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The Area Agency on Aging 1-B (AAA 1-B) is a non-profit organization that is responsible for planning and coordinating a network of services to approximately 29% of the state’s adults who are older and/or disabled. About 760,000 persons age 60 and older reside in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. (SEMCOG 2045 Regional Forecast).

It is the mission of the AAA 1-B to enhance the lives of older adults and adults with disabilities in the communities we serve. Our vision is independence and well-being for those we serve. We are dedicated to: 1) ensuring access to a network of long term care services; 2) allocating federal and state funds for social and nutrition services; 3) advocating on issues of concern; 4) developing new older adult and independent living services; 5) coordinating activities with other public and private organizations; and 6) assessing needs of communities as well as older adults and adults with disabilities, creating connections with home and community-based long term care services. We prioritize activities that allow people to maintain their independence with dignity and place a special emphasis on assistance to frail, low income, disadvantaged, cultural/minority elders and adults with disabilities.

The Area Agency on Aging 1-B FY 2020 – 2022 Strategic Plan was completed with input from AAA 1-B senior management and members of the AAA 1-B Board of Directors and Advisory Council. Below is a summary of the agency’s strengths, challenges, and opportunities.

Strengths: creative/innovative, committed staff, positive brand perception, high quality of services
Challenges: COVID-19 Pandemic, direct workforce shortage, unrestricted funding availability, increased demand for services due to population growth, outgrowing office space, waiting lists
Opportunities: fundraising, grant seeking, use of new technologies
Primary Focus: Balance new service opportunities with strong, seamless implementation of core programs
County/Local Unit of Government Review

The Area Agency on Aging must send a letter, with delivery and signature confirmation, no later than June 30, 2020, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), requesting their approval of the final AIP by August 3, 2020. For a PSA comprised of a single county or portion of the county, approval of the AIP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2020, the AIP is deemed passively approved. The area agency must notify their AASA-assigned field representative by August 7, 2020, whether their counties or local units of government formally approved, passively approved or disapproved the AIP.

The area agency may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the AIP. To employ this option, the area agency must do the following:

--Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the area agency’s website. Instructions for how to view and print the document must be included.
--Offer to provide a printed copy of the AIP via US Mail, or an electronic copy via email, if requested.
--Be available to discuss the AIP with local government officials, if requested.
--Request email notification from the local unit of government of their approval of the AIP or their related concerns.

Describe the efforts made to distribute the AIP to, and gain support from, the appropriate county and/or local units of government.

To be completed after AAA 1-B Board Approval of Final Plan.
2021 Plan Highlights

The FY 2021 AIP Highlights should provide a succinct description of the following:

--Any significant new priorities, plans or objectives set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2021. If there are no new activities or changes planned, note that in your response.
--Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).
--A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2021.

Please provide a narrative about what, if anything, the area agency is planning that is new for FY 2021, or that is significantly different from the established FY 2020-22 Multi-Year Plan (MYP). If there are no new activities or changes planned, note that in your response. In addition, include area agency plans to handle the likelihood of reduced federal funding, including any specific alternative funding sources to be pursued. Finally, describe progress made through Multi-Year Plan (MYP) advocacy efforts to date and the area agency’s specific planned advocacy focus in FY 2021.

Priorities, Plans & Objectives

The AAA 1-B has set a goal to improve the accessibility of services to minority populations that have been historically under-represented in agency programs; the Asia-Pacific population and Hispanic populations are slightly under-represented based on total percentage of the population. In 2021, the agency will be finalizing and implementing an outreach program targeted at the family caregivers for these populations’ older adults with the goal to increase access and utilization of home and community-based services.

The AAA 1-B anticipates that it will be necessary to focus significant resources to the COVID-19 pandemic outbreak and recovery in FY 2021. The AAA 1-B has not set additional priorities in this plan in anticipation of this need for ongoing response to the COVID-19 pandemic.

Contingency Plans for Reduced Federal Funding

In the event any circumstance where authorization to spend is reduced or suspended, AAA 1-B shall focus on ensuring that the health and welfare of the most vulnerable older adults is protected. The following considerations are made:

1. Services will be reduced or eliminated based on our 2019 Service Prioritization survey, which is a stakeholder opinion survey. Priority services are: Home Delivered Meals, Community Living Program Services (in-home personal care, homemaking and respite), Information and Assistance, and Home Injury Control.
2. Services with waitlists, recent funding increases or decreases, or with alternative funding sources will be taken into consideration prior to determining any reductions.
3. Operationally, AAA 1-B shall retain a workforce that ensures critical operations are delivered. Discretionary spending will be prioritized based on need to maintain critical operations.

