2014 Title VI Survey Results

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BACKGROUND

With a grant from the Administration for Community Living (ACL), the National Association of Area Agencies on Aging (n4a) partnered with Scripps Gerontology Center to conduct the 2014 survey of the 256 Title VI Native American Programs in the United States. These Title VI programs serve American Indians, Alaskan Natives, and Pacific Islanders. The survey was designed to assess the role of Title VI programs and their Tribe, Tribal Consortium, or Inter-Tribal Council (T/TC/ITC) in the offering of services and supports to elders in their communities.

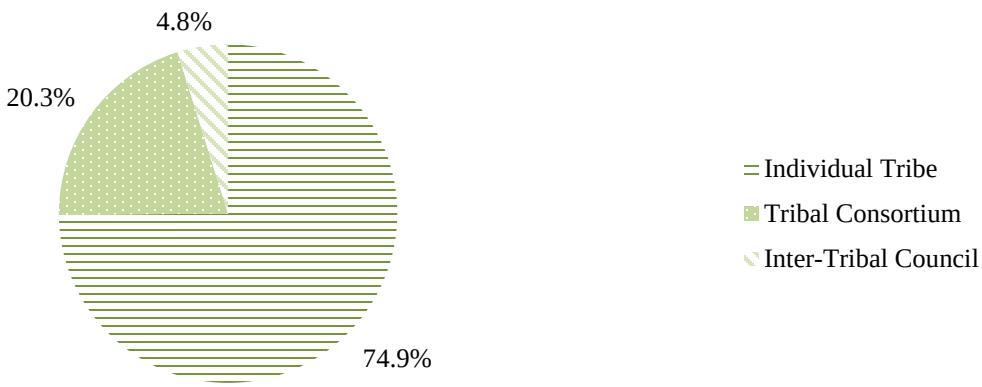
The survey was launched in February 2014 and data collection concluded in June 2014 with 213 (83.2%) of Title VI programs responding. The survey was launched online and completed almost exclusively through telephone interviews with Title VI administrators (88.7%). Previous Title VI surveys were conducted in 2007, 2009, and 2011 with 86%, 90%, and 83% responding respectively. This report provides key findings from the survey as they relate to the following topics:

- connections to the larger tribal infrastructure;
- key features and services of the Title VI programs;
- innovative care delivery;
- elder abuse prevention and intervention;
- expanding services and sustainability; and
- training and technical assistance needs.

ORGANIZATIONAL INFRASTRUCTURE AND GEOGRAPHY

An important change was made to the survey this year. To better reflect the context in which Title VI programs serve their tribal communities, the Title VI Survey expanded its focus to include the entire Tribe, Tribal Consortium, or Inter-Tribal Council (T/TC/ITC). The relevance of this expanded focus will be reflected in the data. In this vein, it was important to understand the funding structure that supports the individual Title VI program. The most common grantee for a Title VI program was the individual Tribe, as illustrated in Figure 1.

Figure 1: Grantees for the Title VI Program



In several instances, the survey specifically asked about the Title VI program only. For example, all questions regarding budget and staffing were limited to the Title VI program and not to the entire grantee organization. When looking at the Title VI programs only, there is a great deal of variation in budgets, staffing, and use of volunteers. While the average and median budgets of Title VI programs have decreased since 2011 (N=206), the lower range of the budgets has increased six-fold, as shown in Table 1.

Table 1: Organizational Infrastructure

	Average		***Median***		***Range***	
	2011	***2013***	***2011***	***2013***	***2011***	***2013***
Budget	$171,940	$165,030	$121,350	$118,000	$8,930 – $1,600,000	$54,000 - $1,550,900
Full-time staff working in the Title VI program	4	5	2	3	0 – 33	0 – 52
Full-time staff funded by the Title VI program	3	3	2	2	0 – 15	0 – 45
Part-time staff working in the Title VI program	3.5	3	2	2	0 – 26	0 – 21
Part-time staff funded by the Title VI program	2	2	2	2	0 – 21	0 – 21
Volunteers	5	5	4	3	1 – 40	1 – 70

Title VI programs have seen an increase in the average and median numbers of full-time staff between 2011 and 2013, but have seen a decrease in the average and median numbers of part-time staff in the same time period. The average number of volunteers has remained steady but the median number has decreased by one volunteer, as shown in Table 1. Title VI respondents estimate that their volunteers provided more than 2000 hours of unpaid assistance each week during 2013.

Respondents were asked specifically about the tenure of their program's director. The average length of time that a director of a Title VI program has served in that role has not changed since 2009 (seven and a half years). However, slightly over 10 percent of all directors (12.2%) have been in their job less than 12 months. Participants were also asked about the roles and responsibilities their directors had to take on; more than two-thirds of all Title VI directors (67.8%) have roles that include responsibilities beyond oversight of the Title VI programs. Most commonly, directors also have a broader elder services role (42.3%) within their T/TC/ITC.

More than 1500 Title VI employees and 775 volunteers provide services to tribal elders across the United States. More than half of all Title VI programs (58.3%) have only one site where services are provided (other than home delivered meals). Among those Title VI programs that provide services at more than one site the average number of locations is three, with an average distance of 143 miles from the primary site to the most distant location. This represents a distance that takes, on average, slightly over two hours to reach (123 minutes).

Respondents reported that Title VI programs most commonly serve rural areas, as shown in Table 2. Title VI programs serving remote and frontier communities have the furthest distances to travel while those programs serving a mix of urban and suburban communities serve elders from the most sites, as shown in Table 2. This long distance coverage has implications for the amount and frequency of service provided.

Table 2: Area Served

Area	*Percentage of Title VI programs*	*Number of sites (average)*	*Miles to most distant site (average)*	*Miles to most distant elder (average)*
Predominantly rural	59.0%	2	142	64
Predominantly remote/frontier	13.8%	4	254	166
Mix of suburban and rural	11.4%	2	51	48
Mix of urban, suburban, and rural	9.0%	3	85	92
Mix of urban and suburban	3.3%	13	44	44
Predominantly urban*	2.4%	1	N/A	9
Predominantly suburban*	1.0%	1	N/A	26

Programs have only one service site

KEY FEATURES AND SERVICES OF THE TITLE VI PROGRAMS

Nearly half of all Title VI programs are administered as an independent division within the Tribe/Tribal Consortium/Inter-Tribal Council (T/TC/ITC), as shown in Table 3.

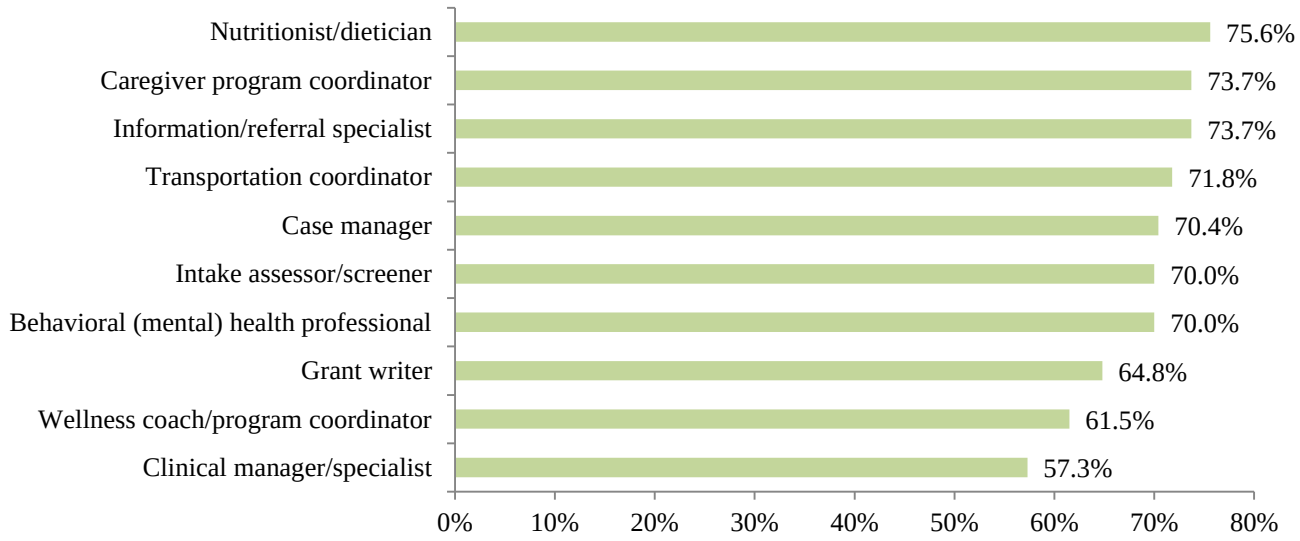
Table 3: Where Title VI Programs Are Administered

Independent division	45.5%
Division of social services	30.1%
Division of the health department	13.9%
Another tribal department	6.7%
Administered in another way	3.8%

POSITIONS

This year, to reflect the true nature of how services are delivered to elders by Title VI programs, respondents were asked to report which positions provide services and expertise to elders in their communities. Additionally, respondents were asked whether there was an individual who held this position or performed the functions of this role in their Title VI program or whether they had access to someone who held this position within the larger Tribe/Tribal Consortium/Inter-Tribal Council infrastructure. The most common elder service positions are nutritionist/dietician, caregiver program coordinator, and information/referral specialist, as illustrated in Figure 2.

