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Executive Summary

Part II -- Section A: Executive Summary

The RSVP Volunteers of the North Shore program is supported by its local sponsor, SeniorCare, Inc. (SC), a designated Area Agency on Aging (AAA) and a Massachusetts Aging Services Access Point (ASAP). SC is a consumer-centered organization that provides and coordinates services to elders, people with disabilities and others, enabling them to live independently at home or in a setting of their choice while remaining part of their community. The CNCS federal investment of \$53,291 will be supplemented by \$ 59,970 in non-federal resources to support the work of its RSVP proposed corps of 342 volunteers. Last year, RSVP volunteers donated 51,223 service hours at 22 nonprofit organizations. Some of the volunteer activities offered through SC include Meals on Wheels, Medical Transportation, Money Management, Tax Preparation and Nursing Home Ombudsmen. All of these programs depend on RSVP volunteers for implementation.

Volunteers will address vital community needs in the primary focus area of Healthy Futures, including food insecurity, medical transportation, social isolation, fraud protection, access to health services, and other supports to maximize independent living and aging in place. At the end of the three-year grant, approximately 4,805 unduplicated elders will be served with rides, meals, tax preparation assistance, and monthly money management services in five distinct programs, measured with output H8. Eight hundred and sixty five of them will return surveys and report increased social support, as described by outcome H9, after a minimum dosage of six months. Two programs focused on access to care will serve 750 unduplicated individuals, using output measure H2 to document the services. Under Capacity Building, two programs will use output measure G3-3.16 to generate a combined total dollar value of \$85,000. Lastly, three programs under Community Priorities will use output measure SC1 to report on self-generated targets. In total, these programs will provide 12 unique opportunities for meaningful RSVP volunteer engagement and service at ten nonprofit stations on the North Shore in MA, an area North of Boston in Essex County.

The RSVP staff garnered and analyzed current research data on local, state and national service needs from private/public professional studies and local and statewide community assessments. Internal participant impact-based surveys and volunteer impact count reports provided relevant quantitative and qualitative data used to assess and address the local service needs of elders in thirteen communities of Essex County, MA.

Strengthening Communities

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Part II - Section B: Strengthening Communities

RSVP Volunteers of the North Shore (RSVP) serves all nine communities of its sponsor, SeniorCare, Inc. (SC), plus an additional four outside SC's service area. SC serves Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester, Rockport, Topsfield and Wenham. The RSVP volunteers also cover the four additional communities of Danvers, Marblehead, Peabody and Salem for a total population of the 13 communities of 254,674 based on 2010 Census data. In addition, RSVP volunteers serve the following nearby cities or towns solely in its AARP Tax Preparation services: Amesbury, Boxford, Groveland, Lynn, Merrimac, Middleton, Newburyport, Revere, Saugus, Swampscott and West Newburyport. These communities are not covered by another RSVP. All of the communities listed above are located within Essex County on the North Shore of Massachusetts (an area North of Boston) with the exception of Revere which is in Suffolk County.

Community Demographics and Needs

RSVP's catchment area is extremely diverse with wide variations in culture, geography and income levels. There are both rural and urban communities with populations spanning from 3,504 in Essex to 51,251 in Peabody according to US Census 2010 data. Gloucester's 2010 population of 28,789 is the largest on Cape Ann and covers 41.5 square miles of land. There is also variation in numbers of elders 65 or older who live in the communities. Three of the largest communities in RSVP's service, Gloucester, Beverly and Peabody, have elder populations of 17.7% in Gloucester, 14.6% in Beverly and 20.5% in Peabody, all above the MA state average of 13.8 percent. Elders over the age of 65 represent 14.1% of the population of Essex County as a whole.

Growth of elder population

Much like the rest of the nation, the numbers of elders in MA have increased significantly since the 2000 census as Baby Boomers begin to retire and people are living longer. According to the MA Executive Office of Elder Affairs, seniors represent the fastest growing segment of our total population. Census data from 2010 confirms that the number of older residents increased at a faster pace than the general population. Between 2000 and 2010, the population of MA seniors age 65 and older increased by 5%, while the increase among the oldest individuals ages 85 or older was 24%. Elders 85 and older rose from 116,692 to 145,199. The target group for RSVP volunteers, people ages 55 to 64 saw the largest overall growth of 47%. According to fact sheets prepared by the Center for Social and Demographic Research on Aging at the Gerontology Institute at UMass Boston, residents 65 and older represent 13.8 percent of the MA population with projections of 21 percent by 2030. In addition, thirty-two percent of our seniors 65 and older live alone, 34 percent have disabilities and 10

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percent are nonwhite or Hispanic.

Poverty on the North Shore

An estimated 9% of MA seniors live below the poverty level according to 2009-2011 American Community Survey data. However more than one-quarter of all senior households in MA live below an annual income of \$20,000 according to the Gerontology Institute at UMass Boston. Regional variations make a difference in elders' capacity to age in place with dignity. In addition to the national elder poverty rate of 9 percent in 2010, the U.S. Census Bureau recognized these differences with its new Supplemental Poverty Measure in 2011 which documents a poverty level of 15.9 percent for older Americans, a significant 75 percent increase, attributed primarily to medical out-of-pocket expenses. Elders' changing life circumstances, including the loss of a spouse, longer life expectancies or increase in expenses, dramatically affect their ability to meet everyday expenses, often caused by uncovered health care needs. The United States of Aging Survey conducted by the National Council of Aging (NCOA) in 2013 included financial security indicators in its findings. According to the survey, 41 percent of working seniors report that their primary source of retirement income will be Social Security. The ensuing result in Essex County, reported by the Gerontology Institute at UMass Boston, is that Social Security income will only cover 51 percent of estimated living expenses for elders in our region.

According to the North Shore Community Assistance Program (NSCAP) FY12 Community Action Plan, a shared feature of these economically diverse communities in our service area is high escalation of housing and heating oil costs that have made the North Shore of MA one of the most expensive metropolitan areas in the United States. In particular, compared with other counties in the state, the cost of living in Essex County is above the state average. While communities like Wenham, Hamilton and Topsfield have household incomes above the state average, the gross household income is less than \$17,350 for 76 percent of respondents to NSCAP's 2011 needs assessment. Reporting on its designated communities of Salem, Peabody, Beverly and Danvers with a population of 158,586 people living on an area of 55 square miles, increasing immigrant populations, limited public transportation systems, and service jobs without a living wage or benefits contribute to the largest income gap between the highest and lowest quartiles of family income levels in the country (tied with AZ). Another area poverty indicator is the statewide increase of 18.3% in the past year for number of students receiving free or reduced lunch. Danvers has seen a 66% increase followed by Peabody at 41% and Salem at 35%. A food pantry in Beverly reports a 42% increase in number of visits. This ever-growing need is reported by the Cape Ann food pantry as well, which served 17,832 hot meals and

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481,107 pounds of food in 2012. While MA's unemployment rate has remained lower than the national average during the recession, people living below the poverty line do not fare so well. NSCAP reports a 33.5 percent unemployment rate for this population in 2009 compared to the state's overall unemployment rate of 9.1 percent.