Advocacy

Advocacy from the Aging Network led to the Reauthorization of the Older Americans Act in March 2020, which
included modest changes to strengthen the Act. Federal emergency appropriations bills have included support for local AAA programs responding to the COVID-19 pandemic. The Michigan House passed bills supporting Grandparents Raising Grandchildren; the AAA 1-B will continue advocacy with the Senate in support of these bills. In FY 2021 the AAA 1-B will continue to advocate for funding that is responsive to the growing demand for in-home services by providing leadership to the statewide Silver Key Coalition.
Public Hearings

At least one public hearing on the FY 2021 AIP must be held in the PSA. The hearing(s) must be held in an accessible facility. Persons need not be present at the hearing(s) to provide testimony; e-mail and written testimony must be accepted for at least a thirty-day period beginning when the summary of the AIP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; newspapers or other news sources geared toward Michigan’s communities of color; presentation on the area agency’s website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 15 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab.

A narrative description of the public input strategy and hearing(s) is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and the resultant impact on the AIP.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time</th>
<th>Barrier Free?</th>
<th>No. of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/20/2020</td>
<td>Webinar</td>
<td>01:00 PM</td>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

This hearing will not take place in person due risk associated with COVID 19. Participants will need a phone or computer to participate. The public will also be welcomed to submit questions and comments via email, phone and mail in advance of the public hearing.

Comments can be directed to Jim McGuire at jmcguire@aaa1b.org, 248-262-9216 or by mail to Jim McGuire, Area Agency on Aging 1-B, 29100 Northwestern Hwy., Ste. 400, Southfield, MI 48034.
Regional Service Definitions

If the area agency is proposing to fund a new (not previously approved in this multi-year planning cycle) service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included in this section.

Enter the new regional service name, identify the service category and fund source, include unit of service, minimum standards and why activities cannot be funded under an existing service definition.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Fund Source</th>
<th>Unit of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>Title III PartB</td>
<td>Title III PartD</td>
</tr>
<tr>
<td>In-Home</td>
<td>Title VII</td>
<td>State Alternative Care</td>
</tr>
<tr>
<td>Community</td>
<td>State In-home</td>
<td>State Respite</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
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Minimum Standards
**Access Services**

Some access services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management; Case Coordination and Support; Options Counseling; Disaster Advocacy and Outreach Programs; Information and Assistance; Outreach, with specific attention to outreach with underserved populations, including people of color, people with disabilities, lesbian, gay, bisexual, transgender and other (LGBTQ+) older adults; and Merit Award Trust Fund/State Caregiver Support-funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2021, complete this section.

Select from the list of access services those services the area agency plans to provide directly during FY 2021, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2021 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

### Care Management

<table>
<thead>
<tr>
<th>Starting Date</th>
<th>Ending Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2020</td>
<td>09/30/2021</td>
</tr>
</tbody>
</table>

**Geographic area to be served**

Region 1-B

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

**Objective 1:** Continue to utilize the Service Coordination Continuum to move participants from Case Coordination and Support or the in-home service waitlist into the Care Management program as they are determined to need this level of services and supports coordination. Provide Care Management services to MI Choice participants whose Medicaid becomes temporarily inactive.

**Expected Outcome 1:** Older adults at the greatest risk for unnecessary nursing home placement or hospitalization will receive Aging and Adult Services Aging (AASA) funded Care Management services.

**Objective 2:** Continue to review the wait list prioritization processes, advocating with the state, to assure wait list best practices are in alignment with the state’s objectives.

**Expected Outcome 2:** Older adults with the highest level of need who are requesting in-home and other AASA funded services will receive them faster.

**Objective 3:** Conduct at least four trainings for Care Management Supports Coordinators on topics such as new technology, current practice guidelines, elder abuse, and caregiver resources. All new staff will complete person centered thinking online training within their first year of hire.

**Expected Outcome 3:** Care Management supports coordinators will keep their knowledge and skill levels up to date.
current to the agency and state priorities and models of provision of care to participants.

Number of client pre-screenings:  
Current Year: 49  Planned Next Year: 50
Number of initial client assessments:  
Current Year: 39  Planned Next Year: 40
Number of initial client care plans:  
Current Year: 39  Planned Next Year: 40
Total number of clients (carry over plus new):  
Current Year: 74  Planned Next Year: 95
Staff to client ratio (Active and maintenance per Full time care)  
Current Year: 1:12  Planned Next Year: 1:25

Case Coordination and Support
Starting Date 10/01/2020  Ending Date 09/30/2021
Total of Federal Dollars
Total of State Dollars
Geographic area to be served  Region 1B

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

Objective 1: Continue to review the wait list prioritization processes, advocating with the state, to assure wait list best practices are in alignment with the state’s objectives.
Expected Outcome 1: Older adults with the highest level of need who are requesting in-home and other AASA funded services will receive them faster.

Objective 2: Conduct at least four trainings for Case Coordination & Supports Caseworkers and Supports Coordinators on topics such as new technology, current practice guidelines, elder abuse, and caregiver resources. All new staff will complete person centered thinking online training within their first year of hire.
Expected Outcome 2: Care Management supports coordinators will keep their knowledge and skill levels current to the agency and state priorities and models of provision of care to participants.

Information and Assistance
Starting Date 10/01/2020  Ending Date 09/30/2021
Total of Federal Dollars
Total of State Dollars
Geographic area to be served  Region 1B

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

Objective: Increase the presence of Information & Assistance (I&A) within the communities we serve.
Expected Outcome: Increased awareness of I&A services, improved relationship building with community agencies for resource development, and increased access to I&A for a more person-centered approach.

