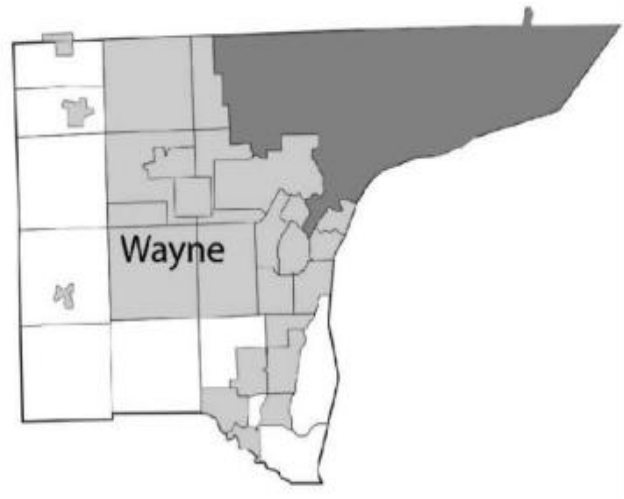


2023-2025 Multi-Year Plan

# FY 2024 Annual Implementation Plan

## Detroit Area Agency on Aging 1-A



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### **Planning and Service Area**

Cities of Detroit, Grosse Pointe  
Grosse Pointe Farms  
Grosse Pointe Park  
Grosse Pointe Shores  
Grosse Pointe Woods, Hamtramck  
Harper Woods, Highland Park

### **Detroit Area Agency on Aging 1-A**

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## County/Local Unit of Government Review

Every year, the Michigan Bureau of Aging, Community Living, and Supports (ACLS Bureau - formerly Aging and Adult Services Agency) requires the 16 Area Agencies on Aging (AAAs) under its auspices to develop a plan for older adult services. This year, the State Unit on Aging office is requesting AAAs to develop a FY 2024 Annual Implementation Plan to outline how services will be delivered during the period October 1, 2023, through September 30, 2024. To accomplish this task, the Detroit Area Agency on Aging (DAAA) obtained input from its DAAA Advisory Council and Board of Directors, older adults and caregivers within its service area as well as from Tribal organizations and municipal governments within its nine targeted communities.

For the first time, DAAA is seeking direct input from two Native American organizations in its service area – North American Indian Center and American Indian Health Center. This is a new requirement of the Bureau of ACLS. In addition, it is also engaging in the approval of the proposed plan through city mayors, city council and/or their designated reviewer(s) which varies within each municipality. As a part of this review and approval process, DAAA will notify all municipalities regarding its public hearing on the proposed plan.

During this public comment period, DAAA will distribute a letter and final draft plan through the U.S. mail with delivery and signature confirmation to the Mayors and City Manager/Liaison's Offices advising the officials of the availability of the proposed plan for review and comment. The letter will include instructions about how to view a mailed, printed or posted copy on the DAAA Website. The agency will also note the availability of DAAA to discuss the plan with local government officials. The Detroit Area Agency on Aging's Planning Department and/or members of the DAAA Board of Directors will follow up with the assigned city officials between June 1st and July 12, 2023, to encourage feedback from communities including the establishment of meetings or conference calls with the appropriate parties. Although the proposed plan is due by June 30, 2023, to the Bureau of ACLS, representatives from municipalities can email, fax, or mail their approval or disapproval of the AIP and any related concerns preferably by July 12, 2023. After the Municipal Sign-Off Review and Approval deadline, DAAA staff team will draft a letter to the Bureau of ACLS Field Representative by July 21, 2023, noting the status of the local government review process as well as any comments from Tribal organizations. This includes notifying the State if municipalities have formally approved, passively approved, or disapproved of the FY 2024 AIP as well as any comments from Native American organizations.

### Timeline

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- January 1, 2023**, Convened AIP Workgroup to begin development of FY 2024 AIP.
- February 8, 2023**, Meeting of Long Range Planning Committee regarding FY 2024 AIP and Strategic Plan.
- March 7, 2023**, Meeting of Long Range Planning Committee - Strategic Goal III & IV Presentation
- April 11, 2023**, Long Range Planning Committee presents draft plan to outline ARPA strategy.
- April 17, 2023**, DAAA Advisory sought input on the FY 2024 Annual Implementation.
- April 25, 2022**, DAAA Board of Directors provided with update from Long Range Planning Committee.
- May 7, 2023**, Thirty-day public notice regarding public hearings placed in classified ad.
- May 8, 2023**, Press release disseminated through social and traditional media.
- May 8, 2023**, Promotional flyers mailed to consumers and community stakeholders via E-Blast.
- May 9, 2023**, LRPC recommends releasing proposed plan for public comment.
- May 22, 2023**, Board of Directors approves release of proposed plan for public comment.

**May 22, 2023**, MYP is posted on DAAA Website 15 days before the public hearings.  
**May 23, 2023**, Municipal Sign-Off Letter and Review Forms mailed to Municipalities.  
**May 29, 2023**, Letter mailed to Tribal Organizations seeking input on the proposed plan.  
**June 6, 2023**, Convene public hearing on the FY 2024 Annual Implementation Plan.  
**June 8, 2022**, Long Range Planning Committee recommends any revisions of the proposed plan.  
**June 14, 2023**, Presentation of draft MYP to DAAA Advisory Council.  
**June 26, 2023**, Board of Directors approve the draft FY 2024 Annual Implementation Plan.  
**June 27, 2023**, Final draft plan approved by the DAAA Board of Directors  
**June 30, 2023**, AIP entered fully and submitted via AMPS for ACLS Bureau.  
**July 1, 2023**, Draft AIP reviewed by Bureau of ACLS Field Representative in AMP  
**July 12, 2023**, Municipality/Tribal Organization deadline for input or Municipal Sign-offs to DAAA.  
**July 20, 2023**, Non-Responsive Municipalities Passively Approved.  
**July 24, 2023**, Status Letter of Municipal Sign-Off provided to Bureau of ACLS.  
**Sept. 15, 2023**, AIP is presented to the Commission on Services to the Aging.  
**Sept. 29, 2023**, Posting of FY 2024 Annual Implementation Plan on the DAAA Website.

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## Executive Summary

### OUR MISSION

The Detroit Area Agency on Aging's (DAAA) mission is to "educate, advocate and promote healthy aging to enable people to make choices about home and community-based services and long-term care that will improve their quality of life. "

### OUR VISION

A community that cares for the vulnerable and advocates for the well-being of our constituents.

