

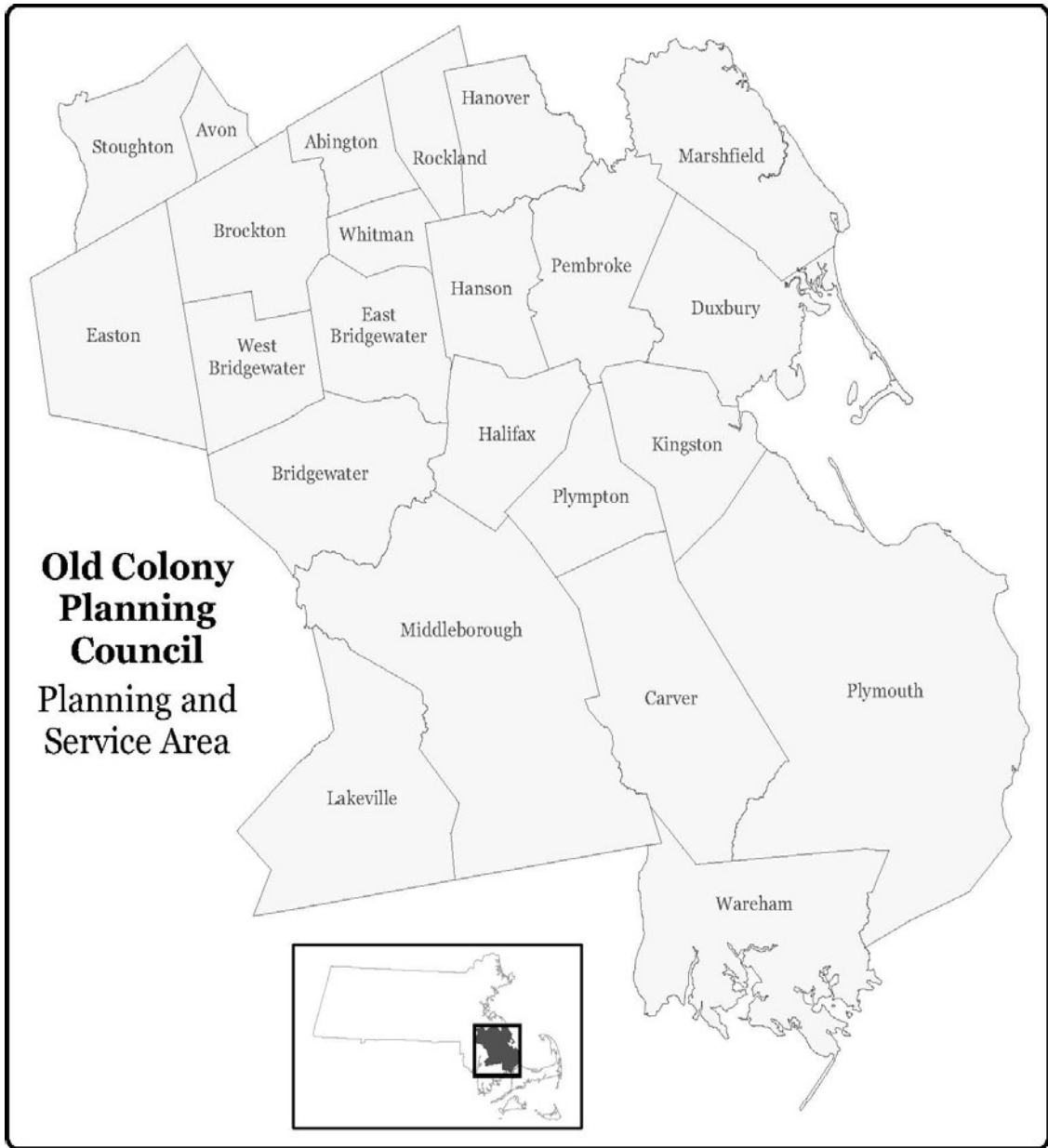
Old Colony Planning Council – Area Agency on Aging



FFY 2010-2013 AREA PLAN

Table of Contents:

ITEM:	PAGE:
Map of PSA.....	3
Introduction, OCPC Agency on Aging.....	4
Area Plan Focus and Service Priorities.....	5
Area Plan Goals and Objectives.....	6
AAA Focus Area Coordination.....	7
Attachment 1 (2008 Elder Needs Survey).....	14
Attachment 1 (2008 Listening Sessions).....	19
Attachment 1 (Public Hearing Notice).....	23
Appendix A (Official Signature Page).....	24
Appendix B (AAA Assurances).....	25
Appendix C (AAA Organizational Chart).....	29
Appendix D OCPC Board of Directors.....	30
Appendix E (OCPC-AAA Advisory Committee).....	31
Appendix F (Funded Services).....	33
Appendix G (Focal Points).....	34
Appendix H (Projected Budget).....	35



Introduction:

The Old Colony Planning Council (OCPC) has numerous functions, duties and responsibilities that cover a diverse range of public issues. OCPC has three distinct units within its structure. These units include Transportation (regional transportation and mass transit planning), Economic Development and Comprehensive Planning (comprehensive planning, preparation of master plans, geographic information system service center), and the Area Agency on Aging.

OCPC-Area Agency on Aging:

The region is primarily suburban, and includes 22 suburban Towns, and 1 City. The total population for the OCPC-AAA region is 452,181, with a 60+ population of 68,803 which represents 15.2% of the total population (2000 U.S. Census).

In keeping with the goals and objectives of the Older Americans Act (OAA), the primary functions and responsibilities of the OCPC-AAA are to advocate on behalf of all persons age 60 and over in our region, planning and service development, and administration of a wide variety of funds to public and private local providers for the provision of home and community-based support services. In meeting these responsibilities, the OCPC-AAA performs the following:

- Assessing older persons' needs in the community by participation in Statewide Elder Needs Assessment survey;
- Identifying deficiencies and gaps in service delivery system;
- Identifying solutions to meet needs and bridge gaps;
- Developing and administering the Area Plan;
- Funding services based on identified need;
- Developing written policies and procedures based on OAA requirements;
- Monitoring and evaluating the effectiveness and efficiency of service providers;
- Determining greatest social and economic need of elders; and
- Helping to coordinate and assist elders and caregivers in navigating the existing elder service network in the AAA region (Councils on Aging, ASAP, public and private provider agencies).

In keeping with the EOEIA focus, the guiding principle for the OCPC-AAA is to seek to provide and enhance "Community First" options and models for elder service delivery. "Community First" refers to the overarching principle that elders, caregivers, and families all prefer the option of remaining in their own homes for as long as possible. As such, our focus is to ensure that there is a comprehensive "Community First" system of supports and programs that will allow all persons age 60 and over to age with dignity, comfort, and security in their own homes for as long as possible.