Objective: Provide more enhanced Information & Assistance and support by helping with accessing resources at the first point of contact.
Expected Outcome: Confirm more older adults and family caregivers receive resources needed and increase
Area Agency On Aging 1-B

the follow through on referrals provided.

Outreach

Starting Date: 10/01/2020  
Ending Date: 09/30/2021

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

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

Objective: Enhance the digital presence of the Area Agency on Aging 1-B to increase awareness of the agency and meet individuals at their point of need.

Expected Outcome: Increase the number of older adults and family caregivers who access the AAA 1-B for information and assistance.

Objective: Continue to develop relationships with local companies to reach working family caregivers with information on the AAA 1-B and our programs and services.

Expected Outcome: Increase the awareness of working family caregivers of the AAA 1-B and the various programs and services available through the agency.

Objective: Strengthen the position of the AAA 1-B as the source of information on aging through active outreach to local and state media.

Expected Outcome: Increase the awareness of the AAA 1-B among all individuals with a focus on increasing awareness of the agency for older adults and family caregivers.

Objective: Increase the number of community presentations to older adults and family caregivers on agency services.

Expected Outcome: To increase the awareness of the AAA 1-B among older adults and family caregivers.

Objective: Develop culturally relevant outreach materials for underserved populations.

Expected Outcome: To see an increase in utilization of both direct and contracted services by minority caregivers /older adults

Options Counseling

Starting Date: 10/01/2020  
Ending Date: 09/30/2021

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

Objective: To provide options counseling to older adults and family caregivers at first point of contact through the AAA 1-B Information & Assistance department.

Expected Outcome: An increase in the understanding of and access to the programs and services by older adults and/or family caregivers.
Direct Service Request

This section applies only if the area agency is submitting a new request to provide an in-home, community, or nutrition service directly that was not previously approved in this multi-year planning cycle. It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, a direct service provision request may be approved by the CSA. Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting.” Direct service provision by the area agency may be appropriate when, in the judgment of AASA: (A) provision is necessary to assure an adequate supply; (B) the service is directly related to the area agency’s administrative functions; or (C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that have a new request to provide an in-home service, community service, and/or a nutrition service directly must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any new Direct Service Request for FY 2021. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2021 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Support Services Detail page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Please skip this section if the area agency is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2021.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.
Area Agency On Aging 1-B

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.

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.

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

This section applies only if the area agency is submitting a new request to provide a regional service directly that was not previously approved in this multi-year planning cycle. It is expected that regionally defined services will be provided under contracts with community-based service providers. When appropriate, a regional direct service provision request may be approved by the CSA. A regional direct service provision by the area agency may be appropriate when, in the judgment of AASA: (A) provision is necessary to assure an adequate supply; (B) the service is directly related to the area agency’s administrative functions; or, (C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies that have a new request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click “Add.” The regional service name will appear in the dialog box on left after screen refresh. Select the link for the newly added regional direct service and enter the information requested pertaining to basis, justification and public hearing discussion for any new regional direct service request for FY 2021. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Regional Direct Service Budget details for FY 2021 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Please skip this section if the area agency is not submitting a new request to provide regional services directly during FY 2021.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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.
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.

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

Program development goals and objectives previously set by the area agency and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established program development objectives, a text box is included for the area agency to provide information on progress toward the objectives to date. This text box is editable.

For those area agencies that have an approved Community for a Lifetime (CFL) or aging-friendly goal and objective(s) for FY 2020, the following information should be addressed in the progress to date text box:

A. Which community achieved CFL or aging-friendly recognition (if any) and if none;
B. Which communities were the area agency involved with to encourage them to engage in conducting an aging-friendly assessment and/or improvement activities and;
C. What were the lessons learned for the area agency and other community partners from the process of raising awareness about the value of aging-friendly communities and;
D. What improvements (if any) were made in communities in the PSA to make them more aging friendly?

Please provide information on progress to date for each established objective under the section tab entitled “Progress.”

### Area Agency on Aging Goal

A. Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services

**Objectives**

1. Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services.
   
   **Timeline:** 10/01/2019 to 09/30/2022

**Progress**

In March the President signed the Older Americans Act Reauthorization. This was a critical component of the AAA 1-B legislative platform for 2019-2020. The law reauthorizes the Older Americans Act (OAA) through 2024 and includes increased authorization levels for program funding and established a research and demonstration program with the goal of investigating outcomes of OAA services.

Congress appropriated significant funding for Older Americans Act programs to support the emergency response to COVID-19. The AAA 1-B advocated for the inclusion of OAA funds in these supplemental appropriations along with additional flexibility of OAA requirements to ensure that the AAA 1-B is able to be responsive to our community’s needs during this state of emergency.
The Silver Key Coalition is advocating for a $6 million increase for AASA in-home services and a $1 million increase for Home Delivered Meals in the state budget for FY 2021. The AAA 1-B has advocated in support of legislation that would assist Kinship Caregivers, such as Grandparents raising Grandchildren. These efforts are described below in section G2.

