

# Narratives

## Executive Summary

This application begins another 3 year grant cycle for Aroostook RSVP as sponsored by the Aroostook Area Agency on Aging (AAAA). We propose to have 313 unduplicated volunteers by the end of Year 3. Populations served will include the frail and economically disadvantaged seniors. The primary focus area will be Healthy Futures. Volunteer service activities will include food delivery, transportation, companionship, companionship with Veterans, financial literacy and housing education, elder abuse prevention, food distribution, food pantry support, health information delivery, and health education programs. Additionally, we will have work plans within the Economic Opportunity, Disaster Services, and Environmental Stewardship focus areas, as well as community needs. Locations of all service activities are within Aroostook County, and include sites such as AAAA, Aroostook Regional Transportation, American Red Cross, Aroostook National Wildlife Refuge, and numerous food pantries.

Expected results and outcomes of the activities include the following: 250 homebound adults will receive nutritious food, 200 homebound adults will receive medical transportation assistance and other services that allow them to live independently, 270 homebound adults will report having increased social support, 500 individuals will receive food from food banks and food pantries, 600 clients will receive information on health insurance, health care access and health benefits, and 80 clients will participate in health education programs. We anticipate having 36 stations. The federal funding level requested is \$71,675 and the non-federal funding level is \$47,811.

## Strengthening Communities

Q1. Describes the community and demonstrates through both the narrative and work plans that the community need(s) identified in the Primary Focus Area exist in the geographic service area.

Geographic-Aroostook County is the largest county east of the Mississippi River with over 6,700 total square miles. The service area is larger than the states of Connecticut and Rhode Island combined, but has a population density of only 10.8 people per square mile. Located in northernmost Maine, near the Canadian border, the area is very rural, and mostly forested. There are 68 municipalities, most with populations of less than 2,500. The largest municipality is Presque Isle with a population of 9,511. Presque Isle and neighboring Caribou have the greatest concentration of medical services, with Presque Isle being the only location for dialysis and intensive cancer treatments. It is not uncommon

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for a person to drive 60 miles one way for a doctor appointment or medical procedure.

Demographic-Based on the 2010 Census, the area has suffered a decline of population from 73,938 in 2000 to 71,870 in 2010. Preliminary estimates from 2012 data indicate a further population decrease with 70,866 people. Driving this trend is the out-migration of the younger population, a trend that started and has been continuous since 1960. At the same time, the population age 65+ increased to 20% of the population. Projections indicate a rapid increase of people age 65+ for the next 18 years through 2030, with 27% being age 65+. Aroostook County also differs from Maine and the US, with Aroostook County having more homeowners 65 and older living alone (13.3% in Aroostook County compared to 10.7% in Maine and 9.3% in the US). Also, 2006 US Census data reflects almost one-fourth of adults in Aroostook County (24.6%) report having a disability which is similar to 23.8% for Maine but considerably higher than 15.1% in the US.

The Maine State Planning Office data reflect the reality of the aging of the baby boom generation with a continuing historical trend of out-migration by younger generations from northern Maine. This presents a great challenge since the demand for health care is increasing while the available workforce is decreasing as baby boomers in health care retire. Additionally, the general workforce will be impacted the same way -- fewer available workers for employers and an aging workforce. Changes in community infrastructure will also be a challenge with a decline in the residential and commercial tax bases in many towns and a shift in service demand to accommodate the aging population.

Economic-From a socioeconomic perspective, the elderly of Aroostook County are also disadvantaged; Aroostook County has 39% more poor older people than Maine's average. According to the U.S. Department of Commerce, Bureau of Economic Analysis, Aroostook County's median income is \$36,107 versus Maine's median income of \$46,419. A 2010 Maine Kids Count Report also indicated that 38%, a full one-third, of Aroostook County families are low income and are below 200% of Federal poverty level. These families also qualify for TANF (10.3%), SNAP (31.6%), MaineCare (under 5 year old children 67.8% & under 18 year old children 51.9%) and Reduced School Lunches (52.2%) all above the state's average.

A 2007 United Way of Aroostook Community Assessment lists the challenges citizens of Aroostook County face including the following: economic issues, substance abuse, obesity issues, parenting and

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family issues and issues impacting the elderly. Additionally, community members voiced concerns about "isolation and loneliness" of the elderly, particularly for those who do not drive, live in a more remote location, or do not have the traditional support systems of family nearby. The long winter weather and excessive snowfall can also have an isolating impact on the elderly who may not wish to venture out on snowy slippery roads and walkways.