Massachusetts is considered to be a "service rich" State in terms of the existing elder service network. The OCPC-AAA is a small part of a much larger elder service network in our region that includes local Councils on Aging (senior centers), Old Colony Elderly Services, Inc. (ASAP), and numerous provider agencies. This network seeks to meet any and all needs of persons age 60 and over. The complexity of the elder service network and the difficulty in navigating this system can be confusing and daunting. As such, the OCPC-AAA seeks to serve

as a regional focal point for information and referral to any and all elder service needs that may arise. We do so by constantly seeking to maintain an up-to-date understanding of the different elder service and program components in the network

Our responsibility is to ensure that we can assist with any and all elder service needs that may arise in our region. We do this by providing information about existing resources and programs to elders, family members and provider agencies, making referrals when and where appropriate, advocating on behalf of all elders, and maintaining a presence in the region as a source of professional gerontology information and assistance.

OCPC-AAA Area Plan Focus and Service Priorities:

The OCPC-AAA utilizes a number of factors in establishing the service priorities for our four-year Area Plan on Aging. These factors include the priorities of the U.S. Administration on Aging (AoA), the priorities and requirements of the State Unit on Aging (EOEA), targeting preferences of the OAA, analysis of unmet needs as identified through surveys (provider agencies and statewide elder survey), existing elder service network strengths and gaps, and past programming needs. For the OCPC-AAA FFY 2010-2013 Area Plan, the following service priorities have been established:

Service Priorities:

- Community-based Supportive Services to Low-Income Elders
- Family Caregiver Support Services
- In-Home Health Supportive Services
- Legal Services
- Long-Term Care Ombudsman Services
- Medication Management
- Mental Health Services
- Outreach and Service to Special Target Populations
- Regional Nutrition Services
- Transportation

As noted, these service priorities reflect an analysis of the greatest areas of unmet need and demand for assistance in the region. Also, a number of service priorities are dictated by earmarked Title III funding (legal services, caregiver support, nutrition, medication management). Service priorities also reflect feedback from provider agency surveys and the statewide elder needs assessment. See Attachment 1 for summary of Needs Assessment methodology.

Area Plan Goals and Objectives:

1. Goals and Objectives:

The OCPC-AAA has the following Goals for our FFY 2010-13 Area Plan.

Goal #1 – To improve access to and utilization of social, health, nutrition, information and assistance, and community based supportive services that assist elders in remaining independent in their own homes and communities. Particular emphasis is on serving those elders who are in the greatest social and economic need, with particular attention to low-income minority elders, severely disabled elders, limited English speaking elders, and elders with Alzheimer’s disease and related disorders, and their caregivers.

Objective #1 – To provide 3,000 units of Outreach to 1,000 unduplicated elders in FFY 2010.

Objective #2 – To continue to outreach and provide services to 1,000 low-income minority elders through community service grants throughout the PSA.

Objective #3 – To provide direct services to 100 elders with severe disabilities.

Objective #4 – To provide direct services (day programs and respite) to 180 elders with Alzheimer’s disease or related disorders with neurological and/or organic brain dysfunction and the caregivers of such individuals.

Objective #5 – To provide direct services to 100 limited English-speaking elders.

Goal #2 – To promote and support the development and provision of various in-home, and community-based social, supportive, nutritional, and legal services with grants under Title III of the Older Americans Act for the purpose of ensuring a system that is responsive to the needs from throughout the PSA, and services that ensure that these elders are able to remain independent in their own homes.

Objective #1 – To provide 6,000 units of Transportation and Assisted Transportation to 350 unduplicated elders in the PSA.

Objective #2 – To provide 12,000 units of Information and Assistance to 1,300 elders in the PSA.

Objective #3 – To provide 10,000 units of Social Day Care Services, Respite Care, Emergency Services, Health Screenings, Mental Health Counseling, Geriatric Assessment, Advocacy, and Shopping to 1,500 elders in the PSA.

Objective #4 – To provide 6,000 units of Personal Care, Homemaker Services, Chore Services, Friendly Visiting, and Telephone Reassurance to 1,000 elders in the PSA.

Objective #5 – To provide 330,000 units of Congregate and Home-Delivered Meals, Emergency Meals, and School-Based Elder Lunch Meals to 3,600 elders in the PSA.

Objective #6 – To provide 3,000 units of Letter Writing, Exercise/Fitness, and Recreation to 400 elders in the PSA.

Goal #3 – To ensure that the rights of elders are protected through the continuation of a comprehensive advocacy program that addresses the various needs of elders in both institutional and non-institutional settings.

Objective #1 – To provide 200,000 units of Complaint Investigation, Nursing Home Training, and General Advocacy to 4,500 elders in the PSA.

Objective #2 – To provide 2,000 units of Legal Assistance to 210 elders in the PSA.

Area Agency on Aging – Focus Area Coordination

This section of the Area Plan represents the effort of the Old Colony Planning Council-Area Agency on Aging to compile information about different activities and efforts being undertaken in the OCPC-AAA region in addressing different focus areas related to elder services. The document focuses on the public elder service network, which includes the regional ASAP (Old Colony Elder Services), Councils on Aging/Senior Centers, and the Area Agency on Aging.

The OCPC-AAA gathered information on activities and programming related to 11 different focus areas:

- Title VI (Native Americans)/Title III Coordination
- Title VII Vulnerable Elder Rights Protection
- Disaster Preparedness
- Faith Based Initiatives
- Health Care System Coordination
- Rural Elder Populations
- Transportation Needs and Services
- Health Aging/Fall Prevention Programs
- Aging and Disability Resource Centers
- Workforce Development
- Mental Health Collaboration

This document will focus on the efforts of the public elder service network in addressing the above initiatives, and will provide a brief overview and summary of the activities and programming as it currently exists in the region. The particular initiatives identified below, and the corresponding responses from the various agencies, do not follow a specific format that lends itself well to identifying specific goals and objectives. Most agencies do not articulate specific goals or objectives under the heading of any of the particular initiatives. Rather, they seek to address the most relevant and pressing needs in whatever fashion is best for the client. There are currently 23 Councils on Aging in the region, 2 free-standing senior centers (Dorn-Davies Senior Center and Massasoit Senior Center), 1 ASAP (OCES), and 1 AAA (OCPC). Of the 23 COA's in the region, 21 responded to requests for information (91%).

TITLE VI (Native Americans)/Title III Coordination:

ASAP (OCES): There are currently no activities related to this initiative.

Councils on Aging/Senior Centers: There are currently no activities related to this initiative.

AAA: According to 2000 U.S. Census data, the OCPC-AAA region (Greater Plymouth County) had a total population of 452,181 persons, with a 60+ population of 68,803 persons (15.2% of total population). 2000 census data indicate that approximately .2% of the total County population is Native American (approximately 900 persons). Recent estimates from the U.S. Census Bureau indicate an increase in the overall population of Plymouth County from 2000 to 2007 to a total of 490,258 persons. Using extrapolation, there are approximately 74,500 persons age 60 or over in the region. Of this total 60+ group, approximately 150 persons are age 60+ and Native American. This is a relatively small number of people, and there is currently no formal

AAA outreach or programming efforts directed exclusively at Native American elders in the OCPC-AAA region. The OCPC-AAA currently maintains a listing of Tribes, Tribal Councils, and Native American Organizations in Massachusetts. As always, all public elder service agencies and programs are encouraged to reach out to all elder populations, regardless of race, ethnicity, cultural background, etc.

