits to individual primary care clinics. This ADDGS project built on the work of the Community Resources Workgroup and findings from a prior federal Health Resources and Services Administration grant to support the development of team training materials, protocols for visits to clinics, continuing medical education modules, case examples, and other materials on selected dementia management issues, and to sponsor initial piloting of the protocol. The one-year grant allowed the Michigan Primary Care Dementia Network to develop educational materials on dementia for primary care providers, review various models for delivering information to physicians, and develop a clinic visit program based on the pharmaceutical drug representative model (e.g., whereby drug representatives visit physician offices and provide on-site educational training and lunch to the medical office staff during their mid-day break).

Once the Health Resources and Services Administration training grant ended, the Primary Care Dementia Network team was able to depend on ADDGS grant funding to develop a more complete program that included three key representatives: an Alzheimer's Association representative, an Area Agency on Aging representative, and a Primary Care Dementia Network Physician. The goal of the visits was to provide increased awareness of available support services for persons with dementia and to determine if the primary care practice needed additional educational resources to increase early identification of patients with dementia and to

successfully manage the care of persons with Alzheimer's disease and other dementias and their families.

At the time of RTI's site visit to Michigan, three clinic visits had been conducted. The Primary Care Dementia Network reported that informal feedback from physician offices indicated that the visits increased physicians' awareness of available support services for persons with dementia and may lead to increased referrals. The Michigan Primary Care Dementia Network also met in March to critique, review and modify the quality indicators that the Michigan Primary Care Dementia Network had developed to measure the effectiveness of the primary care training on subsequent practice patterns.

3. EXTENT TO WHICH ADDGS GRANT'S ORIENTATION HAS BEEN AFFECTED BY ITS LOCATION WITHIN A MENTAL HEALTH AGENCY

Since the first ADDGS grants were awarded in the early 1990s, they typically have been located in State Units on Aging. Michigan is unusual in being one of only two states that has its ADDGS grant located in a mental health agency.⁴ The Michigan ADDGS grant allows an analysis of how a different perspective and organizational location affect grant orientation and activities. This section provides an overview of both the rationale for, and the implications of, having the current ADDGS grant located within the mental health administration.

Rationale for Mental Health Agency Lead

All of the ADDGS grants to the state of Michigan have been located within the Michigan Department of Mental Health or its successor (formerly its own department but now, part of the Michigan Department of Community Health). A number of historical factors and practical reasons have been responsible for the placement of the ADDGS grant in the mental health agency. According to the Michigan Department of Mental Health's understanding of the original ADDGS federal request for proposal issued by the Health Resources and Services Administration in 1992, the primary purpose of the ADDGS grant was to provide respite services for persons with Alzheimer's disease and their families. Since the Michigan Department of Mental Health was already the lead agency providing respite services to individuals and caregivers in communities across the state, and it had access to a stable, continuous source of state funding to support the delivery of these respite services, staff from the Department of Mental Health felt that the grant belonged in the Department rather than in the Office of Services to the Aging. The mental health department had the additional advantage of having an established network of service providers (through its work in developing its statewide respite services program), many of whom were well-positioned to provide local matching funds, an important requirement for participation in the ADDGS program. Because the Michigan Department of Mental Health was a large department, having a sizable budget and staff dedicated to providing respite services, it was well-positioned to take on the actual work of writing the grant proposal and overseeing the activity of the grant. Lastly, key department leaders were proponents of furthering dementia care and were committed to this effort.

Focus on Behavioral Aspects of Dementia

One consequence of having the ADDGS grant placed in a mental health, rather than aging agency, is that the grants have included a mental health perspective in providing dementia care to individuals and their families. The current 2005–2008 ADDGS grant is focusing on the behavioral aspects of dementia—including aggressive or disruptive behavior, aggression, resistance to care, and agitation—rather than on less disruptive problems such as memory loss or the need for help with the activities of daily living.

Approximately two-thirds of the current ADDGS grant is being used to work with individuals with behavioral problems. Using wraparound project funds, the Michigan Department of Community Health recently awarded subcontracts to two community mental health agencies to test the wraparound concept for older persons and their families and determine

⁴ Mississippi is the other state that has had an ADDGS grant located in a mental health agency.

if this model is effective and replicable for a new target group: adults with dementia who exhibit acute behavioral symptoms of distress.