Medical-AAAA and the State of Maine, Office of Aging and Disability Services (formerly Office of Elder Services), completed a needs assessment of older people. Results indicated extensive needs for the aging population, including the following: informal and formal caregivers to meet the needs of frail and/or cognitively impaired older and disabled people, difficulty in securing services of primary health care provider, food insecurity caused by insufficient income to meet basic needs, increasingly inadequate housing to meet changing needs, inability to afford home repairs and alterations, growing fears for personal safety at home, and the rising need for transportation assistance.

Indeed, these identified needs are apparent precipitators to poor health, and subsequent potential medical expenses. Poor functional health and cognitive decline often result in dementia, a costly public health issue, and the prevalence of Alzheimer's disease is expected to rise to 8.6 million people in the next several decades. Effective interventions are critically needed to improve elderly functioning (Brookmeyer, Johnson, Ziegler-Graham et al. 2007 Alzheimer's and Dementia). Health statistics for Aroostook County are concerning; interventions such as RSVP that assist with improving health care access and healthy living lifestyles are not only beneficial but financially sound. According to reports by Behavioral Risk Factor Surveillance System (BRFSS, 2000-2006), statewide telephone surveys conducted by the state and supported by the Centers of Disease Control and Prevention (CDC), data for Aroostook County, Maine included the following: 74.3% of adults consume fewer than 5 fruits and vegetables per day, 55% of adults are overweight or obese, 28.4% of adults consume tobacco products, 25% of adults consumed five or more drinks on one occasion (the definition of binge drinking) in the past 30 days, 28.7% of adults report high blood pressure, 35% of adults surveyed had high cholesterol levels, the prevalence of non-gestational diabetes was 11.4%, and the overall cancer incidence (per 100,000) was 514.2. Furthermore, Acute Myocardial Infarction hospitalization rates (per 10,000) were 57.1, as compared to 29.2 in Maine; hospitalizations for Stroke (per 10,000) were 24.9 as compared to 20.7 for Maine; and Cardio Vascular Disease deaths (rate per 100,000) were 286.8, which is significantly higher than 242 for Maine. This rate does not meet the Healthy People 2010

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objective to reduce coronary heart disease deaths to 166 per 100,000 population.

On July 15, 2013, in his address regarding expanding National Service through partnerships to advance government priorities, President Obama stated that "national service and volunteering can be effective solutions to national challenges and can have positive and lasting impacts that reach beyond the immediate service experience. Americans engaged in national service make an intensive commitment to tackle unmet national and local needs by working through non-profit, faith-based, and community organizations". Indeed, the dedicated volunteers of Aroostook RSVP consistently prove this to be the case.

According to Dr. Erwin Tan, in his report on long term relationships between volunteering and senior activity "America will face increased medical and retirement costs, and some have argued that we will need to choose between the needs of older adults and the funding of other priorities. Intergenerational national and community service programs demonstrate that there is a third way through programs that simultaneously benefit both old and young". (Tan, Rebok, Yu, et al. 2009 Journal of Gerontology). Volunteer services simultaneously provide an important outlet for motivating and sustaining social, physical, and cognitive activity to promoting long term health benefits for the elderly, while addressing community needs (Carlson, Saczynski, Rebok et al. 2008 The Gerontologist). Volunteering is a Win-Win situation both for community members who receive help with much needed services, and for the volunteers who improve their overall quality of life in the process. If just a few RSVP volunteers can positively impact the lives of a handful of recipients by delivering nutritious meals, providing rides to medical appointments, or providing companionship to a socially isolated people, the potential cost savings could conceivably exceed the total value of this project's entire grant. For example, according to the American Diabetes Association, the per capita cost of diabetes care for 2012 was \$7,900. If the project were to help improve the health of just 10 individuals from getting diabetes, the cost savings would be \$79,000.

Q2. Describes in the narrative how the service activities in the Primary Focus Area lead to National Performance Measure outputs or outcomes.

We continue to examine community needs and service activities, and determine how compatible they are with the National Performance Measure outputs and outcomes; and we continually direct our

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efforts on increased compliance with them, particularly the Healthy Futures outputs and outcomes. Service activities in our primary focus area directly lead to national performance measures as outlined by CNCS. Our service activities strive to directly align with the Healthy Futures goals to "increase seniors' ability to remain in their own homes with the same or improved quality of life for as long as possible, increase access to nutritious food, and improve access to primary and preventative health care". Regarding specific outputs our work plans include the following:

OutputH8: Number of homebound or older adults and individuals with disabilities receiving food, transportation or other services that allow them to live independently. Our service activities for this measure include food delivery, transportation, companionship, companionship with Veterans, providing financial literacy, and preventing elder abuse.