TITLE VII Vulnerable Elder Rights Protection:

ASAP (OCES): OCES currently administers the Adult Protective Services program in our region.

* Offer a Short Term Care Advisement Program (STCAP) which aims to support potentially vulnerable seniors by empowering them to learn the resources that best aim to support their mental, emotional, and financial well-being. This program often serves as a last step before a Protective Service (PS) referral; but PS will often make referrals to STCAP as well.

* Offer trainings and educational programs to family caregivers and seniors on community resources, respite services, legal preparation/documentation and self care for caregivers (in addition to individualized Care Plan provided to caregiver with respite care scholarship provision) to ensure the best possible outcome for both the elder and the caregiver: a thriving elder and caregiver working in concert to achieve the goal of living in the community (with dignity and respect) and thus preventing premature institutionalization.

*Forge new relationship with Tufts to enable faster response to the needs of Elders who are enrolled

*Initiate outreach activities at local hospitals (in-service informational sessions with physicians) - The purpose is two-fold: to increase awareness on the part of medical professionals and to recruit physicians in the area of competency evaluations (2 physicians have expressed interest in working with OCES PS as a result of this activity)

*Increase efforts in the area of legal assistance to elders; contract with CPA to perform financial consults on PS cases

Councils on Aging/Senior Centers: There are no Title VII funded activities currently at COA's/Senior Centers. However, all COA's are aware of the Adult Protective Services program administered by OCES.

AAA: The OCPC-AAA currently administers the Long-Term Care Ombudsman (LTCO) Program for our region. The LTCO in our region covers 41 different homes (9 rest homes, 1 transitional care unit, and 31 nursing homes). This includes 2,935 beds. The program is staffed by one full-time program director, 1.2 FTE assistant directors, and 16 volunteers. For calendar year 2008, the LTCO program identified and resolved 1,128 issues on behalf of LTC residents.

DISASTER PREPAREDNESS:

ASAP (OCES):

* Collaborate with local TRIAD groups and health fairs

*Distribute various “Disaster Preparedness” and “Safety Planning” Resources

*Create personalized care plans for caregivers (including emergency plans for each family member that focuses on emergency resources, Files of Life placement and inclusion of emerging new information as received: i.e. H1N1 flu updates). Work proactively with caregivers to prevent unnecessary emergencies.

*Offer community based safety trainings for community caregivers, professional caregivers, and local businesses.

*Develop and maintain a list of vulnerable clients. This will ensure that our most vulnerable consumers are safe in case of an emergency or natural disaster. CMs carry these lists with them and maintain contact to prevent "at risk" consumers from being overlooked. Additionally, we provide all HDM clients with shelf stable meals. These meals are to be used if weather prevents us from delivering meals.

*Review OCES’ COOP annually

*Communicate and Collaborate with COAs on consumer at-risk tracking

*Initiate efforts with State and Municipal "plans" to increase coordination/collaboration (what are they; who is responsible for what; how can we best be of help without interfering with 'first responders')

Councils on Aging/Senior Centers: of the 21 responding COA’s, 15 (71%) reported either maintaining a listing of at-risk elders or that the local Fire and/or Police maintain such a listing. Such lists are maintained in the event that some homebound or mobility limited elders may need assistance with evacuation. Each town in the region maintains a disaster preparedness plan, generally in conjunction with the local Fire and Police Departments. Many COA’s also have their transportation vans available in the event that evacuation is necessary.

AAA: The OCPC-AAA does not provide any direct services to clients. As such, we do not have a formal “client” disaster preparedness plan. However, the agency does have a leadership protocol in the event of an emergency or natural disaster. The Executive Director is the primary emergency contact, and the AAA Administrator is the secondary contact. The OCPC-AAA has worked with the Massachusetts Southeast Homeland Security Regional Advisory Council, has up-to-date listings of all community Emergency Management contacts, and maintains ongoing contact with all relevant elder service provider agencies (Title III grantee agencies, Councils on Aging, ASAP).

FAITH-BASED INITIATIVES:

ASAP (OCES):

*Work with local church groups and offer trainings and educational seminars at their convenience and place of worship.

*Work with Teen Challenge to assist elders in faith based program.

*Involve Haitian and Cape Verdean community groups with our efforts to open new nutrition sites (these 2 minority groups are the largest within our service area).

Councils on Aging/Senior Centers: There are no formal, contractual programming relationships between COA's and faith-based organizations at the current time. However, 11 COA's/Senior Centers have some form of interaction and/or programming that directly involves local churches. For example, some COA's have regularly scheduled van transportation to church services, some churches regularly recruit for volunteers to assist with home delivered meals delivery, some churches have made financial donations to their Town COA to help defray costs of newsletter printing, one Pastor provided a death and dying presentation, etc.

AAA: The OCPC-AAA maintains an elder service programming contractual relationship with the Catholic Charitable Bureau Archdiocese of Boston. Specifically, the OCPC-AAA contracts with Catholic Charities for the provision of elder outreach and elder mental health services.

HEALTH CARE SYSTEM COORDINATION:

ASAP (OCES):

* Participate in networking across the age continuum, e.g., meeting with South Bay Early Intervention (SBEI) Infant Mental Health Team with the goal of providing resources for grandparents raising infants and small children via early intervention and having OCES as a resource for SBEI grandparents' needs via information, support and services as appropriate.

*Work in conjunction with various home care services via educating consumer on what services are available and how they work and referrals as needed to ensure safe transitions and respite when needed. Work with Alzheimer's Partnerships to disseminate and educate caregivers caring for elders with Alzheimer's disease.

*Increase efforts to ensure that we work to coordinate with all health care providers involved with a client. This helps paint a more complete picture and allows us to provide the most customized service plan.

Councils on Aging/Senior Centers: 17 of the 21 COA/Senior Centers currently have at least one volunteer SHINE Counselor. This service is very much in-demand, with many elders turning to the program to assist them with making health care funding decisions. The Regional SHINE Coordinator is housed at the Middleborough COA.

AAA: The OCPC-AAA does not provide SHINE counseling or any type of health care coordination. However, the AAA does make referrals to the SHINE program regularly.

RURAL ELDER POPULATIONS:

According to the NAPIS definition of "rural", there are no rural areas in the OCPC-AAA region.

TRANSPORTATION NEEDS AND SERVICES:

ASAP (OCES): There are currently no activities related to this initiative.

Councils on Aging/Senior Centers: Transportation continues to be the number one greatest need for elders in our region. 22 of the 23 COA's in the region have at least one (1) van available for transportation needs. Many have more than 1 van; many COA's serve as a local provider in conjunction with their regional transportation authority (Brockton Area Transit, Greater Attleboro/Taunton Regional Authority). Most COA vehicles are restricted to their local Town boundaries or can travel only to neighboring communities. Mass transit options are limited in the region because there are some communities that do not have access to any providers. Also, many elders are unable and unwilling to use mass transit if it requires them to make transfers or wait significant amounts of time. Many transportation needs involve lengthy trips to Boston for Medical appointments, most COA vehicles and schedules are unable to meet these demands.

Seven (7) COA's in the region use the OCPC-AAA volunteer transportation program regularly, as many as 14 have used the program at some point in the past. In FFY 2008, the OCPC-AAA volunteer transportation program provided 3,634 units (one-way trips) to 198 unduplicated elders.