The wraparound approach is designed to provide an integrated system of services and supports, developed on a one-on-one basis with family members, to help individuals and their families deal with significant behavioral aspects of Alzheimer's disease. Wraparound program models vary in terms of the target population, proposed interventions, levels of funding, and the type of lead agency, as well as the range of collaborative agencies involved in developing an integrated community model of support that crosses the individual's life domain areas (residence, emotional, behavioral, social, spiritual, cultural, etc). However, each wraparound process shares the following essential components:

- it engages family members and communities in a culturally responsive manner to be full partners in every level of the process of identifying the strengths of the person at risk for institutional placement and the types of supports needed;
- includes a balance of formal and informal supports;
- ensures the availability of a supports coordinator or facilitator and flexibility of funding, time, location, service response, and setting;
- establishes unconditional commitment to serving the individual and his/her family regardless of difficulty or change in needs;
- through a collaborative team process, develops service plans that have professional and natural supports; and
- identifies and measures specific outcomes for each goal (Michigan Department of Community Health, 2005, pp. 7-8).
- While considered promising, the wraparound process has not been extensively enough researched to be considered an evidence-based practice. Still, Michigan had prior experience with the wraparound concept through its Michigan Department of Community Health Division of Mental Health Services for Children and Families. Training and technical assistance has been provided to local community collaborative bodies, wraparound supports facilitators, and community teams serving children with emotional disturbances and their families through a Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant Program. The division will provide technical assistance to the ADDGS wraparound initiative team.

Twelve proposals were submitted to the Wraparound Initiative team, including an Alzheimer's Association chapter, senior center, visiting nurses association, and social service organizations. The community-based agencies selected to test the wraparound concept are mental health rather than aging services agencies. Staff from the Office of Services to the Aging had hoped that some ADDGS activity and funding would go directly to the aging network since the ADDGS grant was designed to serve adults with Alzheimer's disease and their families. Michigan Department of Community Health staff responded that the request for proposals solicitation had been open and available to all who were interested in bidding on it and that the

best two projects were selected regardless of where they were located or what type of agency they represented. The two agencies selected to pilot the Wraparound Model had collaborative community teams and facilitators already in place, experience in Wraparound programs, and were active in aging networks, thus were in the position to initiate the pilot quickly.

At the time of RTI's site visit to Michigan, the two implementation contractors had just been selected. Ionia County Community Mental Health, the first wraparound initiative subcontractor, proposed to address the needs of individuals with dementia who exhibited acute behavioral symptoms of distress and their caregivers "through a multi-system wraparound model of care that focuses on promoting the individual's quality of life and delaying institutionalization of care" (Ionia County Community Mental Health, 2006, p. 3). Ionia County already had spearheaded a successful wraparound system for at-risk families and children in this county in its Bridges Program. Evaluation data from the past eleven years of the Bridges Program (the previous wraparound project) indicated that the process successfully helped families to improve their lives (Ionia County Community Mental Health, 2006).

Similarly, Copper Country Mental Health, the second wraparound initiative subcontractor and prior partner on the first ADDGS grant, is supporting four counties from the western Upper Peninsula, including those who are among the poorest, most rural, and have the highest percentage of older people in the state and nation. Copper Country Mental Health was a recipient of a Robert Wood Johnson Foundation Community Partnerships for Older Adults grant to develop a number of programs, including person-centered planning for older adults, a geriatric mental health team to provide mental health services on a one-on-one in-home basis to older adults living in the community, and a guardianship alternatives project to help older adults and their families discuss sensitive issues surrounding durable powers of attorney for health care and finances (Copper Country Mental Health Association, 2006, p. 2). For the new ADDGS project, Copper Country Mental Health will develop a similar set of programs, using the wraparound process, for adults with behavioral aspects of dementia and their families.