The Impact of Immigration

In addition to growing income disparity, the numbers of immigrants have risen dramatically in our region. In regard to the newcomer population, the Brazilian population in MA has the highest rate of immigration in the country, and Latinos are the largest minority group on the North Shore. According to NSCAP's report, between the years of 2000 to 2009, the Latino population grew by 56% in Peabody, 31% in Salem and a staggering 253% in Danvers. Although the majority of North Shore residents are white, the migration of people from Central and South America, Southeast Asia, Portugal and Brazil is significant. Gloucester is SC's largest service area on Cape Ann and has a long history of welcoming immigrants, particularly Italian and Portuguese families who came primarily to support the fishing industry. The decline of fishing in the Northeast has contributed to increased poverty and a greater need for services throughout the region. The cost of living in Gloucester is 10.3% higher than the state average and 32.1% higher than the national average. In addition, Gloucester consistently has the highest unemployment rate of the four communities on Cape Ann.

Local Elder Community Needs

The results of SC's Needs Assessment, conducted from August through January 2013, documented data from 10 separate data collecting events, personal interviews, focus groups and surveys. Maintaining independence, economic and food security, isolation and transportation needs were identified as areas of concern for our local elder population. These North Shore results mirror the needs of the larger statewide elder population reflected in the 2009 statewide needs assessment for the 2010-2013 State Plan on Aging prepared by the Executive Office of Elder Affairs. Based on a three level data collection approach from 6,225 elders and their stakeholders, three priority areas of concerns were articulated as a result of the assessment: Transportation, Health Care and Financial Security (tied ranking) and Maintaining Independence/Dignity. In particular, maintaining independence/dignity was described as the critical core of supportive services that enable elders to remain in their homes and age in place. Two of the four primary goals of the AOA strategic action plan directly address RSVP services outlined in this application: enable seniors to live in their homes as long as possible with home and community-based support and ensure the rights of older people with prevention of abuse, neglect and exploitation. The dedicated cadre of RSVP volunteers will be directed

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to support elders, and the nonprofits that serve them, in ways that maximize elder care, volunteer satisfaction and organizational efficacy.

The Impact of Disability on Food Security and Social Isolation

Identifying disability as a major contributor to both low and very low food security, the USDA reports in its May 6, 2013 feature in *Amber Waves* that one in three American households that include a disabled adult was food insecure in 2009-10. In addition, an estimated 38 percent of these households had very low food security. With an estimated 15 percent of food insecure U.S. households in 2011, this is a significant increase. Disabilities included those commonly experienced by elders: self-care, hearing, vision and going-outside-home. Food insecurity is not only more common, but it is also more severe for these households, which can exacerbate pre-existing chronic health conditions. The Center for Disease Control's (CDC) *State of Aging and Health in America 2013* report documents that two-thirds of older Americans with chronic health conditions utilize 66 percent of the country's health care budget. Preventing their escalation has positive impact on the individual, local, state and national levels. According to 2013 testimony to the Senate Subcommittee on Primary Health and Aging by the President of Meals on Wheels Association of America, the Center for Effective Government reports that for every dollar invested in Meals on Wheels, there is a corresponding \$50 return in Medicaid savings alone. One senior can be fed through Meals on Wheels for a year for about the same cost of one day in the hospital or six days in a nursing home. RSVP addresses these major concerns with the broad and consistent reach of its volunteers focused on Meals on Wheels, the Brown Bag monthly grocery program at two area senior centers and Medical Transportation.

According to the National Council on Aging, 17 percent of elders over the age of 65 live alone or are homebound due to lack of transportation, disability or geographic location. The rate is 32 per cent in MA, according to the research done by the Gerontology Institute in Boston. This isolation is exacerbated by the fact that half of these seniors are also economically insecure. Social isolation contributes to elder abuse and neglect and lower quality of life. Humans have a biological need for human connection, which left unfulfilled, can have a detrimental effect on health and well-being. The AARP Foundation financed a comprehensive, multidisciplinary review of social isolation research and analysis in 2013. The AARP Foundation's analysis of social isolation research identifies ways to build protective factors. Increased social interactions with neighbors or the use of technology, both areas addressed by RSVP service activities, may serve as protective factors that reduce social isolation. Isolation is defined as "the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factor. Social

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isolation can impact health and quality of life, measured by an individual's physical, social and psychological health; ability and motivation to access adequate support for themselves; and the quality of the environment and community in which they live" (AARP report, p.11-12). Older adult isolation is an area of research focus from a multiplicity of disciplines including Gerontology, Medicine, Nursing, Public Policy and Social Neuroscience. Lack of social stimulation manifests in many ways ranging from mental health issues to increased physical health risks.

RSVP Volunteers of the North Shore annual satisfaction surveys currently assess the two major categories of social isolation: subjective isolation and objective isolation. The first category measures how a person thinks about and perceives his or her experience and feelings of isolation or loneliness based on quality of relationships and social support and sense of belonging. The second one is a quantitative measure of the size and structure of social networks and frequency of contact. Based on the extensive literature review sponsored by the AARP, it is equally important to address both categories of isolation. More than simple bouts of loneliness, researchers equate social isolation with the experience of physical pain. The RSVP network of stations and volunteers address the three meaningful types of social supports: instrumental (e.g., transportation), informational (e.g., kiosk, tax support) and emotional (e.g., sense of caring and trust). A 2013 client satisfaction survey for the medical transportation program revealed the significance of the personalized relationship between seniors and volunteer drivers. Elders reported that the drivers "treat you like a personal friend" and "go out of their way to help." Others reported that they have "peace of mind that I get to my appointments and be in good health" and admit they "would not have the freedom to get to my appointment" without the RSVP volunteer support.

