

# Narratives

## Executive Summary

An estimated 180 RSVP volunteers will serve the Mercer County, New Jersey, area through Interfaith Caregivers of Greater Mercer County's RSVP program. A 20-year old nonprofit organization, ICGMC has a mission to promote the independence and dignity of homebound elderly and people with disabilities by matching them with caring volunteers who assist with the tasks of everyday life. Volunteers are professionally screened and trained, and all services are provided without proselytization or regard to religious affiliation. RSVP volunteer service activities will specifically provide food delivery, transportation and companionship to area residents who are age 65 plus and/or disabled. A full 100% of the 180 unduplicated RSVP volunteers that ICGMC anticipates having in place by the end of year three of the grant period will be utilized to support the CNCS priority focus area of Healthy Futures and its "Aging in Place" objective.

At the end of the three-year grant period, ICGMC anticipates that at least 180 individuals who are aged 65 plus and/or who have disabilities will benefit from independent living services and increased social support, allowing them to age with dignity in their homes.

The CNC federal investment of \$59,529 will be supplemented by \$18,712 in non-federal resources for a total budget of \$78,241.

## Strengthening Communities

### COMMUNITY DESCRIPTION AND NEED:

New Jersey's capital county, Mercer County is located midway between New York City and Philadelphia in New Jersey's center. Home to more than 367,567 people (American Community Survey 2010-2012 est.), it contains 226 square miles and is comprised of 13 municipalities - Trenton, the County seat and State capital, four boroughs and eight townships. In a sense, the County is a microcosm of America with urban, suburban and rural community types. Mercer has a highly skilled, diverse and educated labor pool, five colleges/universities, and a wide array of faith-based organizations, from which Interfaith Caregivers recruits volunteers. With 1,632 persons per square mile, Mercer County is the 7th most densely populated county in New Jersey; the most densely populated state in the nation. Mercer County's municipalities differ substantially by population size. The smaller communities of Hightstown, Hopewell Borough and Pennington together comprise 3% of the County's population, while the most populous, Hamilton, accounts for approximately 24%.

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Trenton, the State's capital and 7th largest city, comprises approximately 23% of Mercer County's population. Mercer County is racially and ethnically diverse. According to 2007-2011 American Community Survey (ACS) 5-Year Estimates, Whites comprise about 64% of the population, Blacks 20%, Asians 9%, some other race 5% and two or more races 2%. In terms of ethnicity, about 14% of the population is Hispanic or Latino. This figure is up from about 10% of the population in the year 2000. Asian Indians comprise more than 4% of the population, up from 2%. These two ethnic groups are the fastest growing in the County.

According to census data, between 2000 and 2010, there has been about a 5% increase in the size of the over age 65 population in the County. Seniors aged 65 plus are Mercer County's fastest-growing age cohort. The 2007-2011 ACS 5-Year Estimates show there are about 49,700 residents age 65 and older and that 25.5% of Mercer County's 129,993 households include someone in that age category. Whites accounted for 78% of that age group, Blacks 15%, Asians 5%, some other races 1% and two or more races about 1%.

The growth in the senior population is outpacing general population growth, as is the need for such services as food delivery, transportation and companionship for those who are homebound. The 2010-2028 Bureau of the Census Population Projections predict that the 65+ age group in Mercer County will increase in size by 49% to 69,200 persons by the year 2028. Seniors aged 65 plus make up 12.6 % of Mercer County's population. In 2028, they are expected to comprise 17.2%. The Mercer County Community Health Assessment Report from July 12, 2012, indicates that special attention will need to be paid to those at the older end of the age spectrum (75 plus). This population of older seniors, who require the most caregiving services, is expected to increase 39% from 2010 to 2028! The 2012 American Community Survey denotes that about 10% of Mercer County's non-institutionalized population has a disability (i.e. hearing, vision, cognitive, ambulatory, self-care). That figure rises to over 14% for Black or African American residents.