Although wraparound implementation activities had not been initiated at the time of the site visit to Michigan, each pilot agency will be responsible for developing a system of support for individuals exhibiting behavioral symptoms, and for serving fifty families over the course of the project. In addition, program representatives will participate in a Michigan Department of Community Health-sponsored wraparound orientation program. Each site also will be required to attend a three-day training program and other trainings as needed. The organizations and providers providing services include the mental health crisis response team, the aging network, adult protective services, law enforcement agencies, primary care physicians, Alzheimer's Association chapters, and hospitals (Michigan Department of Community Health, 2005).

4. THE STATE DEMENTIA PLAN AS A GUIDE FOR ACTION

The Michigan Dementia Plan identifies priorities and strategies to guide state efforts to improve the quality of life and quality of care for persons with dementia and their families. The implementation of this plan focuses on strategic goals rather than detailed action steps, and depends upon the motivation and leadership of the Michigan Department of Community Health and its partners throughout the state. In this section, we provide an overview of the role of the Department of Community Health in the development of the Michigan Dementia Plan, a discussion of the plan's importance in guiding the work of the current ADDGS grant, and implications of the plan for the future.

Role of the Department of Community Health in the Development of the Michigan Dementia Plan

The Michigan Dementia Plan represents the culmination of significant activity among a large number of individuals, including family members and professionals, and a wide variety of organizations from across the state. The Michigan Dementia Coalition is exemplary in obtaining collaboration and fostering coordination.

In 1983, the Michigan Health and Aging Advisory Council was formed to enhance communication between mental health and aging services and improve the coordination, planning, and service delivery for older persons with mental health issues. This advisory council, which served as the state advisory committee for the first ADDGS grant project, included staff from the Department of Mental Health, Office of Services to the Aging, Department of Public Health, Department of Social Services, and Michigan Council of the Alzheimer's Association.

In the fall of 1985, the greater Detroit Chapter of the Alzheimer's Organization urged the Governor to appoint a task force on Alzheimer's disease. This task force, appointed in 1985, was known as the Michigan Task Force on Alzheimer's Disease and Related Conditions. In 1987, this committee issued a two-volume report to the Governor.

In 1990 the Legislature funded the Alzheimer's Association chapters to provide dementia information and assistance. Subsequently, the Chronic Disease Advisory Committee was renamed the Dementia Services Coordinating Committee and the Michigan Department of Community Health, Public Health Administration, which administers these funds, contracted with the Michigan Public Health Institute to staff the Dementia Services Coordinating Committee and manage the grants. In 1998, under the leadership of the Michigan Department of Community Health, Public Health Administration and the Michigan Public Health Institute program coordinator, the Dementia Services Coordinating Committee underwent another transition, renamed as the Michigan Dementia Coalition. Representatives from Mental Health, the Office of Services to the Aging, Public Health, and the Medical Services Administration participate on the Coalition, along with representatives of universities, community organizations and consumers.

Finally, in the late 1990s, the Michigan Department of Community Health challenged leaders from public health, mental health, and aging to develop a unified state plan that would guide and coordinate the development of dementia initiatives/activities for the state. The plan, which was formally published in August 2003, represented the culmination of "a process

designed to identify the best strategies to decrease the burden of dementia in Michigan” (Michigan Dementia Care Coalition and Michigan Department of Community Health, 2003, p. 2).

The process formally started with the conduct of three community forums on dementia in Lansing, Marquette, and Gaylord, Michigan, in October 2002. More than sixty dementia care experts, caregivers, and persons with dementia attended these sessions. The Michigan Dementia Care Coalition then convened a State Dementia Plan Committee of more than fifty individuals (including representatives from the Department of Community Health) in December of 2002 to discuss community forum findings and begin setting priorities among the needs, identify potentially effective strategies, and establish key goals. Committee members continued to develop and prioritize strategies, with input from the Michigan Dementia Care Coalition and other leaders.

The resulting plan established five goals and a series of strategies to help achieve them. The main goals of the Michigan Dementia Plan are to:

1. Increase support for family members who provide care for persons with dementia at home;
2. Promote a public health, disease management approach to dementia care in primary care practice that makes full use of best dementia care practices;
3. Increase the dementia competency of health care professions;
4. Improve the choices for residence and care of persons with dementia; and
5. Increase early intervention by increasing public awareness of the caregiver role and the early warning signs of dementia (Michigan Dementia Care Coalition and Michigan Department of Community Health, 2003, pp. 3-5).