More Elders, Less Resources

Consistent and personalized volunteer services are needed more now than ever. A July 2013 brief prepared by the AARP Public Policy Institute reported the results of its third annual survey of 49 states and the District of Columbia about the scope of long-term services and supports. While states continue to recover from the Great Recession, the public need for elder services is ever-growing. While states prepare for the implications of the federal Affordable Care Act, non-Medicaid aging and disability funding and services are decreasing; 30 percent of states reported expenditure reductions in this area. Examples of non-Medicaid aging and disability services include congregate and home-delivered meals, transportation assistance, long-term care ombudsmen and adult protective services. To date, the 5 percent reduction of federal funds caused by the sequester is being filled by the state of MA to ensure

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state elder lunch services are unchanged through October 1st, but there is no guarantee this will continue after that date. More than 60 percent of states report increases in caseloads for elder victims of abuse, neglect or exploitation each year from 2010 to 2012. Volunteers play a critical role in filling these growing needs while states grapple with reduced or stagnant funding levels. While Medicaid expenditures are exempt from the fiscal impact of the federal sequestration, non-Medicaid aging and disability services like those listed above are not protected.

Primary Focus Area Service Activities

Providing companionship, supportive services and food, elders' physical and mental health, particularly their sense of increased social ties, will be addressed with five programs in the Healthy Futures/Aging in Place Primary Focus Area, measured with outcome H9.

Healthy Futures and Aging in Place: Medical Transportation

The Center for Social and Demographic Research on Aging at UMass Boston reports in its Disability Status Fact Sheet #4 that disability rates for MA elders 65 to 74 are more than double of middle-aged adults, and the rate for seniors over 74 doubles again. Pointing to the great need for medical escort transportation in our area, the center also reports that ambulatory disability was the most common type shared by both genders: 24% of women and 17% of older men. In addition, more than 18% of older women and 11% of older men in MA reported independent living disabilities such as the inability to do errands or go to a doctor's appointment.

From September to December 2012, 22 AAAs in MA assessed the needs of elders based on data from over 4,700 consumers, providers and advocates. Consumers were the largest group represented and were present in four of every five events held. A significant area of concern is the growing numbers of seniors who neglect dental, vision and hearing care because of limited incomes. Transportation was identified as the primary issue, particularly assistance with escorted medical assistance, followed by housing and health care. RSVP volunteers address this critical need with "door through door" medical transportation. SeniorCare, Inc. is the AAA on the North Shore and gathered local data from seven single-day events and two multi-day events. Under the Economic Security area of concern, managing money, help with prescription co-pays, increasing food costs and preventing financial exploitation were cited as specific needs. Loneliness and/or social isolation were cited under Mental and Behavioral Health and door-to-door and door through door services (rather than just curb to curb) were identified as priorities under the Safety and Security area.

According to the AARP Foundation report, older adults with chronic illness cite lack of transportation as a barrier to self-care in several studies. The RSVP medical transportation service fills this critical

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need with concrete service and compassionate delivery that help elders make sense of medical advice from multiple providers and avoid unnecessary hospital stays. This support also benefits the growing "sandwich" generation of Americans who juggle the responsibilities of parenting children with caring for their own aging parents who have a greater life expectancy than previous generations. RSVP transportation volunteers help to reduce family stress by preserving the health of elders who struggle with the instrumental activities of daily living (IADLs) because of the cumulative impact of chronic disease.

Healthy Futures and Aging in Place: Meals on Wheels and Brown Bag

Food security and reduced social isolation are two primary outcomes of Meals on Wheels and Brown Bag services offered by RSVP volunteers. According to the United States Department of Agriculture (USDA), food insecurity is defined in two ways: low and very low food security. Low food security does not necessarily produce hunger, but one's food intake is comprised of low quality or variety of foods. Very low food security indicates multiple reports of reduced food intake and disrupted eating patterns. According to the National Council on Aging 2012 brief on economic security for seniors, an estimated 14.8 percent of older adults were food insecure in 2010, yet only one-third of eligible elders are enrolled in the Supplemental Nutrition Assistance Program (SNAP). Poverty substantially contributes to food insecurity. One-third of seniors exhausts their financial resources every month after paying for essentials, or increases their debt to pay for the basic necessities of life. The RSVP-supported Congregate Meals, Meals on Wheels and the monthly Brown Bag program help to alleviate both low food security and social isolation for North Shore elders.

Healthy Futures and Aging in Place: Money Management and AARP Tax Aid Preparation

The federal Elder Justice Act of 2009 affirms that elders' rights include the ability to be free of abuse, neglect and exploitation. The definition of abuse includes financial exploitation. The definition of neglect includes the inability of elders to care for themselves. RSVP addresses these major concerns with the broad reach of its volunteers focused on Money Management, AARP Tax Aid and Nursing Home Ombudsmen. According to the 2012 Government Accountability Office (GAO) Elder Justice Report, Area Agencies on Aging (AAA) are integral local components of elder justice efforts. Senator Bill Nelson, Chairman of the Senate Special Committee on Aging, reports in the June/July 2013 AARP bulletin that older Americans are cheated out of a minimum of \$29 billion annually, with numbers expected to increase rapidly as baby boomers enter retirement. Senator Nelson also remarked on a disturbing trend of tax-related identity theft and concluded that by asserting an urgency and responsibility to protect our elder Americans from financial fraud and exploitation. RSVP

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volunteers are on the front line of identification and response to elder abuse in its many forms, and have become even more critical as cases increase without a corresponding increase in state or federal funding.

In addition, increased financial resources are one outcome provided by RSVP volunteers in the AARP Tax Aid program -- savings that can be used for food or other basic needs. A 2013 taxpayer client survey conducted by SC documented that RSVP support enabled seniors to file their taxes on time (avoiding late penalties) and file their taxes without a paid consultant or filing costs. Coupled with the added benefits of reduced fraud or taxpayer identity theft, this annual service allows limited-income seniors to save money which they may need for other expenses.

Healthy Futures and Access to Care: NeedyMeds

In addition to regional fluctuations in cost of living, health care costs universally increase with age and disability status. RSVP volunteers in SC's collaboration with NeedyMeds provide an essential resource for seniors to access discount drugs and prescription cost-saving programs. With a national, consumer-focused website and a toll-free helpline for people to call who need assistance using the website, elders, family members and other human service agency personnel learn about specific health care resources that can help seniors live healthier lives. A free NeedyMeds drug discount card can be downloaded or is available in plastic form. In Gloucester alone, \$116,125.23 was saved in pharmacy costs in a one year period. One client reported the reduction of her grandmother's \$300 monthly medication costs to \$25 for a 90 day supply. Another client shared how she had gone seven days without one of her prescriptions. Because of NeedyMeds, she was able to pick up her prescription that night. Other elder-serving organizations benefit from a more efficient, stream-lined service as well. One agency staff member shared last year that what would take hundreds of hours of work on his part takes only two minutes using the NeedyMeds website.

