**AAA ARPA PLANNING TOOL**

This tool contains six priorities identified by NC Department of Health and Human Services leadership and staff at the Division of Aging and Adult Services. These priorities were developed after considering challenges faced by the aging network across the state. Each priority was further developed into strategies for addressing each priority area. These strategies are suggested approaches; however, each AAA may offer alternative approaches to address the overall priorities.

Please complete this tool to describe your region’s comprehensive plan for spending the American Rescue Plan Act funding within the parameters of the NCDHHS Division of Aging and Adult Services’ priorities.

**TITLE III-B: SUPPORTIVE SERVICE PROGRAMS**

**Background**

We are at an unprecedented time in which our nation faces increasing demands to serve a rapidly growing population of older adults and people with disabilities. Concurrently, we have an opportunity to partner across healthcare and social service organizations to ensure that the social determinants of health for these individuals are addressed as part of a person-centered, value-based transformation of health care.

As we have learned during the pandemic, older adults, people with disabilities and others are at increased risk for poor outcomes from COVID-19 and are also particularly feeling the weight of social isolation. We also know that older adults and disabled individuals, and their caregivers, are more likely to have less access to resources that connect them to their physicians, families, and services; less likely to understand those resources and less likely to be able to afford those resources.

**Priority 1: Address holistic needs through program coordination and integration with health care financing and delivery, improve outcomes and lower costs, provide model for sustainability through diversified revenue.**

**Suggested Strategy**

Build capacity to develop care coordination programs statewide over a 3-year period, hire and train staff to provide care coordination and increase access to long-term services and support across funding sources, expand care management programs for the OAA-eligible population in counties without existing programs.

**Rationale**

This will improve the aging network’s ability to provide person-centered, value-based care for older adults which is in line with NC DHHS’ vision of health for North Carolinians. Opportunities to contract with healthcare payers across multiple funding sources will transition the network beyond the traditional approach to human service delivery to one that expands the capacity of community-based organizations (CBOs) (e.g., home-delivered meal providers) to address whole-person health. This is essential to serving a growing older population.

**Additional AAA Strategies**

Click or tap here to enter text.

**Rationale**

Click or tap here to enter text.

**Direct Service Waiver**

Are any strategies listed above related to a program for which you were approved for a direct service waiver in SFY 22?

[ ] No [ ] Yes, please identify: Click or tap here to enter text.

Are any strategies listed above for a new program that the AAA wants to provide under a direct service waiver in SFY 22?

[ ] No [ ] Yes, please identify: Click or tap here to enter text.

**Distribution of Funds**

\*The ACL requires the AAA to budget at least 30% for access, 25% for in-home/support, and 2% for to legal when distributing III-B ARPA funds.

Complete attached spreadsheet

**How will this proposed distribution of funds support the priority above?**

Click or tap here to enter text.

**How will you measure outcomes/success?**

Click or tap here to enter text..

**Priority 2: Address digital equity, social isolation, and access to assistive technology**

**Suggested Strategy**

Purchase digital devices to expand access to telehealth, health promotion programs, and social programs for individuals who are having trouble accessing services due to a lack of transportation, who are caregiving, or who may be socially isolated

**Suggested Strategy**

Work with partners to assist and provide hands-on training and consultation on use of digital devises to those with hesitancy and/or limited experience.

**Rationale**

Individuals will have improved access to resources that can help them remain healthy and engaged.

**Additional AAA Strategies**

Click or tap here to enter text.

**Rationale**

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**Distribution of Funds**

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**Priority 3: Expand access to mental health supports**

**Suggested Strategy**

Expand programming across the continuum of mental health care to address depression, suicide intervention, chronic pain self-management, and social isolation.

(Examples: hire mental health staff or develop formal partnerships with local mental health providers to make counseling services available onsite in local provider agencies, offer ACL-supported programs such as the Applied Suicide Intervention Skills Training (ASIST) and Belonging and Empathy Program, or training programs like Certified Older Adult Peer Specialist (COAPS) in partnership with the NCDHHS Division of Mental Health Substance Abuse Services. If not already funded by Title IIID, the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), Chronic Pain Self-Management Program, and/or Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) could be supported through this funding.)

**Rationale**

Programs that address mental health needs are an essential part of the wellness continuum, but these programs are mostly unavailable throughout NC’s aging network.

**Additional AAA Strategies**

Click or tap here to enter text.

**Rationale**

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**TITLE III-C: CONGREGATE AND HOME DELIVERED MEAL PROGRAMS**

**Background**

In addition to NC having the 9th largest population of older adults, it also has the 9th highest ranking in the US of older adult food insecurity (9% of older adults in NC are food insecure). Our nutrition programs are volunteer based. We do not have the workforce capacity to serve all communities (i.e., older adults in rural corners of counties are not served) and it is difficult to source nutritious food in some counties (i.e., few food caterers). The pandemic has further challenged the home-delivered meal program given its reliance on volunteers with community and family supports bridging the gap.