Figure 2: Professionals Serving Elders in Title VI Communities

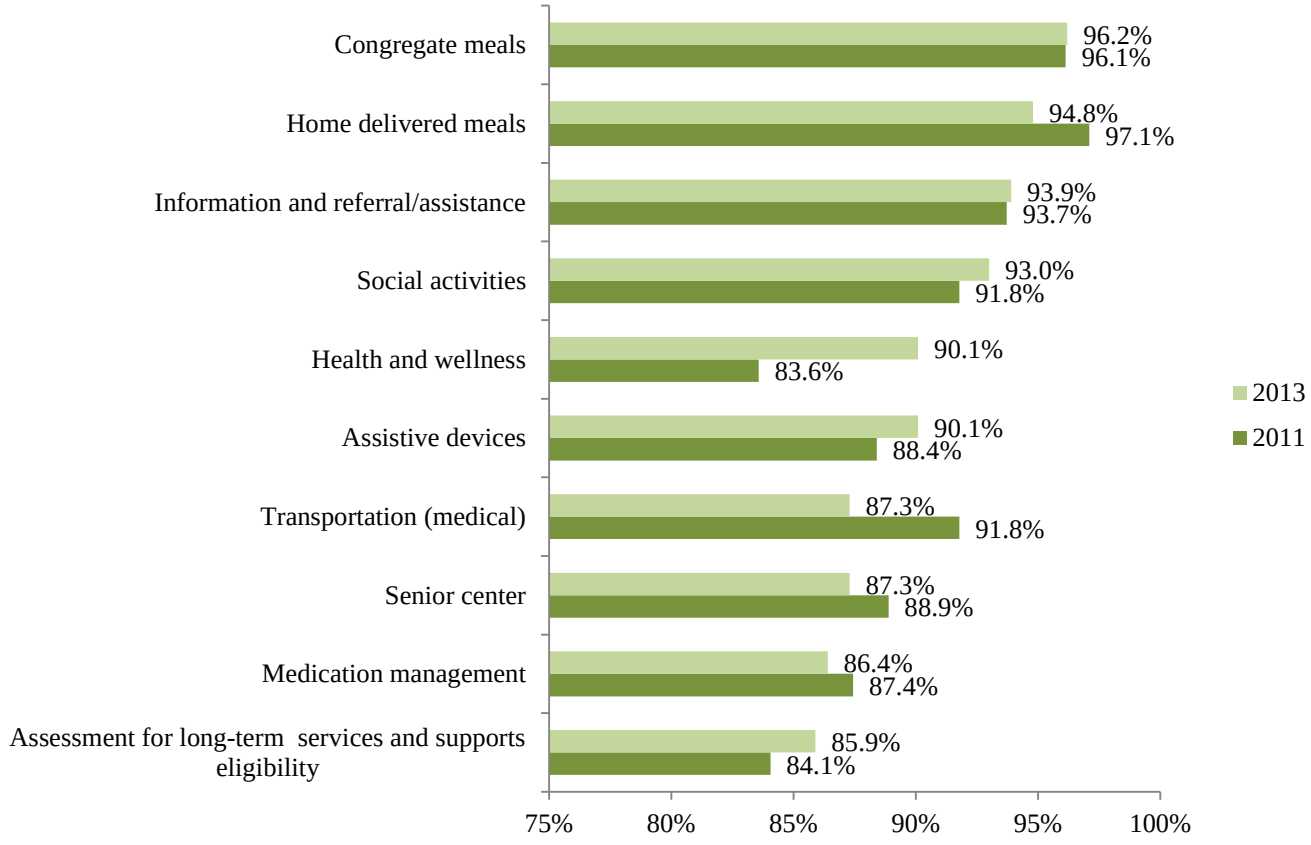


The average number of positions that Title VI program staff housed within the Title VI program is four. In several Title VI organizations, many of these positions are filled by one person; nearly 15 percent of Title VI programs have staff performing the duties of at least two positions. The most common positions staffed by an individual working for the Title VI program, either as a paid staff member or a volunteer are: caregiver program coordinator (54.9%); information/referral specialist (45.5%); intake assessor/screener (36.6%); caregiver trainer (32.9%); and transportation coordinator/mobility manager (30.0%).

SERVICES

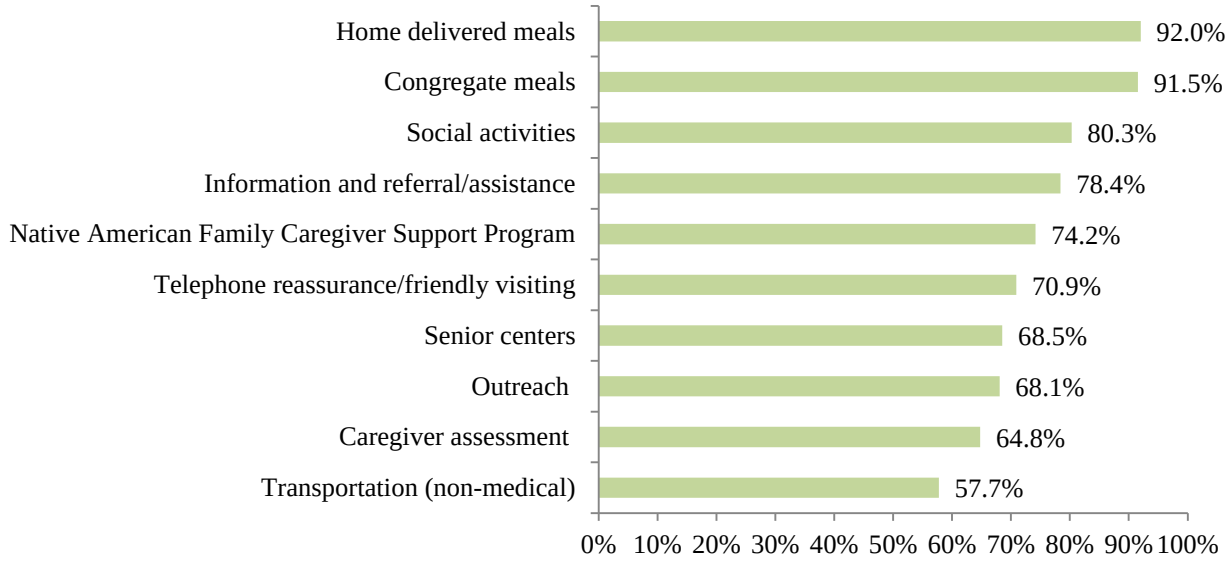
More than three-fourths of all Title VI programs (75.9%) serve consumers who are younger than the Title VI age of eligibility in addition to individuals who have reached the age of eligibility. These other consumers include spouses and caregivers. Either working alone or with other organizations such as Title III organizations, Tribal Health/IHS programs, or non-tribal programs elders in Title VI communities have access to an average of 31 services (out of 37 listed services). The most common services offered by Title VI programs are congregate meals, home delivered meals, information/referral assistance, social activities, and health and wellness programs and services, as shown in Figure 3. The proportion of communities offering these services has remained relatively stable since 2011.

Figure 3: Services Offered to Elders in the Community (2011 & 2013)



Respondents were asked to indicate whether they managed the provision of services independently or in conjunction with another organization. The services most commonly managed by Title VI programs along with other organizations are, home delivered meals, congregate meals, social activities, information and referral/assistance, Native American Family Caregiver Support Program, telephone reassurance/friendly visiting, senior centers, outreach, caregiver assessment, and non-medical transportation, as shown in Figure 4.

Figure 4: Services Title VI Programs Manage with Other Organizations

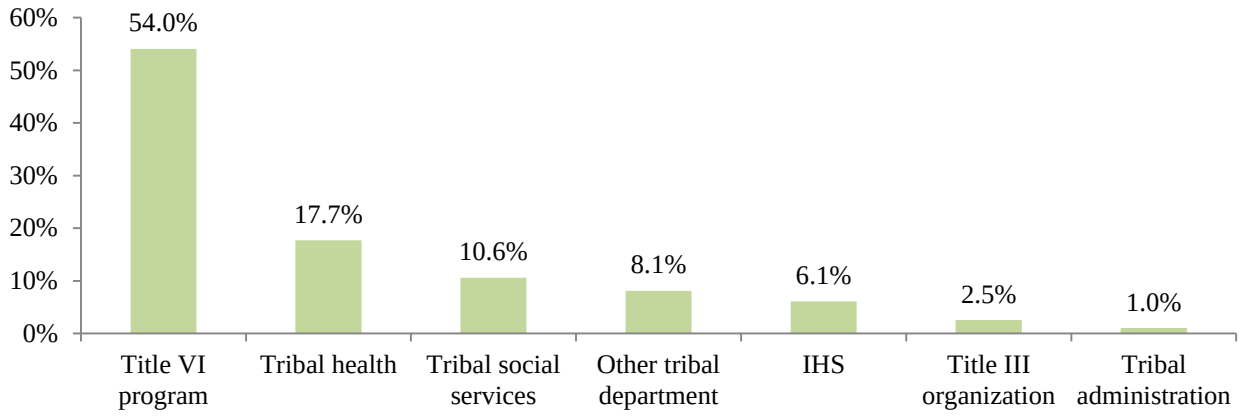


The programs that Title VI organizations most commonly manage independently are: the Native American Family Caregiver Support Program (79.5%); home delivered meals (77.7%); congregate meals (73.2%); senior centers (62.9%); and telephone reassurance/friendly visiting (61.4%). Non-tribal organizations also manage a number of services provided to elders in Title VI communities. AAAs most often manage independently the National Family Caregiver Program (14.1%), official eligibility determinations (8.9%), and adult day services (5.2%). Other non-tribal organizations most commonly independently manage adult day services (29.6%), Adult Protective Services (29.6%), and food pantries (24.9%).