The 2010-2012 Area Agency on Aging plan for Mercer County seniors indicates that most single elders in Mercer County live on Social Security income alone, receiving just \$14,644 annually, with senior couples receiving \$23,820. Federal government calculations suggest that one in three older adults aged 65 plus is economically insecure. The 2012 Elder Economic Security Index shows that, while 4.7% or 1,162 of Mercer County's older adults live below the poverty level; when housing, food

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transportation and health care costs are also considered, 34.2% (8,416) of Mercer County's elders are above the poverty level but below the Elder Index. These individuals do not qualify for federal assistance programs.

There are a number of other considerations impacting the demand for services for seniors and people with disabilities. One is the changing role of families. In the past, family could be depended on for assistance with tasks of everyday living. However, economic pressures resulting in the need for women to work outside the home, dispersion of family members to faraway places, and the decline in the number of multigenerational households are factors that have created a gap in care of the elderly. Furthermore, the stresses that caregiving places on families and businesses can also be tremendous. According to the American Academy of Geriatric Psychiatrists, one out of every four American families already cares for someone over the age of 50 who is aging, ill or dependent. The Family Caregivers Alliance reports that, more than 57% of the time, the caregiver is a daughter or other female relative - and often a member of the "sandwich generation" -- who is simultaneously juggling the needs of aging parents and minor children while working one or more jobs. In some instances, an elderly spouse or loved one with their own health issues is thrust into the role of caregiver, with negative consequences. Systematic reviews of family caregiving studies over the past 30 years indicate very detrimental effects on the financial situation, career and retirement security, and physical and emotional health of caregivers. However, assisted living or nursing home care, which can cost from \$6,000 to \$9,000 a month, is not a financially feasible or personally desired option for many families.

Over 13,400 of the County's seniors over age 65 are isolated and living alone; many of whom have very limited resources and are dealing with chronic medical concerns and age-related challenges. Reduced family involvement contributes to social isolation, a condition in which the individual lacks a sense of belonging socially, lacks engagement with others, and has a minimal number of social contacts. Social isolation is a major health problem for older adults living in the community and can lead to numerous health effects. The estimated prevalence of social isolation among community-dwelling older adults ranges from 10 to 43%. (Nicholson, N. "A Review of Social Isolation." J Prim Prev. 2012;33(2-3):137-152)

The combination of factors affecting seniors described above (i.e. the growth in the size of the older population, the shift toward higher percentages of people in the oldest the age category, limited

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financial resources, diminishing family support systems and social isolation) substantiate the need for expanded services for the elderly and people with disabilities in Mercer County. Recent data collected by the "Information and Assistance Project" of the Mercer County Office on Aging identified the following as among the most "critical needs" affecting Mercer County's senior populations: 1) the need for information on services and resources; 2) the need for accessible transportation; and 3) the need for accessible and affordable home care assistance and services to seniors and caregivers. According to the Office on Aging, the County's 2014 priorities for seniors and people with disabilities include: evidence-based health promotion, nutrition and food security, caregiver support, emergency preparedness and transportation. Interfaith Caregivers' services focus on many of these issues, including the service activities that ICGMC will address in the Healthy Futures Focus Area -- Food Delivery, Transportation and Companionship.

There are several additional County characteristics that validate the need for the service-activities selected under the Aging in Place Objective. For instance, Mercer County has 26 subsidized senior housing facilities. Residents of these apartments are most likely to be older than the senior population in general, to be female and to have a low income. Some facilities provide supportive services, while others do not. There are an additional 21 non-subsidized adult communities in the County designed for those aged 55 plus. Residents of these communities are likely to have greater financial resources than those in subsidized housing; however, supportive services, if provided, are usually at considerable cost. Research and ICGMC's own experiences show that, as a result of the high concentration of seniors in age-restricted housing, demands for simple day to day services are amplified in these neighborhoods, especially transportation and shopping needs.

