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Executive Summary

Section A. Executive Summary

This application is for a three-year competitive grant to operate the RSVP of Southern Maine from July 1, 2014, through June 30, 2017. The primary focus will be Healthy Futures. Volunteers will serve low-income, frail, homebound and disabled elders. An estimated 400 RSVP volunteers will serve. They will deliver meals, provide transportation, serve as companions, teach financial literacy and provide financial literacy services such as writing checks and balancing checkbooks, and help seniors access healthcare/ insurance and evidenced-based health education through a network of at least 40 service sites, such as the American Cancer Society, Southern Maine Agency on Aging (SMAA), and many others. Programs offered include Meals on Wheels, evidenced- based programs like "A Matter of Balance," "Living Well with Chronic Disease" and "Living with Chronic Pain," Money Minders Financial Services, State Health Insurance Program (SHIP) and others. The primary focus area of this project is in York and Cumberland Counties of Maine. At the end of the 36-month performance period, volunteers will have provided the necessary resources and interventions to allow at least 5,500 elders in the target area to continue to live independently in their own homes. The CNCS federal investment of \$80,309 will be supplemented by \$34,421 (30%) of non-federal resources.

Section B: Strengthening Communities

Strengthening Communities

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Performance Measure Requirements: In RSVP of Southern Maine's grant proposal 59% (235) of unduplicated RSVP volunteers will participate in a Healthy Futures work plan with 41% (163) of those unduplicated volunteers in a work plan with an outcome strengthening our community.

Community Needs Description: Southern Maine is comprised of two counties, York and Cumberland, and is a mixture of small urban, suburban and rural communities, which occupy approximately 2,500 square miles. It is the most densely populated portion of Maine and has a population estimated to be 476,830 (U.S. Bureau of the Census), comprising 36% of the state's total population. The aged 65+ population in these two counties was 76,465 in 2012, an increase of 5,826 since 2010, and is estimated to grow by an additional 48,269 or 58% by 2022 (Woods and Poole Economics Inc., "2012 New England States Profile" in Chart Book: Older Adults and Adults with Disabilities: Population and Service Use Trend in Maine, published by the Muskie School of Public Service at the University of

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Southern Maine, p. 73). The advanced aged population (85+ and older) was 10,867 in 2012 and makes up 2.25% of the population of York and Cumberland Counties. By 2022 that population will increase to 2.35% of the total population, an additional 2,500+ frail or homebound elders. Ranked by median age, Maine is the oldest state in the nation (Chart Book: Older Adults and Adults with Disabilities, p. 3). Additionally, the portion of people age 65+ whose income fell below the federal poverty level (FPL) in York and Cumberland Counties is approximately 7% (5,353 individuals); of that low- income group, approximately 52% (2,783 individuals) are classified disabled (Chart Book: Older Adults and Adults with Disabilities, pp.15 & 17). Currently RSVP of Southern Maine and its parent agency, Southern Maine Agency on Aging (SMAA), are the only source of services such as Meals on Wheels and "A Matter of Balance" and "Money Minders" provided for this demographic. The increase in the number of older, frail, homebound and disabled populations in Maine provides a service challenge for the future.

To address this, Healthy Futures will be the primary focus area for RSVP of Southern Maine.

Effective Stations and Volunteer Service Activities

(1) Meals Delivery

SMAA is the only agency in southern Maine with the capacity to act as a Meals on Wheels provider. The SMAA Meals on Wheels programs is totally dependent on high quality volunteers for the delivery of meals to the homebound, frail, elderly and disabled in southern Maine. Without RSVP meals deliveries, the MOW program would not continue. For many seniors, especially those who don't have a supportive family, research shows that meal delivery is a major factor allowing them to remain in their own homes. Drivers not only bring food every day but also observe the condition of their clients and report when an elderly beneficiary doesn't answer the door or is ill or endangered. The volunteers provide food and a "safety check" for many older adults. Home-delivered meals emerged as the most significant factor keeping people from moving to a nursing home, according to Brown University's Shaping Long-Term Care in America Project, a 10-year study published in 2012. Many seniors value their independence but still need some assistance. According to Larry J. Tomayko, interim CEO with the Meals On Wheels Association of America, "At a time when federal and state budgets are looking for ways to cut costs, the investment in home-delivered meal programs such as Meals On Wheels reaps tremendous benefits, for both the seniors who receive them and the communities that often bear the costs of supporting our seniors." A recent report on food insecurity, "State-level Estimates of Food Insecurity Among Seniors in 2011" (Food Insecurity Among Older Adults, August 2011, James P. Ziliak, Ph.D., University of Kentucky and Craig Gundersen, Ph.D., University of Illinois), showed that

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7.1% of Mainers over 65 experience food insecurity and that there has been a substantial increase in food insecurity among seniors since 2008. The number of food-insecure seniors in Maine in 2011 was 50% higher than in 2007.