Importance of the Michigan Dementia Plan in Guiding the Work of the ADDGS Grant

The first three goals of the State Dementia Plan, outlined above, are actively being addressed by the 2005–2008 ADDGS grant. More specifically, the wraparound initiative, while focused on serving those with behavioral issues, is designed to increase support for family members who provide care for persons with dementia at home (strategic goal #1). Similarly, the academic detailing project, which focuses on enhancing communication, information, and collaboration among public health, primary care, and the aging network, builds on prior work with the Health Resources and Services Administration and addresses the second strategic goal outlined above. Finally, the dementia competency initiative to enhance knowledge and training of direct care workers (strategic goal #3), was designed as an outgrowth of work begun under the Dementia Competencies Initiative of the Dementia Care Coalition, and in response to this explicit state mandate to increase the level of knowledge of health care professionals with regard to dementia.

In this section, we draw additional parallels between the Michigan Dementia Plan and the three key initiatives being launched as part of the 2005–2008 grant. Prior ADDGS grants did not

focus explicitly on the Michigan Dementia Plan since it was not formalized and disseminated widely until 2003, when the second ADDGS grant was already well underway.

Wraparound Initiative

This initiative was designed to fill a recognized gap in the system of care for individuals with Alzheimer’s disease who were exhibiting aggressive, disruptive, or other challenging behaviors. Staff of the Michigan Department of Community Health also recognized that the wraparound initiative would directly address the first strategic goal of the Michigan Dementia Plan of increasing support for family caregivers who care for persons with dementia at home. Michigan Dementia Plan strategies that are incorporated into the wraparound initiative include the following:

- Identify and promote flexible, innovative respite programs that respond to the diverse and changing needs of persons with dementia and their families; and
- Increase the use of interventions designed and documented to strengthen caregivers’ skills in managing the challenges of caring for a person with dementia.

To address these strategies, the Michigan Department of Community Health and the Wraparound Initiative Steering Committee selected two community agencies to implement a community model of training and support that:

- implements the wraparound concept by:
 - identifying a community-based, multi-system team to support the needs of participating family units; and
 - developing and monitoring customized plans of care that focus on strengths, natural supports, and unconditional care.
- assures participating family members that they will have access to education, care consultation and management, respite, crisis intervention, back-up and aftercare support services as needed, delivered by community-based providers who are trained in cognitive assessment and intervention;
- prevents unnecessary hospitalizations, emergency room visits, and placement in 24-hour care facilities; and
- promotes the health and functional status of affected individuals and their caregivers.

Workforce Development Through Training Initiative

This initiative, developed in partnership with the Michigan Public Health Institute, the Dementia Coalition, and the Dementia Competencies Workgroup, will continue work already begun in response to the mandate outlined in the Michigan Dementia Plan. Among the Michigan Dementia Plan strategies that have been incorporated into the Workforce Development initiative are the following:

- Design and implement an initiative to increase dementia training in formal professional education programs.

- Include dementia-specific requirements in continuing professional education requirements.

To address these strategies, the Michigan Department of Community Health and its collaborating partners (primarily Michigan Public Health Institute) have made plans to:

- develop and provide formal training programs for direct care workers at Lansing Community College and other accessible venues using materials developed by the Dementia Competencies group and the best information available on dementia education;
- provide scholarships/stipends to direct care workers so that they can attend trainings as well as provide respite service for care recipients so that they will be cared for while their caregiver is in training;
- develop a directory of dementia education providers;
- develop a self-assessment tool for individual workers to help them determine their own dementia competency and identify areas where more training may be needed; and
- present educational materials about dementia competency initiatives at statewide conferences; and
- disseminate information about dementia competencies resources to direct care workers throughout the state.