According to the Pew Research Center, 14% of people over age 65 say that they no longer drive. This figure rises to 25% for people over age 85. The AARP reports that men typically will outlive their driving abilities by six years and women by 10. In Mercer County, problems stemming from the loss of driving capability are complicated by the lack of easily accessible means of public transportation, particularly in the suburbs and concerns about safety on the streets in the city. Trenton residents face additional challenges to accessing goods and service due to the scarcity of health providers, pharmacies and supermarkets in the city. Currently there are only two supermarkets in Trenton proper. Also, while 11% of households in the County report having no vehicle available, the figure is 29% for Trenton.

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With an RSVP program at Interfaith Caregivers, Mercer County's capacity for meeting senior citizens' well-defined and growing needs will be greatly enhanced. With the volunteer food delivery, transportation and companionship provided by RSVP volunteers, people aged 65 plus and those with disabilities will receive much-needed support services. This companionship and services will help them be able to continue living safely in their homes where they feel most comfortable, and increase their social ties and perceived social support.

### HOW THE VOLUNTEER SERVICE ACTIVITIES LEAD TO NATIONAL PERFORMANCE OUTPUTS OR OUTCOMES:

Interfaith Caregivers of Greater Mercer County's overall mission is to promote the independence and dignity of homebound elderly and people with disabilities by matching them with supportive and caring volunteers who assist them with the tasks of everyday life. The volunteer services provided by the organization help people with frailties, many of whom are economically vulnerable, to continue living with dignity in the comfort of their own homes, and avoid or delay entry into nursing homes and other institutions. Hence the Healthy Futures objective of "Aging In Place" aligns precisely with the ICGMC mission.

A full 100% of the 180 unduplicated RSVP volunteers that ICGMC anticipates having in place by the end of year three of the grant period will be utilized to support the CNCS priority focus area of Healthy Futures and its "Aging in Place" objective. The service activities included in the work plans are Food Delivery, Transportation and Companionship.

People in need of volunteer services are referred to ICGMC through a community institution/organization (e.g. hospital, Visiting Nurse, etc.), physicians or other care providers, congregations, family or friends, or by self-referral. Once referred, ICGMC assigns a member congregation in the person's geographic area to provide a volunteer. A Group Leader from the congregation will visit the care receiver, assess and identify needs, establish a plan of visits and services, and assign a volunteer. The volunteer then commences visits and provides services according to the plan. RSVP volunteer services will include food deliveries, shopping assistance, transportation, friendly visits and reassurance phone calls. The output to be measured is the number of homebound or older adults and individuals with disabilities receiving food, transportation and/or companionship.

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By the end of the 3-year grant period, we expect at least unduplicated 180 volunteers to be serving at least 180 care receivers. "Dosages" will vary according to client need, but will average 1 to 2 hours per week. Currently ICGMC's volunteers spend an average of 2 hours a week volunteering. The selected service activities will meet very tangible physical needs of the care receiver (e.g. a ride to a medical appointment or a source of nutritious food). Also, through regular contact by a responsive and caring volunteer, the care receiver's psychosocial needs for companionship and a sense of connectedness to the community will be met. These benefits will be coupled with ICGMC's efforts to make appropriate referrals; providing even more needed services. The anticipated outcome is that those aged 65 and over and persons with disabilities who are served by the Mercer County RSVP program will report having increased social ties and increased perceived social support.