AAA: The OCPC-AAA views transportation as one of the most critical and primary needs for elders from throughout the region. As such, Title III funding (\$32,000) is provided to fund a volunteer transportation program in our region. The program provides mileage reimbursement for volunteer drivers who are recruited and managed through their local COA's.

HEALTHY AGING/FALL PREVENTION PROGRAMS:

ASAP (OCES): (Healthy Aging) Increase nutrition outreach. This will provide our clients with the necessary tools to make educated decisions. Additionally, we are fostering relationships with other agencies to provide seminars to elders on various topics such as fall prevention. This has worked well for us in our Supportive Housing initiative (Healthy Living at Home, a partnership among OCES, Brockton Housing Authority, Senior Whole Health and Jewish Family & Children's Services).

Councils on Aging/Senior Centers: 17 of 25 (68%) senior centers currently offer some form of healthy aging/fall prevention programming. The content of the programming varies significantly from agency to agency (Heart Smart meal preparation, chair exercise, walking clubs, weight training, etc.). Most activities are geared towards the preferences of participants. Most COA's use outside providers for programming purposes (private instructors, VNA's). There are currently no uniform standards or protocols for health aging/fall prevention programming offered at different COA's.

AAA: The OCPC-AAA provides funding under Title III-D (Disease Prevention and Health Promotion) for Mental Health Outreach services. The AAA acknowledges the importance and value of Healthy Aging/Fall Prevention Programming, but views mental health needs as a priority over physical activity/exercise programming.

AGING AND DISABILITY RESOURCE CENTERS:

ASAP (OCES): There are currently no activities related to this initiative.

Councils on Aging/Senior Centers: 19 of 25 (76%) senior centers were unaware of ADRC's and what they do. Many COA's have had contact with organizations that serve disabled persons (Independence Associates, Mass Commission for the Blind, VISION Program, Mass Disability Commission), and make referrals when and where appropriate.

AAA: The OCPC-AAA is familiar with the various agencies that specifically serve disabled populations (Independence Associates, Mass Commission for the Blind, VISION Program, Mass Disability Commission). The AAA has made referrals to these agencies in the past. The OCPC-AAA was unaware of ADRC's until just recently.

WORKFORCE DEVELOPMENT:

ASAP (OCES): There are currently no activities related to this initiative.

Councils on Aging/Senior Centers: 9 of 25 (36%) senior centers currently host a Senior Aide slot. A number of COA's post local job opportunities on a bulletin board in their center. Most COA's are aware of the different Career Centers that serve the region (Brockton, Plymouth, Wareham) and occasionally make referrals.

AAA: There are currently no activities related to this initiative.

MENTAL HEALTH COLLABORATION:

ASAP (OCES): (Mental Health Collaboration) Continue working with psychiatric nurses. Again, with the goal of working to coordinate efforts with all health care providers, we have fostered relationships with psychiatric nurses. To ensure consumers are receiving all needed services, we have utilized psychiatric nurses to aid with assessments.

Councils on Aging/Senior Centers: 11 of 25 (44%) of senior centers in the region have made referrals to the Catholic Charities Mental Health Outreach program in the past. COA's make referrals to other agencies and providers (Brockton Hospital, Jordan Hospital, OCES Protective Services, Department of Mental Health, Sinai Hospital, Morton Hospital, Pembroke Hospital, VNA Psychiatric Nurses).

AAA: The OCPC-AAA currently provides Title III funding to Catholic Charities for the provision of Mental Health Outreach in the region. The program has one (1) full-time field clinician who is available to respond to requests for assistance from all sources. The program generally receives referrals from COA's, OCES, and Housing Authorities. The program does not have unlimited capacity and is not able to respond to emergency situations.

Attachment 1:

Old Colony Planning Council – Area Agency on Aging
FY 2008 Elder Needs Assessment Survey

OVERVIEW:

As the Area Agency on Aging for the local region, the Old Colony Planning Council – Area Agency on Aging (OCPC-AAA) is charged with the responsibility of helping to identify and address the needs of elders from throughout our region. As part of our ongoing effort to identify and address the greatest unmet or inadequately met needs of elders in our 23-community region in SE Massachusetts, the OCPC-AAA recently conducted a survey of provider agencies and individuals from throughout the region. The purpose of the provider survey was to collect information from agencies and individuals who have regular contact and interaction with people over the age of 60, and who have direct, day-to-day experience in assisting elders. The perspective gleaned from direct service staff members that have regular contact and interaction provides a unique perspective, a valuable source of information for the entire elder service network, and helps to establish service priority areas for Older Americans Act (OAA) funding for the region.

The information and feedback gained from the survey will be used in conjunction with other information (Older Americans Act requirements, listening sessions, past programming, statewide initiatives and trends) to establish service priority areas for the OCPC-AAA. These priority service areas help the OCPC-AAA to direct OAA funding to the greatest needs in the region.

METHODOLOGY:

The OCPC-AAA selected various provider agencies and individuals to be surveyed. This selection process was based on OCPC-AAA's knowledge of and experience with the elder service network in the region. This is by no means an exclusive and exhaustive listing of provider agencies in the region.

OCPC-AAA identified the following as agencies to be surveyed for the project:

- Old Colony Elderly Services (1)
- Councils on Aging/Senior Centers (24)
- Housing Authorities (18)
- Title III Providers (9)
- "Others" (Brockton Mayor's Office, BAMSI-HELPLINE, MA Department of Mental Health, Alzheimer's Association, Brockton Hospital, Caritas Good Samaritan Hospital, Jordan Hospital, Southcoast Hospital, Brockton Neighborhood Health Center, Massasoit Senior Center, and Brockton Salvation Army (11).

Surveys were sent to 63 different agencies. Agencies were not limited to one response per agency, but were encouraged to distribute the survey tool to as many appropriate staff as possible.

This was a mailed survey process. Recipients were sent a cover letter explaining the purpose of the survey, and a one page survey to complete. Surveys were mailed out on March 7, 2008.

Recipients were asked to return the survey by March 31, 2008. The survey included a postage-paid return envelope. The survey consisted of a listing of 28 different services or service categories. Respondents were instructed as follows:

“(prioritize) the ten most needed or unmet service areas facing the elders (and their caregivers) that you have served over the past 12 to 15 months. Please rank only ten specific service categories. (1=most needed and unmet, 2=2nd most needed and unmet,10=least needed and unmet).”

To tabulate the results, we reversed the ranking for any given service category and assigned the appropriate score. For example, a ranking of 1 (most needed) was equal to 10 points, a ranking of 2 was equal to 9 points, a ranking of 3 was equal to 8 points, etc. We summed up the total scores to come up with the ranking from highest to lowest score.

RESULTS:

A total of 63 agencies were surveyed, 37 agencies responded for a return rate of 59%. Follow-up inquiries were made to those agencies that did not respond by the requested submission deadline. A total of 121 different individuals from the 37 agencies responded. Eleven (11) of the returned surveys were unusable because they were completed incorrectly. There were 46 responses from Old Colony Elderly Services. Of the 24 COA’s/Senior Centers in the region surveyed, 21 responded. Of the 18 Housing Authority Offices surveyed, 10 responded. Of the 9 Title III provider agencies surveyed, 5 responded. Of the 11 “other” agencies surveyed, 4 responded.