Meals Delivery Output and Outcome Approximately 110 (28%) unduplicated RSVP volunteers will provide 47,300 meals on wheels to 925 frail, disabled or homebound seniors in the third year of this grant.

(2) Transportation

According to a 42-state study by the National Association of Area Agencies on Aging, the lack of transportation to and from medical appointments, grocery stores and pharmacies can seriously affect a senior's ability to remain at home. Services such as door-to-door and door-through-door transportation are essential for meeting the needs of seniors who may not be able to use transportation without personal assistance. The data collected from 42 Area Agencies on Aging corroborates broader research findings that transportation in rural areas is inadequate to meet the need. Rural seniors lack transportation options in every category when compared to other geographic areas. Maine's York and Cumberland Counties encompass 2,488 square miles with an average population density of 253 persons per square mile, which meets the definition of rural. In addition to needing transportation within their communities, rural seniors often face the challenge of accessing needed services across county borders or at a long distance, such as getting to a regional medical center that could be as far away as two hundred miles. Volunteers can make such transportation options available to seniors or people with disabilities who need more assistance than is typically available. In door-to-door programs, drivers or escorts provide assistance to help passengers enter and exit the vehicles. Door-through-door services help passengers from the vehicle through the doors of their residences or destinations, and may include the service of an escort or assistant to stay with the passenger at the destination. Southern Maine has experienced a major disruption in transportation services to Medicaid recipients of whom approximately 35,000 are over the age of 65. This transportation system has become extremely unreliable and virtually nonexistent in rural areas, causing many low-income seniors to miss vital medical appointments or treatments.

Transportation Output and Outcome Nine (2%) unduplicated volunteer drivers will be offering door-to-door and door-through-door services to at least thirty clients of the American Cancer Society for regular cancer treatments as well as for kidney dialysis four times per week.

(3) Companionship

Social isolation is a major health problem for older adults living in the community, leading to

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numerous detrimental health conditions. Approximately 19,000 people over the age of 65 in York and Cumberland Counties live alone. There is no other agency in southern Maine providing regular, monitored visits to isolated, homebound elders. Social isolation is defined as "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling and quality relationships" (Nicholson, 2009, p. 1346). Current estimates indicate the prevalence of social isolation in community-dwelling older adults is as high as 43%, ranging from 10% to 43% (Nicholson, Molony, Fennie, Shellman, & McCorkle, 2010; Smith & Hirdes, 2009). Social isolation has been demonstrated to lead to numerous detrimental health effects in older adults including increased risk for dementia, increased risk for re-hospitalization, and an increased number of falls (Faulkner, Cauley, Zmuda, Griffin, & Nevitt, 2003). Prevention and mitigation efforts can make a significant difference to the isolated person. The number of adults aged 65 years and older is expected to more than double within the next 25 years (He et al., 2005). By then, older adults will represent 20% of the U.S. population, which translates into a total of 71.5 million people (Centers for Disease Control and Prevention & The Merck Company Foundation, 2007), and this segment of the population will continue to grow quickly. Currently, the majority (90%) of older adults live in the community (He et al., 2005). With the population of older people projected to increase exponentially in the near future, social isolation will likely impact the health, well-being, and quality of life (Lim & Zebrack, 2006) of a growing number of elders now and in the foreseeable future. Volunteers have a unique opportunity to reach the most socially isolated (homebound) clients in their homes. Clients at high risk of extreme social isolation may not otherwise be seen by health care professionals. Socially isolated older adults may lack the necessary resources or knowledge of their condition to actively seek out assessment from outpatient community-based primary care providers. Therefore, a simple check-in visit process by volunteers can help identify at-risk clients. By assessing or identifying social isolation, the program will be able to prevent or reverse many of the negative health outcomes associated with this condition.

Companionship Output and Outcome In the third year of this grant nine (2%) unduplicated volunteers will provide at least 20 clients with companionship visits once or twice a month.