2. Secure increased support for regional transportation and expansion of the Michigan Department of Transportation Specialized Services program, which provides operating support for small bus service targeted to older adults and adults with a disability.
   Timeline: 10/01/2019 to 09/30/2020

Progress
Advocacy for an increase in Specialized Services funding as part of the Governor’s budget for FY 2021 has not been successful, however the funding increase secured in FY 2020 was sustained in the Governor’s proposal. Efforts continue with the legislature. A formal regional transportation plan has not been developed by the Regional Transit Authority. The AAA 1-B was able to secure a determination by the Michigan Department of Transportation that Specialized Services providers can expand their services to include collaborations with food pantries to deliver food to older adults, which was the top need identified for older adults relating to the COVID-19 pandemic.

B. Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one

Objectives

1. Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one.
   Timeline: 10/01/2019 to 09/30/2022

Progress
The AAA 1-B continued to expand delivery of programs such as Powerful Tools for Caregivers, REST, Best Friends, Dementia Live, Dementia Friends, and Caregiving Survival Plus Caring for the Elderly with Dementia throughout the Region 1-B. In addition, the AAA 1-B is working to provide additional resources for caregivers in the areas of Mindfulness-Based Dementia Care, Art Therapy for Caregivers, and Legal Presentations for Caregivers. In-person presentations had to be put on hold beginning in March of 2020 due to the COVID-19 outbreak.

The AAA 1-B is working on two grant-funded caregiver education and support initiatives:

1. Reimagine Caregiving is funded through the Vital Seniors Initiative at Ann Arbor Area Community Foundation and focuses on Washtenaw County. Key aspects of Reimagine Caregiving include expanded and new services and activities to support caregivers, such as Caregiver Resource Hotline (844-734 2273), training on caregiver-specific issues for all AAA 1-B Resource Specialists, production of the Caring Together podcast, Grandparents Raising Grandchildren respite and training in partnership with Michigan State University Kinship Care Resource Center, Chinese language caregiver support groups in partnership with Asian Center – Southeast Michigan. Additional planned activities in FY 2020 include development of a Caregiver Coach mentorship program, ongoing outreach to caregivers, and additional programs to support caregivers in Washtenaw County.

2. Livingston Caregiver Resource Center is funded through the Ralph C. Wilson, Jr. Legacy Fund at Community
Area Agency On Aging 1-B

Foundation for Southeast Michigan and focuses on Livingston County. Key aspects of the Livingston Caregiver Resource Center are increasing opportunities for caregiver training, support groups, and education activities, developing an online resource center (www.livingstoncaregiver.org), and outreach to employers to encourage adoption of caregiver-centric employee policies and practices, including education series.

2. Increase family caregiver eLearning usage through a partnership with Trualta for caregiver education, support and training through the delivery of online education as a direct service.
   
   **Timeline:** 10/01/2019 to 09/30/2020

**Progress**

The AAA 1-B continues to reach family caregivers throughout the region and expand the delivery of online education through the partnership with Trualta, targeting caregivers who are currently utilizing AAA 1-B services. The AAA 1-B continues to promote the program through community events, social media, and network partners and onboard new caregivers to the program as needed.

**C. Expand wellness programming throughout Region 1-B.**

**Objectives**

1. Expand wellness programming throughout Region 1-B
   
   **Timeline:** 10/01/2019 to 09/30/2022

**Progress**

AAA 1-B offered leader trainings to current and new AAA 1-B leaders in evidence-based programs such as Aging Mastery Program and Powerful Tools for Caregivers. This will allow for additional programming to be offered throughout the region. In-person presentations had to be put on hold beginning in March of 2020 due to the COVID-19 outbreak.

**D. Expand Medical Nutrition Therapy (MNT) throughout Region 1-B to Medicare recipients**

**Objectives**

1. Expand Medical Nutrition Therapy (MNT) throughout Region 1-B to Medicare recipients.
   
   **Timeline:** 10/01/2019 to 09/30/2020

**Progress**

The AAA 1-B has decided not to pursue the expansion of Medical Nutrition Therapy due to billing difficulties and lack of requests for the program. Instead, the AAA 1-B continues to target 10 eligible older adults per quarter by offering group and individual nutrition education, plus the offering of educational printed materials and cooking demonstrations throughout Region 1-B.

**E. Incentivize communities to conduct a Caregiver Friendly Community Self-Assessment and enact improvements to their caregiver support resources.**

**Objectives**

1. Incentivize communities to conduct a Caregiver Friendly Community Self-Assessment and enact
improvements to their caregiver support resources.

Timeline: 10/01/2019 to 09/30/2022

Progress
Area Agency on Aging 1-B (AAA 1-B) is developing the Caregiver Friendly Communities Assessment, an online self-assessment that objectively measures how well the health and social systems in our communities support informal and family caregivers of older adults. This project is grant-funded from Michigan Health Endowment Fund. The Caregiver Friendly Communities Assessment includes approximately 50 questions in eight domains to assess the most critical caregiver supports available in cities and counties. Upon completion of the self-assessment, communities will receive a score of their community’s caregiver-friendliness and individualized recommendations for community improvements that can be implemented to better support caregivers. The assessment scoring is modeled after the walkability score that is used in real estate.