Table #1 below reflects the final rankings of the service categories listed on the survey tool. Table #2 reflects the actual scores by category.

Table #1

FFY 2008 Elder Needs Assessment Results

Service Category:	Ranking:	Raw Score:
Transportation	1	723
Affordable Housing	2	560
Financial Assistance	3	500
In-Home Personal Care	4	351
Medication Management	5	341
Mental Health Care	6	315
Homemaker Services	7	295
Home Repairs	8	291
Information and Assistance	9	258
Adult Day Programs	10	229
Outreach	11	215
Legal Assistance	12	190
Home-Delivered Meals	13	178
Shopping	14	174
Chore Services	15	170
Bill-Paying Services	16	169
Friendly Visiting	17	162
Home Modifications	18	150
Case Management	19	137
Protective Services	20	135
Other 1	21	98
Telephone Reassurance	22	58
Employment	23	51
Exercise/Fitness	23	51
Recreation	25	46
Health Education	26	44
Nutrition Education	27	42
Other 2	28	21
Letter Writing	29	14
Roommate Matching	30	8

Other 1 = personal items; respite funds; SHINE Counseling; companionship; run errands; fuel assistance; grandparents caring for grandchildren; access to domestic violence counseling; caregiver respite; educational programs, trash pick-up; interpreting, in-home podiatry, advocates for doctor visits.

Other 2 = marketing; overnight services; caregiver respite; substance abuse counseling; education.

Table #2

Need Priority Ranking

Number of Respondents by Category Ranking:

Service Category:	Most needed										Number of Respondents
	1	2	3	4	5	6	7	8	9	10	
Transportation	36	15	15	3	6	6	4	0	2	1	88
Affordable Housing	22	14	8	9	5	5	3	3	4	3	76
Financial Assistance	14	8	10	9	7	8	9	6	3	3	77
In-Home Personal Care	4	10	10	5	8	4	2	7	3	3	56
Medication Management	4	6	6	8	8	6	6	9	4	6	63
Mental Health Care	4	6	6	8	6	6	8	3	3	4	54
Homemaker Services	4	5	7	7	2	10	7	2	3	3	50
Home Repairs	0	2	10	8	13	3	6	1	5	7	55
Information and Assistance	9	8	4	1	2	1	3	6	4	2	40
Adult Day Programs	1	4	4	6	5	7	3	4	8	4	46
Outreach	5	5	2	3	4	3	5	3	6	3	39
Legal Assistance	1	3	0	2	7	5	5	12	5	6	46
Home-Delivered Meals	1	5	2	6	4	2	2	3	6	2	33
Shopping	0	2	6	6	2	2	4	5	5	3	35
Chore Services	0	1	3	5	5	4	7	4	5	2	36
Bill-Paying Services	0	4	3	3	2	5	6	3	8	2	36
Friendly Visiting	1	1	3	2	3	8	7	2	2	9	38
Home Modifications	0	1	3	4	4	6	3	3	3	8	35
Case Management	2	2	2	3	3	3	0	6	3	5	29
Protective Services	2	1	2	1	3	7	2	3	4	5	30
Other 1	2	4	0	1	2	0	3	3	0	2	17
Telephone Reassurance	0	1	2	0	0	1	1	5	2	5	17
Employment	0	0	0	1	2	2	1	3	3	3	15
Exercise/Fitness	0	1	0	1	1	0	3	2	4	3	15
Recreation	1	1	0	2	0	0	0	3	1	2	10
Health Education	0	0	0	1	1	2	1	3	4	0	12
Nutrition Education	0	0	1	1	1	0	2	3	1	2	11
Other 2	0	0	1	0	0	0	3	0	0	1	5
Letter Writing	0	0	0	0	1	0	1	0	2	0	4
Roommate Matching	0	0	0	0	0	0	1	0	1	2	4

- The highest possible score that any service category could have received would be 1,100. If every respondent (N=110) ranked the same service category as 1, this would equal 10 points for that service (110 x 10 = 1,100).
- *Transportation* – 88 of the 110 respondents reported this as one of the ten greatest unmet needs (80%). Of these 88 respondents, 36 ranked this service as the number one unmet or undermet need (score of 10). Of the 88 respondents, 66 ranked this service as one of the top three unmet needs.
- *Affordable Housing* – 76 of the 110 respondents reported this as one of the ten greatest unmet needs (69%). Of these 76 respondents, 22 ranked this category as the number one unmet or undermet need (score of 10). Of the 76 respondents, 44 ranked this category as one of the top three unmet needs.
- *Financial Assistance* – 77 of the 110 respondents reported this as one of the ten greatest unmet needs. Of these 77 respondents, 14 ranked this category as the number one unmet need (score of 10). Of the 77 respondents, 32 ranked this category as one of the top three unmet needs.

LIMITATIONS OF PROJECT:

- This survey process and the resulting findings are simply a descriptive analysis of the perspective and experiences of the respondents. The results reflect the respondents own interpretation and understanding of the greatest unmet or undermet needs of the elders they have served over the past 12 to 15 months.
- This is a point-in-time survey that reflects the respondent's perspective on the date that they completed the survey.
- Respondents were not provided with uniform definitions of the service categories listed on the survey tool. As such, each respondent is using their own interpretation and definition of a given service category.
- Respondents were not given an opportunity to explain their own understanding and knowledge of the existing elder service network, the availability and utilization of different programs and services, or their understanding of eligibility criteria for different services and programs. As such, respondents may be reporting unmet or under met needs in categories and areas that they do not have extensive knowledge of or experience with, or programs and services that are available, but with eligibility limitations.

Old Colony Planning Council Area Agency on Aging 2008 Older Americans Listening Sessions

Overview:

As part of our overall goal and responsibility, the Old Colony Planning Council Area Agency on Aging (OCPC-AAA) seeks to identify and address the most pressing needs and concerns of elders in our 23-community region in SE Massachusetts. Identifying such needs and concerns is accomplished through a variety of means, including surveys of provider agencies, a statewide elder needs assessment, focus groups, etc. As part of our strategy for the development of the 2010-2013 Area Plan on Aging, the OCPC-AAA conducted Older Americans Listening sessions in April and May of 2008. The purpose of the listening sessions was to elicit comments and perspective from elders who live in our region. Specifically, the sessions gave elders an opportunity to discuss their greatest unmet needs, or the needs of elders who they know.

The OCPC-AAA conducted four (4) listening sessions. Plymouth Council on Aging (4-23-08), Low Vision Group (4-29-08), Brockton Council on Aging (5-19-08), and Middleborough Council on Aging (5-29-08). A total of 35 persons attended the listening sessions.

Summary of Comments:

What follows is a summary of comments received by the OCPC-AAA during Older Americans Listening sessions conducted in April and May of 2008. This summary is intended to convey the key issues, concerns, and relevant needs that were discussed during the sessions. This summary is presented in bullet format.