(4) Military Veterans

Services that can remediate social isolation and provide companionship can also benefit military veterans. According to the U. S. Department of Veteran Affairs, Maine's veteran population age 60 and over numbers 77,545 (57% of Maine's total veteran population). Thirty-one (31%) of the over age 60 veteran population lives in Cumberland and York Counties. Thirteen percent of that population is

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homeless with 51% of the homeless veteran population being disabled (National Coalition for Homeless Veterans). Additionally 51% of the total veteran population in southern Maine is composed of veterans of Vietnam, Korea or World War II. Isolation issues are exacerbated for this population, many of whom struggle with the effects of post traumatic stress disorder (PTSD).

The closest VA hospital is at least 2.5 hours driving distance from southern Maine, a very difficult trip for frail, elderly, homebound veterans. Currently Maine has no VA Good Neighbor program providing home companionship with links to VA hospital staff for monitoring of the veteran's health status. This unmet need is the subject of a study on homeless, disabled, low-income and senior veterans' needs, existing veteran programming and veterans-as-volunteers recruitment recently begun by RSVP of Southern Maine.

Military Veterans Output and Outcome Twelve (3%) volunteers will be recruited to work with veterans, building on the study to be completed during 2013-2014 by an AmeriCorps VISTA assigned to SMAA to design and implement research on homeless, disabled, low-income and senior veterans' needs, existing veteran programming and veterans-as-volunteers recruitment. This research is scheduled to be completed by May of 2014 and will be used during the period of this RSVP grant to establish opportunities for veterans as volunteers serving older veterans.

(5) Financial Literacy

According to a study reported in "Generations," The Journal of the American Society on Aging, responses to three simple questions revealed a very low level of financial literacy among the older U.S. population: only about one-half of the respondents could do a simple 2 percent calculation and demonstrate an understanding of inflation; only one-third of respondents could correctly answer all three questions (Lusardi and Mitchell, 2011). These are particularly worrisome findings because, by virtue of their age (60+), this segment of the population should already have dealt with many financial decisions and financial transactions. Moreover, these respondents have over their lifetime experienced two to three periods of high inflation (depending on their age) and witnessed numerous stock market declines and other shocks. While there are low levels of financial literacy among the older population in general, there are marked gender differences in financial literacy, with older men much more likely to have a higher degree of financial literacy than older women (83% of men vs. 65% of women). It is important to note these differences because women tend to live longer than men; thus, their savings and retirement strategies should be different from those of men. Moreover, women are more likely to spend at least part of their retirement as widows. Evidence suggests that the death of a spouse is a significant determinant of poverty among elderly women due to reduced Social

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Security benefits and loss of pension income (Sevak, Weir, and Willis, 2004). Additionally, women tend to have lower attachment to the labor market, with interrupted careers because of childbearing and family caretaking roles, and thus have potentially fewer financial resources over the lifecycle. Therefore, it is important to consider the gender-specific implications of fewer resources and a higher life expectancy. The nonprofit Institute for Financial Literacy provides teaching and learning materials for financial literacy, however it does not hold financial literacy classes in Maine. This is a critical unmet need in SMAA's service area. No other agency is providing this service to lower-income, vulnerable seniors. SMAA's Money Minders program for personal finance management for low-income elders is also not provided by any other source although the for-profit market serves those who can afford to pay for the service.

Financial Literacy Output and Outcome RSVP of Southern Maine will place at least 23 (6%) unduplicated volunteers in the Money Minders program and the Institute for Financial Literacy (IFL) program. Money Minders volunteers will serve 19 clients during a total of 228 visits with the goal of addressing financial literacy issues through education and counseling. Institute for Financial Literacy volunteers will conduct 16 financial literacy courses of three sessions each, serving an estimated 300 people.

(6) Health Insurance Counseling

An increasing number of people are turning 65 and becoming eligible for Medicare every day. Maine had an age 55-64 population of 203,000 in 2012, of which 70,031 reside in Cumberland and York Counties. This pre-Medicare population is expected to grow 18% by 2022 (US Census 2010). Medicare and related insurance choices have proved difficult for many of those approaching age 65. There are a myriad of choices, types of Medicare, drug coverage and supplementary insurance offerings. Additionally, many new-to-Medicare people cannot afford the cost of coverage that meets their needs. There are many programs such as the Medicare Savings Program and Social Security Extra Help which can help pay premiums for low-income seniors. The State Health Insurance Assistance Program, or SHIP, is a national program that offers one-on-one Medicare counseling and assistance at local offices to older people and their families. SHIPs help people with low incomes, including those who qualify for Medicare and Medicaid (dual-eligibles); people who are unable to communicate effectively in English; caregivers of a chronically ill or disabled family member; and people needing health insurance coverage options (SHIPTalk.gov).