### OUR CORE VALUES

DAAA is guided by a set of core values in developing and carrying out its mission to effectively manage its strategic planning process, programs and services and advocacy efforts. These values include the following:

- Person-Centered Services
- Teamwork and Collaboration
- Trust and Respect
- Accountability
- Integrity and Professionalism
- Commitment to Community
- Excellence and Quality
- Celebration of Diversity

The DAAA was founded in 1980 as a private, non-profit agency established to provide services to older adults in the City of Detroit and its central and eastern suburbs: Highland Park, Hamtramck, the five Grosse Pointes and Harper Woods. Since that time, its constituents have grown to include 18-plus adults with disabilities, veterans, and family caregivers. DAAA's service area consists of about 300,000 individuals inclusive of 153,540 older persons aged 60 years and over, adults living with disabilities and about 100,000 family caregivers providing support to spouses, parents, sibling(s), adult children, grandchildren, and other loved ones. DAAA serves some of the most at-risk older adults within the State of Michigan and has documented premature, excess deaths of this population through its award-winning *Dying Before Their Time* report which found that older residents have a mortality rate two to 2.5 times higher than older adults in the remainder of the State due to poor access to care, multiple chronic conditions, and elevated hospitalizations and ER Visits. Sadly, the COVID-19 Pandemic has exacerbated premature death in these communities.

DAAA has a staff of over 120 employees and coordinates a service provider network of 120 service provider agencies. It utilizes an annual budget of nearly \$89 million and makes an array of services available to consumers through the Older Americans Act of 1965 (as amended), the Older Michiganians Act of 1981 as well as other public and private resources. The organization receives Medicaid funding for the MI Choice Home and Community-Based Waiver from the Michigan Department of Health and Human Services (MDHHS). In addition, it also provides Long Term Care Supports and Services through MI Health Link in collaboration with AmeriHealth, Meridian/Michigan Complete Health and Midwest/HAP. DAAA also provides Care Transition services through a Total Home Health Care contract and bills for Medicare services under the Senior Telehealth Connect, Diabetes Self-Management Program and eventually for Medical Nutrition Therapy.

## **SPECIAL PARTNERSHIPS AND INITIATIVES**

Over the next fiscal year, DAAA will continue to collaborate with service providers and other partners to implement its Vision 2021 - 2025 Strategic Plan, its FY 2024 Annual Implementation Plan, as well as an Inclusive Health Care Taskforce's Community Action Plan. These strategies have been designed to provide critically needed services and to better coordinate and integrate the Social Determinants of Health (SDOH). The agency will also continue to partner with United Way of Southeastern Michigan on its Community Information Exchange/Close the Loop and continue work through Connect 313 to increase access to Internet connectivity, training, and support. DAAA will also continue to partner with members of the Aging and Disability Resource Collaborative to coordinate services for older persons, adults with disabilities and caregivers. In addition, the agency will facilitate services and capacity-building efforts through its Community Wellness Service Center Advisory Council, the Senior Housing Preservation-Detroit (SHP-Detroit), the Senior Regional Collaborative, and other partnerships.

DAAA continues to coordinate planning, development and advocacy efforts in collaboration with the Inclusive Health Care Partners-in-Action Taskforce, a Caregiver Coalition as well as the Silver Key Coalition and Older Michiganders Day Committee. After implementing planning activities, it is also gearing up to implement additional strategies to strengthen emergency preparedness and response through the Coordinated Food Services Delivery Consortium.

Key advocacy efforts will focus on a fair and equitable Intrastate Funding Formula, Caregiver Resource Centers, the expansion of resources for home and community-based services as well as home repair, transportation and resources to rebuild the service delivery system negatively impacted during the Public Health Emergency.

## **ACCREDITATION**

NCQA, CARF and AADE accredited, the agency prides itself in maintaining high-quality services. This National Committee on Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF) and American Association of Diabetes Educators (AADE) helps the organization to embed and hard-wire quality assurance measures in all services to meet the needs of its constituents. The agency's Information and Assistance Specialists are Alliance of Information and Referral Systems (AIRS) certified within one year of employment. During FY 2023, DAAA started positioning itself to seek AIRS Accreditation which is typically implemented over an 18-month period.

Recently, DAAA expanded its Quality and Compliance Department and is seeking the Malcolm Baldrige Award while always operating under its five guiding principles of Servant Leadership - being good stewards of People, Service, Growth, Finance and Quality.

## **EMERGING COMMUNITY NEEDS**

With the 2020 US Census, DAAA realized a 3.4% growth in its senior population - an increase from 148,458 to 153,540 sixty-plus individuals. In analyzing data from its 2022 Community Needs Assessment findings as well as its three community forums and two public hearings, DAAA found that the top ten needs consists of: 1) Home Repair Services; 2) Caregiver/Kinship Support; 3) Transportation; 4) Social Isolation; 5) Food/Food

Insecurity; 6) COVID-19 Response (PPE, In-Home Vaccination and COVID-19 Testing); 7) Access to Technology/Training; 8) In-Home Services; 9) Diversity, Equity and Inclusion, and; 10) Leveraging Community Partnerships and Volunteers. The implementation of the FY 2023 – FY 2025 Multi-Year Plan, when coupled with the agency's Vision 2021 - 2025 Strategic Plan, will enable the agency to responsively address the needs of the community.

During FY 2024, DAAA will continue to implement a variety of initiatives to make services available to the community. Some of these programs and services will be funded through Older Americans Act funding while others will be supported through American Rescue Plan Act (ARPA) and unrestricted funding as well as other resources. Infusing ARPA funding into the agency's service budget will enable DAAA to implement a variety of initiatives to add value to programs and services including the purchasing of equipment and supplies for service providers; investing in Information Technology to prevent cybersecurity attacks; expanding caregiver support services; and reinvigorating our disease prevention/ health promotion program with a hybrid model. ARPA and unrestricted funding will help DAAA and its partners to modernize and reimagine our Congregate and Home Delivered Meals Programs to attract new 'young at heart' and existing participants. These innovative strategies will be tested to examine how Restaurant Vouchers, Mobile Food Trucks, and catered meals can be shared through our Silver Café Innovation Initiative. Congregate Meal-Site Directors will be recruited, trained, and equipped with iPads or tablets for registration, NAPIS reporting and program purposes, where possible. To address the need for home repair and environmental modifications, DAAA is partner with non-traditional providers to build a "Maintenance Central Home Repair" model, implement intergenerational summer camp/mentoring programs for Grandparents Raising Grandchildren; Senior Lyft-Uber Concierge services along with using a Region 1-A customized wellness check app to perform volunteer-based outreach to isolated older adults and caregivers.

### **COVID-19 EMERGENCY RESPONSE & NEW PRIORITIES 22 1,267 vaccinations**

With the onset of the COVID-19 Pandemic, DAAA has been at the forefront of emergency response to the older adults within its community. To respond aggressively, DAAA has initiated Senior Telehealth Connect; explored initiating strategies to address increases in depression, mental health challenges and substance abuse; expanded Friendly Reassurance and Wellness Checks and the implementation of a Community Care Corps to help caregivers as well as care recipients with Chore, Respite Care, Friendly Visiting and One-on-One and Group Support. The DAAA vaccination program in 2022 was able to administer 1,267 doses of vaccine to seniors in need of support against the COVID-19 Pandemic with an acceptance rate of 51% compared to the larger community. It will also continue to make Grocery Shopping available to the most vulnerable through newly tapped funding. DAAA has determined that it will have to build an infrastructure that will support a hybrid model of service delivery moving forward. The pandemic has led DAAA to realize the importance of technology training and availability for seniors. As the Public Health Emergency (PHE) period comes to an end, DAAA has initiated the rebuilding of the service delivery system that was severely impacted by the shutdown of services.