Plymouth COA:

- Poor quality and taste of meals through regional meal program.
- Housekeeping services are not adequate; staff are poorly trained and lack strong work ethic.
- Pre-packaged home-delivered meals are delivered cold. Some elders are unable to heat meal themselves.
- Pre-packaged home-delivered meals are not portioned equally. Some get more than others.
- Don't want cold home-delivered meals.
- No meal service on weekends, evenings.
- Housekeeper services providers spending time doing non-homemaker related activities when at elders home (reading, knitting, drinking coffee).
- Inconsistency of homemaker times – home-bound elders who are not bathed or dressed before noon time.
- Out-of town transportation, to Boston or to dialysis, is a huge unmet need.
- No availability of mass-transit options for some communities. For those that do have access, service is not sufficient.
- COA resources (time, funding) are overtaxed and stretched to the limit. COA's are unable to meet all needs.

- No out-of-town medical transportation. Growing number of elders who are unable or unwilling to drive.
- Basic needs going unmet for many – fuel assistance, food.
- Cost of gas/home heating oil.
- Lack of knowledge/publicity about services to help seniors.
- Grateful for assistance received from Old Colony Elderly Services (OCES) to help out with sister.
- Lack of understanding regarding what Adult Protective Services does and does not do.
- Fear of falling when living alone, no one to help if I am unable to get up.
- Importance of self-determination in making decisions about personal matters.
- Adult children do not understand the problems and challenges of growing old. They think we can continue to do all the same things we used to do when we were young.
- Fear of falling, particularly in bathtub.
- Big difficulties of all kinds for elders who have no family or friends to help.
- Ongoing need for more transportation service. COA resources tapped to the maximum, yet still have unmet transportation needs.
- Complaints about housekeeping services (poor work ethic of workers, not showing up, not doing a good job).
- Meals are not gourmet, but they are ok for the price. Nice opportunity for socialization.
- Activities and programs are limited by transportation limitations. Simply cannot bring all elders to activities at center because of lack of transportation.
- No out-of town medical transportation. Difficulty finding people who are willing to volunteer for Volunteer Transportation Program. Many will not drive to Boston, mileage reimbursement is insufficient.
- Affordable housing.
- Why not develop a relationship with the Public School system or local hospital so that they could provide the meals?
- Would like to have the option of providing more fresh fruit, vegetables, etc.
- No specialized meals – diabetic, low-sodium, special needs.
- We are lucky to have the nutrition program, and we would not be able to get a similar meal for the same cost.
- Would like a different approach to preparing meals – schools or hospitals, maybe.
- Milk is never cold enough.
- It is important that the congregate menu be appealing so that it can help to attract people to the center.
- More choices for lunch entrée.
- Nutrition programs in other states are much better. More appealing food would bring in more people.

Low Vision Group:

- Would like assistance with housekeeping and shopping (for disabled under age 60).
- Volunteers needed to assist low-vision group on trips to shopping centers, theatre, etc.
- More transportation options for low-vision elders.

- Receives money management services from OCES and is very happy with service and agency.
- Receives homemaker and personal care services from OCES and is very happy with service and agency. Would like to have volunteer who could read to her.
- Receives homemaker and personal care services from OCES and is very happy with service and agency. Would like more transportation and activities for elder with low-vision.
- Receives shopping, laundry, and home health aide services from OCES and is very happy with service and agency. Would also like more transportation and activities for low-vision elders.
- She is a Brockton resident who receives transportation service through Dial-A-Bat.
- Receives home health aide services through OCES. Would like to have volunteers available to assist low-vision group on outings.

Brockton Council on Aging:

- She is a service provider, and notes that in her experience, elders and caregivers are very appreciative of receiving one-on-one attention and assistance.
- She is a Brockton resident, and lives in elderly housing. She indicates that there needs to be more coordination between the housing authorities and service provider agencies (ASAP, COA's).
- Connection and communication is very important in relationship between provider agencies and elders and their families. Funding for services is often very limited, and most people will need more assistance than is available because of insufficient funding. Transportation is an ongoing need for people who need to transport elders to day programs, etc.
- She uses Dial-A-Bat to travel to Boston for medical appointments. She knows other elders who will not use Dial-A-Bat because it is inconvenient.
- There is a problem with no service on weekends. No meals, no transportation, no service. COA's and other agencies can use cable television to publicize their services.

Middleborough Council on Aging:

- There is a need for better mental health and homelessness services and assistance.
- Transportation continues to be an ongoing challenge. Difficult to attract and retain volunteers who are willing to drive.
- Loneliness, isolation, depression are big problems for some. Friendly Visiting program can help to address this issue.
- COA's are stretched to the limit. Need more resources to be able to do more.
- Some elders are unable to afford the modest cost-matching required for some activities.
- Insufficient assistance for those with multiple problems, modest income and assets. For example, persons trying to deal with legal issues, medical issues, etc.
- Better coordination, cooperation, and follow-up for dealing with mental health issues (Police, fire, APS).

- Difficulty finding enough volunteers to assist.
- Major need for mental health services. Preferably community-based mobile teams to respond to crisis situations.

Conclusions and Limitations:

The “listening session” concept proved to be a good source of information and feedback for the OCPC-AAA. This was an excellent opportunity to receive direct information from elders and provider agencies. The information and comments tended to be related to particular issues or circumstances that the respondent was dealing with, or had dealt with for someone else.

It is important to note that the total number of people who attended the sessions (35) is not a representative sample of elders from our region. In fact, 35 individuals represent less than 1/10 of 1% of the total elder population in the region. Nevertheless, the information and comments received likely reflect many of the same types of issues facing a significant number of elders who reside in our region. It is also important to note that the frailer, isolated, most-needy elders in our region likely did not attend these sessions. The listening sessions provided an open forum for elders and non-elders to express their opinions and preferences. We did not place limitations on the subject matter that the respondents wanted to discuss. We also tried not to make judgments about the accuracy and/or validity of comments and criticisms.

One key conclusion from this process is that there are agencies and individuals in our region who are making great strides in assisting elders of our region. The Councils on Aging and Old Colony Elderly Services all provide important and meaningful service and assistance. Their efforts, in the face of burgeoning demand and need, and shrinking resources, are to be commended. Because of resource and eligibility limitations, services are not always considered adequate or effective enough by some elders. This listening session concept will be used again in future efforts by the OCPC-AAA to identify unmet needs and assess the overall effectiveness of the elder service network.

A complete copy of the comments received during the listening sessions (21 pages) can be obtained by contacting OCPC-AAA. If you have any questions, or would like to discuss this project and findings in greater detail, please feel free to contact Patrick Hamilton at (508) 583-1833 or phamilton @ocpcrpa.org.

PUBLIC HEARING

Old Colony Planning Council – Area Agency on Aging



2010-2013 Elder Services Priorities

Fri

Old Colony Planning Council
70 School Street
Brockton, MA
(508) 583-1833

day,

August 21, 2009
10:30 a.m. to 12:30 p.m.

This public hearing will present an opportunity for public comment on the proposed Older Americans Act service priorities (attached) for our region over the next four years.

Public input (written and verbal) is welcome and strongly encouraged.