Without highly trained volunteers this service would be impossible to provide, leaving a huge knowledge gap for those new to Medicare. There are no programs in this area offering unbiased

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reviews of Medicare insurance options other than SHIP. Southern Maine's SHIP program is entirely dependent on volunteers to operate. RSVP of Southern Maine is instrumental in filling this unmet need.

Health Insurance Counseling Output Thirty-one (8%) unduplicated volunteers will provide information on health insurance and benefits to 7,900 older, homebound, frail, low-income and disabled seniors in the third year of this grant.

(7) Chronic Condition Self-Management

(a) Nationally, one in three older adults falls annually. Of those who fall, 30% suffer injuries that decrease mobility and independence and result in high medical costs (National Council on Aging, 2005). The rate of fatal falls for people 65 and older increased about 35% from 1990 to 2002 (Merck Institute on Aging & Centers for Disease Control). In addition, fear of falling is associated with a spiraling risk of falls and functional decline (Friedman, Munoz, West, Rubin & Fried, 2002). It is estimated that up to 55% of older adults living in the community have a fear of falling (Lach, 2003). Because so many older adults do not tell anyone when they fall, it is important that interventions to prevent falls be easily accessible to older adults in their own communities (Baker et al., 2005). A Matter of Balance is an evidence-based promotion group program for older adults that uses cognitive-behavioral techniques to reduce the fear of falling (Howland & Lachman, 1998). The primary participant outcomes from the randomized clinical trial conducted by the Roybal Center for Enhancement of Late-Life Function at Boston University included significant improvements regarding confidence in performing everyday activities without falling and perceived ability to manage the risk of falling (Tennstedt et al., 1998).

(b) The Chronic Disease Self-Management Program (CDSMP) helps improve both psychological and physical health status, self-efficacy, and selected health behaviors, and many of these improvements are maintained over 12 months, according to a meta-analysis using data from more than 20 studies (Brady, "Executive Summary of ASMP/CDSMP Meta-Analysis," CDC, May 2011). "Even the highest quality provision of care to individuals with multiple chronic conditions alone will not guarantee improved health outcomes for this population. Individuals must be informed, motivated, and involved as partners in their own care. Self-care management can be important in managing risk factors that lead to the development of additional chronic conditions" (U.S. Health and Human Services Multiple Chronic Conditions). The Chronic Disease Self-Management Program, developed by Dr. Kate Lorig at Stanford University, is an evidenced-based program offered for two and a half hours, once a week for six weeks. In Maine the program is known as "Living Well" and is taught by two trained volunteer

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leaders, one or both of whom have a chronic condition.

(c) The Chronic Pain Self-Management Program (CPSMP) operates similarly to the CDSMP program. Outcome data, reported in LeFort et al., for this evidenced-based program can be found in a randomized controlled trial of a community-based psycho-education program for self-management of chronic pain (Pain, 1998). The CPSMP was developed by Sandra LeFort at McGill University in Montreal. The materials were developed in conjunction with Dr. Kate Lorig and staff of the Stanford Patient Research Center. The CPSMP was developed for people who have a primary or secondary diagnosis of chronic pain. Like the CDSMP, the CPSMP has been rigorously evaluated in two randomized clinical trials funded by Health Canada and the Canadian Institutes of Health Research. The research studies found that, on average, people who have participated in the program have more vitality or energy, less pain, less dependence on others, and improved mental health, are more involved in everyday activities, and are more satisfied with their lives compared to those who have not participated in the program.

These evidenced-based programs are costly to operate as they require intense training to assure measurable results. Without a sponsoring agency such as RSVP and volunteers to implement the programs, they would not continue. A number of other agencies have attempted to replicate the program but have failed.

Chronic Condition Self-Management Output H4 RSVP of Southern Maine will place 41 (10%) unduplicated volunteers in the evidenced-based health education programs of "A Matter of Balance," "Living Well with Chronic Pain" and "Living Well with Chronic Illness" as volunteer leaders to facilitate at least 250 seniors in 612 classes.

(8) Other CNCS Work Plans

In other focus areas an additional 55 volunteers will serve as follows: 4 (1%) volunteers will act as mentors to 4 disadvantaged youth during the school year in 256 sessions; 24 K-5 age children will receive tutoring in reading and math in 640 sessions in public school settings from 24 (6%) unduplicated volunteers; 19 economically disadvantaged young adults will receive adult tutoring services from 19 (5%) volunteers for a total of 624 sessions. At least 315 economically disadvantaged adults will receive VITA (Volunteer Income Tax Assistance through AARP) by 8 (2%) unduplicated volunteers at more than 300 sessions. These other focus areas will have 55 volunteers or 14% of the total RSVP volunteers with 47 (12%) in work plans with outcomes in the three-year grant.