How Elders Access Services

Slightly over 50 percent of Title VI programs (54.0%) report that elders call the Title VI program when they need home- and community-based long-term services and supports. Of those respondents who reported that elders call another program or department when they need home- and community-based services, the largest proportion of elders call tribal health, as illustrated in Figure 5.

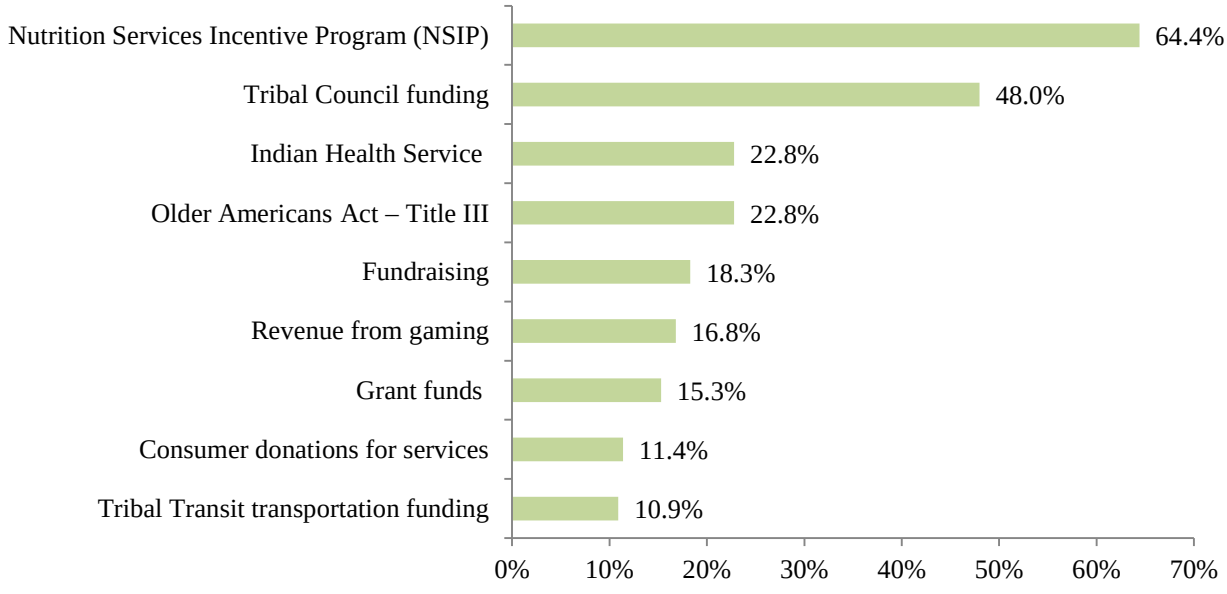
Figure 5: Who Elders Contact When They Need Services



LEVERAGING MULTIPLE FUNDING SOURCES

Title VI programs rely on a number of funding sources in order to provide a wide variety of services in their communities. All Title VI organizations receive funding from the Older Americans Act (OAA) Title VI. The most common funding sources after Title VI are, Nutrition Services Incentive Program (NSIP) and Tribal Council funding, as shown in Figure 6.

Figure 6: Most Common Funding Sources (in addition to Title VI) Used to Provide Title VI Services

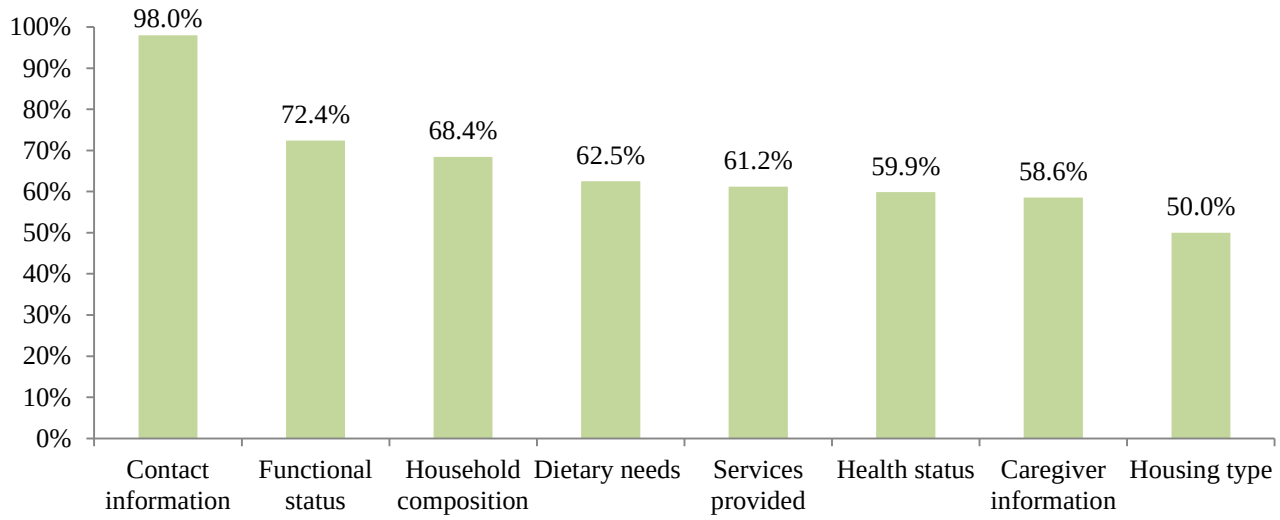


Since 2011 many of the funding sources Title VI programs most commonly report utilizing have changed. In 2011 the top funding sources in addition to Title VI were: Tribal Council funding (35.3%); Older Americans Act – Title III (27.4%); fundraising (22.9%); and revenue from gaming (11.9%). A lower percentage of Title VI programs report funding from Title III and revenue from gaming, while Tribal Council funding and fundraising have also decreased in frequency.

CLIENT RECORDS

More than three-fourths of all Title VI programs (76.8%) maintain a client record for every client they serve. This is a slight decrease since 2011 when over 80 percent of Title VI programs maintained records for every client. In 2013, more than two-thirds of all Title VI organizations maintained clients' contact information, functional status, and household composition, as shown in Figure 7.

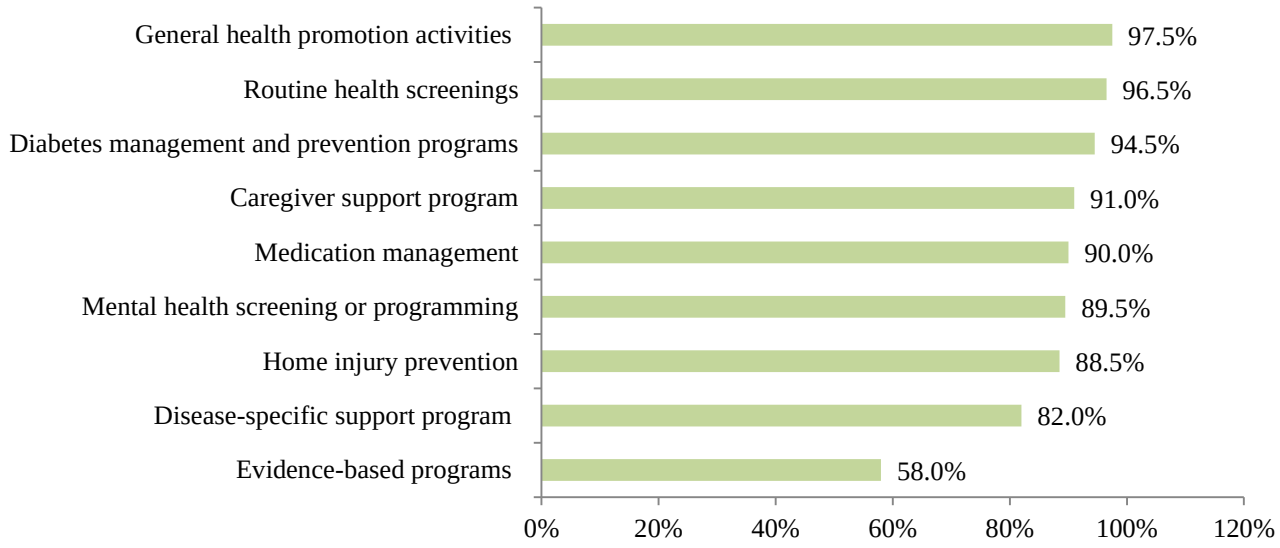
Figure 7: Information Maintained in Individual Client Records



HEALTH PROMOTION SERVICES AND PROGRAMS

Title VI programs help provide a variety of health promotion services and programs to elders in their communities; individuals in Title VI communities have access to an average of eight health promotion services and programs. As shown in Figure 8, elders in nearly all communities have access to general health promotion activities, routine health screenings, diabetes management and prevention programs, caregiver support programs, and medication management.