For more information, contact Patrick Hamilton at (508) 583-1833

APPENDIX A:

Area Agency on Aging, Area Plan on Aging 2010 - 2013

Official Signature Page

This Area Plan on Aging has been developed according to requirements of the Older Americans Act of 1965, as amended through 2006 (P.L. 109-365), Federal Regulations, Department of Health and Human Services, 45 Part 1321, dated August 31, 1988, Grants for State and Community Programs on Aging, and Executive Office of Elder Affairs policy and regulation.

The Area Agency Board of Directors and Advisory Council have approved the Area Plan on Aging for the period covering Federal Fiscal Years 2010 through 2013.

_____ (Signed) _____
(Date) (Chairperson of Board of Directors)

_____ (Signed) _____
(Date) (Chairperson of Area Advisory Council)

_____ (Signed) _____
(Date) (Area Agency on Aging Executive Director)

APPENDIX B:

For Federal Fiscal Year 2010, the Area Agency on Aging makes the following assurances as required by the Older Americans Act of 1965 as amended and all relevant regulation:

1) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services:

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. ((a)(2))

(2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a)(4)(A)(i))

(3) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:

- (A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
 - (B) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))
- (5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
- (A) older individuals residing in rural areas;
 - (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (D) older individuals with severe disabilities;
 - (E) older individuals with limited English-speaking ability; and
 - (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))
- (6) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. ((a)(4)(C))
- (7) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. ((a)(5))
- (8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. ((a)(9))

- (9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. ((a)(11))
- (10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. ((a)(13)(A))
- (11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency:
- (A) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (B) the nature of such contract or such relationship. ((a)(13)(B))
- (12) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. ((a)(13)(C))
- (13) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. ((a)(13)(D))
- (14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. ((a)(13)(E))

(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

(16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. ((a)(15))

The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2010 and affirm their Area Agency on Aging's adherence to them.

(Area Agency on Aging)

(Date) (Signed) _____
(Chairperson of Board of Directors)

(Date) (Signed) _____
(Chairperson of Area Advisory Council)

(Date) (Signed) _____
(Area Agency on Aging Executive Director)

APPENDIX C:
AAA Organization Chart

APPENDIX D: (OCPC Board)

AREA PLAN ON AGING 2010 - 2013
Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2010
Area Agency on Aging : Old Colony Planning Council

Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Mary Beth Lawton		Abington	COA Director (delegate)
Peg Menino		Avon	COA Appointed (delegate)
Ellen Duren		Brockton	COA Appointed (delegate)
Phyllis Hancock		Brockton	COA Appointed (delegate)
Lorraine Carrozza		Bridgewater	COA Director (delegate)
Elizabeth Moura		Bridgewater	COA Staff (alternate)
vacant		Carver	
Jim Taylor	Chairman	Duxbury	COA Appointed (delegate)
Richard Whitney		Duxbury	COA Appointed (alternate)
Dolores Kent		Easton	COA Director (delegate)
Marie Healey		Easton	COA Appointed (alternate)
Lee Mulready		Halifax	COA Appointed (delegate)
Elaine Marzilli		Halifax	COA Staff (alternate)
Nancy Mickunas		Hanover	COA Appointed (delegate)
Robyn Mitton		Hanover	COA Director (alternate)
Eva Burton		Hanson	COA Appointed (delegate)
Jean-Marie Smith		Hanson	COA Director (alternate)

Hazel Foley		Kingston	COA Appointed (delegate)
Muriel Boyce		Kingston	COA Director (alternate)
Robert Brady		Lakeville	COA Appointed (delegate)
Carl Asbury		Lakeville	COA Appointed (alternate)
Mary Ring		Marshfield	COA Appointed (delegate)
Mary Shutt		Marshfield	COA Appointed (alternate)
Sarah Jigerjian		Middleborough	COA Appointed (delegate)
Andrea Priest		Middleborough	COA Director (alternate)
Josephine Hatch		Pembroke	COA Appointed (delegate)
Mary Willis		Pembroke	COA Director (alternate)
vacant		Plymouth	
vacant		Plympton	
Rita Howes		Rockland	COA Appointed (delegate)
Grace DiTocco		Rockland	COA Appointed (alternate)
vacant		Stoughton	
Marcia Griswold		Wareham	COA Director (delegate)
Marguerite Morse		West Bridgewater	COA Appointed (delegate)
Mary Graf		West Bridgewater	COA Director (alternate)
Patricia McCarthy		Whitman	COA Director (delegate)

69%	Percentage of the Advisory Council that are 60+ years of age.
6%	Percentage of the Advisory Council that are minority persons.
3%	Percentage of the Advisory Council that are 60+ and minority persons.

APPENDIX F: (funded services)

AREA PLAN ON AGING 2010 - 2013
Form 3 - Funded Services - Federal Fiscal Year 2009/2010
Programs Funded in Whole or in Part by Title III

ELDER AFFAIRS:
Enter Agency Name to the
Right of "Area Agency on
Aging:".

Area Agency on Aging : Old Colony Planning Council

FUNDED SERVICES	Title III Funding Category	Goal Number	NAPIS Code	Priority Svc 'A', 'I', 'L', 'O'	FFY2009 FUNDING - ACTUAL			FFY2010 FUNDING - PLANNED	
					Title III Award	Title III Expend.	Non-Title III Exp.	Title III Award	Non-Title III
SUBGRANTEE/PROVIDER									
Abington Council on Aging		1	F	O	2,900				
Brockton Area Multi-Services, Inc.	B	1	F	O	18,315			\$ 18,315	\$ 111,952
Cape Verdean Association	B	1	F	O	10,000			\$ 8,000	\$ 59,555
Catholic Charities Mental Health Outreach	B & D	1	B	O	38,000			38,000	17,914
Catholic Charities Outreach and Friendly Visiting	B	1	F	O	12,790			12,790	31,778
Duxbury Council on Aging		1	F	O	23,018			23,018	20,000
East Bridgewater Council on Aging		1	F	O	910			910	545
Hanson Council on Aging	B	1	F	O	3,500			3,500	186,059
Living Independently for Equality	B	1	F	O	7,000			7,000	94,896
Middleborough Council on Aging	B	1	F	O	3,000			3,000	122,661
New England Homes for the Deaf, Inc.	B	1	F	O	2,500			2,500	21,000
Old Colony Elder Services Emergency Assistance	B	1	F	I	22,000			22,000	98,908
Old Colony Elder Services Medication Management	D	1	B	O	9,151			9,000	4,269
Rockland Council on Aging		1	F	O	3,000			3,000	3,000
South Coastal Counties Legal Services, Inc.	B	1	C	L	83,000			83,000	53,127
Old Colony Elder Services Family Caregiver Support Program	E	1	F	O	139,611			148,000	97,000
Old Colony Elder Services Regional Nutrition Program	C	1	F	O	594,057			475,000	1,316,925
Plymouth Council on Aging Nutrition Site Manager	C	1	F	O	10,482			10,482	120,500
HESSCO Family Caregiver Program	E	1	F	O	4,400	4,400		4,400	
Old Colony Planning Council AAA Volunteer Transportation	B	1	E	A	32,000	32,000		32,000	
Old Colony Planning Council AAA Ombudsman Program	B	3	F	O	46,402	46,402		32,000	

APPENDIX G: (focal points)

AREA PLAN ON AGING UPDATE - FFY2010
Form 4 - Focal Points - Federal Fiscal Year 2009
Area Agency on Aging : Old Colony Planing Council

ELDER AFFAIRS:
 Enter Agency Name to the
 Right of "Area Agency on
 Aging:".