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(9) Community Priority Work Plans

The 110 (27%) remaining volunteers will participate in the Community Priority work plan including volunteer assignments at Audubon Society, nature preserves, hospices, Habitat for Humanity, and senior centers and will participate in nursing home ombudsman programs, volunteer hotlines, land conservation programs, adult day care programs, and related operations.

(10) Summary

By year three of this grant, RSVP of Southern Maine projects placement of 400 volunteers with 59% (235) in the primary focus area of Healthy Futures and 14% (55) in other focus areas for a total of 73% of the unduplicated volunteers serving one of the six focus areas. Of that number 48% will serve in a priority area with an output. Twenty-seven percent (110) will serve in community priorities.

The service activities in the primary focus area meet National Performance Measure outputs and outcomes by providing a significant number of volunteers (235) whose focus will be on services aimed at helping almost 10,000 frail, elderly, disabled and homebound people to remain living independently in their own homes. Each of the work plans identified in this grant relates to a basic need that must be met in order to live with independence: food, access to health care, mobility, financial security and human contact.

Biannual station surveys will collect data to measure volunteers' accomplishments and the outcomes achieved to determine if they meet National Performance Measure outcomes and outputs. The results will be assessed and used to determine if volunteers need to be reassigned or guided to make necessary changes. The director will collect the information and enter it into eGrants.

In addition, RSVP surveys approximately 1/3 of its stations each year to assess the impact volunteers have had on the organization and the community. We use Volunteer Reporter to track volunteers, stations and service activities.

Recruitment and Development

Section C. Recruitment and Development

We strive to provide high quality assignments that will offer volunteers the opportunity to build their skills, develop leadership potential, and enhance the quality of volunteers' own lives. There is ample opportunity--during meet-and-greets and other volunteer get-togethers--for volunteers to reflect on the meaning of helping others and consider the impact volunteerism has on them during their service. One example of how our volunteer opportunities have a very real benefit for volunteers can be seen in our rural volunteer drivers program. According to a recent study published in the Journal of the

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American Geriatrics Society, volunteering to drive others decreases mortality in rural retirees (Lee, S. J., Steinman, M. A. and Tan, E. J. "Volunteering, Driving Status, and Mortality in U.S. Retirees," *Journal of the American Geriatrics Society*, 2011, 59:274--280). This may be because rural retirees are more likely to be socially isolated and thus benefit greatly from the social integration provided by volunteering.

Our recruiting plan for all volunteers includes both formal and informal methods. Word of mouth is among the strongest forms of recruitment; to that end, RSVP staff members encourage volunteers to talk about their satisfaction with their experience. We also recruit via the volunteer clearinghouse Volunteer Maine, web-based Volunteer Match, local senior center network, senior and public housing, as well as faith-based organizations. More formal methods include articles in each issue of SMAA's newspaper, *Senior News*; use of our web site and other volunteer organizations' web sites; public service announcements in community and local newspapers and on cable TV access channels; speaking engagements at community organizations, senior centers and senior housing developments; distribution of flyers and brochures; volunteer referrals from SMAA's social work and nutrition staff; and articles and feature stories in newspapers and on TV.

Provision of High Quality Stations and Opportunities: RSVP emphasizes careful recruitment and placement of volunteers. This process is always handled individually, one volunteer at a time. An RSVP coordinator works with a prospective volunteer to assess the interests, skills and background of the volunteer. RSVP of Southern Maine works to create high quality volunteer opportunities and place high quality volunteers using a 5-step process. Step One: All stations are required to complete a comprehensive description for all positions to be filled by RSVP volunteers. The volunteer position description includes an on-going training component by the station to keep volunteer skills honed. Step Two: RSVP staff evaluate volunteer roles as described in the position descriptions and ensure that they have the potential to enhance volunteers' experience, provide leadership opportunities, and enable volunteers to develop their skills. Step Three: RSVP recruits volunteers to fill an approved job description, interviews volunteers and checks references and drivers' licenses or state IDs, and ensures that volunteers are eligible to serve. Step Four: Suitable volunteers are referred to the station to be interviewed. Once the station has matched a potential volunteer to a position, the volunteer goes through a training course administered by the station before beginning service. Step Five: After the volunteer has met the station training requirements, RSVP of Southern Maine completes background check/s and puts approved volunteers through an orientation session.

