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# Grants for Alzheimer's Disease and Related Dementias (ADRD) Initiatives

# Funding Opportunity Description

The Maryland Department of Aging is pleased to announce a competitive funding opportunity for grant awards to support the implementation of comprehensive home and community-based supportive services, improve coordination of care, and expand opportunities for social support to maximize the health and autonomy for those experiencing ADRD and their caregivers. This opportunity is funded through the *Maryland Department of Aging ADRD [Alzheimer's Disease and Related Dementias] State Plan Implementation* memorandum of understanding with the Maryland Department of Health.

Funded projects will address the following strategies outlined in the <u>Maryland State Plan to</u> <u>Address Alzheimer's Disease and Related Dementias: 2022-2026</u>:

**2.B.3.** Increase the availability of critical types of daily living, social, and supportive LTSS in the community such as respite care services for family caregivers that include inhome and facility-based options and respite care grants, adult daycare centers and day programs, home delivered nutrition programs, home modifications/repairs, home safety evaluations, driving evaluations, legal services and consultation, health care and longterm care insurance coverage and financial consultation, and intervention programs (e.g., social/activities/wellness/ADRD-specific). Target populations disproportionately or uniquely affected by ADRD, including racial/ethnic minorities, individuals with developmental and intellectual disabilities, those living alone or who are socially isolated, people with early or young-onset ADRD, those with non-Alzheimer's dementias (e.g., FTD, Lewy body disease, vascular, dementia), and those residing in under-served and under-resourced communities. Promote evidence-based programs and interventions specifically developed for use with ADRD populations to improve outcomes (e.g., psychosocial interventions, care management, physical activity/exercise programs, cognitive stimulation, social engagement, environmental modifications, and integrative/complementary therapies (e.g., music, dance, arts, movement, comedic improv, massage, or animal-assisted therapy).

**2.B.4.** Enhance availability of person-centered case management and care coordination services, that include assessing and addressing the needs for PLWD and their caregivers, including family caregivers; developing meaningful goals of care; and promoting



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communication with health care and direct services providers. Availability of personcentered case management and care coordination should be available across the stages of illness, with particular attention to promotion of aging in place and support during transitions of care. Leverage and integrate with Maryland-specific evidence-supported care coordination tools (e.g., CRISP) and programs of care (e.g., MDPCP service navigation options counseling provided by MAP, AAAs, CFL, MIND at Home care coordination), to improve coordination and outcomes.

**3.C.10:** Expand programs that focus on collaborative models of social engagement that include both the person living with dementia and their family caregivers, such as Alzheimer's Cafés, Sibley Memorial Club Memory, dementia friendly recreation programs, intergenerational programs, and civic engagement initiatives that encourage engagement of multiple generations and/or volunteerism throughout the State.

The Department is especially interested in projects that:

- Promote opportunities for individuals with ADRD to age within their home by coordinating long term supportive services and supporting successful maintenance of connections to local community services and resources.
- Use validated assessment tools to identify an individual's unique needs and emphasize partnership with individuals to create a person-centered plan that addresses their needs and preferences.
- Promote evidence-based programs and interventions specifically developed for use with ADRD populations to improve outcomes.
- Integrate technology as a tool to improve access to services, assess care needs, address care needs and social isolation, create closed-loop referral processes, and create data-driven processes.
- Address equitable access to services and/or target populations disproportionately or uniquely affected by ADRD, including racial/ethnic minorities and those residing in under-served and under-resourced communities.
- Create collaborative partnerships that support comprehensive care delivery and sustainability of services.

## Term of Award

The grant will run from the time of award (anticipated January 1, 2024) through June 30, 2024. All expenditures must be incurred by June 30, 2024.

## Funding Level

The total program funding available is \$133,682. The Department anticipates funding up to 10 projects.



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#### **Eligible Applicants**

Applicants are non-profit organizations and Area Agencies on Aging in good standing with the State Department of Assessments and Taxation.

## **Application Instructions**

Applicants must submit a project narrative of no more than 10 pages, including the following sections:

- 1. Description of Organization—Provide an overview of your organization's history and services, highlighting existing work to support persons with ADRD and their caregivers.
- 2. A Problem Statement—Describe the issue your project will address, including the target population, needs identified, and gaps in services, utilizing available data and evidence.
- 3. Goals and Objectives—Provide an outline of the goals and objectives your project will address. Objectives should be specific, measurable, achievable, relevant, and time-bound.
- 4. Project Description—Describe the project you will implement, how it addresses the purpose of this funding opportunity, and specifically outline how your project will incorporate the areas of interest outlined in the funding opportunity description.
- 5. Sustainability –Explain if and how your project will be sustained beyond the term of the grant agreement.
- 6. Outcomes—Identify the anticipated outcomes of the project and how these outcomes will be evaluated and demonstrated. Applicants are encouraged to outline the use of following evaluation tools to measure relevant outcomes:
  - Social isolation/loneliness: <u>DeJong Gierveld Loneliness Scale</u>
  - Cognitive decline: <u>The AD: 8 Washington University Dementia Screening Test</u>
  - Dementia Knowledge: <u>Dementia Knowledge Assessment Tool</u>
  - Caregiver burden: Zarit Burden Interview (ZBI-12)
  - Quality of Life: Older People's Quality of Life questionnaire (OPQOL-brief)
  - Social Determinants of Health: Maryland Access Point Needs Assessment
- 7. Organizational Capacity and Project Management—Describe how the project will be achieved, including who will manage and contribute to the project, how you will recruit staff or volunteers managing project tasks, and any available funding or resources that will support your project, outside of the funding request.

The following required components of the application are not counted as a part of the 10-page Narrative limit:

 Budget Excel Sheet – Complete the excel sheet provided. In the budget narrative, provide an explanation of the funding amounts that will allow the Department to understand how the costs were determined and the amount of time, resources, and/or materials associated with those costs.



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- 2. Project Work Plan Complete the word document provided, outlining the timeline and key activities associated with your project.
- 3. Letters of Support from co-applicant organizations or sub-grantees, if applicable.

# Submission Deadline:

Applications must be submitted by 5:00 pm ET on Tuesday, November 30, 2023 electronically to mark.tesoro@maryland.gov, with the subject line FY24 ADRD Grant.

# Information Session and Questions:

Join the Department for an information session on Wednesday, November 15th at 2pm. Register here: <u>https://forms.gle/QpSpfYAzdTirMv1s6</u>

Contact Mark Tesoro, Cognitive and Behavioral Health Specialist, with questions at (410) 767-1119 or mark.tesoro@maryland.gov.