Healthy Futures and Access to Care: Health and Wellness Kiosk

From September to December 2012, 22 AAAs in MA assessed the needs of elders based on data from over 4,700 consumers, providers and advocates. Under the Learning and Development category of needs, seniors' inability to access or see online information (increasingly becoming the primary or sole method of benefit application or assistance) was cited as a concern. SC has begun to address this specific area with the establishment of a hands-on, computerized kiosk station at the Beverly Senior Center. This personalized service helps bridge the technology divide between younger and older generations and empowers seniors to act on their own behalf in the digital age. The 2013 Center for Disease Control (CDC) State of Aging and Health in America report reinforces the need for these types

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of services to increase elder health literacy. According to the CDC, elders over 65 have the largest percentage of the population with "below basic" health literacy skills. Improving seniors' understanding and ability to self-manage their care reduces the financial stress on national and local health systems with reduced emergency care and better elder health. Local kiosks with volunteer support help to bridge the knowledge gap of 34 percent of elders who reported not knowing how to use technology and the 47 percent of elders who indicated financial costs prevented their use of it in the 2013 CDC report.

The Value of Variety in RSVP Services

In the AARP-funded review of approximately 100 different intervention studies on social isolation, ideal programs contain specific components: specific target groups, use of more than one method of intervention, and allow participants an element of control. SC's RSVP program combines these three elements with its variety of programs and elder empowerment mission. Homebound elders, people with disabilities and low-income seniors are the target groups. The range of twelve RSVP-supported programs from daily, home-delivered meals to advocacy for elders in long-term care, enables elders to access services that meet their distinct needs. Whenever possible, elders are "put in charge" of their own care and supports. For example, an internal survey of the Money Management services in 2012 revealed that SC clients recognize that their money was managed well, but equally important, respondents unanimously acknowledge that they "still have the final decision about how money will be spent."

External Community Impact

The positive impact on RSVP's 13 service communities is evident on many levels beyond individual elder care. A 2012 three-year community health needs assessment survey by Lahey Health System, a major health care provider in MA, raised access to health services as a central concern for low-income and elderly residents. Their concerns are well-founded. Chronic disease, behavioral health and elder care were reported as the foremost health concerns on Cape Ann. Over 15 percent of respondents reported they have diabetes -- more than double the state average of 7.4 percent according to an article about the survey in the Gloucester Daily Times. According to the CDC, only 9.3% of adults with diabetes suffer from diabetes alone. Other chronic conditions like asthma, arthritis and heart disease co-exist for the overwhelming majority of diabetic patients. The CDC also reports that two-thirds of all health care costs are used to treat chronic illnesses. The documented link of elder social isolation with negative health outcomes including coronary disease, diabetes, HIV/AIDS and hypertension creates a greater burden on local, state and national health care systems. Higher rates of re-hospitalization or

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short term nursing home stays for rehabilitation create a tremendous drain on tax-payer dollars via free care and Medicaid costs.

There are also positive impacts on the RSVP volunteers themselves. Last year a 55 year-old despondent gentleman interviewed with the RSVP Director and admitted his feelings of loneliness and isolation for the past 10 years. Fulfilling a community need and providing an anecdote to his own social isolation, this RSVP volunteer, who formerly did not know his neighbors, now serves as the Meals on Wheel driver for his subsidized housing community. Considered the new "Mayor" of Apple Village, he has forged new relationships with his neighbors and has a renewed sense of purpose in his life built on a foundation of community connection. His story supports the data presented in the recent report, *The Health Benefits of Volunteering: A Review of Recent Research*, sponsored by the CNCS, which documents the positive effects of volunteering on older adults.

DESCRIBE HOW THE SERVICE ACTIVITIES IN THE PRIMARY FOCUS AREA LEAD TO NATIONAL PERFORMANCE MEASURE (NPM) OUTPUTS OR OUTCOMES

The following five RSVP programs described in this proposal serve the primary focus area of Healthy Futures with outcome targets under the Aging in Place objective: Money Management, Medical Transportation, AARP Tax Aid, Brown Bag food program, and Meals on Wheels. One-on-one care and critical support that assist elders to age in place, coupled with opportunities for regular socialization, are the essential ingredients of these programs. As a result, elders will feel less isolated and more connected to their communities. The outputs (H8:number of individuals receiving independent living services) align with the national priorities and will be measured with volunteer activity logs, collected by RSVP staff for entry into Volunteer Reporter, an Excel-based data management system used by RSVP staff. Their outcomes (H9:number of elders with report increased social ties) will be augmented by additional outcomes of decreased potential for financial fraud, increased financial resources, increased access to health care, increased access to tax benefits, and increased food security) and will be measured by annual client surveys that document how many individuals report the increases or decreases described above. Current SC surveys will be modified to capture the length and impact of the suggested "dosage" of six months of individual services to document outcomes. A new survey will be developed for the Brown Bag program to assess elder perception of increased social ties.

The following two RSVP programs also serve the Healthy Futures primary focus area, without outcome targets, under the Access to Care objective: NeedyMeds and the Health and Wellness Kiosk. Outputs will be measured by NPM H2. RSVP volunteers in the NeedyMeds program help elders

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increase their access to care by locating low-cost medications, pharmacy discounts and health care services. With RSVP staff and volunteer support, the Health and Wellness Kiosk helps elders increase their access to care by learning how to use technology to find health care resources and information about particular disease prevention or control. These outputs will be tracked by RSVP staff based on client logs and other data generated by the stations for input into Volunteer Reporter.

DESCRIBE PLAN AND INFRASTRUCTURE TO SUPPORT DATA COLLECTION AND ENSURE NPM OUTCOMES AND OUTPUTS ARE MEASURED, COLLECTED, AND MANAGED

Programs under Healthy Futures: Aging in Place

Medical Transportation: The SC Transportation Scheduler keeps a daily log of all incoming calls for transportation requests and tracks if rides are provided by SC or outsourced to another organization. Numbers of rides and elders served are verified in the volunteers' monthly activity log submitted by medical escort drivers and recorded by RSVP staff in the Medical Transportation data system and Volunteer Reporter data management system. Personal or phone supervision of volunteers is provided by the RSVP director as needed, but day-to-day supervision is done by the station supervisors. Elders are surveyed by RSVP staff once a year to assess their satisfaction with the program. Based on the Home Meal Delivery Survey Sample provided by the CNCS, additional questions will be added to SC's current annual survey instrument to assess elder perception of the impact of the medical transportation services on their sense of social connection. Data will be collected and analyzed by RSVP staff. Twenty unduplicated volunteers from one station will serve seventy-five unduplicated elders. Forty elders will report an increase in social support with a minimum dosage of six months.