Volunteer Pool Reflects Demographics Recruiting ethnic minorities is a challenge in Maine due to a

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largely Caucasian population (95.3% with 4.7% minority). However, the ethnic minority community is increasing, especially in our cities. RSVP works with the Jean Byers Sampson Center for Diversity in Maine at the University of Southern Maine to make contact with people of diverse backgrounds, including ethnic minorities and the LGBT community, to inform them of and invite them to participate in RSVP. Other resources to help recruit minority and low-income seniors include the local chapter of the NAACP, local churches and other religious groups that serve ethnic minorities, Catholic Charities Maine Refugee and Immigration Services, senior housing complexes, Department of Health and Human Services, local general assistance officers, and other state and local programs.

Military Volunteers RSVP of Southern Maine has been awarded a third-year VISTA position for the 8/2013-8/2014 project year. The VISTA will be developing, administering and reporting on research on homeless, disabled, low-income and senior veterans' needs, existing veteran programming and veterans-as-volunteers recruitment. This research is scheduled to be completed by May of 2014 and will be used continuously for the duration of this RSVP grant to establish an in-home veteran-to-veteran visitor program for older, homebound and disabled veterans. Study outcomes will establish a road map for RSVP of Southern Maine to use in recruiting both military veteran volunteers and stations.

Disabled Volunteers Recruitment of volunteers with disabilities, including age-related disabilities, is a part of SMAA's core mission. We are an area agency on aging, and our mission is to serve the older population including providing meaningful volunteer opportunities to older disabled volunteers. RSVP of Southern Maine participates in a number of coalitions including the Long Term Care Working Group, the Medicare Working Group, Senior College, AARP, NCOA and faith-based programs to provide information about RSVP and volunteer opportunities to disabled seniors.

Retention and Recognition: Retention and recognition are vital components of a successful volunteer program. In order for RSVP to remain viable to nonprofit stations, volunteers must be reliable and provide superior service. In order to meet both those expectations RSVP of Southern Maine surveys volunteers yearly and reviews and responds to suggestions and (the very few) complaints regarding their service. RSVP also works year round to recognize and appreciate the contributions of its volunteers. Throughout the year RSVP maintains regular contact with volunteers through quarterly volunteer get-togethers in each county for coffee and conversation. We use an American Greetings e-card membership to send various greetings and invitations to our volunteers regularly. We highlight volunteer achievements in the bimonthly Senior News and local weekly newspapers, complimenting volunteers on special projects and reporting positive feedback from stations, and honor volunteers at

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an annual Volunteer Recognition Event. The Volunteer Recognition/Appreciation Event in FY 2013 was held in April 2013 at the Winslow Homer Auditorium at Scarborough High School. The event included a book mark for each volunteer commemorating volunteer service over the last year, a certificate of appreciation, special awards to those who had served more than five years, 10 years, etc. The event's program also included a speaker on Amtrak service in Maine, musical entertainment and light refreshments. Approximately 150 volunteers attended. Our recognition/appreciation event will be of similar scope during this grant period. We also send out via e-mail information on new volunteer opportunities and training options to all volunteers on a regular basis. All of these efforts help to retain and motivate volunteers to remain in meaningful service.

Program Management

Section D. Program Management

Station Management: RSVP works collaboratively with stations to develop meaningful volunteer opportunities that meet critical community needs; we also help stations develop accurate and attractive volunteer position descriptions that comply with RSVP regulations and applicable laws. Each station receives a copy of our Volunteer Station guide, which contains all program regulations; new versions are distributed whenever the guide is updated. RSVP staff outline stations' responsibilities under CFR 2553.62, such as

- * having volunteer assignments that impact critical human and social needs,
- * assuring that RSVP volunteers do not engage in activities that are prohibited under the terms of the federal grant,
- * assigning a staff member to oversee placement of RSVP volunteers,
- * keeping records and preparing reports as required,
- * complying with all applicable civil rights laws and regulations,
- * providing orientation and appropriate in-service training to enhance the volunteers' performance of assignments,
- * providing resources necessary for assignments, and
- * ensuring supervision, recognition and safety for RSVP volunteers assigned to the station.

RSVP coordinators also talk to station supervisors regularly and seek information on additional volunteer opportunities. We encourage stations to think big about what senior volunteers can accomplish for them. We also provide every station with a monthly station newsletter to update them on program developments and reporting requirements.