OutputH11: Number of individuals receiving support, services education & or referrals to alleviate long-term hunger. Our service activity includes and food pantry support.

OutputH2: Number of clients to whom information on health insurance, health care access and health benefits programs is delivered. Our service activities include developing materials, distributing information and preventing elder abuse.

OutputH4: Number of clients participating in health education programs. Our service activities include training, coaching, and leading Matter of Balance classes.

Furthermore, our service activities lead to 2 outcomes; outcome H9/ number of homebound or older adults and individuals with disabilities who reported having increased social ties/perceived social support; and outcome H12/ number of individuals that reported increased food security of themselves and their children (household food security) as a result of CNCS-supported services.

Q3. Describes in the narrative a plan and infrastructure to support data collection and ensure National Performance Measure outcomes and outputs are measured, collected, and managed.

The project maintains numerous data collection tools. We provide station logs for all stations; each log documents the month, year, station name, station representative, volunteers name and hours volunteered. These logs are submitted by the station manager to the project on a monthly basis. Additionally, stations provide other information as requested by the director, including specific data for work plans, such as number of families served at a food bank, or number of meals delivered. The

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project also maintains a volunteer log system that individual volunteers maintain. This log is used for friendly visiting, medical transportation, and knitted goods. The individual logs are submitted to the office on a monthly basis. Station managers will oversee the completion of two surveys, the Senior Corps Independent Living Performance Measure Survey and the Household Food Security Survey, which will supply necessary national performance measure outcome data, specifically H9/ Number of homebound adults who reported having increased social support, H12/ Number of individuals reporting increased food security, H2/ number of clients to whom information on health insurance, health care access and health benefits programs is delivered, H4/ number of clients participating in health education programs, and O1/ Number of economically disadvantaged individuals receiving financial literacy services.

The project utilizes the Volunteer Reporter version 6.1 program and maintains a database of information. We also utilize Microsoft Suite software. We evaluate how we are doing each quarter by looking at overall statistics, determining what needs to happen and assuring that coordinators follow up if/when volunteers or stations do not turn in hours. We also survey volunteers annually to provide them with an opportunity for input on the value of their volunteer experience at stations and with RSVP.

Q4. Program Design as described in the narrative includes activity in service to veterans and/or military families as part of service in the Primary Focus Area, Other Focus Areas or Capacity Building.

Aroostook County has a small population of retired Veterans and military families; Census 2010 indicated approx 10%. Caribou, located in central Aroostook County, has three Veterans facilities, including the Maine Veterans Home, the Northern Maine Veterans Cemetery, and the Caribou VA Clinic. For the last several years the project has had volunteers at the Maine Veterans Home, a 70 bed facility providing skilled nursing, rehabilitation and Alzheimer's and Dementia care. The facility is open to Veterans, spouses and Gold Star parents. The facility receives residents from all over the state, and the distance (as much as a 6 hour drive one way) from one's home community often prevents frequent contact with family members. Local RSVP volunteers engage residents with visits, social activities, and assist with special programming functions as requested by the social services coordinator. Volunteers provide support while decreasing social isolation and honoring the residents

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with the respect they so richly deserve.

Q5. Work plans logically connect four major elements in the Primary Focus Area to each other and are aligned with National Performance Measure instructions.

All of our work plans in our main focus, Healthy Future, include community need, service activities, data collection plans, target numbers and are aligned with the National Performance Measure standards.

Q6. Work plans logically connect four major elements in the Other Focus Areas and Capacity Building to each other and are aligned with National Performance Measure instructions.

All of our work plans in our other focus areas include community need, service activities, data collection plans, target numbers, and are aligned with the National Performance Measure standards.

Q7. In assessing the work plans, applications will receive credit for percentage of unduplicated \* volunteers in National Performance Measure outcome work plans above the minimum 10%.

We propose to have 170 unduplicated volunteers in outcome work plans, which far exceed the required minimum of 10%; 170 volunteers represent 54% of our total volunteers.

### Recruitment and Development

Q8. Demonstrates a plan and infrastructure to create well-developed high quality RSVP volunteer assignments with opportunities to share their experiences, abilities, and skills to improve their communities and themselves through service in their communities.

The sponsor executive director completes a needs assessment yearly, and reviews changing demographic and financial needs with the project director. For example, the sponsor has identified the need for financial literacy amongst the economically disadvantaged seniors in the area, and the project has now developed a work plan to assist with this need.

Volunteers are given complete freedom to choose or deny volunteer assignments and opportunities. Some volunteers choose to do similar activities to their prior work history, for example we have a

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retired insurance salesman who enjoys volunteering with the Medicare education clinics, while other volunteers seek out activities that they have never done before. For example, we have a retired school teacher who volunteers at a food pantry. The project has job descriptions for all volunteer assignments, and maintains copies in their charts.