The AAA 1-B is testing the Caregiver Friendly Communities Assessment with 18-24 cities and counties across Michigan in 2020 before the assessment is launched publicly later in 2020. Anticipated users of the Caregiver Friendly Communities Assessment are aging network professionals, advocates, community leaders, and city and county employees.

Upon public launch, which is anticipated in Summer 2020, the AAA 1-B will market the assessment to communities and encourage taking the assessment for their community. In marketing efforts, the AAA 1-B will provide information on the shrinking ratio of informal caregivers to older adults in the coming years and provide the assessment to measure a community’s readiness for this trend. Communities will be incentivized to use the assessment with a custom report with individualized strengths and weaknesses, access to a resource website with best practices, and recognition by the AAA 1-B in our marketing and education efforts.

F. Increase AAA 1-B capacity to secure additional funding resources.

Objectives

1. Increase AAA 1-B fundraising capacity to secure additional financial resources that support agency services, operations, and older adult unmet needs
   Timeline: 10/01/2019 to 09/30/2022

Progress
As of the beginning of March, AAA 1-B’s Philanthropy Department was on target to meet its annual goal of raising $150,000 in unrestricted funds. By the end of March, the department raised approximately $68,000 which equates to 45% of the goal. Due to the COVID-19 pandemic, the department has cancelled its May 15th Annual Community Meeting and Golf Outing fundraiser which was projected to raise approximately $40,000. While the department plans to host another fundraising event in the fall of 2020, it is difficult to project how/if this differential can be closed for this fiscal year. The department is hoping to run another appeal in June of this year to make up for some of the lost revenue from the cancelled spring event.

The department is also working to secure a $15,000 DTE Energy Foundation grant to support the COVID-19 challenges.

Additionally, the department has raised $43,639 for Holiday Meals on Wheels which is not included in the
$150,000 annual goal.

The COVID-19 pandemic will likely negatively affect the department’s ability to fully reach the $150,000 unrestricted goal. If a fundraising event can be rescheduled for September 2020, there may be potential to close the fundraising gap and raise an additional $40k-$50k in unrestricted monies. This coupled with another six months of general donations may help to reach the cumulative $150,000 annual goal by September 30, 2020.

2. Increase AAA 1-B grant seeking activities to support program innovation and enhancement.
   
   Timeline: 10/01/2019 to 09/30/2022
   
   Progress
   In FY 2020, the AAA 1-B increased grant seeking activities to secure grants that supported innovation, systems change, and program enhancement for older adults and family caregivers. Through March 2020, the AAA 1-B secured new and increased grant funding totaling $276,178 for four grants. Two additional grant applications have been submitted and are pending decisions. Grants secured included the following:

   - Reimagine Caregiving: awarded the Ralph C. Wilson, Jr., Foundation Caregiver Prize through the Vital Seniors Initiative at Ann Arbor Area Community Foundation. Reimagine Caregiving is aimed at changing mental models at the individual, community, and organizational levels to affect systems change, which will result in better support to caregivers and increased quality of life for caregivers and older adults.
   - Washtenaw Older Adults Count: funded through Ann Arbor Area Community Foundation and includes activities in Washtenaw County. Older Adults Count activities include outreach and education to older adults in an effort to increase Census 2020 participation amongst two groups: snowbirds and individuals with limited or no internet or computer access, as well as a focused effort to address and educate older adults on potential Census-related scams and fraud.
   - Older Refugee Assistance: funded by Office of Global Michigan in the Michigan Department of Labor and Economic Opportunity to provide services to older adult refugees in Oakland and Macomb counties. This program received increased funding in FY 2020 and services are subcontracted to Chaldean American Ladies of Charity.
   - COVID-19 Outreach and Support to Older Adults: funded by Community Foundation for Southeast Michigan to support the AAA 1-B’s efforts to serve older adults throughout the COVID-19 emergency.

G. Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy and management.

Objectives

1. Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy and management.
   
   Timeline: 10/01/2019 to 09/30/2022
   
   Progress
   The AAA 1-B has undertaken a number of studies and analysis on older adult needs and produced solutionary reports and presentations including the following: grandparents raising grandchildren/kinship care, six county level need and solution surveys, brief reports from the statewide survey of needs and solutions, reports and presentations supporting the need for a senior millage to county officials in Livingston, Macomb, Oakland and Washtenaw counties, and a report on the impact of the COVID-19 pandemic on the capacity of the Aging Network.
service delivery systems that highlighted new and emerging needs.

2. Identify additional resources and advocate for policy solutions to increase support to grandparents raising grandchildren, including understanding and addressing the respite needs of grandparents raising grandchildren.
   