### **ARPA Strategy:**

The Detroit Area Agency on Aging has developed a multi-phase spend down strategy for the use of the \$3.9 million available in American Rescue Plan Act (ARPA) funding by 12/31/2024. The strategy is broken down into three phases of development.

Phase I includes the integration of updated information technology such as National Aging Program Information System (NAPIS) reporting enhancements, a transition from Aging Information Manager (AIM) to COMPASS for data management, and the procurement of assistance in the development of an updated Community Needs Assessment and Regional Profile of Seniors. In addition, DAAA will also infuse the use of other information technology to improve its request for proposal processes as well as the tracking of key performance indicators.

Phase II includes the further development of the Silver Café Innovations Program, which features several services. Among them include grocery shopping assistance, vouchers for individuals to secure culturally appropriate meals from local restaurants, and the modernizing and re-opening of congregate meal sites. Some congregate sites will be piloting a catered meals service as well. DAAA also plans to expand Caregiver Support Services program, along with rebuilding the infrastructure of Chronic Disease Health Promotion Programs. Pop-up technology training sessions will also be made available during Phase II.

Phase III features a request for proposal to Service Providers centers around the development of several programs such as intergenerational programs, kinship support services, senior mobile dentistry services, counseling services and substance abuse services, case coordination and support services for returning older citizens, caregiver education, training, and support services, and lastly add community wellness centers in strategically located parts of our service area. In addition, DAAA will disseminate funding to providers to support the modernization of their information technology to increase efficiencies, HIPAA compliance and protection from cybersecurity attacks.

## **CONTINGENCY PLANNING**

As the Bureau of ACLS worked with the Commission of Services to the Aging on a new State Intra-State Funding Formula for the next five years. With this new Intra-State funding formula, DAAA is in the process of strategizing about how to absorb the loss of \$85,000 will mean along with the loss of other funding associated with the Public Health Emergency. Key strategies to be deployed to off-set any loss of funding include developing cost sharing, boosting voluntary contributions, increased fund development, expansion of Senior Telehealth, private pay options as well as transitioning from MI Health Link to DSIP. DAAA will also continue to seek grants from private and public sources to diversify its revenue streams.

## **ADVOCACY**

DAAA continues to coordinate planning, development and advocacy efforts in collaboration with the Inclusive Health Care Partners-in-Action Taskforce, a Caregiver Coalition as well as the Silver Key Coalition and Older Michigianians Day Committee. After implementing planning activities, it is also gearing up to implement additional strategies to strengthen emergency preparedness and response through the Coordinated Food Services Delivery Consortium.

Key advocacy efforts will focus on Caregiver Resource Centers, the expansion of resources for home and community-based services as well as home repair, transportation and emergencies.

## **FY 2023 SUCCESSES & CHALLENGES**

During FY 2023, DAAA is celebrating key successes while addressing key challenges. DAAA is enjoying the expansion of its Senior Telehealth Program, recently receive five-year AADE accreditation as well as



three years of CARF accreditation without recommendations. In addition, it will receive national recognition from the US Aging through its Innovations and Achievement Awards Program.

Key challenges DAAA is confronted with includes transitioning its programs and services, service provider network and staff from the public health emergency back to a sense of normalcy after being forever changed. This consists of transitioning programs to a hybrid model to maintain flexibility, rebuilding infrastructures impacted by the Covid-19 pandemic and supporting a telecommute philosophy that balances safety with productivity. Key issues that must be addressed consist of the following:

- Rebuilding direct care worker infrastructure to support home care;
- Re-opening and re-building congregate meals sites
- Rebuilding trained staffing for evidence-based programs using a hybrid model.
- Re-structuring community volunteerism
- Rebuilding the Senior Community Service Employment Program
- The re-engagement of local volunteers for agency events
- The ability to attract younger seniors within our service area
- The expansion and dissemination of caregiving resources
- The inclusion and expansion of programs in a hybrid model across service categories.

### Public Hearing

The Detroit Area Agency on Aging (DAAA) conducted one public hearing as required on the proposed FY 2024 Annual Implementation Plan which were powered by Zoom. In-person public input sessions and public hearings are planned for the upcoming year. The virtual public hearing was held on June 6, 2023, from 10:00 a.m. – 12:00pm. DAAA marketed the public hearing through the distribution of promotional flyers and disseminated a public service announcement via a press release to Community Newspapers as well as through Social Media platforms, and Email Blasts using Constant Contacts. The Planning Team also reached out to agencies who serve Arab Americans, Chinese Americans, Native Americans and Spanish-Speaking older adults and caregivers as well as the LGBTQ+ communities. A 30-Day notice was published in the Sunday edition of the Classified Ads section of the Detroit Newspapers on May 7, 2023. The public hearing complied with the Michigan Open Meetings Act. DAAA utilized Zoom's Language Channels staffed by interpreters to engage older adults, caregivers, service providers and the general public who spoke other languages or English as a second language. Interpreters were recruited to translate the AIP presentations in Chinese, Arabic and Spanish with the help of Association of Chinese Americans, Arab American Chaldean Council, and LaSed Senior Center (planned).

<b>Date</b>	<b>Location</b>	<b>Time</b>	<b>Barrier Free?</b>	<b>No. of Attendees</b>
June 6, 2023	Powered by Zoom	10:00am – 12:00pm	Yes	TBD

## Regional Service Definition

**Service Definition:** Programs and services which coordinate and integrate social and health services that support health and well-being, education, social and community context, economics and retirement planning as well as neighborhoods and built environment that tie to age-friendly community strategies and increased access to technology across older adults, persons with disabilities, caregivers and the service provider network.

**Allowable Services:**

1. Delivery of health care services through enhanced access to care and technology to reduce premature death and health disparities of older adults, family caregivers and older persons with disabilities.
2. Increasing access to resources for aging, education and life-long learning with older adults has a voice in what's best for them.
3. Access to economics and retirement planning, comprehensive benefits screening, employment and training opportunities that yield financial literacy and security.
4. Better coordinated and integrated supportive services including mental health, spirituality, and substance abuse prevention.
5. Engagement of intergenerational groups as well as public and private partnerships that make aging in place possible, safe and successful.
6. Implementation of technology solutions to combat the digital divide across the Social Determinants of Health domains.

**Rationale:** Findings from the Detroit Area Agency on Aging’s Dying Before Their Time Report and its Inclusive Healthcare Partners-in-Action Initiative necessitate the development of modernized, transformative and innovative service strategies that integrate and coordinate individual, group and/or community-wide services centered in an age-friendly community, health-focused an age friendly community, health-focused framework. This consists of the deployment of technology, increased access to broadband and training with technical support.