Coordination of Care among Primary Care and Community Service Organizations

As noted previously, the academic detailing initiative, proposed as the third main activity of the current ADDGS grant, was developed based on prior work conducted by the Dementia Coalition through its Primary Care Dementia Network Initiative. This initiative, which brought together approximately 30 physicians to identify barriers to effective dementia care practice, and to provide recommendations for possible solutions, led to the formalization of the Michigan Primary Care Dementia Network. The work of this committee led to the development of a Health Resources and Services Administration grant proposal that allowed the team to develop a concept, the academic detailing model, that would directly respond to the second Michigan Dementia Plan goal of promoting a public health, disease management approach to dementia care in primary care practice that makes full use of the best dementia care practices. The specific strategies outlined in the Michigan Dementia Plan to accomplish this goal included:

- equipping the Michigan Primary Care Dementia Network to implement its plan by meeting with primary care physicians, sharing materials to help them diagnose and refer individuals with Alzheimer's disease and their families to community-based resources, and evaluating the impact of the academic detailing program using self-reported assessments after each educational session; and
- demonstrating community models of dementia best care practices.

During the 12-month period of the Health Resources and Services Administration grant, the Michigan Primary Care Dementia Network members were able to pilot a dementia data system, develop a variety of training materials, assess the utility of various forms used during

academic detailing visits, and conduct initial piloting of a self-reported evaluation tool. They consulted with Dementia Coalition members and workgroup participants and selected the academic detailing model as the preferred means to share information with primary care providers, public health officials, and the community at large.

The current ADDGS grant initiative builds on the prior work of the Dementia Care Coalition and its member workgroups, and is formally incorporating the Michigan Dementia Plan's suggested strategies for this specific goal by:

- promoting a web site designed to increase awareness and communication among physicians about best dementia care practices and available dementia assessment centers;
- developing educational modules and learner-driven instructional approaches to increase providers' knowledge and addressing perceived barriers to implementing alternative practices; and
- implementing its academic detailing model in a number of communities to offer physicians specific procedures they can use to link individuals and their families with community resources.

Continued Importance of Michigan Dementia Plan/Strategies for Systems Change

Since the Michigan Dementia Plan was issued in 2003, a number of work groups, concerned citizens, nonprofit agencies, and government agencies have continued to rely on this document to guide programs and service development and implementation throughout the state. Many of the specific strategies that were outlined in the Michigan Dementia Plan take significant time and resources to implement. Several workgroups of the Michigan Dementia Coalition meet periodically to continue implementation of action plans. Due to Michigan's weak economy, legislative appropriations to support full implementation of the Michigan Dementia Plan have been disappointing. However, due to broad individual and organizational participation in development of the plan, the Michigan Dementia Coalition has been able to make substantial progress in implementing many of the outlined strategies.

The following are specific recommendations to enable the state to achieve enduring systems change in the care and treatment of persons with Alzheimer's disease and other dementias in Michigan:⁵ (For a complete listing of proposed strategies, see the Michigan Dementia Plan [Michigan Dementia Coalition and Michigan Department of Community Health, 2003].)

- **Best practices in the identification and treatment of persons with Alzheimer's disease by primary care physicians**
 - Identify memory problems in the early stages and make sure patients are accurately assessed and diagnosed.

⁵ The following suggestions have been paraphrased from the original document, and organized by group leading the planned activity.

- Adopt an ongoing disease management approach to the care of persons with dementia.
- Monitor and treat symptoms and comorbidities, particularly depression.
- Monitor and treat behavioral issues (including use of pharmacological treatments and psychosocial interventions).
- Attend to the health of primary caregivers.
- Work in partnership with community resources.
- Work with families to make appropriate end-stage decisions.
- **Development of a public relations/awareness campaign, led by the Michigan Dementia Coalition and the Department of Community Health**
 - Develop a statewide dementia awareness campaign, including:
 - culturally competent outreach,
 - social marketing strategies, and
 - information on what dementia means, early warning signs and caregiver identity and available resources.
- **Education and training of direct care workers, led by the Dementia Coalition**
 - The State Dementia Plan recommended increasing the dementia competency of health care professionals. Soon after publication of the State Dementia Plan, the Coalition seized on the opportunity to join with a grassroots effort to increase the dementia competencies of direct care workers and has continued to facilitate this initiative. Given the scope of this initiative and its limited resources for additional professional education initiatives, the Coalition continues to focus most of its efforts on the dementia competencies for direct care workers.
- **Development of inventory of respite care facilities and identification of best respite care practices, led by a task force of members from the Michigan Dementia Coalition and the Office of Services to the Aging**
 - Identify state programs that provide respite care services to individuals with dementia and their families.
 - Develop a method to disseminate information on innovative models throughout Michigan.
 - Assess the adequacy of access to respite services.
 - Identify best practices, especially those that are responsive to the changing needs of caregivers and persons with dementia.