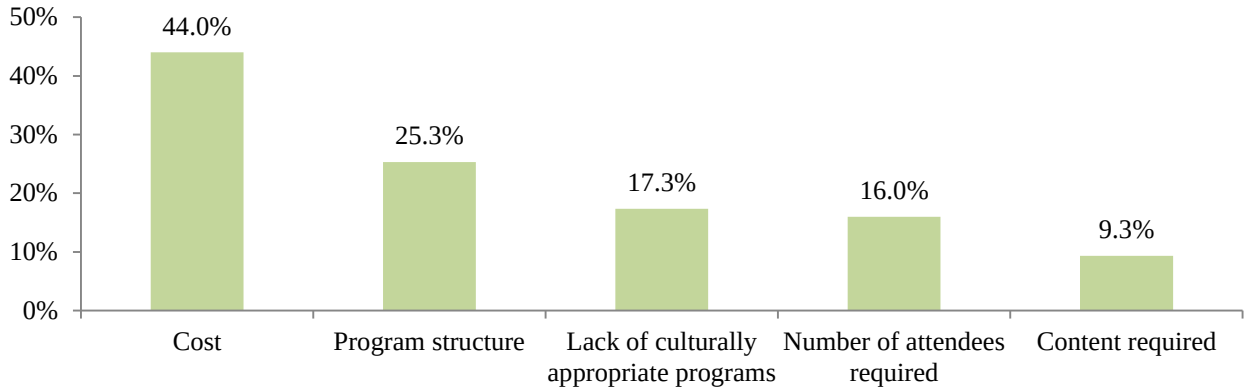
Figure 8: Health Promotion Services and Programs Available in Title VI Communities



Respondents were asked which programs or organizations manage these specific health promotion services and programs. Title VI programs were most likely to assist in the management of caregiver support programs (78.6%), general health promotion activities (53.3%), and nutritional counseling and education (43.6%). The programs and services that Title VI programs were most likely to manage independently, without assistance from other organizations, were disease-specific support programs (49.5%), caregiver support programs (13.0%), and nutritional counseling and education (9.5%).

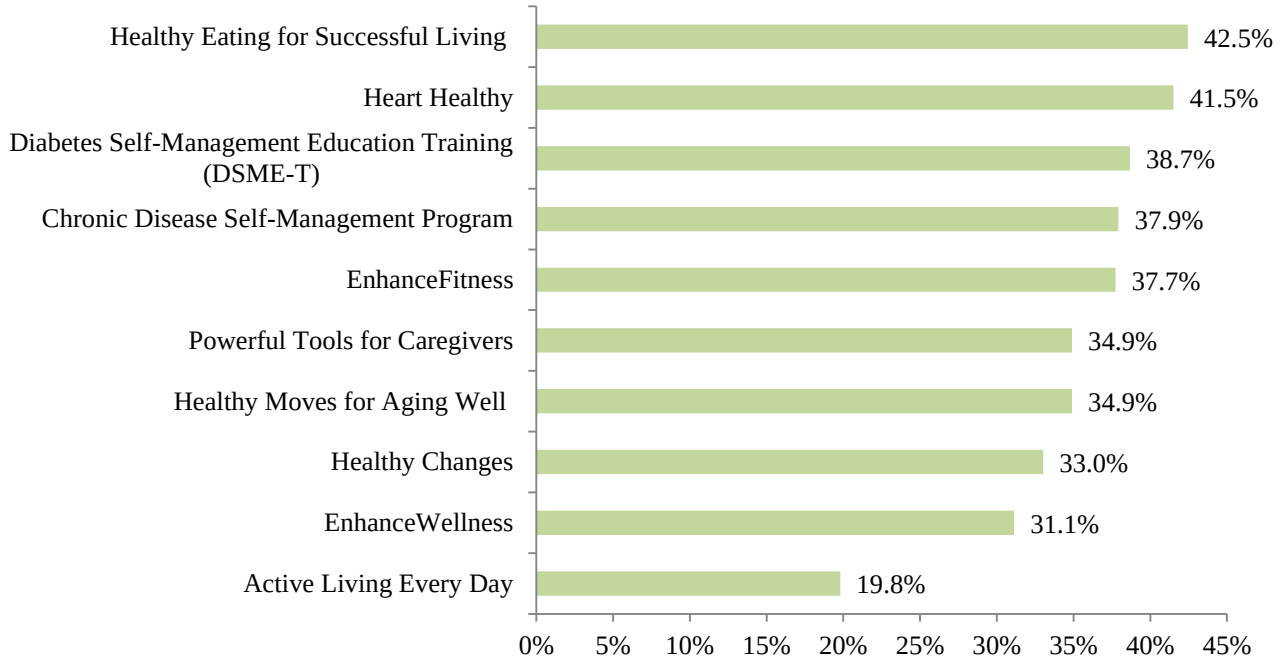
Nearly six in ten Title VI communities offered evidence-based programs. If evidence-based programs and services were not offered in the community, respondents were asked why they were not. As illustrated by Figure 9, the prohibitive costs associated with providing these programs and services had the greatest response rate.

Figure 9: Reasons Title VI Programs do not Offer Evidence-Based Health Promotion Services and Programs



One hundred and sixteen communities have evidence-based health promotion services. In 11 percent of these communities, Title VI programs are involved in the management of evidence-based programs and in three percent of these communities, Title VI programs independently manage evidence-based health promotion services. Of those Title VI communities that do offer evidence-based health promotion services and programs, the most common are: Healthy Eating for Successful Living, Heart Healthy, and Diabetes Self-management Education Training (DSME-T), as shown in Figure 10.

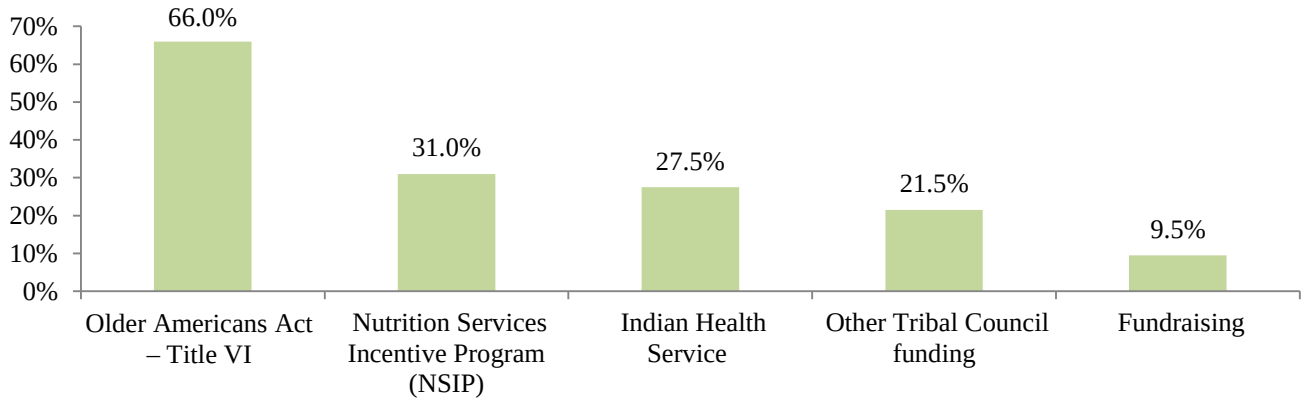
Figure 10: Evidence-Based Health Promotion Services and Programs Offered by Title VI Programs



FUNDING HEALTH PROMOTION PROGRAMS AND SERVICES

Title VI programs report a variety of funding sources that support their health promotion services and programs. The most common of these sources are: the Older Americans Act Title VI; Nutrition Services Incentive Program (NSIP); Indian Health Service (IHS); other Tribal Council funding; and fundraising, as illustrated by Figure 11.