Service Category	Funding Source	Unit of Service
Community Services - Social Determinants of Health Coordination	[x ] State Access [ x ] State In-home [x ] State Respite [x ] State Alternative Care [X] Title III Part B [ x ] Title III Part D [x ] Title III Part E [x ] Title VII [x ]Other Community Services	One hour of service or one session

**Minimum Standards:**

1. Training of Health Care Professionals, Direct Care Workers including Home Health Aides and volunteers in geriatrics.
2. Rendering of health care, mental health, oral health, and/or wellness services to older adults and caregivers.
3. Comprehensive benefits screening and assistance.
4. Intergenerational programming brings children, youth, young adults and older adults together through the

sharing of experiences.

5. Education in arts and crafts, personal/legislative advocacy, life-long learning, and technology supported by public and private partners.
6. Financial literacy, job placement and retirement planning across the life span.
7. Supportive Services – solo agers, individuals with disabilities, active and homebound seniors, caregivers and family elders.
8. Development of public and private partnerships.
9. Demonstrate individual and community outcomes and impact that integrate social and health services.

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## Access Services

### Care Management

**Starting Date:** October 1, 2023

**End Date:** September 30, 2024

**Total Federal Dollars:** \$719,734

**Total State Dollars:** \$0

**Geographic Area Served:** Region 1-A

#### **Goal 1: Decrease Social Isolation of Care Management participants.**

##### **Activities:**

1. Supports Coordinator will encourage participants to take part in activities in their home, faith-based organizations and/or community encouraging wearing a mask and observing social distancing.
2. Supports Coordinator will assist the participants to register for free and low-cost transportation.
3. Supports Coordinator will encourage participants to request senior telephone reassurance.
4. Supports Coordinator will encourage participants to have informal supports and have gatherings at the participant's home when possible and encourage wearing of mask and observing social distancing.
5. Supports Coordinator will encourage participants to participate in monthly virtual Advisory Council Consumer meetings.

**Expected Outcome:** Reduce the average percentage of all participants who are alone for long periods of time or always AND who also report feeling lonely – or –distressed by declining social activity, 90 days prior to assessment/reassessment (or since last assessment to less than 90 days) to 9%.

#### **Goal 2: Reduce the prevalence of Emergency Room Visits and Hospital Stays from care management participants.**

##### **Activities:**

1. Supports Coordinator will educate participant regarding signs and symptoms to trigger a contact with their medical doctor and when to go to the hospital or emergency room.
2. Supports Coordinator will educate participants regarding the importance of taking medication(s) and following medical regimen to prevent hospital and emergency room visits.
3. Supports Coordinator will encourage participants to contact the doctor's office for health concerns or issues before going to emergency room or hospital especially after discharge.

**Expected Outcome:** Reduce the percentage of all participants who have had one or more hospitalizations or emergency room visits during the last 90 days since the assessment/reassessment (or since the last assessment if less than 90 days) to 25%.

Number of Client Pre-Screenings	Current Year: <b>150</b>	Planned Next Year: <b>150</b>
Number of Initial Client Assessments	Current Year: <b>72</b>	Planned Next Year: <b>72</b>
Number of Initial Client Care Plans	Current Year: <b>72</b>	Planned Next Year: <b>72</b>
Total Number of Clients (New + Carry Over)	Current Year: <b>347</b>	Planned Next Year: <b>347</b>
Staff to Client Ratio (Active & Maintenance Per Full Time Care)	Current Year: <b>1:60</b>	Planned Next Year: <b>1:60</b>

**Information and Assistance**

**Starting Date:** October 1, 2023

**Ending Date:** September 30, 2024

**Total Federal Dollars:** \$185,217

**Total State Dollars:** \$124,616

**Geographic Area to be Served:** Region 1-A

**Specify the planned goals and activities that will be undertaken to provide the service.**

**Goal 1:** Update and maintain Information & Assistance (I&A) Resource Database to be able to provide accurate and updated information to all identified populations in collaboration with the United Way of Southeast Michigan and other partners.

**Activities:**

1. Complete the identification and removal of resources in database that are no longer valid.
2. Continue to update valid resources in the database.
3. Identify gaps in available resources.
4. Collaborate with community organizations to identify resources to fill gaps.
5. Add identified community resources to the database.
6. Maintain the database according to AIRS standards.
7. Ensure that services for diverse populations are maintained in the database.
8. Translate materials to other languages, utilize translators and TDD language line, where needed.
9. Upgrade Service Point.
10. Participate in the United Way of Southeastern Michigan Close the Loop Initiative.

**Expected Outcome:** Greater community access to resources that are accurate and up to date.

**Goal 2: Enhance the skills of Information & Assistance Specialists.**

**Activities:**

1. Participate in ongoing training to enhance current skills and develop new skills to serve all identified populations.
2. Participate in required Bureau of ACLS Person-Centered Thinking training.
3. Participate in on-going ABCs of Information & Referral training to meet AIRS standards for recertification.
4. Participate in on-going MMAP training for 100% of staff to be certified as counselors.
5. Participate in LGBTQ+ sensitivity training.
6. Collaborate with other departments to ensure effective and efficient screening processes for MI Choice Medicaid Waiver, Project Choice, MMAP, MI Health Link, Meals on Wheels and other programs.
7. Support Outreach program efforts by attending events and completing on-site intake and referral assistance services.

**Expected Outcome:** I & A Specialists will respond to all callers in a person-centered manner and provide appropriate information, intake and referrals to all callers.

**Goal 3:** Collaborate with Community Wellness Service Center, Community Development Corporations and other partners to expand Information and Assistance, education and Options Counseling to increase accessibility, streamline services, navigate the environment and identify isolated seniors for wellness checks.

**Activities:**

1. Utilize ADRC, Community Service Navigators and community partners to coordinate community service navigation services at Community Wellness Service Centers and throughout the community.
2. Develop tools to track outcomes of community I & A and Options Counseling.
3. Provide I & A and Options Counseling training that meets AASA and AIRS standards.
4. Provide I & A and Options Counseling at Community Wellness Service Center agencies to all populations.
5. Collaborate with Community Wellness Center partners to evaluate tracking data and determine next steps.

Expected Outcome: Increase access to long-term care support and services and other community resources.

**Options Counseling**

**Starting Date:** October 1, 2023

**End Date:** September 30, 2024

**Total Federal Dollars:** \$40,000

**Total State Dollars:** \$0

**Geographic Area to be Served:** Region1-A

**Specify the planned goals and activities that will be undertaken to provide the service.**

**Goal 1:** Further expand Options Counseling services for older adults and caregivers to enhance their quality of life.

**Activities:**

1. Further define options counseling services in Region 1-A.
2. Provide options counseling and follow up with consumers for at least 90 days (about 3 months).
  3. Further expand options counseling services to connect participants to their optimal living settings and other community resources.
  4. Further integrate options counseling into Information and Assistance Call Center, Caregiver Support services, and other key services.
5. Expand capacity building through new procedures and processes.
6. Further enhance and expand options counseling trainings.
  7. Build options counseling resources and a printed and web-based resource guide in Service Point or another software program.
8. Coordinate options counseling with Community Wellness Service Centers.
9. Develop a strategy to promote options counseling through social media and other methods.
10. Strengthen relationships and referrals to Long Term Care Supports and Services including PACE, Skilled Nursing Homes, Adult Home Help, Assisted Living, Foster Care, and Homes for the Aged

**Expected Outcome:** Expand, enhance and integrate options counseling into the service delivery system within Region 1-A.