Unmet Community Needs: RSVP of Southern Maine seeks out relationships with other nonprofits

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beyond the existing network to provide diverse opportunities to volunteers. We are part of several coalitions such as the Long Term Care Working Group, a coalition of 50 agencies in southern Maine; the Medicare Working Group, a statewide coalition of agencies and programs working with older Mainers; and Maine Health, the leading health provider in southern Maine, among others. Through these groups and others RSVP of Southern Maine is able to keep a pulse on community needs. For example, a recent study in Maine showed that few people over the age of 50 have an advance directive and for those who do have one, it has not been shared with medical providers or family members who can make sure that health care wishes are carried out for the person who can no longer direct his/her care. RSVP responded to this unmet need by working with Maine Health to recruit and train volunteers for a pilot project to educate and counsel people on creating their own advance care plan. We have trained 6 volunteers to meet this need. They will be working in medical practices giving talks and providing one-on-one counseling to people without an advance care plan.

Community Needs and Graduation of Stations: RSVP currently has a large number of volunteers in non-focus areas. We are working to graduate many of those stations and expand volunteer opportunities in other focus areas including Environmental Impact, Disaster Relief and others that fill unmet community needs. Over the next year, July 1, 2013, through June 30, 2014, RSVP of Southern Maine will be assessing 100 of its stations with the goal of reducing the total number to 40. RSVP coordinators will meet with stations to share information about the changing direction of RSVP and to end our relationship with them. We will use a variety of tools in this process including our station newsletter, personal contact, and formal termination letters. We will work sensitively with volunteers to reassign them within the program, to place them in newly expanded areas, or to find them a new venue such as fundraising or other capacity-building activity in which to continue their service.

National Performance Assurance Biannual surveys at each station measure the achievements of volunteers working in outcome-based assignments and the impact they have on the community. This information is then reported in the Project Progress Report. The survey results alert us to assignments that are not living up to their potential so we can intervene or offer other assignments to volunteers. In addition, RSVP surveys 1/3 of our stations each year to assess how effectively we are providing quality support that helps volunteers meet their missions. The survey provides information on the volunteers' impact on the organization and the community. This allows us to gauge the program's effectiveness. We use RSVP Reporter to track volunteers, stations and service activities. These two surveys enable us to track volunteer contributions and impact, intermediate accomplishments, and end results and compare them to the program's goals. This assures that National Performance

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Measure outcomes and outputs are measured and collected. The information from both surveys is collated by the director and entered into eGrants.

Project Resources Management: SMAA's accounting department tracks project resources using MIP software. As an area agency on aging, SMAA has a long history of receiving and efficiently managing grants from federal and non-federal sources and consistently receives clean audits. All RSVP resources are managed by SMAA's accounting department using the same procedures that apply throughout the agency. We do not use in-kind resources in the RSVP program, though the agency has experience tracking them for other programs. As RSVP's sponsor, SMAA has a Development Office that raises community resources from state, local and private sources (including foundations and major givers) to support the program and cover 30% of project funds from non-federal sources.

Organizational Capability

Section E. Organizational Capability

1. Oversight, Support, and Data Collection: Plans and Infrastructure. SMAA has in place infrastructure to ensure sound oversight of programs and fiscal matters such as an annual audit, clear delegation of authority, and an active Board of Directors. The organization provides day-to-day operational support and data collection through Harmony, SmartFacts and Volunteer Reporter for data collection; has clearly defined internal policies in place governing personnel, financial control, and travel; and has a staff code of conduct, a volunteer manual and similar rulebooks.

2. Staffing: The executive leadership of the sponsor (SMAA) is strong and supportive of RSVP. Executive Director Laurence W. Gross has a master's degree in Public Administration. He has been with SMAA since 1978 and has served as Executive Director since 1983. Under his leadership, SMAA has become a recognized leader in elder services and the nonprofit community. Deputy Director Deborah D. Carr has a bachelor of arts degree from Bates College and has served as Deputy Director for 27 years. Mrs. Carr supervises the RSVP program. CFO Randall Davis has a master's degree in Finance and has worked in financial management in nonprofit organizations since 1988. RSVP Director Carol S. Rancourt has a bachelor degree in Social Work and a master's of Adult Education degree. She has worked in education, social services and nonprofit administration since 1972 and previously served as RSVP Director from 1972 to 1979. The primary of two RSVP coordinators has 30 years' experience in the past and oversees the program in Cumberland County. The other coordinator, who also serves as the RSVP administrative assistant, has 1 year of experience with RSVP and a year of experience in nonprofits. She is responsible for York County. SMAA's Volunteer Services

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Department encompasses RSVP of Southern Maine. As a part of this department, RSVP positions are assured continuity, and personnel are integrated as strategic players in the agency's volunteer services program.