Workstations are very supportive of their volunteers and continually cite the importance of the volunteers' help in achieving their mission. We work with agencies to develop volunteer opportunities and disseminate information to the community through our coordinator's speaking engagements, newsletters, posters, brochures and publicity, if needed. Organizations and institutions use RSVP volunteers to provide services that enhance their own service delivery, such as our sponsor, AAAA that utilizes volunteers for the friendly visiting, Matter of Balance exercise classes, MOW delivery, and Medicare education.

Potential volunteers complete a detailed volunteer enrollment form prior to volunteering. The application was developed based on the recommendations of the RSVP manual, and asks a variety of questions including past volunteer experience and work history, and a designation of beneficiary for insurance purposes, as well as identification of special needs, special skills, and interests that they may have. Volunteers meet with project staff and are given a New Volunteer Handbook and are required to sign that they have read and understand it. The handbook contains numerous items including welcome letters from the sponsor executive director and the project director, a brief history of RSVP, and its mission, programming goals and information about impact based services, volunteer rights and responsibilities, benefits, volunteer insurance, sponsor policies, confidentiality, job descriptions, and a review of paperwork. Volunteers are also provided with a RSVP pin, name tag, and the paperwork needed for their stations.

Q9. Demonstrates a plan and infrastructure to ensure RSVP volunteers receive training needed to be highly effective means to addressing identified community need(s) in both the Primary Focus Area and in Other Focus Areas or Capacity Building.

Volunteer service coordinators provide and review written orientation materials with new volunteers and stations. Training specific to some stations is provided to volunteers by station managers; for example volunteers assisting with MOW are trained in the areas of food preparation and food

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handling. Training for benefits assistance and Medicare education is also provided by the station, with specific training pieces including the med.gov website, Medicare Advantage, Medicare Part D, supplements and low income subsidies. Additional training is also provided annually to Friendly Visitors through a licensed social worker and L.P.N. utilizing the Senior Corps training manual for volunteers titled "Providing independent living support" (June 2008 version).

The project also utilizes a Memorandum of Understanding (MOU) with all work stations; this further reinforces the need for orientation and initial/continuing training of volunteers to build or acquire new skills and leadership advancement. All trainings are documented via a sign-in sheet, and the hours are noted on the volunteers' records.

Q10. Describes the demographics of the community served and plans to recruit a volunteer pool reflective of the community served.

We continue to examine project and volunteer activity as they align to the CNCS Strategic Plan, related goals and objectives. We strive to include volunteers in the development of services, empowering them to meet community needs. We also make an effort to develop or refer seniors to other federally funded programs such as Senior Companions, Foster Grandparents, and AmeriCorps. Selection of volunteers and workstations are considered without regard to race, color, religion, gender, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job related medical condition or handicap, or other legally protected status.

According the US Census of 2010, Aroostook County has a "white population of 95.6%". There are two Native American tribes in our area: the Maliseet and Micmac. We have a small variety of ethnic diversity in our communities, including volunteers that are of French, Swedish, Irish, and English descent. Due to the proximity to Canada and the overwhelming influence of the French culture (both Quebecois and French Acadian); we have many volunteers that speak French. Census 2010 figures show that Aroostook County has the fourth highest percentage of French speaking citizens (22.37%) in the United States.

Central Aroostook County used to be home to Loring Air Force Base until its closure in the mid 1990s, but we do have a small population of retired Veterans and military families; Census 2010 reflects

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approximately 10%. Caribou has three Veterans facilities, including the Maine Veterans Home, the Northern Maine Veterans Cemetery, and the Caribou VA Clinic. The program has numerous Veterans that volunteer not only at the Maine Veterans Nursing Home, but in other service activities as well. We also endeavor to provide services to individuals with disabilities; we have numerous recipients that are wheel chair bound, and also have one volunteer who assists a blind lady.

Q11.Demonstrates a plan and infrastructure to retain and recognize RSVP volunteers.

We employ four part-time volunteer service coordinators that serve as liaisons between the volunteers and workstations. The director encourages volunteer and station contact throughout the communities we provide services in; although Aroostook County is vast in area, community connections, family ties and involvement thrive. It is common for volunteers to volunteer in several different capacities at numerous sites, and equally common for "everyone to know everyone else" which greatly promotes our sense of community, caring and involvement.