The Michigan Dementia Plan identified priority goals and outlined various strategies for achieving these goals. The plan successfully galvanized a wide array of stakeholders – individuals and organizations – concerned about dementia in Michigan to pursue various strategic initiatives. Work groups of the Coalition continue to pursue ambitious strategies for achieving their respective goals. Michigan Department of Community Health administrators

need to capitalize on the Michigan Dementia Coalition expertise and resources in its health care services, education, support efforts, and long-term care systems change efforts to ensure maximum benefit for persons with dementia and their family members in Michigan.

5. CONCLUSION

This case study documents how the Michigan Department of Community Health has developed a collaborative approach among mental health, public health, and aging services systems; primary care physicians; Alzheimer's chapters; and local service providers in developing community models of support for people with dementia and their family members. ADDGS grant activities also have grown in sophistication in response to the increasingly large and complex mental health and aging infrastructure that has emerged in the state since 1992.

The current ADDGS grant builds on strategies outlined in the Michigan Dementia Plan, enhances work performed and supported by other initiatives, and incorporates selected strategies recommended by mental health, long-term care, and public health committees over a twenty-year period. All of the ADDGS grants have been designed to ensure that the needs of individuals with dementia and their caregivers are incorporated into the emerging infrastructure of Michigan's long-term care system.

To What Extent Has the ADDGS Grant's Orientation/Planned Activities Been Affected by Its Location Within a Mental Health State Agency?

Beginning with its work in the early 1980s to deinstitutionalize mentally ill older persons to other more appropriate settings, the then Department of Mental Health has been a leader in developing community-based models of care for individuals with mental health needs. At the time that the initial ADDGS grant proposal was submitted to the Health Resources Services Administration in 1992, a fairly extensive community-based mental health infrastructure already existed in Michigan. Although staff of the Department of Mental Health and the Office of Services to the Aging were key participants in all of these discussions, the Department of Mental Health has been a natural home for the ADDGS grant, given:

- its history in advocating for the inclusion of dementia care in the state's infrastructure and planning, providing continued direction and commitment;
- its ability to obtain general funds to support respite programs, caregiver education, and family support activities in the community, providing the direct service and matching funds required for participation in the grant;
- staff ready and able to support the work of the grant; and
- the initial grant was designed to provide respite services for caregivers and other family members. Only the Department of Mental Health had an established track record of providing respite services for older persons with mental health needs and their families.

To What Extent Has the Grantee Used the State's Dementia Care Plan to Establish Action Steps for Improving Dementia Care in the State of Michigan?

The current ADDGS grant is designed to address the needs of the state of Michigan as outlined in the Michigan Dementia Plan. More specifically, the wraparound initiative, which focuses on those with behavioral issues, is designed to increase support for family members who provide care for persons with Alzheimer's disease who are exhibiting disruptive and/or aggressive behaviors at home. The wraparound initiative also directly addresses the first

strategic goal of the Michigan Dementia Plan of increasing support for family caregivers who care for persons with dementia at home. Similarly, the academic detailing project, which focuses on enhancing communication, information, and collaboration between public health, primary care and the aging network addresses the second strategic goal of the Michigan Dementia Plan to promote a public health, disease management approach to dementia care in primary care practice that makes full use of best dementia care practices. Finally, the dementia competency initiative to enhance knowledge and training of direct care workers was designed in response to the third plan goal to increase the level of knowledge of health care professionals with regard to dementia.

The Michigan Dementia Coalition is in its third year of implementation of the plan. The plan serves as a guide for member agencies and their partners, including the Michigan Department of Community Health.