3. Healthy Futures Track Record: SMAA has been the sponsor of RSVP of Southern Maine since its founding in 1972. As an area agency on aging, SMAA sponsors RSVP because the program supports SMAA's mission of providing seniors with resources and services to help them remain independent. The agency views volunteerism as a means to this end, a view that is supported by research, including that of the Corporation. In addition, SMAA, one of the leaders in the region's nonprofit community, aims to support other nonprofits in meeting critical community needs by providing them with highly qualified senior volunteers. As an area agency on aging, SMAA's focus is on seniors. Not only does SMAA provide information and services to support the independence of seniors, it sees seniors as a valuable community resource which RSVP makes available to the wider community. SMAA is also a volunteer-centered agency. In addition to RSVP volunteers, SMAA recruits and employs about 1,000 volunteers a year. For the past 40 years, SMAA has done exemplary work overseeing volunteer programs and serving the area's frail elders and people with disabilities and tracking the results of such efforts. For example: Senior Medicare Patrol (SMP) has been part of SMAA for 14 years. SMP recruits and trains volunteers to train and counsel seniors regarding Medicare and insurance fraud. The program, managed by a part-time SMP volunteer coordinator, carefully screens potential volunteers and provides 4 days of basic training along with training updates at least twice a year. Volunteer hours and clients served are tracked using an Administration on Aging Smart Facts database; volunteers are evaluated once a year.

4. Organizational Infrastructure: (a) Tangible assets - SMAA owns its own building in Scarborough, Maine, operates with a staff of 102, and has an annual budget of \$5,503,632 funded by a mix of federal, state and private money, including private donations, awards and foundation grants. The agency is committed to providing the RSVP project adequate support. RSVP occupies two offices in the building. The director and coordinators are provided with computers, phones and access to fax, conference room, and other agency equipment. SMAA purchases supplies for RSVP from agency-identified providers with RSVP-budgeted funds.

(b) Governance structure and operations - SMAA's Board is strong and committed to RSVP. Board members include an elder law attorney, a state representative, the director of a university program in healthy aging, CFO of a major hospital, the administrator of a local hospital and a professor in

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gerontology for a local university. 1) The Executive Director reports to the Board of Directors. All budgets are recommended by the Board's finance committee and receive final approval from the Board of Directors. All Managers and Directors oversee their programs/staff and participate in the budget process. The Executive Director and program staff develop SMAA's strategic plan, which is approved by the Board. Only the Executive Director can approve contracts. The agency's financial statements are prepared on the accrual basis of accounting, and accordingly, reflect all significant receivables, payables, and other liabilities. 2) Program Managers are responsible for purchases from an approved budget while purchase of nonbudgeted items must be authorized by the Finance Manager and the Executive Director up to \$5,000. Nonbudgeted purchases above \$5,000 must be approved by the Finance Committee of the Board. 3) The Executive Director, Director of Finance, and the Deputy Director are SMAA's senior management team. Each has overall responsibility for designated program managers and directors within the agency (see organizational chart). Program Managers/Directors report directly to their respective senior manager.

(c) Role of Community Participation Group - A long-standing RSVP Advisory Council provides local input on SMAA's RSVP program. The Council, which meets four to five times a year, consists of between 16 and 24 community members divided between the two counties. The RSVP director works directly with the Advisory Council. Council members help with project evaluation, volunteer recognition, public relations, fundraising and general operations. Current Advisory Council members include experienced RSVP volunteers, a volunteer coordinator from a local hospice, a volunteer coordinator from a local school system, a parish nurse, a senior housing facility resident service coordinator, an activity director from a local nursing home and the administrator of an assisted living facility.

(d) Robust management systems and past grant management experience - A Director of Finance, an Accounting Program Manager, an Accounts Payable Clerk and an Accounts Receivable Clerk oversee fiscal matters at SMAA. SMAA uses MIP software to manage all agency resources and transactions, including those of RSVP. In FY '12, the agency managed \$2.5 million in federal grants. SMAA received a clean audit for FY '11 (FY '12's audit is in progress.)

5. Sustaining Non-federal Resources: RSVP staff are paid on SMAA's pay scale and are governed by the agency's personnel policies. Travel is reimbursed at \$.44 per mile, which is consistent with the travel reimbursement for all agency staff and volunteers. Non-federal funds used for RSVP are raised through SMAA's Development and Marketing Department as part of an annual fundraising appeal and aggressive efforts to obtain private and foundation grant funding. Among its varied sources of

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funding SMAA has received CDBG (Community Development Block Grants) for at least 8 years and in the past 5 years has received \$694,563 from private foundations.

Other

N/A

PNS Amendment (if applicable)

N/A