Focal Point Name	Address	Town	Focal Point Assignments				
			Senior Center/ Council on Aging	Community Center	Nutrition Meal Site	SHINE Site	Adjacent Housing
Abington COA	500 Gleniewicz Way	Abington				X	
Avon COA	Buckley Center	Avon	X				
Bridgewater COA	10 Wally Kruger Way	Bridgewater	X				
Brockton COA	10 Father Kenney Way	Brockton	X			X	
Duxbury COA	10 Mayflower Street	Duxbury	X		X	X	
Dorn-Davies Senior Center	1380 Main Street	Brockton	X		X	X	
East Bridgewater COA	137 Central Street	East Bridgewater	X			X	
Halifax COA	506 Plymouth Street	Halifax	X		X		
Hanover COA	624 Circuit Street	Hanover	X		X		
Hanson COA	132 Maquan Street	Hanson	X		X	X	
Kingston COA	33r Summer Street	Kingston	X	X		X	
Lakeville COA	One Dear Crossing	Lakeville	X		X	X	
Marshfield COA	230 Webster Street	Marshfield	X		X	X	
Middleborough COA	558 Plymouth Street	Middleborough	X		X	X	
Easton COA	136 Elm Street	Easton				X	
Pembroke COA	Town Hall	Pembroke	X		X	X	
Plympton COA	NA	Plympton					
Rockland COA	394 Union Street	Rockland	X		X		
Plymouth COA	10 Cordage Park	Plymouth	X		X	X	
Carver COA	48 Lakeview Street	Carver	X		X	X	
Stoughton COA	110 Rockland Street	Stoughton	X		X	X	
Wareham COA	54 Marion Road	Wareham	X	X	X	X	
West Bridgewater COA	97 West Center Street	West Bridgewater	X		X	X	
Whitman COA	16 Hayden Avenue	Whitman	X		X	X	

APPENDIX H: (projected budget)

AREA PLAN ON AGING FFY2010 - 2013 PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2010 AREA AGENCY ON AGING: Old Colony Planning Council OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010						
	Area Plan Admin	Title III-B Supp Svcs	Title III-C Nutr Svcs	Title III-D Health Svcs	Title III-D Med Mgmt	Title III-E Caregiver Svcs
Federal Planning Award:						
FFY 2009 Title III Estimated Continuation	-	-	-	-	-	-
FFY 2010 Title III Income	164,421	270,447	505,835	15,618	5,533	142,338
FFY 2010 Total Title III Income	\$ 164,421	\$ 270,447	\$ 505,835	\$ 15,618	\$ 5,533	\$ 142,338
Other Income:						
NSIP			84,601			
NSIP Commodity Credit			-			
Other Federal (non-Title III or NSIP)	-	-	-	-	-	-
Program Income (Client Contributions)		13,522	247,859	-	-	180
State Home Care	-	-	-	-	-	-
State Elder Lunch			36,254			
State - Other	-	-	-	-	-	-
Non-Federal Inkind	41,105	630,142	521,010	4,670	1,771	98,182
Local	-	-	-	-	-	-
Other	36,172	59,498	384,435	-	-	-
Total Other Income:	\$ 77,277	\$ 703,162	\$ 1,274,159	\$ 4,670	\$ 1,771	\$ 98,362
Total Available Income:	\$ 241,698	\$ 973,609	\$ 1,779,994	\$ 20,288	\$ 7,304	\$ 240,700
Budgeted Expenditures:						
Wages and Salaries	96,679	-	478,818	-	-	-
Payroll Taxes/Fringe Benefits	21,573	-	105,020	-	-	-
Mileage/Travel	-	-	122,820	-	-	-
Occupancy Costs	-	-	16,020	-	-	-
Equipment Purchase/Rental/Maintenance	-	-	-	-	-	-
PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2010 AREA AGENCY ON AGING: Old Colony Planning Council OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010						
	Area Plan Admin	Title III-B Supp Svcs	Title III-C Nutr Svcs	Title III-D Health Svcs	Title III-D Med Mgmt	Title III-E Caregiver Svcs
Meal Prep and Related Costs			140,620			
Other Program Support	82,177	-	889,997	-	-	-
Agency Admin Support Allocation	41,269	-	26,699	-	-	-
Subgrants - Access		32,000		-	-	
Subgrants - In-Home		22,000		-	-	
Subgrants - Legal		83,000		-	-	
Subgrants - Other		133,447		15,618	5,533	142,518

AREA PLAN ON AGING FFY2010 - 2013
PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2010
AREA AGENCY ON AGING: Old Colony Planning Council
OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010

	Area Plan Admin	Title III-B Supp Svs	Title III-C Nutr Svs	Title III-D Health Svs	Title III-D Med Mgmt	Title III-E Caregiver Svs
Federal Planning Award:						
FFY 2009 Title III Estimated Continuation	-	-	-	-	-	-
FFY 2010 Title III Income	164,421	270,447	505,835	15,618	5,533	142,338
FFY 2010 Total Title III Income	\$ 164,421	\$ 270,447	\$ 505,835	\$ 15,618	\$ 5,533	\$ 142,338
Other Income:						
NSIP			84,601			
NSIP Commodity Credit			-			
Other Federal (non-Title III or NSIP)	-	-	-	-	-	-
Program Income (Client Contributions)		13,522	247,859	-	-	180
State Home Care	-	-	-	-	-	-
State Elder Lunch			36,254			
State - Other	-	-	-	-	-	-
Non-Federal Inkind	41,105	630,142	521,010	4,670	1,771	98,182
Local	-	-	-	-	-	-
Other	36,172	59,498	384,435	-	-	-
Total Other Income:	\$ 77,277	\$ 703,162	\$ 1,274,159	\$ 4,670	\$ 1,771	\$ 98,362
Total Available Income:	\$ 241,698	\$ 973,609	\$ 1,779,994	\$ 20,288	\$ 7,304	\$ 240,700
Budgeted Expenditures:						
Wages and Salaries	96,679	-	478,818	-	-	-
Payroll Taxes/Fringe Benefits	21,573	-	105,020	-	-	-
Mileage/Travel	-	-	122,820	-	-	-
Occupancy Costs	-	-	16,020	-	-	-
Equipment Purchase/Rental/Maintenance	-	-	-	-	-	-

PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2010
AREA AGENCY ON AGING: Old Colony Planning Council
OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010

	Area Plan Admin	Title III-B Supp Svs	Title III-C Nutr Svs	Title III-D Health Svs	Title III-D Med Mgmt	Title III-E Caregiver Svs
Meal Prep and Related Costs			140,620			
Other Program Support	82,177	-	889,997	-	-	-
Agency Admin Support Allocation	41,269	-	26,699	-	-	-
Subgrants - Admin		22,000				