Figure 11: Most Common Sources of Funding for Title VI Health Promotion Services and Programs

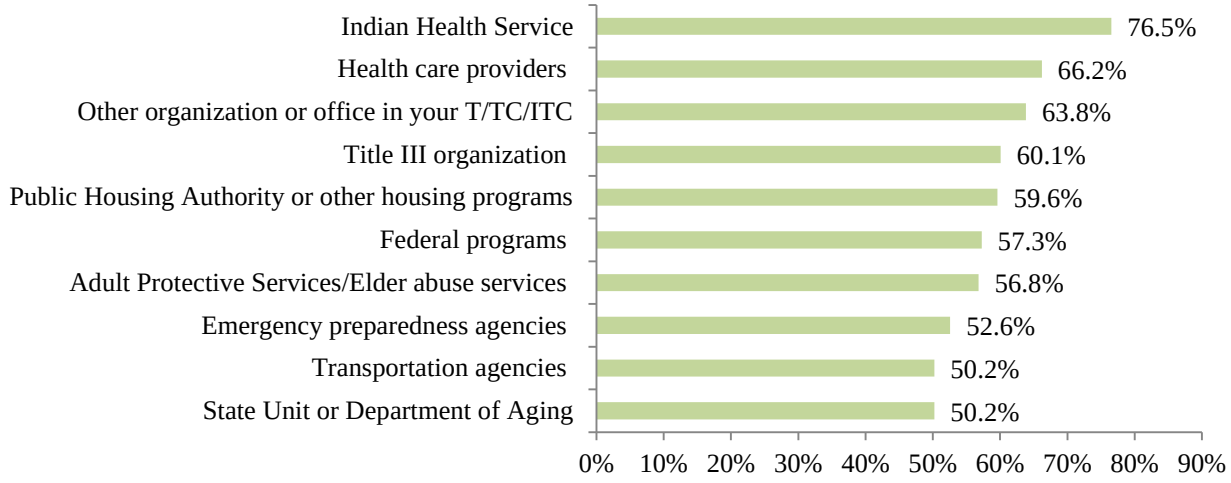


CONNECTED TO THE COMMUNITY

Respondents were asked to report on the informal and formal partnerships they maintain with various organizations and entities. Title VI organizations had an average of 11 partnerships (median = 10, range 0 – 25) with 14.6% reporting zero partnerships. (For a complete list of partners, see Appendix A.)

The most commonly formed partnerships (formal or informal) were with Indian Health Service (IHS), health care providers, and other organizations or offices in the Tribe/Tribal Consortium/Inter-Tribal Council, as shown in Figure 12.

Figure 12: Most Common Partnerships Formed by Title VI Programs



Respondents also reported on the nature of their various partnerships; whether their partnership was informal (i.e., a working partnership), formal (those partnerships that are created by contract or memorandum of understanding) or both. Title VI programs are most likely to maintain informal relationships with: other organizations within their Tribe/Tribal Consortium/ Inter-Tribal Council (50.8% of all programs); Adult Protective Services (APS)/elder abuse services (47.7%); and Public Housing Authority or other housing programs (45.6%). Title VI programs are most likely to maintain formal relationships with: ID/MR/DD organizations (31.6%); faith-based organizations (30.1%); and State Health Insurance Assistance Program (SHIP) (25.9%).

For some partners (i.e., health department, ID/MR/DD organizations, disability service organizations, mental health/behavioral health organizations, APS, emergency preparedness agencies, and transportation agencies) respondents were asked to report the level of relationship they maintained. Many of these respondents had relationships with these organizations on multiple levels. For example, some Title VI organizations have partnerships with health departments at the state, county, and federal levels. Title VI programs were more likely to report partnerships at the state level with the health department, ID/MR/DD organizations, and disability services organizations. They reported a larger percentage of partnerships at the county level with mental health/behavioral health organizations, APS, emergency preparedness agencies, and transportation agencies.

INNOVATIVE CARE DELIVERY

Medicaid Managed Long-Term Services and Supports (MLTSS) is a system that is new to the health care industry. This system provides health services through capitated Medicaid payments from the state and federal governments. It is intended to provide states with increased flexibility in program design and can support novel strategies to provide home- and community-

based services. Medicaid.gov reports, "The number of States with MLTSS programs increased from eight in 2004 to 16 in 2012, and CMS has experienced increasing interest from States in the form of concept papers, waiver applications and requests for technical assistance." (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Medicaid-Managed-Long-Term-Services-and-Supports-MLTSS.html). Because tribes operate outside of state governmental systems, Medicaid poses a challenge for many of them. This survey sought to understand the role of Title VI programs in the adoption of this new care delivery model. Not surprisingly, very few programs report involvement in this health care delivery model; those that do are taking an active role delivering a variety of services with numerous partners.

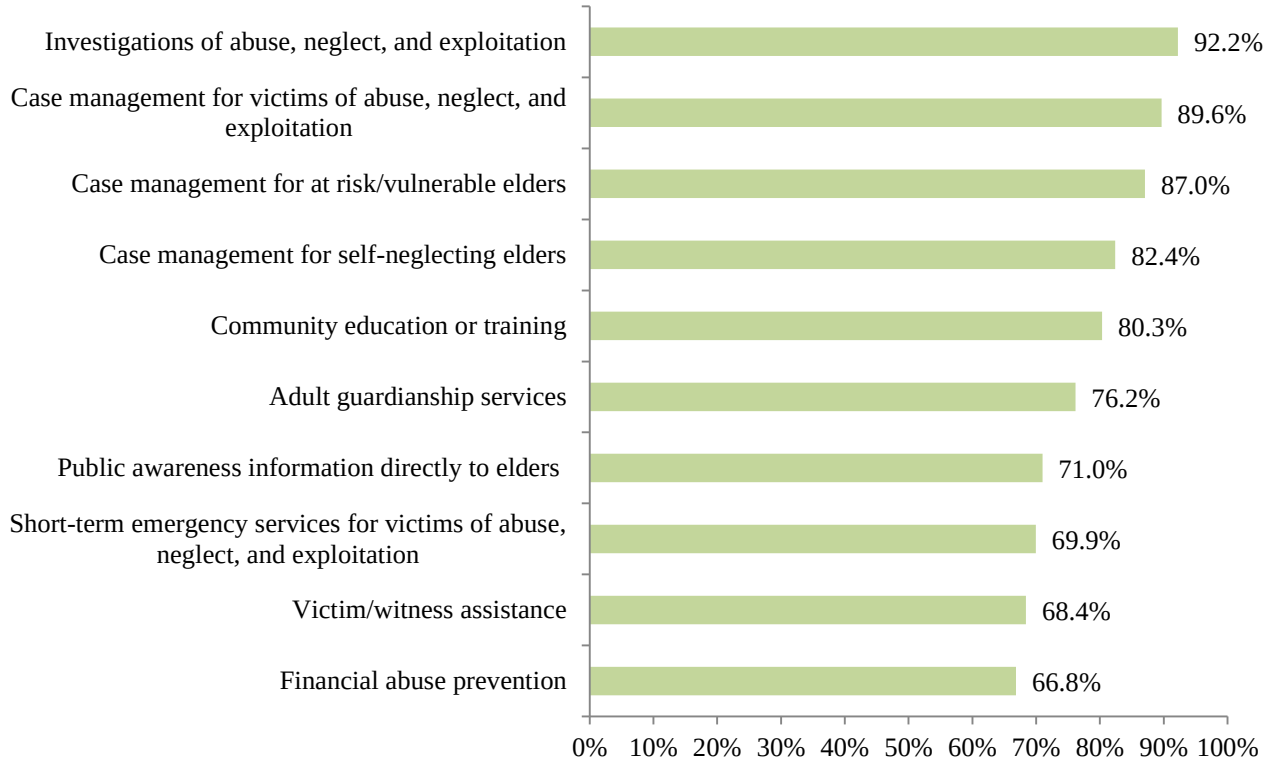
In addition to Medicaid Managed Long-Term Services and Supports, integrated care is becoming a popular care delivery system and many organizations and entities throughout the health care system are becoming involved at varying levels. Integrated care is a program or approach that combines delivery, management, and organization of services related to diagnosis, treatment, care, rehabilitation, and health promotion across multiple systems such as behavioral health, long-term services and supports, and acute care. Over eight percent of Title VI programs (8.5%) report being involved in this formalized care delivery system. Several tribes that are involved in the integrated care system report participating in multiple initiatives.

ELDER ABUSE PREVENTION

The passage of the Elder Justice Act in 2010 signaled a strong national focus on preventing and addressing elder abuse with the aging network playing a significant role in promoting the goals and values of the legislation. To further the important work of elder abuse prevention within tribal communities, the National Indigenous Elder Justice Initiative (NIEJI) was established to develop culturally relevant tools and services tribes could use to address elder abuse. This initiative, funded through ACL, has helped many tribes establish policies and procedures to prevent and address elder abuse in the populace.

This year, for the first time, Title VI respondents were asked to report on their communities' elder abuse prevention and intervention strategies, activities, and partners. The tribal communities that Title VI programs serve offer a number of elder abuse services and activities. Out of 16 listed activities that could be provided in the community, the average number provided to address elder abuse is 10. (For a complete list of services, see Appendix B.) Over 17 percent of Title VI communities provide all 16 services (17.1%) with fewer communities (12.4%) offering no elder abuse prevention or intervention services. As shown in Figure 13, the most common services provided are: investigations of abuse, neglect, and exploitation; case management services for a variety of elders touched by abuse, neglect, and exploitation; and community education.