Sustainability of ADDGS Grant Programs

Although it has not been possible for each contracting agency of the ADDGS grant program to continue to offer programs in their full form once grant funds were exhausted, a large number of projects have been sustained by integrating previously funded demonstration services into their existing service program. As an example, once the second ADDGS grant ended in the Upper Peninsula region of the state, individuals affiliated with the single point of entry demonstration project were able to continue to offer some screening services for persons for Alzheimer's disease and to confer with their family members. More specifically, Marquette General Hospital adapted the model developed under the ADDGS grant and has continued to support and deliver the service using general hospital operating funds. Social workers and the chief neurologist who provided the initial training, also have continued to donate their time to this effort. Similarly, once the ADDGS subcontract to the Otsego County Commission on Aging under the second ADDGS grant ended in 2005, this commission was able to maintain smaller client ratios (of 1:3) at the adult day care center with the help of student interns, to maintain its "up and go" service using local county millage funds, and to maintain its crisis respite service. Adult day care staff also learned how to run a music therapy program and subsequently incorporated some of its learning principles into their own programming at the Otsego Haus Adult Day Care Center. Because ADDGS grant initiatives appeared to make such a difference in the lives of the people served, project coordinators from funded ADDGS grant projects have been eager to advocate for their projects' continuation once ADDGS grant funds were no longer available.

Summary

Beginning with the establishment of the Mental Health and Aging Advisory Council to coordinate efforts between the Departments of Mental Health and the Office of Services to the Aging in 1983, the state of Michigan has been a leader in developing collaborative relationships to enhance its ability to improve quality of life for persons with dementia and their caregivers. In addition, it has worked systematically to develop a large range of important policy-making and consulting bodies to advise the state on dementia and related conditions. Similarly, Michigan has shown leadership and vision both in funding training programs for families and other caregivers of persons with dementia (as early as 1986) and in developing and supporting in-home respite, adult day care, and crisis intervention services to persons with dementia and their family members (since 1988).

More recently, it took on the challenge of developing a statewide dementia plan, completed in 2003, designed to ensure that persons with dementia and their caregivers receive the support, education, and training that they need. This plan is helping the state of Michigan to improve the quality of care provided to persons with Alzheimer’s disease and their caregivers, and potentially also lead to cost savings for the state in the long run (Michigan Dementia Coalition and Michigan Department of Community Health, 2003).

Given the Michigan Department of Community Health’s proven track record in implementing and sustaining prior ADDGS grant activities, it is anticipated that the current ADDGS grant will prove to be as successful and vital to the communities being served. With careful planning, extensive networking (especially with area universities having expertise in program evaluation methods), and additional thinking about how to determine the effectiveness and impact of current ADDGS grant initiatives, the Michigan Department of Community Health will likely have increased success in obtaining the necessary evidence to sustain ADDGS program activities in the years to come.

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**APPENDIX A:
DEMENTIA CARE COMPETENCY WORKGROUP
LISTING OF CORE COMPETENCIES**

- Knowledge of dementia disorders (including the primary causes of dementia, reversible and irreversible dementia, the definition of delirium, and how brain damage affects the way a person functions and behaves).
- Person-centered approach to the provision of care (including how the care provider’s personal background, culture, experiences, and attitude may affect the exchange of care).
- Care interactions (including how to provide assistance with basic physical care tasks, how to respect a person’s background, how to identify and validate feelings, and how to effectively listen and communicate).
- Life-enrichment support (including ways to promote customary social connections and community engagement and recognition of the importance of persons engaging in appropriate activities that give meaning and purpose to their lives).
- Understanding behaviors (including the fact that behaviors usually are a form of community and represent an unmet need, that appropriate behaviors may be influenced by cultural/ethnic background, and determining how to find effective responses to behaviors that are perceived as “challenging”).
- Interacting with families (including recognition of the fact that the family is part of the caregiving process and brings their own ethnic/cultural backgrounds and experiences to the interaction).
- Direct care worker self-care (including self-reflection on the care providers’ own personal issues or attitudes that may impact the personal care relationship and ways to cope with grief and loss).

Source: Dementia Care Competency Workgroup, 2006, pp. 1-25.