### **PLAN AND INFRASTRUCTURE TO SUPPORT DATA COLLECTION AND ENSURE NATIONAL PERFORMANCE OUTCOMES:**

Having provided caregiving services to people in need for the past two decades, Interfaith Caregivers has robust, well established data collection and tracking systems in place to determine the amounts and effectiveness of its efforts. As the recipient of regular funding from the Mercer County Office of Aging, as well as the State's Office of Faith Based Initiatives, a program of the Department of State, ICGMC is well-versed in the need to measure units of service and unduplicated clients while keeping accurate and comprehensive financial records. Current reporting forms that will be used to measure outputs are: 1) a "Volunteer Registration" form that collects identifying information, demographic information and information necessary to make an appropriate care receiver match; 2) a "Request for Care Giver Volunteer" form that is completed by the prospective care receiver or their designee and provides identifying, demographic, referral, resource, needs and volunteer assignment information and 3) a "Monthly Service Report" form that collects information on clients served and the amounts and types of services provided by each volunteer during each month. Data collected on these forms are entered by staff into Careworks, an Access-based tracking system. Once notified of a grant award, ICGMC will modify the forms and system accordingly to accommodate specific details needed for RSVP data collection and reporting. ICGMC also carries out annual volunteer, care receiver and congregation surveys. Outcome data will be collected by means of the survey which is completed by the care receiver themselves or their caregiver. Minor modifications will also be made to the care receiver survey form to capture specific RSVP outcome data. Data are also collected and tracked regarding volunteer training, outreach activities and community education efforts. The RSVP Project

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Director will be responsible for project management and oversight of RSVP data collection, file maintenance, tracking and reporting to ensure the program's quality, effectiveness and compliance.

### **ACTIVITY IN SERVICE TO VETERANS OR MILITARY FAMILIES:**

Interfaith Caregivers has a long history of caring for veterans in the Mercer County community. Robert J. Brownlee, CW4 USA Retired, now deceased, was an ICGMC advisory board and strategic planning committee member for many years. Col. (Ret) Richard Eckstein has already committed to serving on ICGMC's RSVP Advisory Board. ICGMC's office is located in the same office complex as a veterans' service provider, and it is currently collaborating with Eddie Mazzeo, Director of the Mercer County Office of Veterans Affairs, on veteran-focused initiatives. The ICGMC 2012-2016 Strategic Plan calls for the identification of veterans in need of care as well as identification of veterans who are willing to be volunteers, and the Strategic Planning Committee is chaired by the spouse of a military retiree. The exact wording currently appearing in the ICGMC Strategic Plan is to "Establish a veterans' services database and plan and initiate a military veterans program targeted to elderly and disabled veterans and their spouses."

Census data from 2010 indicates there are more than 19,000 veterans in the County, comprising close to 7% of the overall population. Currently, ICGMC is aware of having many veterans among its volunteers and care receivers; however, it has no exact number counts or effective tracking mechanism. ICGMC's client and volunteer intake forms now include questions to help determine if a volunteer or care receiver is a veteran, so staff can more accurately and effectively track and report efforts in this regard.

### **Recruitment and Development**

#### **PLAN AND INFRASTRUCTURE TO CREATE VOLUNTEER ASSIGNMENTS TO IMPROVE COMMUNITIES AND THEMSELVES:**

Twenty years ago, due to a rising concern for the needs of the elderly and disabled, the Trenton Area Ecumenical Ministry applied for and was awarded a grant to establish what is now referred to as Interfaith Caregivers of Greater Mercer County. Today, ICGMC provides free caregiving services to more than 400 homebound elderly and disabled people throughout Mercer County, NJ. It accomplishes this through the committed partnership of 28 interdenominational congregations located throughout the Great Mercer County area, 25 of which will support us during this project. They include 11 in Trenton, five in Hamilton, three in Hopewell/Pennington, three in Ewing/West

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Trenton and three in Lawrence.

All of Interfaith Caregivers' services are provided without proselytization or regard to race, religion, color, sexual orientation, income or national origin. Since referrals are accepted regardless of religious affiliation, care receivers do not need to belong to a member congregation, and volunteer services are typically provided in a care receiver's own Mercer County home.