   Timeline: 10/01/2019 to 09/30/2020

Progress
The AAA 1-B convened a committee to investigate issues facing Grandparents Raising Grandchildren in 2019. The committee produced a report titled Challenges and Solutions for Grandparents Raising Grandchildren and Relatives as Parents which was approved by the AAA 1-B Advisory Council and Board of Directors in November 2019. This report included several advocacy recommendations that the AAA 1-B has taken action to support. The report was provided to members of the Michigan House Families, Children and Seniors subcommittee and featured at a committee hearing.

1. Title III E of the Federal Older Americans Act established the National Family Caregiver Support Program (NFCS). This program provides funding to support older caregivers and family members caring for older adults, but funding for grandparents raising grandchildren was currently capped at 10% of total program funds. The AAA 1-B advocated for this cap to removed in Older Americans Act Reauthorization. The funding cap was removed in the Reauthorization that was signed into law in March 2020.

2. The AAA 1-B has advocated in support of Michigan House Bill 5443 which would create a Kinship Caregiver Advisory Council. The council would be charged with studying the prevalence and needs of kinship caregiver, advocating for system changes that support kinship caregivers, and preventing child abuse and neglect by supporting kinship caregivers in the formal child welfare system. The council would include membership from the Children Services Agency, the Aging and Adult Services Agency, the state court administrator, kinship caregivers, child welfare service agencies, and mental health professionals. This council would provide an opportunity for ongoing monitoring of the needs of grandparents raising grandchildren and identify future opportunities for advocates to support systems change to benefit kinship caregivers. This bill has passed the MI House of Representatives.

3. The AAA 1-B has advocated in support of Michigan House Bill 5444 which would establish the framework for state maintenance of the Kinship Care Navigation Center after federal grant funding is reduced in FY 2021. The navigator program would provide information and referral services to grandparents raising grandchildren throughout the state. This bill has passed the MI House of Representatives.

The AAA 1-B has secured local foundation support to pilot a GRG respite service in Washtenaw County under a contract with the MSU Kinship Care Resource Center.

3. Initiate the identification, measurement, and reporting of outcomes for contracted services in collaboration with the aging network.
   
   Timeline: 10/01/2019 to 09/30/2022

Progress
The AAA 1-B has developed plans to sequentially identify and implement the measurement of outcomes for
selected services with input from providers, and prioritized the initial services. Implementation of the plans have been suspended due to the COVID-19 pandemic and a resumption date has not been set.
2021 Program Development Objectives

Historical biases such as economic deprivation, social ostracization (exclusion), and inequitable exposures to occupational and environmental hazards have resulted in lower health outcomes for Michigan's communities/people of color, recent immigrants and lesbian, gay, bisexual, transgender and other (LGBTQ+) persons. Effects of such bias have been shown to result in poorer health outcomes because of limits on access to social programs, in-home support services and health care, as well as physiological responses to living with chronic discrimination. Mortality rates and chronic health conditions are higher among these population groups.

The Michigan Department of Health and Human Services' (MDHHS) Diversity, Equity and Inclusion (DEI) Council was formed in May of 2018 around this mission statement: “To promote and foster a culture that values diversity, equity and inclusion throughout MDHHS and the diverse communities we serve in order to achieve our highest potential.” An explanation of DEI and links to available trainings are included in the Document Library.

New Required 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 accessibility for the groups listed above and complete the objectives, strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

(a) Ensure that AAA staff and subcontractors are trained in diversity, equity and inclusion.

(b) Ensure that programming and outreach is culturally sensitive and welcoming to all.

(c) 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.

New Program Development Goals and Objectives

Please provide information for any new program development goals and objectives that are proposed by the area agency during FY 2021. The area agency must enter each new program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals. 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. Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development Objective section.)
Area Agency on Aging Goal

A. Improve the accessibility of services to Michigan’s communities and people of color, immigrants and LGBTQ+ individuals
   State Goal Match: 1

Narrative
AAA 1-B requires contractors to complete targeting plans to reach eligible persons with greatest social and/or economic need with attention to low-income minority individuals, and/or individuals with limited English proficiency. AAA 1-B additionally recommends targeting of Hispanics and/or Lesbian, Gay, Bi-Sexual, Transgender and Queer (LGBTQ) older adults. “Substantial Emphasis” is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. AAA 1-B direct service Disease Prevention/Health Promotion programs give attention to diversity, equity, and inclusion.

The AAA 1-B has reviewed the percentage of population of minority populations currently being served by Agency direct and supported programs. The Asia-Pacific population and Hispanic populations are slightly underrepresented based on total percentage of the population. In 2021, the agency will be finalizing and implementing an outreach program targeted at the family caregivers for Asia-Pacific and Hispanic older adults with the goal to increase access and utilization of home and community-based services.

Objectives

1. To establish outreach partnerships with key local organizations to understand the caregiver cultural needs within each minority population.
   Timeline: 10/01/2020 to 09/30/2021

Activities
Develop outreach materials and obtain review and comments by representatives from both the Asia-Pacific and Hispanic organizations

Expected Outcome
To see an increase in utilization of both direct and contracted services by minority caregivers / older adults

2. To develop culturally relevant outreach materials targeted at the family members providing care for older loved ones.
   Timeline: 10/01/2020 to 09/30/2021

Activities
Engage focus groups of family members to understand the culture of caregiving within their population.
Develop an outreach plan to reach family members.