The sponsor provides the local television station, as well as cable access channels, with public service announcements. The sponsor highlights volunteer service in a regular commercial television feature called "Answers on Aging". The project also works with local newspapers to feature older volunteers providing community service. In 2005, the project started producing area newsletters which that are sent to volunteers, stations and supporters. The project director and volunteer service coordinators make themselves available for public speaking engagements with service clubs and organizations. RSVP staff occasionally attend health fairs and similar programs staffing a display booth, providing information and recruiting new volunteers.

The strength of Aroostook RSVP and the sponsor AAAA is in networking and building partnerships to address community needs. Evidence of this is the network of 80 workstations and sites County-wide that use the services of RSVP volunteers. RVSP volunteers are utilized in government agencies, state university branches, schools, food pantries, thrift stores and more. The project has developed a relationship with several commercial sponsors that provide funds for the annual recognition dinners for the volunteers.

Aroostook RSVP holds yearly recognition events to recognize the volunteers. Special awards each year

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include 500 hours, Presidential Lifetime Award, 5 year, 10 year, 15 year, 20 year, 25 year and 30 year. All volunteers with 30 or more hours for the previous calendar year are invited. The theme of last year's recognition was "Breakfast for Champions". Volunteers and guests were treated to a full brunch menu, entertainment, awards, door prizes and a time to meet with other volunteers.

### Program Management

Q12. Plans and infrastructure to ensure management of volunteer stations in compliance with RSVP program regulations

All potential new stations must complete an application for volunteers, both for short-term and long-term volunteer needs. They must also provide written proof of their tax status. Station managers are provided job descriptions. Project staff provide work station supervisors with an orientation that includes responsibilities for volunteer service descriptions, orientation and training, monitoring and reporting. The MOU also reinforces this orientation. Project coordinators visit each workstation bi-annually or as needed to provide assistance.

Q13. Plans and infrastructure to develop and/or oversee volunteer stations to ensure that volunteers are performing their assigned service activities.

Area coordinators visit stations twice a year, or as needed. The project has an established form that coordinators complete when they visit a station. They document who they talked to, any problems, successes, volunteers concerns, and/or need for more volunteers. The director reviews these and discusses any needs or concerns with the area coordinators and station managers. The director also reviews national performance measures, work plans and programming developments with the staff at bi-monthly meetings, and has frequent contact with them via email, mail, phone and on-site visits. Furthermore, a large number of the stations are within the sponsor agency itself, and the director has daily contact with most other program managers that oversee these stations.

Q14. Plans and infrastructure to meet changing community needs to include minimizing disruption to current volunteers as applicable and/or graduating\* stations as necessary.

Currently, we have a volunteer base of 420, but anticipate to close several stations that do not align with our strategic goals. We will seek to place them in new work plans, but anticipate that many will

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not choose to, such as those that volunteer exclusively at nursing home, pet shelters or public schools. We propose to have an active volunteer base of 313, and are focusing on volunteers that contribute to the CNCS Strategic Plans related goals and objectives, specifically the Healthy Futures goal. We will not be recruiting for volunteer assignments that do not contribute to the CNCS Strategic Plan. We also will not be using staff time to support worksites and volunteers currently engaged at worksites that do not contribute to the CNCS Strategic Plan. Over time, through attrition, we anticipate that we will lose volunteers currently engaged in some community priority service activities.

We have recently reviewed all of our MOUs to determine if they contribute to the CNCS Strategic Plan and our capability to address goals and objectives in our primary focus area. At the end of December 2012 we closed 30 stations to enable us to focus on the CNCS goals and objectives; these stations did not align with the strategic goals, and included nursing homes, hospitals and community bereavement meals. All station managers and volunteers were informed by the project director several months before the pending changes. All volunteers were encouraged to remain at their current volunteer efforts and support the graduated stations. They were also offered other volunteer opportunities with the project, that are impact based service areas. The project continues to review the focus area outcomes and outputs, and will determine if more stations need to graduate. Furthermore, the sponsor executive works with the project director to review project goals and objectives, and includes RSVP goals and objectives as part of the agency strategic plan. Infrequently, the project may get a potential volunteer that only wants to volunteer at a specific place that is not one of our stations. This recently occurred with an individual that wanted to volunteer at a local hospital gift shop. The director provided the volunteer the hospital coordinator name and number, and also alerted the hospital of the pending new volunteer.

Q15. Demonstrates an organizational track record in managing volunteers in the Primary Focus Area, to include if applicable, measuring performance in the Primary Focus Area.