Meals on Wheels: The RSVP Meals on Wheels program is coordinated by SC's Nutrition Director who tracks numbers of meals served. An annual survey designed by the state of MA is used to assess volunteer service and food quality. Based on the Home Meal Delivery Survey sample provided by the CNCS, a new annual survey tool will be developed and implemented during the annual reassessment process to measure elder perception of the impact of Meals on Wheels on their sense of social connection. Seventy five unduplicated volunteers will serve 130,000 meals to 1,000 elders. Two hundred and fifty elders will report increased social support after a minimum dosage of six months. Data will be collected and analyzed by RSVP staff. Our sponsor SC coordinates this program throughout the service area communities. Volunteer hours are managed and tracked by RSVP staff with data entry of monthly client logs and volunteer timesheets.

Brown Bag: Elders receive free produce and other supplemental groceries, filling a shopping Brown Bag at two stations, the Gloucester and Rockport Senior Centers. The program is offered once a

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month between the hours of 9 a.m. to 11 a.m. These two stations document number of elders served with a daily check in and provide monthly data to the RSVP program for management and review. The Brown Bag program has become a monthly "event" for local seniors who often arrive an hour early to socialize and claim their favorite seat in the waiting area. They mingle with senior center staff, give updates on their lives and learn about other elder resources provided by the community. Based on the survey sample provided by the CNCS, a new annual survey will be developed and disseminated at the sites to assess elder perception of the impact of the Brown Bag program on their sense of social connection and support. Twelve unduplicated RSVP Volunteers of the North Shore will provide 200 unduplicated elders with free monthly groceries at two Senior Centers between the hours of 9 and 11 a.m. Fifty elders will report increased social support after a minimum dosage of six months. Survey results will be analyzed by RSVP staff. Elder participation and volunteer hours are managed and tracked by RSVP staff with data entry of monthly client logs and volunteer timesheets.

Money Management: After the successful completion of a three-day training and several months of supervised, hands-on training with an elder supervised by a more experienced volunteer, RSVP Money Managers meet with individual elders on a monthly basis. They are supervised by SC's Money Management Director who collects their required monthly reports and time sheets. This information is shared with RSVP staff for data entry. Additional oversight is provided by experienced RSVP volunteers who monitor financial activities as needed. Thirty-six unduplicated RSVP Volunteers of the North Shore from one station will provide monthly, one-on-one visits to 30 elders in their homes in Essex County to assist them with bill-paying, balancing bank accounts and debt collection. Twenty five elders will report increased social support after a minimum dosage of six months. Elders are surveyed by RSVP staff once a year to assess their satisfaction with the program. Additional questions will be added to SC's current annual survey instrument to assess elder perception of the impact of money management services on their sense of social connection. Data will be collected and analyzed by RSVP staff. Volunteer hours are managed and tracked by RSVP staff with data entry of monthly client logs and volunteer timesheets.

Tax Aid: RSVP volunteers attend training classes given by the IRS/Massachusetts Department of Revenue for one week in January each year and pass a tax exam prior to being placed as a tax counselor. One volunteer will also serve as AARP/IRS local Tax Coordinator to provide additional supervision and assistance to volunteers during the tax season. Volunteer timesheets and data on the numbers of elders served are collected and tracked by RSVP staff for data entry. Based on the survey sample provided by the CNCS, additional questions will be added to the existing annual survey to

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assess elder perception of the impact of the AARP Tax Aid program on their sense of social connection. Forty-three unduplicated RSVP Volunteers of the North Shore from one station will provide free tax preparation and filing for 3,500 elders during the tax season. Five hundred elders will report increased social support after a minimum dosage of one tax season.

Programs under Healthy Futures: Access to Care

NeedyMeds: The resources on NeedyMeds' comprehensive website include information about patient assistance programs which provide medicine at no cost or at a discount, a database of free or low cost health clinics, diagnosis-based assistance that provides costs of specific diagnoses and conditions and state programs that offer various types of assistance with healthcare costs for residents of specific states. NeedyMeds staff reports 15,000-17,000 visitors each work day to its website, www.needy meds.org. There is also a toll-free helpline for people to call who need assistance using the website. A free NeedyMeds drug discount card can be downloaded or is available in plastic form. The cards, brochures and handouts explaining how to use the drug discount card are available in English, Spanish and Portuguese. Approximately 30 locations in Essex County have these cards available onsite. There are no fees or registration for the services. Its Helpline is open from 9 am to 4 pm Eastern Time from Monday to Friday. Only call center staff answers these calls. Six RSVP volunteers from one station research medications, update website information and assist with mailings. The database Filemaker is used to track information about numbers of referrals, people served and savings to consumers. Volunteer hours are managed and tracked by RSVP staff with data entry of volunteer timesheets. New zip code reporting fields in its existing database will be developed in collaboration with NeedyMeds to track the specific numbers of individuals who receive health information from the 13 communities in RSVP's service area. An estimated 500 individuals from these communities will be documented.

Health and Wellness Kiosk: This personalized service helps bridge the technology divide between younger and older generations and empowers seniors to act in the digital age. One local kiosk will be supported by five RSVP volunteers with additional assistance provided by the RSVP Program Assistant. One-on-one medical kiosk support is available once a week for three hours per week at the Beverly Senior Center. Kiosk volunteers will assist 250 elders a year with information on health care and health benefits programs, enabling elders to find resources to become more self-sufficient in times of need. Volunteers instruct seniors on the use of state-of-the-art technology to manage their health more effectively, research health care options and resources and develop a Personal Portal for confidential tracking of health insurance information, prescribed medications, diagnoses and

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symptoms, and health providers' contact information to improve elders' capacity for better health self-management. Volunteer hours are managed and tracked by RSVP staff, including data entry of volunteer timesheets and monthly client logs from the station.

DESCRIBE ANY SERVICE TO VETERANS AS PART OF SERVICE IN PRIMARY FOCUS AREA.

According to the Gerontology Institute at UMass Boston, 23 percent of MA residents in 2011 age 65 and older were veterans. For older men, the percentage jumps to 53 percent. Although the RSVP Volunteers of the North Shore do not specifically target veterans, this data documents the likelihood that they are in our service area and benefit from RSVP activities.

DESCRIBE OTHER FOCUS AREAS OR CAPACITY BUILDING

The following two RSVP programs provide capacity-building activities that allow SC to enhance and support its program delivery model: RSVP Advisory Council/SC Advisory Council/SC Board of Directors and Nutrition Mailing support. Board members help to leverage financial and in-kind donations as a primary function of their board role, as well as assist with RSVP program outreach and visibility. Both of these service activities serve and enhance the SC mission "to provide and coordinate services to elders and others, enabling them to live independently at home or in a setting of their choice while remaining part of their community."