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## Direct Service Request

### Disease Prevention Health Promotion (Title III-D)

**Starting Date** October 1, 2023

**End Date** September 30, 2024

**Total Federal Dollars:** \$230,200

**Total State Dollars:** \$0

**Geographic Area to be Served:** Region 1-A

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

#### **Goal 1: Provide Support to Community Wellness Service Centers (CWSCs).**

##### **Activities:**

1. Utilize the Community Wellness Service Center Advisory Committee to promote best practices, program promotion, partnership building and sustainability.
2. Monitor evidence-based programs and perform fidelity checks.
3. Track self-reported program outcomes quarterly.
4. Evaluate effectiveness of programs.
5. Facilitate ongoing training, technical assistance and support the development, maintenance, and expansion of CWSCs.
6. Expand the Distance Learning and Technology Training Corps to qualifying older adults, including those that have received a Chromebook.

**Expected Outcomes:** Improve the health status of older adults and caregivers by addressing the social determinants of health.

#### **Goal 2: Further expand evidence-based health promotion and disease prevention services, including training for CWSCs to support capacity building and growth.**

##### **Activities:**

1. Continue technical assistance and support for Community Wellness Service Centers (CWSCs) and satellites including Agencies United for Healthy Aging.
2. Assist CWSCs to recruit and train lay leaders, coaches and instructors in evidence-based programs.
3. Set volunteer recruitment and program completion targets.
4. Track measurable outcomes for Diabetes Self-Management Training (DSMT) on AADE Annual Report with input from the DSMT Advisory Council.
5. Promote sustainability of Diabetes Prevention Program at select CWSCs.
6. Incorporate Diabetes Self-Management Training/Medical Nutrition Therapy (MNT) into Senior Telehealth Connect to support nutrition education and counseling associated with prevention and management of chronic illnesses.

7. Explore cost sharing, fee-for-services, membership fees and third-party reimbursement opportunities.
8. Work with CWSCs to expand and sustain Passport to Health services, if feasible.
9. Utilize the Passport to Health toolkit and business plan to value proposition that can be marketed to managed care organizations, health systems and other parties.
10. Coordinate virtual Evidence-Based programming with Area Agencies on Aging Association of Michigan, if feasible.
11. Implement health promotion and disease management strategies in the Vision 2021 – 2025 Strategic Plan.
12. Build/rebuild infrastructure for Enhance Fitness, Tai Chi, and other Evidence Based Programs. Expand/replicate Passport to Health.
13. Implement caregiver support coordination service through internal/external partners.

**Expected Outcomes:** Improve health status of older adults participating in health promotion and disease management programs through proven evidence-based program interventions.

**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).**

**(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.**

**(B) Such services are directly related to the Area Agency's administrative functions.**

**(C) Such services can be provided more economically and with comparable quality by the Area Agency.**

DAAA proposes to administer community health and wellness services directly and to contract with four Community Wellness Service Centers in order to maintain licensing and certifications centrally to avoid duplication of efforts and maintain efficiencies and effectiveness. This will also enable DAAA to monitor the evidence-based programs to maintain fidelity and compliance; provide technical assistance and support as well as to take advantage of program development and third-party reimbursement opportunities that can expand service delivery and sustain services.

CWSC services will be supported through Community Service Navigator, Chore, Home Care Assistance, Respite Care, Transportation, Disease Prevention and Health Promotion as well as Caregiver Education, Training and Support.

**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

Administration of the disease prevention and health promotion services has enabled DAAA to secure additional resources from public and private partners such as the Michigan Health Endowment Fund and the ACLS Bureau

through a coordinated effort. Community needs assessment findings support the continuation of health and wellness services.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

Virtual Town Halls were held on June 7th and 8th, 2022. Select attendees support the continuation of disease prevention/health promotion services in order to prevent chronic disease.

**Long-Term Care Ombudsman**

**Starting Date** October 1, 2023

**End Date** September 30, 2024

**Total Federal Dollars** \$63,998

**Total State Dollars:** \$73,546

**Geographic Area to be Served:** Region 1-A

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

**Goal 1: Provide advocacy services for nursing facility and community living residents.**

**Activities:**

1. Continue to educate nursing facility and community living residents regarding their rights.
2. Investigate complaints from nursing facilities, MI Choice, adult foster care and homes for the aged residents and their family members.
3. Collaborate with residents, resident support, and nursing home facilities to resolve complaints.
4. Assist residents who would like to transition from institutional to community settings.
5. Assist residents who are experiencing nursing home closure.
6. Continue to participate in the Elder Abuse Task Force to prevent elder abuse and scams.
7. Finalize LTC Ombudsman nursing home guide and distribute to nursing home residents.
8. Continue to work with nursing home residents and their families to reduce social isolation and the impact of COVID-19.
9. Disseminate Long-Term Care Ombudsman calendars and other materials.
10. Implement Long-Term Care Ombudsman strategies in alignment with the Vision 2023 – 2025 Strategic Plan.

**Expected Outcome:** Increase knowledge and understanding about resident rights and responsibilities.

**Goal 2: Provide community education on the rights of nursing facility residents and elder abuse.**

**Activities:**

1. Continue to develop relationships with nursing homes and community living residents and family support to raise awareness of resident rights and elder abuse.
2. Collaborate with outreach programs to target events to provide community education.
3. Collaborate with county organizations to educate and increase community awareness of all populations

on elder abuse.

4. Work to protect nursing home residents from voter-related and other types of fraud.
5. Coordinate training on Elder Abuse for Information & Assistance Specialists.
6. Implement LTC Ombudsman strategies in alignment with the 2021-2025 Strategic Plan.

Expected Outcome: Increase knowledge of residents, family members and the community on identifying and responding to potential cases of elder abuse and/or fraud prevention.

**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).**

**(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.**

**(B) Such services are directly related to the Area Agency's administrative functions.**

**Such services can be provided more economically and with comparable quality by the Area Agency.**

DAAA proposes to continue to provide Long-Term Care Ombudsman services because the services are 1) administered in conjunction with Information and Assistance; 2) provided economically and effectively and 3) maintains continuity of service in Region 1-A until the ACLS Bureau finalizes its plans to directly administer this program through a third party. DAA has been unable to identify an outside vendor for these services.

**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

DAAA has elected to continue to provide LTC Ombudsman services given the State of Michigan's plans to centralize these services in the future.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

There were no comments regarding LTC Ombudsman services during the public hearings.