Figure 13: Most Common Elder Abuse Prevention Services Offered in Communities



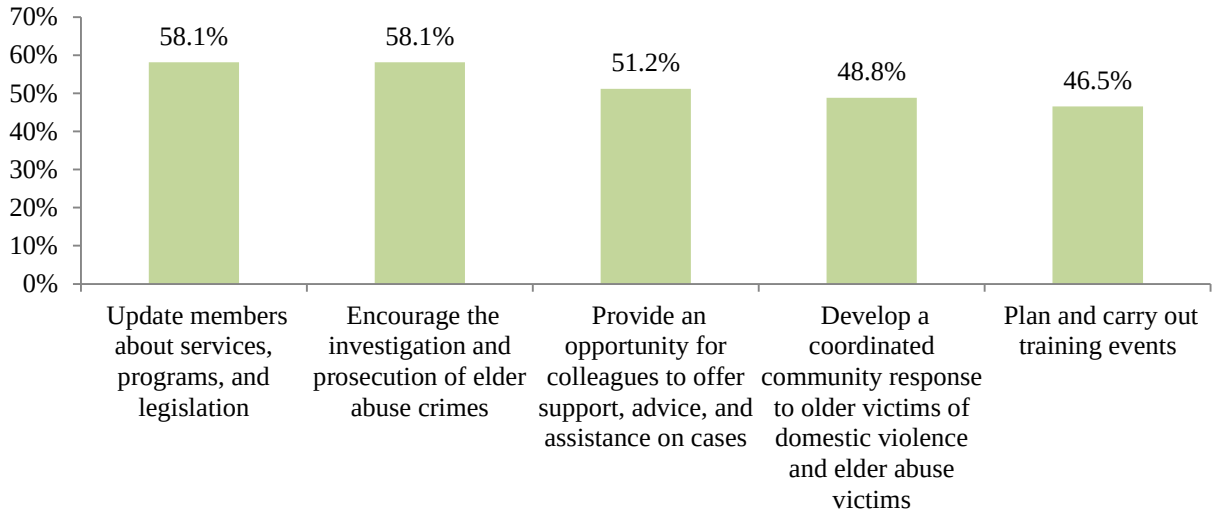
For each prevention and intervention activity, respondents were asked to indicate the organization(s) that took the lead in conducting each activity or program. Most often, Title VI programs take the lead or assist in taking the lead in educating elders and the general public about elder abuse, neglect, and exploitation. These activities include providing public awareness information directly to elders (44.0%), community education or training (38.9%), and public awareness through media such as brochures and magnets (33.7%). Title VI programs also take the lead in providing case management for at-risk vulnerable elders (24.9%), self-neglecting elders (18.1%), and victims of abuse, neglect, and exploitation (17.1%).

In three in ten communities, Title VI programs are the only organizations taking the lead in the provision of a particular service (29.6% of all Title VI programs). Public awareness through media such as brochures and magnets (10.9%), community education or training (10.4%), and public awareness spots on radio, televisions, or print advertisements (6.7%) are the most common services led independently by Title VI programs.

PARTICIPATION IN AN ELDER ABUSE PREVENTION COALITION OR MULTI-DISCIPLINARY TEAM

Communities are utilizing elder abuse prevention coalitions or multi-disciplinary teams to address elder abuse, neglect, and exploitation and one in five Title VI programs (21.1%) participates in such a team or coalition. Often, representatives of Title VI programs, even when they are not members of the coalition or team, are invited to speak and present as experts at coalition or team meetings. Title VI programs most commonly conduct joint activities with the coalition or team including updating members; encouraging the investigation and prosecution of elder abuse crimes; and providing an opportunity for colleagues to offer support, advice, and assistance on cases, as shown in Figure 14.

Figure 14: Activities Conducted by Title VI programs in Elder Abuse Prevention Coalitions or Multi-Disciplinary Teams



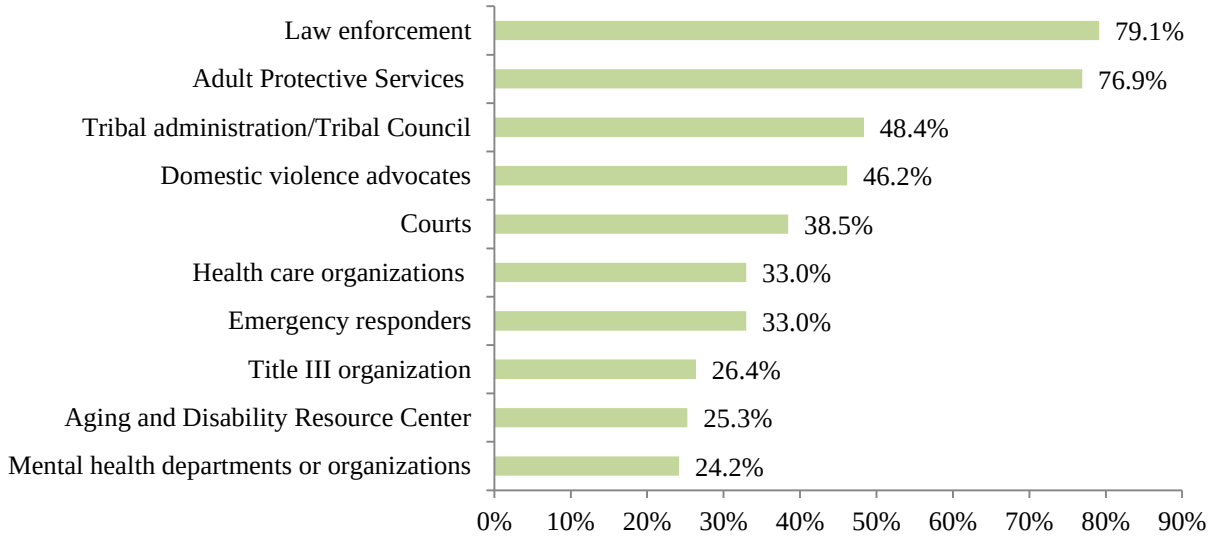
Elder Abuse Prevention Coalitions or multi-disciplinary team structure

Even though these coalitions or multi-disciplinary teams are commonly voluntary/informal groups (62.7%), one in five communities (20.5%) report their coalition or team is formalized by legislation or administrative program/policy with the remaining groups being voluntary but formally structured (16.9%). Regardless of the structure, nearly one-half of all groups (49.3%) maintain written materials to document or support policies and procedures. Additionally, these coalitions and teams commonly operate with formalized policies and procedures (41.8%), and have a revenue source (16.4%).

PARTNERS IN ELDER ABUSE PREVENTION

Whether their program is part of a coalition or not, nearly six in ten Title VI programs (58.2%) partner with other programs to aid in preventing and detecting elder abuse in their communities. Of those Title VI programs having partnerships, over three-quarters of them have partnered with law enforcement and Adult Protective Services (APS), as shown in Figure 15.

Figure 15: Partnerships Formed to Address Elder Abuse in the Community



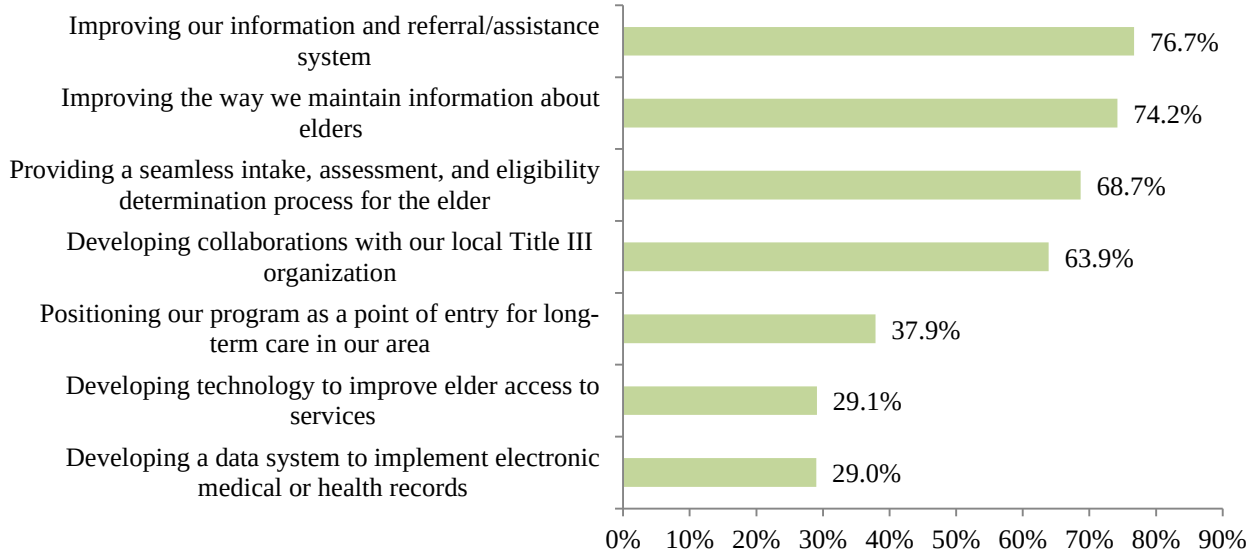
Few (11.5%) Title VI programs are measuring the impact of their elder abuse prevention activities, but many Title VI elder abuse prevention programs and services appear to be conducting the groundbreaking activities necessary to lay the foundation for the development of a more sophisticated community response. For instance, many Title VI programs take the current roles of educator and expert and they act as a rallying call to other organizations to undertake further efforts with elder assistance. The results of efforts in education are not necessarily easy to measure. As Title VI programs expand their reach and find their niche, the measurement of impacts may become easier.