Aroostook Area Agency on Aging, the project sponsor has been its sole sponsor in the 39 year history of both the sponsor and the project. The mission of the sponsor is to improve the quality of life and promote the well being of older adults in our community; their role is to work with older people, identify needs, and work with other service providers to see that these needs are met. The sponsor provides information and assistance, insurance counseling, health educational services, financial

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literacy education, MOW, family caregiver services, eldercare services, companionship services, legal assistance, transportation assistance, and housing assistance. The sponsor and its executive director are well known and entrenched in the county, and are appreciated and applauded by community members.

The sponsor mission blends beautifully with the outcomes and outputs of the Healthy Futures focus area; specifically Strategic Plan Objective 1 regarding homebound and disabled seniors, Objective 2 regarding increasing access to nutritious food, and Objective 3 regarding access to health care. Aroostook Area Agency on Aging is the ideal sponsor for a RSVP project with a focus on Healthy Futures. According to their 2012-2016 'Area Plan for Aging Services' the critical needs expressed by older people as most important and verified by the needs assessment are homecare (non-medical) services, transportation, food and nutrition, affordable medication, information on financial help, and safety and security at home.

The project has made significant contributions to the community in previous years. In 2012, 408 volunteers provided 64,291 total hours of service, including 3,505 rides for medical appointments to 476 seniors which involved 135,394 miles of travel; 11,206 meals were delivered to homebound people; 1,487 friendly visits were provided to homebound seniors, and numerous other accomplishments. Likewise, in 2011 420 volunteers provided over 77,510 hours of service.

Q16. Demonstrates a plan and infrastructure to ensure the project is in compliance with the RSVP federal regulations to include establishing an RSVP Advisory Council, ensuring RSVP volunteers are placed in stations that have signed the required MOU, and ensuring all volunteers are eligible to serve in RSVP.

Aroostook RSVP has an advisory council that represents our demographics well, with each geographic represented (the area is roughly divided into four main areas of population) as well as a mix of one-third each of community members, volunteers and station managers. The council members form a diverse group including a retired banker, an American Red Cross trainer, a retired business owner, a stay at home grandmother, a retired civil service worker, a Veterans' home social activities coordinator, and an AARP volunteer among others. Council members advise and assist with recruitment, recognition, fund raising, staffing, program development and implementation and

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evaluation. Council members are competent in their knowledge of social service needs in our area, seniors concerns, and are capable of assisting the project with fluctuating requests and needs. The advisory council assists with evaluations of the project that may include volunteer and station surveys, interviews with staff, volunteers, and workstation site visits. A written report is prepared and provided to project staff, the executive director and the sponsor board of directors. The project director meets with the Advisory Council members 6 times a year, or as needed.

All MOUs are developed per the recommendations of the RSVP Operations Handbook, (Chapter 6, Section 24); the MOUs are reviewed with the stations every three years to assure that they continue to meet the station requirement that they are a public agency, private non-profit organization, or health-care agency, that volunteer services continue to address and impact community needs, and that volunteers are in a safe volunteer environment. Volunteers are not placed at any station until a signed MOU is completed. Also, occasionally a station has volunteers that are not RSVP eligible (such as a twenty year old volunteer at a food pantry) and are prohibited from signing the logs, and managers are gently educated in the recruitment of the project.

The project utilizes a volunteer application that assesses the volunteer eligibility. All volunteers are 55 or older, serve without compensation, receive instruction and supervision as necessary, and reside in or nearby the communities served. Volunteer assignments are based on meeting critical community needs, as well as providing rewarding and enriching experiences for the volunteers themselves. Consideration is given to volunteers to allow for limited physical strength. Prospective volunteers are interviewed to relay the project goals and needs, as well as to obtain volunteer interests and desires. Additionally, volunteers that are placed with vulnerable individuals have background checks completed on them before they are allowed to begin their volunteering activities. We have job descriptions for all volunteer activities and copies of them are maintained in individual volunteer charts, as well as at the stations.

### **Organizational Capability**

Q17. Plans and infrastructure to provide sound programmatic and fiscal oversight and day-to-day operational support to ensure compliance with RSVP program requirements and to ensure accountability and efficient and effective use of available resources.

Aroostook RSVP has been part of the AAAA and has provided volunteer services in Aroostook County

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since 1974. The project sponsor has secured the necessary financial resources to maintain and expand the project continually since its inception. Funding sources include CNCS, the State of Maine Office of Aging and Disability Services, United Way of Aroostook, AAAA, local businesses, and dedicated individuals. The program recently obtained a \$1,000 pledge for sponsorship from a community bank, with funds planned for the annual recognition. We continue to seek new sources of funding to sustain and expand the project. The director also recently completed and was awarded a \$1,000 grant from the Walmart Foundation. At our 2013 recognition we successfully received over \$10,000 in cash and in-kind donations. We also provide an accomplishment report to all potential donors during our fund-raiser events.