## **Request for Direct Service Provision: Caregiver Education, Training and Support**

**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).**

**(C) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.**

**(D) Such services are directly related to the Area Agency's administrative functions.**

**Such services can be provided more economically and with comparable quality by the Area Agency.**

DAAA proposes to provide some Caregiver Education, Training and Support services directly in addition to contracting the services out to service providers to act as a regional Caregiver Resource Center. This will enable DAAA to administer key regional Caregiver Education, Training and Support services; provide caregiver-related evidence-based classes economically and effectively and maintain continuity of services in DAAA's service area. This will enable Region 1-A to expand its footprint in caregiver services as well as provide needed support to community and faith-based organizations, corporate and business partners along with civic organizations providing care.

**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

Community needs assessment data demonstrates that family caregivers have tremendous needs that will only increase over the next several years. Although DAAA funds several providers to delivery these services, the agency is positioned to assist these community-based organizations to obtain licensing and certification, better coordinate services across the Community.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

Public hearing comments for the multi-year plan as well as the FY 2024 Annual Implementation Plan support caregiving.

**Starting Date:** October 1, 2023

**End Date:** September 30, 2024

**Total Federal Dollars** \$100

**Total of State Dollars:** \$0

**Geographic Area to be Served:** Region 1-A

**Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

**Goal:** To administer Caregiver, Education and Training Services in order to increase support to caregivers and reduce stress.

**Objective 1:** Provide T-Care Personalized Assessments to family caregivers.

**Activities:**

1. Work with Information & Assistance Call Center to conduct initial assessments and follow up assessments after the intake and screening of caregivers.
2. Prepare service plans to address the needs of family caregivers including grandparents raising grandchildren.
3. Make internal and external referrals and make follow-up as needed.
4. Develop and maintain a Caregiver resource guide, brochures and other marketing materials to increase access to services.
5. Work with Henry Ford Health System and other partners to educate and support caregivers as patients.

**Objective 2:** Provide evidence-based and other training to family caregivers in collaboration with service provider network and other partners.

1. Coordinate evidence-based and informed training to family; paid caregivers with and without CEUs.
2. Provide Powerful Tools for Caregivers, Dementia Dexterity, Universal Dementia and Aging Mastery for caregivers.
3. Monitor program fidelity in collaboration with Community Health and Wellness and Quality/Compliance.
4. Prepare program reports on caregiver support services and activities including NAPIS reporting.

**Objective 3:** Work with the community-wide Caregiver Coalition to strengthen partnerships and caregiver resources.

1. Meet quarterly to expand adult day care, respite care, support groups and other services.
2. Coordinate service options for caregivers and gauge caregiver satisfaction.
3. Sponsor annual trainings, special events, advocacy activities and other programs and services.

## Regional Direct Service Request – Emergency Gap Filling

### Emergency Gap Filling

**Starting Date:** October 1, 2023

**End Date:** September 30, 2024

**Total Federal Dollars** \$33,950

**Total of State Dollars:** \$0

**Geographic Area to be Served:** Region 1-A

**Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

**Goal:** To administer Emergency Gap-Filling Services as a last resort to at-risk older adults or family caregiver.

**Objective 1:** Modify policy, procedures and protocols for implementing Gap-filling Services

**Activities:**

6. Revise intake and screening process.
7. Update policy, procedures and protocols.
8. Supplement funding with other monetary and in-kind resources.

**Objective 2:** Implement Gap-Filling Services through an Inter-departmental Committee.

5. Meet monthly or as needed to review request for gap filling services.
6. Order equipment or services needed.
7. Track delivery of services, secure signatures and satisfaction regarding outcome.
8. Submit invoices to Finance.

The Detroit Area Agency on Aging is requesting approval to administer Emergency Gap-Filling Services because it can administer the program regionally to ensure efficiency, supplement funding, and ensure an adequate supply of resources to respond to COVID-19 and other emergencies.

DAAA has been working with the Service Provider Network to make Emergency resources available during the Covid-19 Pandemic, Power Outages, and Flooding. It has the administrative staff and resources available to expedite these resources in collaboration with the provider network.

Community Needs Assessment data and input from the community supports the need to make these resources available to the community to address unmet needs and emergencies. Both constituents and service providers are requesting that resources be in place to respond to basic needs and natural/man-made disasters and emergencies

## Program Development Objectives

### **Diversity, Equity, and Inclusion Goal**

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60. Please assess and summarize how well the area agency is currently addressing accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

1. Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.
2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.

Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.

**Goal: Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.**

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, that some of the area agency's program development goals correspond to the ACLS Bureau's State Plan Goals (listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. Additional

Instructions on completing the Program Development section can be found in the Documents Library.

#### **A. GOAL 1: Strengthen public and private partnerships to leverage additional funding for high-priority programs and services.**

State Goal Match: 0

#### **Narrative**

To strengthen public and private partnerships to leverage additional funding for high-priority programs and services, DAAA will increase monetary and in-kind resources for home repair services for older adults in DAAA's service area. We will also increase public and private resources for transportation services to expand and enhance service delivery. Lastly, DAAA will expand revenues for other programs and services through cost-sharing, increased program income, private pay, and/or in-kind resources.

#### **Objectives**

1. Increase public and private resources for transportation services to expand and enhance service delivery.

**Timeline:** 10/01/2023 to 09/30/2024

#### **Activities:**



- 1.1. Partner with Regional Transportation Authority (RTA), Detroit Department of Transportation (DDOT), Suburban Mobility Authority for Regional Transportation (SMART), Uber, and Lyft to expand the availability of transportation services for older adults.
- 1.2. Partner with (DDOT) and SMART to make transportation services available through the network of transportation providers.
- 1.3. Work with Uber and Lyft to develop a senior-focused transportation program for older adults that closely vet drivers.
- 1.4. Educate older adults of transportation options available in DAAA's service area.
- 1.5. Continue to provide partners with State of Michigan, RTA and AAA 1-B to make transportation services available through MyRides2, MI Choice and for special events.
- 1.6. Continue to improve the quality of senior transportation services.
- 1.7. Research Transportation broker software options.

**Expected Outcome:**

Expand and enhance transportation services to expand access to care.

2. Expand revenues for other programs and services through cost-sharing, increased program income, private pay, and in-kind resources.

**Timeline:** 10/01/2023 to 09/30/2024

**Activities:**

- 2.1 Expand voluntary contributions and/or cost sharing across DAAA programs and services: home-delivered and congregate meals; in-home and community services.
- 2.2 Create a private pay program for home-delivered meals and home care assistance.
- 2.3 Promote private pay for evidence-based programs through third party reimbursement.
- 2.4 Restart Home Delivered Meals (HDM) program income.

**Expected Outcome:**

Diversify revenue sources to support the maintenance or expansion of programs and services.

3. Increase monetary and in-kind resources for home repair services for older adults in DAAA's service area.

**Timeline:** 10/01/2023 to 09/30/2024

**Activities**

Partner with public and private partners to plan, develop and implement a strategy to address home repair services including relocation of older adults living in unsafe housing.

- 1.1. Develop a senior home repair model to address minor home repairs, environmental modifications, and housing rehabilitation.
- 1.2. Seek resources to fund home repair services and housing rehabilitation services.
- 1.3. Identify vetted, trained, and licensed contractors who can be referred to older adults who can pay for home repair services.
- 1.4. Work with municipalities and other partners to relocate older adults and caregivers living in unsafe housing.
- 1.5. Refer older adults to programs and services to address property tax/mortgage foreclosures, blight tickets, utility, and other housing-related issues.
- 1.6. Educate the community about DAAA's role in housing and home repair services to dispel myths and

misinformation.