EXPANDING SERVICES AND SUSTAINABILITY

Title VI organizations are beginning the process of building an infrastructure that will, through the use of technology, permit greater sharing capabilities with other organizations and agencies. More than two-thirds of Title VI programs have completed or are making progress to develop collaborations with Title III organizations (AAAs), providing a seamless intake, assessment, and eligibility process, improving the way they maintain information about elders, and improving their information and referral/assistance program, as illustrated in Figure 16. Fewer Title VI programs have taken the next step and put in place systems that will enable them to maintain client information in a manner that allows easy sharing with other entities. However,

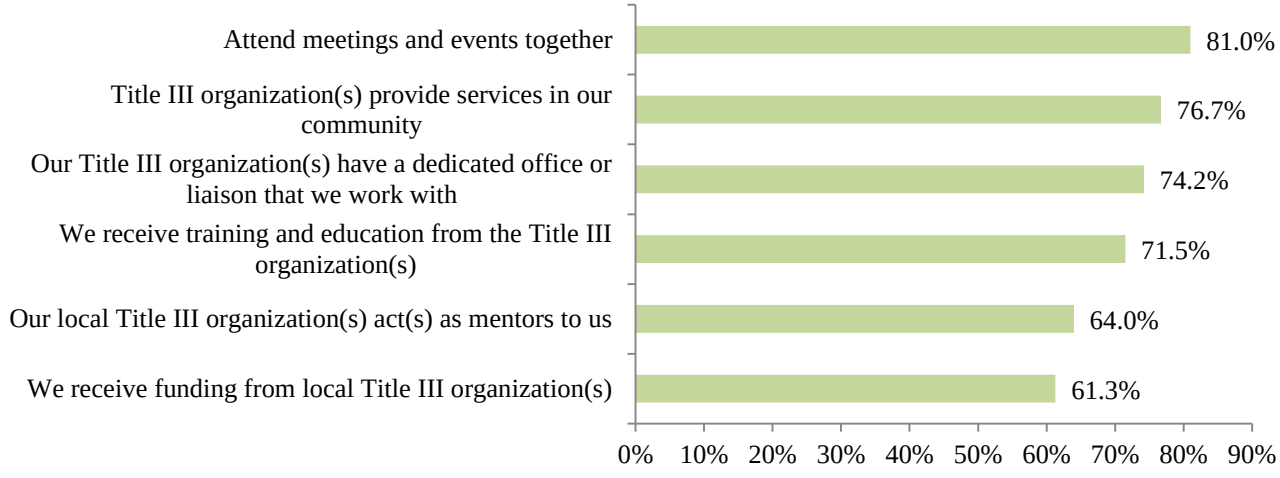
nearly one-third of Title VI programs have developed technology to improve elder access to services and have developed a data system to implement electronic medical records. Currently, over 50 percent of Title VI programs are maintaining at least some of the information they document about elders electronically.

Figure 16: Title VI Organizations that Have Made Progress or Have In Place New Business Practices



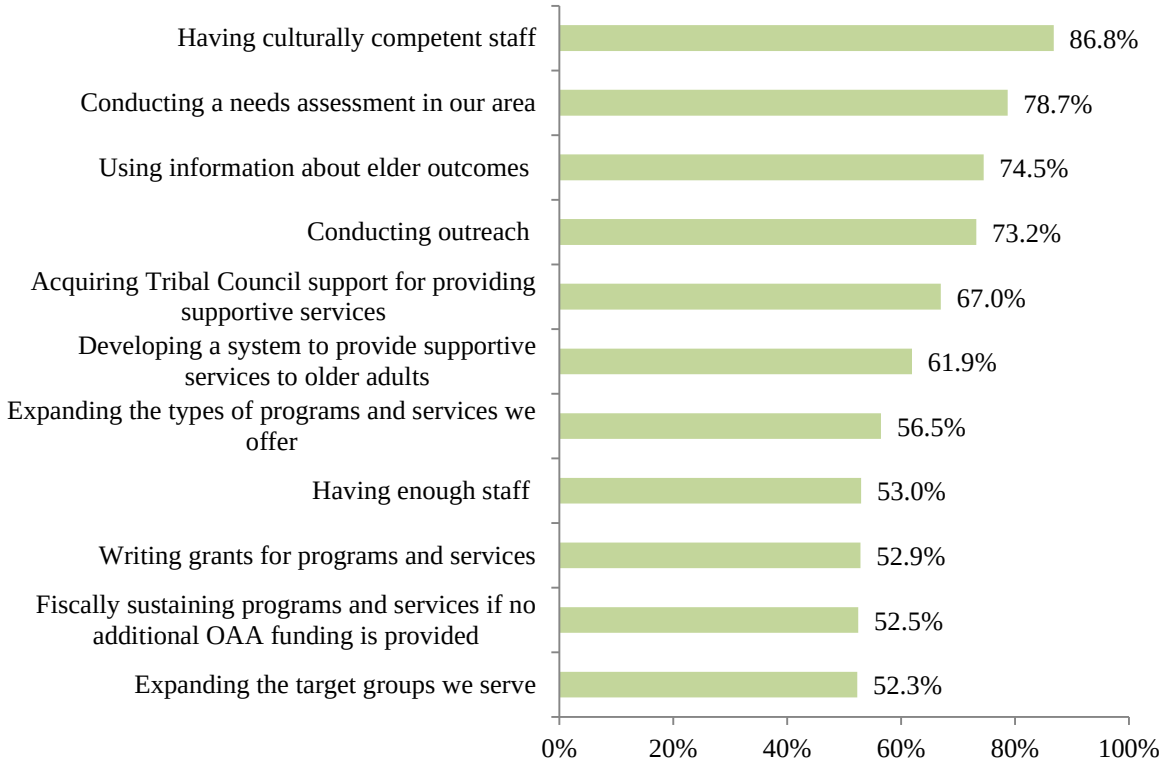
More than 85 percent (85.3%) of Title VI programs report they are, at a minimum, in the planning phases of collaborating with Title III organizations. The most common activities of those Title VI programs creating these collaborations are: attending meetings and events with Title III organizations, working together to provide services in Title VI communities, and working with a dedicated Title III staff person, as shown in Figure 17.

Figure 17: Title VI Programs that Have Made Progress on or Have Collaborations with Title III Organizations



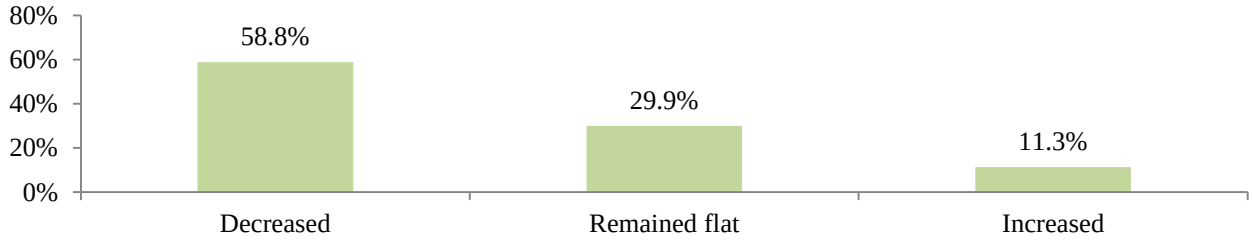
Title VI programs are undertaking a variety of business practices to expand their services and further develop their current programming. The most common business practices implemented by Title VI programs are: having culturally competent staff, conducting a needs assessment in their area, and using information about elder outcomes, as illustrated in Figure 18.

Figure 18: Title VI Programs that Have Made Progress on or Have in Place Specific Business Practices



As shown in Table 1 on page 2, the average budget of Title VI programs has decreased since 2011. Nearly 60 percent of Title VI programs (58.8%) report that their funding levels have decreased since 2011 with very few programs reporting an increase, as shown in Figure 19.

Figure 19: Funding Levels over the Previous Two Years



However, in projecting their program's future funding levels, many Title VI organizations (44.6%) are optimistic that levels will at least remain flat over the next two years. It is a cause for concern that slightly more than 40 percent of programs (41.5%) report that they anticipate that their funding will decrease during this time period.

As a result of financial constraints, during the previous two years Title VI programs have also had to make a number of changes to their operations. While 30 percent of Title VI programs report no changes, the remaining 70 percent have had to undertake various changes to the organization or operations, with some changes directly affecting staff and clients. The most common changes Title VI programs made were: cutting or eliminating business travel; reorganizing their program; and cutting or eliminating staff training, as shown in Table 4.