The project director receives monthly budget updates from the sponsor fiscal manager, and regularly meets with the sponsor executive director to review the budget and well as changing budgetary commitments from the federal, state and local levels. The director also regularly reviews the budget with the Advisory Council, especially regarding recognition, fundraising initiatives, and fluctuating federal and state grant awards. The sponsor and project, both United Way funding recipients, track and report impact information on community problems to the United Way of Aroostook; all required reports are filed on a timely basis. The director is also responsible to provide quarterly reports to the United Way relaying programs updates and fundraising.

Q18. Demonstrates clearly defined paid staff positions, including identification of current staff assigned to the project and how these positions will ensure the accomplishment of program objectives.

AAAA has policies and procedures in place for administration of programs, personnel management, employees and volunteer grievance procedures, workplace safety, work schedules, etc., and employees are required to sign that they have read and understand them. Job descriptions exist for the project director, administrative assistant, area coordinators, advisory council members, and all volunteer jobs. The RSVP project director was hired in February of 2012 for 30 hours per week. The director, a licensed clinical social worker, has the responsibility for the development and day-to-day operation of the program. The project also has an administrative assistant who works 18 hours weekly and is responsible to oversee standard office procedures and practices, as well as a volunteer database management program, and has 15 years experience with the project. Four area coordinators, each working 10 hours weekly, are responsible to represent, coordinate and promote RSVP volunteer,

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station and program activities in their local areas. Due to the large service area, coordinator positions are divided up regionally in the four main population areas of the county to better maximize volunteer involvement and to reduce travel time and expenses.

The director also provides direction and/or training, as needed, individually or for all staff during meetings. Outside training resources utilized include AAAA staff, University of Maine-Presque Isle, Senior Corps Resource Center, CNCS and other internet resources. The director also participates in the Virtual Senior Corp conference and the State of Maine Blaine House Conference on Volunteerism, and will be attending the Atlantic Cluster National Service Conference in October of 2013. The sponsor provides orientation and training to all new staff and advisory council members on agency services, policies and responsibilities.

Q19. Demonstrates organizational capacity to: 1) Develop and implement internal policies and operating procedures to provide governance and manage risk, such as accounting, personnel management, and purchasing. 2) Manage capital assets such as facilities, equipment, and supplies.

AAAA has been a continuous sponsor with responsibility of the Aroostook RSVP project since 1974. The sponsor has a thorough policy and procedures manual that is routinely reviewed by the executive director and his board of directors. The sponsor also has management team meetings on a bi-monthly basis. AAAA has a strategic plan in place, and it is updated every four years. The sponsor agency has program managers for community outreach, long term care, nutrition and wellness, management information, and RSVP. Annual reviews of the strategic plan are held by management staff, board of directors and staff from the Office of Aging and Disability Services to assure the agency stays on track and/or adapts to necessary changes as necessary when challenges or opportunities arise.

Self-assessment and evaluation of agency services take multiple forms. Consumer satisfaction surveys are required by the Department of Human Services and the results indicate that more than 95% of those served are very satisfied or satisfied with the service provided. Sponsor services are evaluated internally by the board of directors and advisory council for various programs. The United Way of Aroostook performs an annual evaluation of the impact of funded services, including RSVP. The Maine Department of Human Services, through the Office of Aging and Disability Services, provides monitoring and evaluation of agency services including on-site visits and contracted evaluations by

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the Muskie Institute for Public Services.

The RSVP project director maintains a complete written inventory of all assets, including equipment and supplies, and annually reports to the executive director for review and insurance purposes.

Q20. Demonstrates organizational infrastructure in the areas of robust financial management capacity and systems and past experience managing federal grant funds.

The sponsor also participates in the Senior Companion Program and is knowledgeable of and experienced with the policies and requirements of the Corporation for National and Community Service. The sponsor executive has 39 years of experience in agency management, including continuous oversight of RSVP and SCP. A board of directors of older people (with five being RSVP volunteers) monitors agency management. They employ an independent public accountant to perform a full audit to Federal A-133 standards plus additional and more comprehensive standards, including a complete management review. Management has earned the highest rating available 'unqualified opinion' for each of the past 25 years. The management review by the public accounting firm contracted by the board of directors confirms compliance with Federal and State regulations, assures the validity of service numbers, and works with agency management on continuous improvement. All these evaluations help the sponsor focus available resources efficiently and address additional resources needed in the community to meet specified needs.