**Expected Outcome:**

Expand access to home repairs, environmental modification, and housing rehabilitation for older adults in DAAA's service area in collaboration with community partners.

**B. GOAL 2: Expand Access to Information, Services and Benefits to address Basic Needs and Other Community Resources.**

State Goal Match: 1

**Narrative**

To expand access to information, services and benefits to address basic needs and other community resources, DAAA will continue to build a new infrastructure for the Information & Assistance Call Center and increase Financial Literacy and Access to Benefits and Services.

**Objective:**

1. Objective 2.2: Increase Financial Literacy and Access to Benefits and Services (Strategic Goal #1 - Objective 1.B.)

**Timeline:** 10/01/2023 to 09/30/2024

**Activities**

- 1.1. Continue to expand access to public benefits and services through capacity building, financial literacy and training of older adults, caregivers, and benefits counselors.
- 1.2. Implement processes to bridge the gap for older adults who require basic needs such as water shut off, mortgage, property/income taxes, and utility (heating and electricity) assistance.
- 1.3. Facilitate the navigation of Social Security benefits among older adults through partnership building, placement of kiosks and other strategies.
- 1.4. Advocate for needed changes in public benefits and services at the federal, state, and local levels.

**Expected Outcome:**

Increase economic security through public and private benefits

**Objective 2.1:** Continue to build a new infrastructure for the Information & Assistance Call Center.

**Timeline:** 10/01/2023 to 09/30/2024

**Activities:**

- 1.1. Seek replacement of information technology for Service Point to enhance call center services through grants and resource development. (Strategic Plan Goal VI)
- 1.2. Create online resource guides to support older adults, caregivers, and provider networks.
- 1.3. Expand Information & Assistance reach through telephone reassurance using staff and trained volunteers.
- 1.4. Market DAAA's Information & Assistance call center as a trusted source for information in the DAAA service area.

**Expected Outcome:**

Strengthen and enhance Information & Assistance services for older adults, caregivers, and the general public.

### C. GOAL 3: Improve and Expand Community Health, Wellness and Nutrition Services

State Goal Match: 0

#### Narrative

To improve and expand Community Health, Wellness and Nutrition Services DAAA will continue to expand and enhance Telehealth, Mobile Health and Community-based Health and Wellness Services.

#### Objectives

1. **Objective 1:** Continue to expand and enhance Telehealth, Mobile Health and Community-based Health and Wellness Services

**Timeline:** 10/01/2023 to 09/30/2024

#### Activities:

- 1.1. Expand Senior Telehealth **Connect** services in the targeted area to widen reach and depth of services.
- 1.2. Partner with health care partners to make mobile health services available to older adults.
- 1.3. Continue to expand virtual and face-to-face services through the network of Community Wellness Service Centers and satellite locations in collaboration with the Association of Area Agencies on Aging and local partners.
- 1.4. Partner with health plans and Integrated Care Organizations to provide evidence-based programs to members through third-party reimbursements.
- 1.5. Rebuild the infrastructure for evidence-based programs for virtual and face-to-face programs.
- 1.6. Expand the availability of evidence-based programs to homebound seniors, older adults who speak other languages or honor different cultures.
- 1.7. Continue to improve health literacy among older adults, family caregivers and provider network.
- 1.8. Expand congregate meal sites in targeted areas based upon community needs, population shifts.
- 1.9. Implement Food First program to make restaurant-prepared meals available to caregivers and care recipients.
- 1.10. Implement Medical Nutrition Therapy program to address special diets needed by older adults .
- 1.11. Supporting a hybrid model for congregate meal program.
- 1.12. Options for halal/kosher and other cultural diets/meals, and specialized diets.
- 1.13. Create solutions for those who need assistance with online grocery shopping.
- 1.14. Re-image our Home Delivered Meals Programs to attract new and existing participants.
- 1.15. Modernize the DAAA's Congregate Meals Program including integrating technology, designation of new sites, implement Silver Cafe Innovative services as well as enhancing nutrition education strategies into programming

#### Expected Outcome

Improve the health status of older adults in DAAA's service area through health promotion and disease management strategies.

### D. GOAL 4: Create a Caregiver Resource Center that Supports Informal and Formal Caregivers.

State Goal Match: 0

#### Narrative

To support creating a caregiver resource center that supports informal and formal caregivers , DAAA will work with public and private partners to establish a caregiver education, training, and support center in Region 1-A. DAAA will also make CEU training available for paid caregivers, direct care workers, and community health

workers to increase their capacity to provide care within families, within home settings and the community

### **Objectives**

Objective 4.2 Make CEU training available for Paid Caregivers, Direct Care Workers, and Community Health Workers to Increase their Capacity to Provide Care within Families, within Home Settings and the Community.

Timeline: 10/01/2023 to 09/30/2024

### **Activities**

- 1.1. Survey paid caregivers, direct care workers and community health workers to discern education and training needs.
- 1.2. Develop and/or enhance training that can be offered to these professionals and paraprofessionals in collaboration with experts.
- 1.3. Seek CEU for the training, where appropriate.
- 1.4. Develop promotional materials to promote the training program.
- 1.5. Offer training series to targeted professionals to build capacity of service provider agencies to render high-quality services.
- 1.6. Evaluate programs for client satisfaction.

### **Expected Outcome**

Increase capacity of caregivers, direct care workers and community health workers to provide care to grandchildren, adult children, older persons, and adults living with disabilities.

2. Objective 4.1: Work with public and private partners to establish a caregiver education , training support center in Region 1-A.

Timeline: 10/01/2023 to 09/30/2024

### **Activities**

- 1.1. Work with Alzheimer's Association, AARP Michigan, Community Wellness Service Centers, Senior Regional Collaborative, Lori Hands, and other partners to expand caregiver and kinship services.
- 1.2. Provision of Caregiving Services/Training to the Faith, Business and Educational Communities.
- 1.3. Continue to expand Creating Confident Caregivers; Powerful Tools for Caregivers; Universal Dementia and Dementia Dexterity Webinars; and Aging Mastery caregiver training.
- 1.4. Seek additional resources to expand caregiver support, education, and training.
- 1.5. Enhance and expand caregiving and home-based services to help older adults remain in their homes and communities. (Objective II.B)
- 1.6. Development of respite services for caregivers and their families including, overnight/Extended Services, Volunteer-based Home Friendly Visiting services.
- 1.7. Continue to enhance the Community Care Corps model to make chore, respite care and friendly visiting available to caregivers and their care recipients.
- 1.8. Maintain Caregiver Resource Guide and brochure to promote resources available for caregiver education, training, and support.
- 1.9. Promote caregiver support coordination programs with advertisements on TV, Radio, social media, etc.
- 1.10. Establish a Kinship Support Navigator in DAAA's service area.