**Priority 4: Increase Capacity to Address Nutritional Needs of Older Adults**

**Suggested Strategy**

Hire temporary staff to coordinate and expand meal delivery to serve 1,000 additional older adults and serve 1,000 high-risk clients 7 meals /week vs traditional 5 meals/week with a focus on hard-to-reach communities

**Rationale**

Older adults report that the home-delivered meal is their only source of daily nutrition. Increasing meal delivery and staff capacity will directly support the items the Governor’s budget by increasing the workforce capacity and number of individuals served.

**Suggested Strategy**

Formalize existing / create new community partnerships (community action agencies, food banks and pantries, farmers markets, healthcare providers) to provide not only federally required nutritious meals but also provide groceries and produce boxes to hard-to-reach individuals; add five new nutrition providers to serve additional 1,000 clients

**Rationale**

During the pandemic local service providers and AAAs successfully collaborated with nontraditional partners like food banks and farmers markets to supply additional meals and healthy food to older adults. Formalizing local partnership with farmers markets, food banks, and healthcare providers will directly support the Governor’s budget.

**Additional AAA Strategies**

Click or tap here to enter text.

**Rationale**

Click or tap here to enter text.

**Direct Service Waiver**

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**How will you measure outcomes/success?**

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**TITLE III-D: HEALTH PROMOTION/DISEASE PREVENTION PROGRAM**

**Background**

In 2019, 82 counties in the state had more people 60 and older than under 18 years. By 2025, this number is expected to increase to 89 counties and by 2038 to 95 counties. Of the people 65 and older, according to the Behavioral Risk Factor Surveillance System (BRFSS) survey, 2019 81% had at least one chronic disease, 54% of them had 2 or more chronic diseases. 13% of older adults reported having fallen once, 16% had 2 or more falls in the past 12 months.

**Priority 5: Expand and target the delivery of evidence-based preventive health services**

**Suggested Strategy**

Use public health data to expand services focused on high-need communities and historically marginalized populations by purchasing licenses for evidence-based programs, offer leader trainings and participant classes that support statewide health needs, offer opportunities for contracting that support the continuum of care.

**Rationale**

Evidence-based programs are demonstrated through rigorous research and evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults. An intentional and targeted approach to program implementation will help ensure health equity and achieve program sustainability.

**Additional AAA Strategies**

Click or tap here to enter text.

**Rationale**

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**TITLE III-E: FAMILY CAREGIVER SUPPORT PROGRAM**

**Background**

Unpaid family caregivers contribute the bulk of care for older adults in the community. These caregivers manage a tremendous burden as they provide care, manage households, finances, and careers. When a caregiver cannot safely and confidently provide care at home, there are increased costs to Medicare, Medicaid, and private insurance companies as well as more costly care options such as assisted living or nursing home placement.

**Priority 6: Expand support and services to family caregivers**

**Suggested Strategy**

Develop programs to provide relief and flexibility to caregivers through respite vouchers and vouchers for support services such as transportation, technology, and food.

**Rationale**

A pilot project to offer stipends to caregivers would demonstrate the need for this type of model long-term in North Carolina; this model exists successfully in other states. These initiatives would help offset the financial burden of caregivers in North Carolina—both older relative caregivers and family caregivers. This Aligns with Governor’s goal to strengthen supports and services for vulnerable adults and the goal to “Build an innovative, coordinated, and whole-person centered system that addresses medical and non-medical drivers of health.”

**Suggested Strategy**

Continue funding availability of virtual caregiver training program (Trualta) for an additional year.

**Rationale**

Trualta is a new virtual caregiver education platform (NC Caregiver Portal) that expands existing caregiver supports across DAAS caregiver-focused programs and provides 24/7 education to caregivers in short, accessible modules; it is intended to meet caregivers wherever they are in navigating care needs and build their skillset across a variety of caregiving issues including activities of daily living, social isolation, and dementia. This tool will help expand skills for unpaid family caregivers and allow them to be more confident in their daily caregiving. Currently funded for two years through CARES Act dollars, DAAS seeks to expand its contract for one more year while long-term sustainability within existing funding streams is established.

**Additional AAA Strategies**

Click or tap here to enter text.

**Rationale**

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**Distribution of Funds**

Complete attached spreadsheet.

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**How will you measure outcomes/success?**

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**Additional AAA Priority**

(copy page as needed for multiple priorities)

**Background**

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**Strategies**

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**Rationale**

Click or tap here to enter text.

**Direct Service Waiver**

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