The sponsor provides direct services to just over 5,500 older people on average each year. The Maine Department of Human Services contracts with the agency to deliver services under the Older Americans Act, Social Service Block Grant, and several other Federal and State programs. This contract requires performance standards to be met and the sponsor has never received any citation for poor performance. The same holds true for the 39-year history of RSVP, and the project has been cited many times as an example for innovation and service to older people, including one citation by CNCS in 2005 for their implementation of community volunteer medical drivers. The project's accomplishments are highlighted annually in the Maine Commission for Community Service Annual National Service Impact report, as well as the CNCS National Service in Maine report. The project director is also a member of the National Senior Service Corps of Maine, attends regional meetings and has frequent communication with other project directors.

## Narratives

Q21. The adequacy and reasonableness of the budget to provide reimbursable expenses to volunteers such as transportation, meals, and insurance.

As the budget reflects, the program provides volunteer insurance for all registered volunteers. The program is insured with CIMA Volunteers Insurance Program and renews their policy annually. The policy provides excess volunteer liability: \$1,000,000 each occurrence and \$3,000,000 annual aggregate; excess auto liability: each automobile accident limit 500,000; accidental death and dismemberment: principal sum \$2,500; and accident medical expense coverage; \$50,000 maximum benefit. The project also provides transportation vouchers, via an in-kind donation from the Aroostook Regional Transportation System; volunteers are given bus vouchers if and when they need transportation to their designated volunteer stations, and MOW volunteers are reimbursed for gas mileage at a rate of \$0.42 mile. Furthermore, volunteers that serve at meal sites are provided a free meal when they are volunteering. Advisory council members are reimbursed for gas mileage for council meetings.

Q22. The adequacy and reasonableness of budget to support RSVP volunteer recruitment & recognition.

The project utilizes a variety of recruitment methods; we continually recruit new volunteers using speaking engagements, RSVP newsletters and newspaper articles, public service announcements, and poster/brochure distributions throughout the community. We also occasionally assist with community presentations or trainings through our sponsor. For example, in October of 2012, the director assisted with a Medicare community education event and signed up two new volunteers. We provide brochures and other volunteer related information at craft/community fairs and other public events. The advisory council also assists with recruiting efforts. Our best recruiting methods are the active efforts of our volunteers through word of mouth in bringing in their friends and neighbors.

Recognition of the volunteers is a very important piece, and the director ensures that funds are budgeted for the yearly recognition. The budget includes a meal for each volunteer, as well as small tokens of appreciation, i.e. keychain or pen. Additionally, we ensure that major milestones are recognized with special gifts. Such as an engraved clock for 25 years of volunteering, or a RSVP tote

## **Narratives**

bag for 15 years of service. The project has continually held recognition meals in May, and a great deal of planning goes in to the events. We have a theme each year, and colors and decorations are adjusted. In May of 2013 our recognition theme was "Breakfast for Champions". The events were decorated with red and white checkered cloth and yellow daisies. Volunteers were treated to a full breakfast menu, received hand made tea-bag favors, special recognitions and live entertainment. The project initiates a large fundraising campaign in preparation for the events, and receives cash donations, and many in-kind donations. At the recognition events in May of 2013, the project planned three identical events (necessary due to the vast geography of the area). At all three events, the venue space was donated, the entertainment was donated, and over half of the food was donated.

The project and the sponsor are well established in Aroostook County, and long-standing relationships formed have proven mutually beneficial. For example, a local printing company donated the cost of the event brochures, and another local company, a potato processing firm, donated fresh cut hash brown potatoes for the meal. Due to the geographic remoteness and minimal population influx, there is a great deal of familiarity amongst community members. When a volunteer baker at the MOW congregate meal site unexpectedly became ill before the first recognition, the director simply called upon a family member to make 10 loaves of homemade bread so the volunteers would be treated to fresh toast at the recognition meals.

The project also initiates a raffle fundraiser activity every summer, with raffle prizes generously donated by community businesses. We also have a dedicated group of volunteer knitters that generously knit hundreds of pairs of mittens, socks, hats, scarves and sweaters. The project sells the knitted goods at craft fairs, but also donates hundreds of items each year to local schools, Head Start programs, the homeless shelter, and other community non-profits.

Q23. The adequacy and reasonableness of required non-federal funds that are budgeted.

The project has met or exceeded the 30% match for many years. Non-federal funds secured include financial support from the United Way, the State of Maine Office of Aging and Disability Services, AAAA, many local non-profit and for-profit agencies, including hospitals, civic groups, and generous community members. The project has long-standing relationship with numerous local businesses, including a local bank that has been the primary sponsor of our annual recognition for almost twenty

## Narratives

years and generously gave \$1,000 in 2013.

### Other

N/A

### PNS Amendment (if applicable)

N/A