RSVP Advisory Council/SC Advisory Council/SC Board of Directors: According to the BoardSource Nonprofit Governance Index, nonprofit chief executives and board members consistently report that the two of the biggest challenges facing nonprofit organizations are strategy and money. Regarding strategy issues, board and advisory council members play a significant role in articulating organizational mission to the larger community, responding to changing needs in their communities and implementing strategic plans. Nonprofit organizations in our service area have identified the need to acquire and retain board members to provide leadership, increase fund raising capacity and assist with policy making. These three boards will leverage \$5,000 in cash donations annually. Both cash and in kind support is tracked and documented by SC's Development Director. Donations will be measured with output measure G3-3.16.

Nutrition Mailing: The annual target number of 4,500 letters collated and prepared for mailing by RSVP Nutrition Mailing volunteers will be supervised by the RSVP Program Assistant and measured with output G3-3.16. The Nutrition Mailing group prepares 4,500 pieces of mail annually with three components: a letter from SC, a bill statement for voluntary donations, and a return envelope for recipients to send it back to SC. This mailing is done on a monthly basis and sent to eligible elder beneficiaries of Meals on Wheels. This service enhances SC's program delivery model by generating

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\$80,000 a year for nutrition services. Financial donations from the mailing are tracked and documented by SC's Development Director and will be measured with output measure G3-3.16. In addition, a nutrition educational supplement is added to the mailing each quarter. Volunteer hours are managed and tracked by RSVP staff with data entry of monthly volunteer timesheets.

Programs under Community Priorities

The following three RSVP programs serve the Community Priorities area: Long Term Care Ombudsmen, Congregate Meals, and non-impact Council on Aging volunteers. All of these RSVP programs serve the purposes and intentions of three, long-standing landmark federal initiatives: the Older Americans Act, the Americans with Disability Act and the establishment of the Medicare and Medicaid programs to support aging with dignity. In addition, the more recent Elder Justice Act of 2009 is well-served with RSVP volunteers in their roles as money managers and long term care ombudsmen who help to prevent elder abuse and financial exploitation.

Ombudsmen: The purpose of the Long Term Care Ombudsman Program is to investigate and resolve complaints made by, or on behalf of, older persons who are residents of long-term care facilities. Established under Title VII of the Older Americans Act (OAA), the Administration on Aging within the Department of Health and Human Services administers the national program. In MA, it is a program of the Executive Office of Elder Affairs. SC understands the significance of having a volunteer based program and has been enlisting volunteer ombudsmen for over 20 years. As one of 24 Ombudsman programs in the state, each with a paid Program Director, SC is responsible for implementing the program's state requirements in its nine service communities. Volunteers make two to four visits per month to nine different nursing home facilities. The seven RSVP Ombudsman volunteers will be responsible for 2,200 elders in the state. Their hours and outcomes will be documented with monthly timesheets provided to SC's Long Term Care Ombudsmen Director who tracks the data and reports to the state of MA.

Congregate: Thirty volunteers at six stations will serve a target number of 25,000 meals to 1,250 unduplicated elders. Numbers of meals and elders served will be provided by the stations on a monthly basis to RSVP staff who will track the numbers in its volunteer management system. Congregate meals serve the dual purpose of increased food security and increased social connection. The service activities associated with the Long Term Care Ombudsmen and Congregate Meals' volunteers will target numbers of individuals served and create meaningful service volunteer opportunities that enable volunteers and organizations to address unmet local needs.

Nonimpact COA: Sixty five RSVP volunteers at five stations will serve as greeters, event support, etc.

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for North Shore senior centers and/or Councils on Aging. The role of greeters, event coordination and administration assistance provided to six Councils on Aging in our service area are invaluable supports to senior centers and help to minimize the strain of reduced or eliminated state or municipal services due to budget cuts. RSVP staff will track and input data in its volunteer management data program. The target number of 9,600 hours of service will be measured with volunteer activity logs and reports from participating nonprofit stations. In addition, the in-kind value of these volunteer hours will be calculated on an annual basis based on rates provided by www.independentsector.org/volunteer with a target value of \$70,000.

Recruitment and Development

Part II - Section C: Recruitment and Development

DEMOGRAPHICS OF COMMUNITY SERVED

As stated in the Strengthening Communities narrative, RSVP's catchment area is extremely diverse with wide variations in culture, geography and income levels. There are both rural and urban communities on the North Shore with populations spanning from 3,504 in Essex to 51,251 in Peabody according to US Census 2010 data. Gloucester's 2010 population of 28,789 is the largest on Cape Ann and covers 41.5 square miles of land. There is also variation in numbers of elders 65 or older who live in the communities. Three of the largest communities in RSVP's service, Gloucester, Beverly and Peabody, have elder populations of 17.7% in Gloucester, 14.6% in Beverly and 20.5% in Peabody, all above the MA state average of 13.8 percent. Elders over the age of 65 represent 14.1% of the population of Essex County as a whole.

Even with a growing immigrant community, the overwhelming majority of people on the North Shore are White and non-Hispanic. According to US Census 2010 data, 90 percent of seniors in MA are non-Hispanic and White. RSVP volunteers reflect the racial demographics of the predominantly white communities in our service areas. Seventy percent of the current volunteers are female and thirty percent are male. The three largest cities in our region, Gloucester, Beverly and Peabody have the greatest volunteer presence: 20 percent, 12 percent and 9 percent, respectively. Over 24,500 volunteer hours were recorded in these three communities last year. Of the 447 RSVP volunteers who served hours last year, five were classified as disabled. The RSVP volunteers also reflect the growing numbers of elders on the North Shore. Twenty-one percent of the volunteers are ages 55-65, thirty four percent are ages 66-74, twenty-eight percent are ages 75-84, and sixteen percent are 85 and older.

In recognition of the growing population of new immigrants and long history of welcoming

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immigrants of Italian and Portuguese descent, SC embeds Google Translate on its website so information about services and volunteer opportunities are accessible. Reflecting the demographic shifts on the North Shore, applications for services are readily available in English, Spanish, Italian, Portuguese and Russian. SC also has translators on staff that can assist, but their services have not been utilized to date. In addition, SC has a multitude of vendors with expansive language capacity if needed.

The 2009 statewide needs assessment for the 2010-2013 State Plan on Aging prepared by the Executive Office of Elder Affairs provided new insights and approaches to recruiting diverse respondents to its assessment process. The RSVP program will engage some of these new tactics including: utilize the list of minority community agencies from the state Office of Diversity for targeted outreach and initiate contact with the MA Regional Library systems to post flyers in local libraries throughout the 13 communities. These new efforts will complement our ongoing outreach plans at specific associations or businesses that serve or employ minorities and communities of color, including Gloucester's Brazilian church and local area businesses. Outreach by the RSVP Director, newspaper and radio announcements, word of mouth, and referrals from the nonprofit stations are our most consistent and robust sources of volunteers.