### **Expected Outcome**

Increase capacity of caregivers to provide care through emotional and other support.

## **GOAL 5: Reduce Isolation, Loneliness and Depression Among At-Risk Older Adults.**

State Goal Match: 2

### **Narrative**

To reduce isolation, loneliness and depression among at-risk older adults, DAAA will increase socialization of at-risk older adults through volunteer-based strategies and partner with Behavioral Health and other community partners to expand access to mental health and substance abuse prevention services.

### **Objectives**

1. **Objective 5.2:** Partner with Behavioral Health and other Community Partners to expand access to mental health and substance abuse prevention services.

Timeline: 10/01/2023 to 09/30/2024

### **Activities:**

- 1.1. Enhance Mental Health Services and Substance Abuse Education for Active and Homebound Seniors.
- 1.2. Implement Social Engagement and support programs to reduce social isolation.
- 1.3. Develop Mental Health and Substance Use Disorder Support programs for caregivers.

### **Expected Outcome:**

Strengthen partnerships and access to mental health and substance abuse prevention services.

2. **Objective 5.1:** Increase socialization of at-risk older adults through volunteer-based strategies.

Timeline: 10/01/2023 to 09/30/2024

### **Activities**

- 1.1. Research best practices to reduce social isolation, depression, and loneliness.
- 1.2. Continue to enhance the Community Care Corps friendly reassurance model in collaboration with volunteers and other partners.
- 1.3. Develop a telephone reassurance tool kit for staff and volunteers.
- 1.4. Seek funding and recruit volunteers.
- 1.5. Secure other in-kind resources, as needed.
- 1.6. Expand the model and measure health outcomes and community impact.

### **Expected Outcome**

Reduce social isolation rating by 5 – 10% among targeted older adults.

## **E. GOAL 6: Improve the Accessibility of Services to Region 1A's Communities and People of Color, Immigrants and LGBTQ+ Individuals**

State Goal Match: 0

### **Narrative**

To improve the accessibility of services to Region 1-A's Community and Peoples of Color, Immigrants and LGBTQ+ individuals, DAAA will ensure that AAA staff and subcontractors are trained in diversity, equity, and inclusion; Increase in cultural competency of AAA staff and contractors; Ensure that programming and outreach is culturally sensitive and welcoming to all; and Ensure that culturally and linguistically appropriate outreach is directed to non-English speaking persons and that providers are trained to adapt to diverse cultural needs.

### **Diversity, Equity, and Inclusion Goal**

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and

increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60.

**Goal: Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.**

Please assess and summarize how well the area agency is currently addressing the accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

1. Increase services provided to Black, Indigenous and People of Color and the LGBTQ+ communities.
2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.
3. Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.

During FY 2023 - 2025, the Detroit Area Agency on Aging is making a concerted effort to target services for African American, Native American, Chinese American, Hispanic/Latinx, the growing Arabic American populations as well as the LGBTQ+ community.

Currently, DAAA funds several agencies to implement targeted outreach to reach Chinese, Hispanic, Arabic and Native Americans. The agency also translates materials and use interpreters to provide services to reach constituents for input using Zoom's Language Line during community forums. The agency is also intentional in engaging/hiring and training of Board, Advisory Council, Staff and the Service Provider Network. DAAA also uses bilingual staff, community partners and hired translators for interpretation. Currently, a DAAA team member sits on the Southeast Michigan HIV and AIDS Council (SEMHC). The agency is also implementing a Food & Friendship Connections in collaboration with partners from the LGBTQ+ community. The agency has used MI GEN (formerly SAGE Metro Detroit), Wayne State University, Relias Learning Center and the Arab American Chaldean Council to conduct trainings on diversity, equity and inclusion, unconscious bias, LGBTQ+ and other topics. Recently, DAAA contracted with another vendor to provide DEI training.

DAAA's DEI Workgroup initiated a DEI e-Newsletter to share information about culture customs and differences. For 2022 Nutrition month, team members and community partners provided cooking demonstrations with food from around the world. During FY 2023-2024, DAAA is in the process of developing metrics in alignment with the State's goal to track progress on this critically important effort to embed it within the agency's operations and contracts. Metrics tracked include: 1) increasing services for black, indigenous, people of color and LGBTQ+; 2) the number of area agency staff, service providers and caregivers trained in implicit bias, cultural competency and root causes of racism; and 3) increasing the availability of linguistic translation services and communications in Region 1-A.

**Objectives**

1. **Objective 6.1:** Ensure that AAA staff and subcontractors are trained in diversity, equity, and inclusion.  
Timeline: 10/01/2023 to 09/30/2024

**Activities:**

- 1.1. Strengthen the Diversity Equity and Inclusion Committee and review the diversity plan annually to support

CARF and NCQA accreditation.

- 1.2. Plan and implement an annual diversity, equity and inclusion training for staff and service provider networks.
- 1.3. Facilitate individual web-based training of staff in culture diversity.
- 1.4. Continue to operationalize LGBTQ+ training developed through SAGE Metro Detroit and other partners.
- 1.5. Promote the hiring of team partners from cultural groups to reduce language, and/or cultural barriers.
- 1.6. Provide annual Cultural Competency training for the DAAA Advisory Council.
- 1.7. Procurement of providers and vendors
- 1.8. Development of culturally relevant programs and services

**Expected Outcome:**

Increase the number of AAA staff, contractors and caregivers trained in implicit bias, cultural competencies and root causes of racism.

2. **Objective 6.4:** Ensure that culturally and linguistically appropriate outreach is directed to non-English speaking persons and that providers are trained to adapt to diverse cultural needs.  
Timeline: 10/01/2023 to 09/30/2024

**Activities**

- 1.1. Ensure culturally and linguistically appropriate outreach is directed to non-English speaking participants through translation of materials and interpretation services.
- 1.2. Monitor cultural diversity hiring and training among staff, providers, and volunteers to assist DAAA and providers to adapt to diverse cultures.
- 1.3. Procurement of providers and vendors to support communications needs for a diverse population.
- 1.4. Development of culturally relevant programs and services that support culturally appropriate translation and communications.
- 1.5. Identify and use web-based and other tools to support translation of materials and interpretation to targeted populations.

**Expected Outcome**

Increase the availability of linguistic translation services and communications based on the cultural needs of Region 1-A.

- Objective 6.2:** Ensure that programming and outreach is culturally sensitive and without unconscious bias.  
Timeline: 10/01/2023 to 09/30/2024

**Activities:**

1. Promote programs with culturally inclusive manner to embrace diverse populations.
2. Implement culturally sensitive outreach strategies within neighborhoods and organization with targeted racial/ethnic, immigrant and LGBTQ+ groups.
3. Partner with community leaders who can help build rapport with targeted populations to link them to programs and services.
4. Utilize Zoom channels to reach multi-cultural groups and English as a Second Language (ESL) individuals.
5. Implement Social Engagement and support programs to reduce social isolation.

**Expected Outcome**

Increase culturally sensitive outreach regarding available programs to reach all populatio