Expected Outcome
To see an increase in utilization of both direct and contracted services by minority caregivers / older adults

3. To identify ways, in partnership with the local organizations, to reach family caregivers and educate them on available programs and services
Area Agency On Aging 1-B

Timeline: 10/01/2020 to 09/30/2021

Activities
Develop brochures, advertising, public service announcements, presentations and other marketing materials depending on recommendations from the partner organizations in appropriate language(s)
Identify any opportunities to provide caregiver workshops specific to minority caregivers

Expected Outcome
To see an increase in utilization of both direct and contracted services by minority caregivers /older adults

4. To provide annual diversity, equity, and inclusion training to contracted organizations and AAA 1-B staff.
   Timeline: 10/01/2020 to 09/30/2021

Activities
Develop training or establish partnership to provide diversity, equity and inclusion training.

Expected Outcome
To see an increase in utilization of both direct and contracted services by minority caregivers /older adults
### Supplemental Documents

Supplemental Documents A through G are presented in the list below. Select the applicable supplemental document(s) from the list on the left. Provide all requested information for each selected document. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

<table>
<thead>
<tr>
<th>Document Description</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Policy Board Membership – <strong>not required for the FY 2021 AIP</strong></td>
<td></td>
</tr>
<tr>
<td>B. Advisory Council Membership – <strong>not required for the FY 2021 AIP</strong></td>
<td></td>
</tr>
<tr>
<td>C. Proposal Selection Criteria - <strong>should only be completed if there are new or changed criteria for selecting providers</strong></td>
<td></td>
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<tr>
<td>D. Cash-In-Lieu-Of-Commodity Agreement - <strong>should be completed if applicable to the area agency's 2021 AIP</strong></td>
<td></td>
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<tr>
<td>E. Waiver of Minimum Percentage of a Priority Service Category - <strong>should be completed if applicable to the area agency's 2021 AIP</strong></td>
<td></td>
</tr>
<tr>
<td>F. Request to Transfer Funds - <strong>should be completed if applicable to the area agency's 2021 AIP</strong></td>
<td></td>
</tr>
<tr>
<td>G. 2021 Evidence Based Programs Document - <strong>required to be completed for each Title III-D funded EBDP program and uploaded into AMPS</strong></td>
<td><em>(The form to be used is located in the Documents Library)</em></td>
</tr>
</tbody>
</table>
Approved Multi-Year Plan Highlights

The Multi-Year Plan Highlights provide an overview of the FY 2020-2021 MYP priorities set by the area agency as approved by the Commission on Services to the Aging. These highlights serve to provide an overall reference for the established three-year planning period. They also help to provide a framework and context for activities planned during the FY 2021 AIP. The FY 2020-2022 MYP Highlights are included as a read-only section. No further entry by the area agency is necessary.

1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.

The Area Agency on Aging 1-B (AAA 1-B) is a non-profit organization that is responsible for planning and coordinating a network of services to more than 29% of the state's adults who are older and/or disabled. More than 737,000 persons age 60 and older reside in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. (SEMCOG 2045 Regional Forecast). It is the mission of the AAA 1-B to enhance the lives of older adults and adults with disabilities in the communities we serve. Our vision is independence and well being for those we serve. We are dedicated to: 1) ensuring access to a network of long term care services; 2) allocating federal and state funds for social and nutrition services; 3) advocating on issues of concern; 4) developing new older adult and independent living services; 5) coordinating activities with other public and private organizations; and 6) assessing needs of older adults and adults with disabilities and linking them with home and community-based long term care services. We prioritize activities that allow people to maintain their independence with dignity and place a special emphasis on assistance to frail, low income, disadvantaged, cultural/minority elders and adults with disabilities.

2. A summary of the area agency's service population evaluation from the Scope of Services section.

Individuals age 60 and older make up 25% of the 1-B Region's population, with 737,915 older adults living in Region 1-B. SEMCOG estimates that the Region 1-B older adult population will increase by approximately 3% each year until 2022, which would add 20,880 seniors each year during this Multi Year Plan (MYP); the AAA 1-B will have an average increase of 57 seniors per day. 9% of the older adult population is 85 and older.

The 60+ population in Region 1-B is racially diverse. According to the 2017 American Community Survey, the minority population remained constant at 12.4% since the last MYP. The largest non-white older adult populations in Region 1-B are African-American (8%), Asian (3%), and Hispanic/Latinx* (1%).

The 2017 American Community Survey reveals that the poverty rate for the age 60 and over population in Region 1-B has increased since 2010, with 7.1% of older adults living below the poverty line, and 13.6% living below 150% of the poverty line.

Additional notable demographic statistics are that currently 29% of Region 1-B’s older adult population has a disability and nearly 29% of individuals aged 65+ live alone.