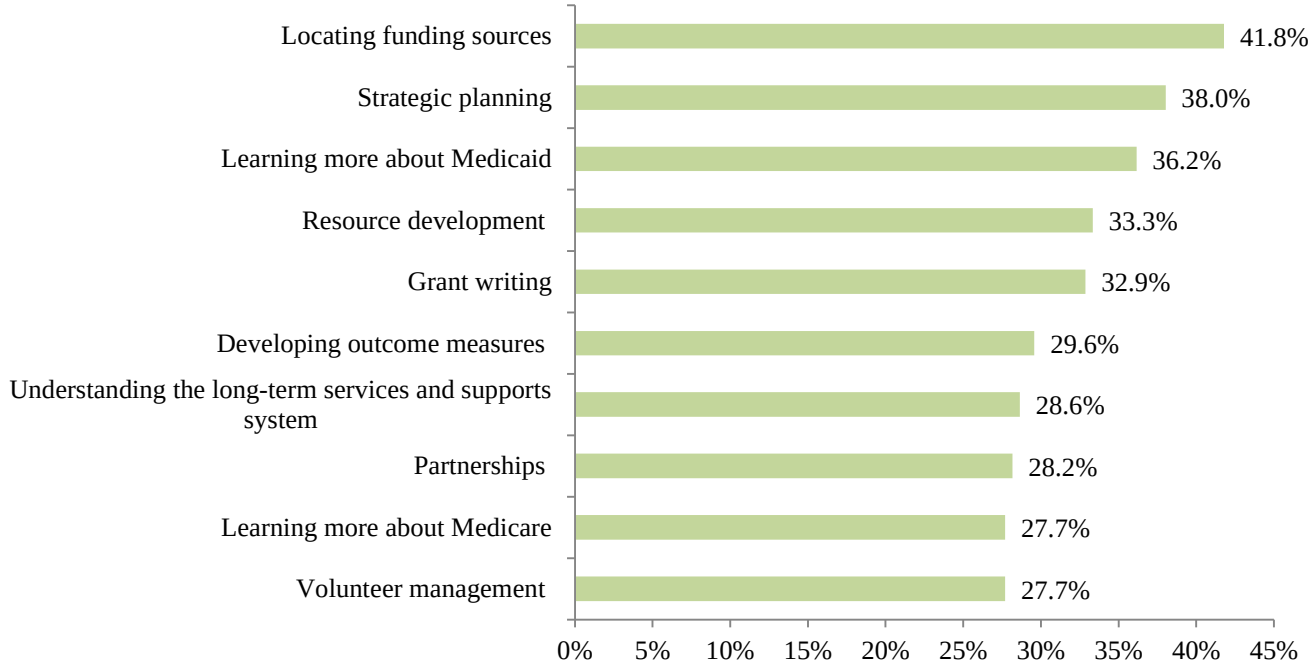
Table 4: Title VI Programs that Have Made Specific Changes in Response to Financial Constraints

Action Taken	Proportion of Title VI Programs
Proactive and Strategic Reorganization Measures	
Reorganized the program	34.9%
Explored new funding opportunities	30.2%
Explored new partnerships	16.1%
Increased program evaluations to determine time/money better spent	16.1%
Renegotiated contracts with partners/providers	4.0%
Changes to Operations	
Cut or eliminated business travel	42.3%
Cut or eliminated staff training	32.9%
Reduced total number of staff by not replacing those who left	26.8%
Increased caseloads	18.8%
Cut the budgets of at least some departments	14.8%
Cut the budgets of all departments	9.4%
Reduced office space	6.7%
Eliminated programs	4.7%
Expanded consumer/self-directed options	2.0%
Changes Directly Affecting Staff and Clients	
Reduced total staff hours by converting some positions from full-time to part-time	30.9%
Froze staff salaries	28.9%
Eliminated or reduced staff salary increases	24.2%
Instituted waiting lists	13.4%
Restricted the number of clients served	12.8%
Redefined service eligibility	10.7%
Reduced total number of staff through layoffs	8.7%
Eliminated services	6.0%
Reduced staff salaries	5.4%
Reduced staff benefits	3.4%
Furloughed at least some staff	1.3%

TRAINING NEEDS

Over 80 percent of Title VI programs report that there is some type of training or technical assistance that would benefit their agency in enhancing, developing, and implementing home- and community-based long-term care. The most common training or technical assistance needs include: locating funding sources, strategic planning, and learning more about Medicaid, as shown in Figure 20. (For a complete list of Training and Technical Assistance needs, see Appendix C.)

Figure 20: Proportion of Title VI Programs Needing Training or Technical Assistance



It is notable that the top training and technical assistance need reported by Title VI programs is locating funding sources. In fact, half of the top ten reported training and technical assistance needs related to funding streams. The need specific training regarding Medicare and Medicaid is also reported by about two-thirds of all programs. Training in these areas is crucial: over 80 percent of Title VI programs (81.0%) reported that they do not bill Medicare or Medicaid for any of the supportive services that elders receive in their communities. Of those few programs that do bill Medicare or Medicaid for services, nearly 30 percent (29.0%) reported that they bill both Medicare and Medicaid for supportive services they provide, slightly over one-half bill only Medicaid, and the remaining 16.3% bill only Medicare. By learning the ways in which a more diverse array of funding sources can be used, it may be possible for Title VI programs to expand the number of elders served by their programs or expand the types of services delivered to elders.

APPENDIX A: TITLE VI PARTNERSHIPS

Partner (formal and/or informal)	Number of Title VI Programs that report having this Partnership	Percentage
Indian Health Service	163	76.5%
Health care providers	141	66.2%
Other organization or office in the Tribe, Tribal Consortium, or Inter-Tribal Council (T/TC/ITC)	136	63.8%
Title III organization	128	60.1%
Public Housing Authority or other housing programs	127	59.6%
Federal programs	122	57.3%
Adult Protective Services/elder abuse services	121	56.8%
Emergency preparedness agencies	112	52.6%
State Unit or Department of Aging	107	50.2%
Transportation agencies	107	50.2%
Medicaid	106	49.8%
Other social service organizations	105	49.3%
Mental health/behavioral health	99	46.5%
Advocacy organizations	99	46.5%
Department of Health	93	43.7%
Inter-Tribal Consortium	88	41.3%
Residential long-term care facilities	88	41.3%
County government	83	39.0%
Colleges and universities	78	36.6%
Charitable organizations	70	32.9%
State Health Insurance Assistance Program (SHIP)	68	31.9%
Disability service organizations	67	31.5%
Faith-based organizations	63	29.6%
Businesses	57	26.8%
ID/MR/DD organizations	50	23.5%

APPENDIX B: ELDER ABUSE PREVENTION SERVICES

Services Offered	Number	Percentage
Investigations of abuse, neglect, and exploitation	178	92.2%
Case management for victims of abuse, neglect and/or exploitation	173	89.6%
Case management for at risk/vulnerable elders	168	87.0%
Case management for self-neglecting elders	159	82.4%
Community education or training	155	80.3%
Adult guardianship services	147	76.2%
Public awareness information directly to elders (phone calls, brochures)	137	71.0%
Short-term emergency services for victims of abuse, neglect, and/or exploitation	135	69.9%
Victim/witness assistance	132	68.4%
Financial abuse prevention	129	66.8%
Public awareness magnets, brochures, or other media	128	66.3%
Legal assistance	125	64.8%
Public awareness spots on radio, television, print ads, and/or signs/billboards/messages	120	62.2%
Safe havens or emergency senior shelters	109	56.5%
Services to combat hoarding (e.g., prevention, clean up)	108	56.0%
Participation in an elder abuse prevention coalition or multi-disciplinary team	103	53.4%
Other	10	5.2%

APPENDIX C: TRAINING AND TECHNICAL ASSISTANCE NEEDS

Needs	Number	Percentage
Locating funding sources	89	41.8%
Strategic planning – Developing long-term plans based on your Title VI program's overall mission and objectives	81	38.0%
Learning more about Medicaid	77	36.2%
Resource development – Identifying, cultivating, and securing financial and human support for your program	71	33.3%
Grant writing	70	32.9%
Developing outcome measures – Using data to measure the effectiveness of our program	63	29.6%
Understanding the long-term services and supports system	61	28.6%
Partnerships – Increasing your skills in identifying and developing partnerships with potential key programs within your community	60	28.2%
Volunteer management – Developing skills in recruiting, retaining and managing volunteers	59	27.7%
Learning more about Medicare	59	27.7%
Learning more about innovative care models such as integrated care	43	20.2%
Learning how to best implement HCBS models for use by Title VI programs	43	20.2%
Effective use of technology	43	20.2%
Evidence-based disease and disability prevention	36	16.9%
Business development - Building upon your organization by expanding services to current clients, providing existing services to new clients, and/or providing new services to new clients	34	16.0%
Board development – Creating or enhancing an advisory board/committee for your program	34	16.0%
Marketing – Developing marketing principles and techniques to influence your target audiences, including potential clients and family members	24	11.3%
Consumer/Self-directed programs	18	8.5%
Other	9	4.2%