Volunteer Training and Development

RSVP volunteers receive specialized training for their specific roles as well as basic training in program essentials like HIPAA laws to protect elders' privacy and security. All volunteers begin with an application and interview process. Volunteers are not routinely included in SC staff trainings, but are invited to specialized trainings that may benefit them such as updated laws and definitions of sexual harassment. The majority of volunteer training is ongoing, site-specific and conducted by the nonprofit stations where the volunteers are placed. Particular RSVP service activities require more specialized training. For example, the Long Term Care Ombudsman volunteers attend extensive three-day trainings for 18 hours and must become state-certified in order to serve. They are required to pass a certification test on the last day of training. Once their service begins, they receive a volunteer job description, enter a probationary period of 180 days and receive a post-training facility orientation. Monthly reporting logs and time sheets document their service hours and activities. If the probationary period is successful, volunteers are sent a permanent certification card from the state. They receive a minimal of quarterly supervision and an annual performance review by the SC Program Director who oversees the program.

Likewise, tax preparers and money management volunteers receive specialized training, including

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AARP guidelines about tax laws and credits that may apply to seniors. RSVP volunteers attend training classes given by the IRS/Massachusetts Department of Revenue for one week in January each year and pass a tax exam prior to being placed as a tax counselor. One volunteer will also serve as AARP/IRS local Tax Coordinator to provide additional supervision and assistance to volunteers during the tax season. Volunteer AARP Money Managers participate in an initial three-day training, followed by quarterly in-service trainings throughout the year. Examples of training topics include Consumer Debt, Reverse Mortgages, Health Insurance Options and Housing Options. Like other RSVP volunteers, money managers sign a Health Insurance Portability and Accountability Act (HIPAA) confidentiality agreement and are issued a photo ID. They are supervised by SC's Money Management Director who collects their required monthly time sheets and reports the data to RSVP staff for the Volunteer Reporter database.

Volunteer Appreciation

Volunteer retention is highly valued and provides greater consistency and better service to the seniors in our care. RSVP volunteer service is formally acknowledged at an annual SC volunteer appreciation event, in addition to ongoing appreciation and support by RSVP staff. Our 2013 event entitled In Honor of our Exceptional Volunteers was held at the Danversport Yacht Club, an elegant venue on the North Shore. One hundred forty volunteers attended the event. Thirteen were presented with Lifetime Presidential Service Awards, celebrating their more than 4,000 volunteer hours in a lifetime, eight volunteers were recognized for over 25 years of service and eight volunteers were recognized for serving over 1,000 hours in one year. In addition, all volunteers receive monthly birthday cards, invitations to community events, mailings, announcements and other information that may help them in their roles. Volunteer stories and highlights are also shared in SC mailings to regularly convey the important contributions they make to our communities. Volunteers complete an annual Volunteer Satisfaction Survey to give them an opportunity to express their views, voice concerns or and/or ask for a new job assignment. RSVP staff reviews these surveys closely, incorporate the information into ongoing program planning and follow up by telephone or in person with volunteers. Seventy-two volunteers completed their annual survey at the May recognition event. Ninety-two percent of respondents reported they are "definitely satisfied" with their volunteer assignment, their site supervisor and their training. The majority also reported more friendships and increased feelings of purpose, sense of accomplishment, self-esteem, physical health, looking forward to each new day and making a difference.

Program Management

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Part II - Section D: Program Management

RSVP volunteers are first interviewed by the RSVP Director to determine volunteer interests, expertise and suitability for the program. They fill out an application, sign a confidentiality agreement, receive an extensive volunteer handbook and sign our volunteer code of ethics. Safe driving record, CORI and sexual offender reports are processed and reviewed before volunteer placement. Once approved, all volunteers are issued a photo identification badge to be worn whenever they perform their volunteer service. Mileage reimbursement is available upon submission of monthly reports of mileage and hours. Secondary automobile insurance is provided by SC to supplement volunteers' liability insurance while performing volunteer duties. The RSVP staff receives SC training on agency policies, programs and particular in-service trainings on diversity, sexual harassment, quality assurance and confidentiality issues. Furthermore, the RSVP Director, and oftentimes the Program Assistant, participates in webinars convened by the Corporation for National and Community Service (CNCS) and the Massachusetts Service Alliance. In addition, RSVP staff attends various public and private volunteer management trainings and seminars throughout the year. The Director participates regularly in the MA Association of RSVP Directors' meetings as well.

RSVP manages information and data to assess and demonstrate concrete impacts and challenges of projects and volunteers, and utilizes the results for internal program adjustments, if needed, and for ongoing reporting to the CNCS. During this process RSVP reviews data related to goals and objectives, outputs and outcomes and their impact on community and/or client population needs. Members of the RSVP Advisory Council are very involved in the assessment process, use their skills to help resolve specific issues and participate in an Annual Stakeholder Survey. Programs such as Meals and Wheels, Money Management, AARP Tax Aid and Medical Transportation also gather relevant data on an annual basis with elder and volunteer satisfaction surveys.

VOLUNTEER STATION COMPLIANCE AND OVERSIGHT

The roster of RSVP stations is updated on an annual basis. All current stations have MOUs in place that include language and expectations about volunteer supervision and data collection. Each station partners with RSVP officially through a three-year Memorandum of Understanding (MOU) which reflects their unique goals and objectives. Stations are regularly visited by the RSVP Director or Program Assistant, including attendance at special events such as the annual Senior Day held in Beverly. The Program Assistant provides direct oversight and assistance at the Medical Kiosk station on a weekly basis for three hours. Any stations that fall out of compliance are contacted by the RSVP Director for a follow up meeting to rectify any problems with data collection or volunteer supervision.

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If needed, a written improvement plan is attached to the MOU to ensure future compliance. RSVP staff members regularly educate the stations about RSVP and unique characteristics and quality of our senior volunteers, and are always available to offer them assistance and share ideas to help them meet their agency goals and community needs.

Throughout the year, RSVP staff train and provide technical and non-technical assistance to each station's staff and program directors for tasks such as collecting and submitting hours, output and outcome measurements and how to nurture the well-being and development of their senior volunteers. RSVP's staff are invited to station trainings, given a hands-on opportunity to visit the site, reconnect with volunteers who were recently placed and reiterate the collaborative link between their stations and the RSVP program. Throughout the year, RSVP continuously "checks in" with both stations and volunteers, by phone, email or in person, to ensure both compliance and satisfaction and offer support with the resolution of any needs or challenges. Annually, volunteer stations receive a reporting packet of materials prior to the year-end grant submissions regarding program data, as well as a Volunteer Request Form for new volunteer assignments they need to fill. This form includes the required physical demands of the position, complete job description, hours and the training and supervision policy.