*We use the term Latinx because it is gender neutral.
3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

This Multi-Year Plan (MYP) proposes to support either financially or through program development efforts, the following array of home and community based/long term care social services:

- Adult Day Health Service
- Assistance to the Hearing Impaired and Deaf
- Assistive Devices & Technology
- Care Management
- Caregiver Support, Education, and Training
- Case Coordinating & Support
- Chore
- Congregate Meals
- Dementia Adult Day Service
- Disease Prevention/Health Promotion
- Gap Filling Services
- Homemaking
- Home Delivered Meals
- Information & Assistance
- Home Injury Control
- Kinship Support Services / Grandparents Raising Grandchildren
- Long Term Care Ombudsman
- Legal Assistance
- Medication Management
- Nutrition Education
- Options Counseling
- Outreach / Public Education
- Personal Care
- Prevention of Elder Abuse, Neglect, and Exploitation
- Respite Care
- Transportation
- Volunteer Caregiver

The five service categories which focus on priorities including reducing in-home service wait lists and receive the most funding are: Home Delivered Meals, Congregate Meals, Homemaking, Case Coordination and Support and Personal Care. Funded services which touch the largest number of lives are: Information and Assistance, Resource Advocacy (Outreach), Home Delivered Meals, and Long Term Care Ombudsman and Advocacy.

The provision of in-home services may be disaffected due to a state mandate to de-bundle in-home services and terminate the AAA 1-B’s telephonic model. Compliance with the mandates has the potential to create new administrative expenses that could result in more individuals being placed on wait lists.
4. Highlights of planned Program Development Objectives.
This plan includes program development objectives designed to strengthen and increase capacity of existing agency assets. We plan to:

- Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy, systems change, and management.
- Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services.
- Initiate the identification, measurement, and reporting of outcomes for contracted services in collaboration with the aging network.
- Incentivize communities to conduct a Caregiver Friendly Community Self-Assessment and enact improvements to their caregiver support resources.
- Increase AAA 1-B fundraising capacity to secure additional resources that support agency services, operations, and older adult unmet needs.
- Increase AAA 1-B grant seeking activities to support program innovation and enhancement.
- Secure increased support for public transportation resources that address the unique needs of transit dependent older adults and adults with a disability.
- Increase family caregiver eLearning platform usage through a partnership with Trualta for caregiver education, support and training through the delivery of online education as a direct service.
- Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one.
- Expand wellness programming throughout Region 1-B, particularly to the private pay market.
- Expand Medical Nutrition Therapy (MNT) throughout Region 1-B to Medicare recipients.

5. A description of planned special projects and partnerships.
The AAA 1-B is involved in a variety of collaborations and development activities designed to enhance our ability to fulfill our mission, identify opportunities to achieve greater efficiencies, diversify our funding, reduce wait lists, and fill the gaps resulting from the aging of the population without commensurate increases in tax dollars. We plan to expand partnerships with MI Health Link health plans, Family Care Coordination assisted living facilities, the region’s transit authorities to support the myride2 program, the Veterans Administration’s Veteran-Directed Home and Community Based Services program, and contracts for health-related services comparable to agreements with McLaren Health Plan and Total Health Care. We will continue to provide leadership to the Silver Key Coalition, which resulted in significant increases in state funding to support our highest priority services: in-home care and home delivered meals. The development of entrepreneurial activities that generate resources for services provided by AAA 1-B vendors and contractors will incorporate input from service provider agencies.

6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.
- Develop uniform outcomes for all AASA-funded services
- Identify which funded services optimize impact and efficiency in the use of funding
- Work with the provider network to identify service delivery techniques to minimize waitlists and provide services
within a 24-72 hour response period
- Maintain National Committee for Quality Assurance (NCQA) accreditation
- Re-evaluate our electronic client information management system to assure it delivers the best performance and value
- Maintain AIRS certification for all Resource Center staff who provide Information and Assistance services

7. A description of how the area agency’s strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the MYP and help address the increased service demand.
- Secure grants or other external resources to support the myride2 mobility management program and expansion of wellness training programs.
- Explore public/private partnerships for programs, specifically congregate meals, chore, and home injury control.
- Work with the provider network to help them maximize and diversify funding, including coordination of grant writing workshops and sharing best practices for improving voluntary cost-share collection.
- Aggressively pursue and create grant funding opportunities.
- Invest in enhancing agency fundraising.
- Continued advocacy and support of the development and/or expansion of local senior and alternative transportation millages.

8. Highlights of strategic planning activities.
The AAA 1-B is developing a new three-year strategic plan and engaging AAA 1-B staff, Board of Directors, Advisory Council, Aging Network service providers, and consumers working collaboratively together. The Fiscal Year 2020-2022 Strategic Plan will align closely with the objectives described in this plan. Progress on MYP activities is monitored quarterly and reported regularly to the agency's Board of Directors, Advisory Council, state office on aging and through annual updates provided to the public in the subsequent year’s Area Plan.

The strategic planning process included focus group meetings among key stakeholders: consumers, Board of Directors and Advisory Council members, AAA 1-B staff, and service providers. In addition, a web-based survey was distributed to stakeholders, including consumers, asking for comment on AAA 1-B funding and service priorities for the current and next three years.