HOW MEET CHANGING COMMUNITY NEEDS

SC coordinates a four-year assessment of community needs with annual updates and participates in the development of the State Plan on Aging. Regular communication with the Executive Office of Elder Affairs in MA allows staff access to relevant web-based or other training, resource opportunities and current research on best practices in elder care. In order to focus more directly on Healthy Futures and the CNCS performance measures, during the coming year this RSVP will graduate 12 current stations as well as some jobs from other stations. In addition, due to privacy or capacity issues, some stations cannot provide the data needed to accurately capture the essential outcome data needed for the new National Performance Measures. The graduating stations include three hospitals, the Cape Ann Chamber of Commerce, an affordable housing developer, Gloucester City Hall Archives, a child care agency, a cable access television station, an adult learning center, a homeless family shelter, a multi-service agency and an adult care facility. They are well-equipped with a broad range of volunteer support from the community so their services will not be negatively impacted. Interested volunteers can be seamlessly incorporated into their own volunteer management infrastructure systems. Much thought was put into this decision, and the staff concluded it was more beneficial to concentrate the service activities in several core areas. All graduating volunteers will continue to

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provide service to their stations and be recognized by their station, but not through RSVP Volunteers of the North Shore. They will also be informed of other stations and opportunities in the area and be encouraged to join.

TRACK RECORD IN HEALTHY FUTURES AREA, INCLUDE MEASURE OF PERFORMANCE

The RSVP grant on the North Shore was first sponsored in 1994 by Action, Inc., a multiservice antipoverty community agency. In 2001, the RSVP program was moved to SC. Since its beginning, SC has consistently engaged volunteers to help carry out its mission. RSVP Volunteers of the North Shore is fortunate to have SC as its local sponsor. Since its inception in 1972, SC has provided a full complement of home and community-based services for seniors and their families, both directly and through vendor contracts, and currently has a roster of approximately 4,000 clients.

With an operating budget of \$11.3 M, SC's mission is to provide and coordinate services to elder, enabling them to live independently at home or in a setting of their choice while remaining part of their community. SC is a designated AAA, charged with responding to the needs of Americans aged 60 and older in local communities by administering funds made available through the Older Americans Act. Some of its programs offered through the AAA are Meals on Wheels, Elder Abuse Prevention, Information & Referral and Nursing Home Ombudsman. A variety of performance measures are regularly and systematically used to report to state and federal funders, provide an ongoing assessment of community needs and measure positive impact on elders in its care.

Organizational Capability

Part II - Section E: Organizational Capacity

The RSCP Director works 35 hours per week and is responsible for recruiting, screening, placing, tracking and recognizing volunteers age 55 or older at its partner stations. The Director manages the RSVP grant award along with playing a major role in establishing the program's visibility and initiatives throughout the service area of select cities in Essex County. The Director maintains accurate files to meet RSVP requirements, including Memoranda of Understanding (MOU) for partner stations, job descriptions for all volunteers, station monthly timesheets and recording logs, and volunteer and elder surveys. The Director is responsible for the oversight, collection and management of volunteer enrollment and service data. The Director attends MA RSVP Directors' meetings and New England regional meetings as needed, and supervises the RSVP Program Assistant, Records Assistant and all volunteers. The Director makes presentations about volunteerism to community groups and plans and implements a major annual RSVP and SC Volunteer Recognition Event. The Director works with the SC Nutrition Program, Money Management, Transportation and Ombudsman program to

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ensure that volunteers age 55 and older become members of RSVP. The Director also recruits and orients RSVP Advisory Council members as needed. Lastly, the Director submits annual grant updates to the Corporation for National and Community Service (CNCS) as well as any other reporting requirements deemed necessary by CNCS and is supervised by the Assistant Director of SC.

The Program Assistant works 19 hours per week and is responsible for the maintenance and update of the program database of the proposed 342 volunteers and 10 nonprofit stations. The assistant prepares and records all forms required by the federal grant, including volunteer applications, timesheets, mileage reimbursement, job descriptions, criminal record checks, etc. The Program Assistant also participates in interviewing, screening, registering and placing volunteers at nonprofit agencies as well as the coordination of activities, services and special events. In addition, the assistant prepares public relations materials, training documents and special event literature. Lastly, the assistant develops and maintains collaborative working relationships with partner stations and engages in speaking events for program publicity or volunteer recruitment. The Program Assistant is supervised by the RSVP Director.

The RSVP Records Assistant works 3 hours per week and is responsible for posting and filing volunteer and partner station timesheets in the Volunteer Reporter database. The Records Assistant provides follow up for any outstanding records, processes all volunteer travel reimbursements, records and/or edits new volunteer applications in Volunteer Reporter and communicates with volunteers and stations by telephone, emails and letters for reporting purposes. The Records Assistant is supervised by the RSVP Program Assistant.

How does SC provide governance and manage risk, accounting, and manage capital assets?

SC undergoes an annual audit and utilizes Microsoft Dynamics software to create the general ledger to track and record of in-kind and financial donations, grant allotments and expenses. The Fiscal Director conducts monthly reviews of the ledger. There are also monthly meetings at the Board of Directors level to review ongoing expenses based on a report given by the Fiscal Director. The governance of the organization is shared by three boards: the full SC Board of Directors, the SC Advisory Council at SC and the RSVP Advisory Council at SC.

If a Program Manager wants to make a purchase in excess of \$200, the request is made in writing and reviewed by the Senior Management Team, comprised of the Executive Director, Assistant Director, Fiscal Director and Director of Home Care. If approved, the Fiscal Director processes the invoice which is submitted under the regular purchasing chain of command used for ordering equipment or supplies via the Payroll and Accounts Receivable Clerk of SC.

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Computers, printers, copy machines and other related equipment comprise SC's capital assets. SC maintains an inventory of capital assets that is reviewed by an external CPA firm on an annual basis to verify the validity of the inventory. This review is part of SC's annual audit.

SC has received Title III federal funding since 1979. The federal funding is in Title III Older Americans Act monies since SC is a designated Area Agency on Aging. Approximate funding is 470,000 for FFY 13. Those dollars address a variety of program needs including Meals on Wheels, Transportation, Outreach, Information and Referral and evidence-based programming. SC files a 990 nonprofit tax return to the Internal Revenue Service and a Uniform Financial Report (UFR) to the state to provide information to the Commonwealth of Massachusetts on SC programs, using certified financial statements.

Other

N/A

PNS Amendment (if applicable)

N/A