ICGMC has an established process for bringing congregations into the coalition and creating high quality volunteer assignments. Generally that process is as follows: ICGMC engages in outreach activities to local congregations, particularly in geographical areas demonstrating unmet need. An appointment is set with the leader of the congregation (i.e. the pastor, rabbi, Imam, etc.). The ICGMC program is explained during the appointment. If the congregation agrees to join the coalition, the head of the congregation signs an agreement that specifies each party's commitments and obligations. A congregational contact person is identified. The contact person becomes a Group Leader. There should be multiple Group Leaders in a congregation with one being designated as the main contact. Once Group Leaders are trained by ICGMC staff, the volunteer program is initiated at the congregation. With support of ICGMC staff, marketing commences to recruit volunteers. Emphasis will be placed on RSVP eligible volunteers (i.e. those over age 55). Candidates complete a registration form that includes identification of special interests and skills. Background and motor vehicle checks are completed for all volunteers. Volunteers provide copies of their driver's license and automobile insurance to ICGMC. The signing of confidentiality agreement by volunteers is to be instituted in the near future. Since they will be serving in the home, RSVP volunteers will also be required to sign a Letter of Agreement that meets Federal, State and local regulations. Training sessions are conducted by ICGMC at least twice a month. When a cadre of volunteers has been recruited and trained, the congregation's marketing campaign is redirected to identify eligible care receivers. Although recruitment of volunteers at ICGMC's member congregations is ongoing, as the need becomes evident, special volunteer recruitment drives may also be conducted. Community marketing efforts to identify potential new member congregations, volunteers and care receivers are ongoing and include electronic, print, radio, television and in-person modalities. RSVP eligibility criteria will be emphasized in recruitment. Referrals for volunteer services may be made by any concerned party. New care receiver intake information is completed by ICGMC office staff or by a Group Leader of a specific congregation. If intake is done by ICGMC, the person to be served is

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entered into a data base and referred to the congregation most likely able to provide the needed service. Otherwise, the congregation taking the referral sends the information to ICGMC to be included in the database and, then, usually provides the service themselves. A Group Leader makes a home visit, collects information on care receiver needs and assigns a volunteer; always assuring that the situation is deemed safe for the care receiver and the volunteer. In making volunteer assignments, Group Leaders make a conscientious effort to match the volunteer's qualifications and interests to client's needs and interests. If volunteers have special skill sets, these are considered in making assignments to care receivers. Volunteers may also be called on to use those unique skills in an advisory capacity for ICGMC programs and special projects. The ICGMC staff includes a nurse Case Manager who is available for consultation when complex needs are evident. When there is a request for services (e.g. bathing, dressing, medication administration, medical treatments) that does not fit into volunteer assignment parameters, a referral is made to an appropriate resource. Volunteers communicate any questions and/or concerns about an ongoing assignment to their Group Leader. If unable to address the concerns, the Group Leader has access to ICGMC staff for consultation. By way of congregational reporting requirements and open lines of communications between ICGMC staff and Group Leaders/volunteers, ICGMC staff will provide day to day oversight of the RSVP volunteers. Staff will also conduct ongoing assessment of the impact that volunteers are having in addressing the targeted community needs.

The already established and longstanding ICGMC infrastructure will assure that RSVP volunteers have excellent, well supported, rewarding opportunities to use their experience, abilities and skills to help their community and to increase social ties and the perceived social support of Mercer County residents age 65 and older and those with disabilities.

### **PLANNING AND INFRASTRUCTURE TO TRAIN VOLUNTEERS:**

The plan and infrastructure for RSVP volunteers to receive training will have a number of elements. ICGMC staff train all Group Leaders according to an established curriculum. The training is scheduled whenever new Group Leaders are identified. The curriculum includes sections on ICGMC, its mission, policies, procedures, communications mechanisms and supportive services; development of infrastructure on the congregational level, role and responsibilities of the Group Leader; roles and responsibilities of volunteers; aging and disabilities topics and referral sources; and required reporting procedures. ICGMC conducts volunteer training twice a month. There is an established volunteer

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training curriculum that includes most of the elements of the Group Leader training. Upon notification of grant award, ICGMC will work to add a new segment on RSVP guidelines to both the Group Leader and volunteer training curriculum. ICGMC conducts Group Leader meetings a minimum of three times a year. These meetings provide an opportunity to present and discuss program changes, additions or refinements and announce important updates on community events and resources. RSVP specific messages will also be incorporated into these sessions. Group Leader meetings are followed by workshops on topics relevant to aging and/or disabilities. The workshops are open to the public. Each session is held at a different participating congregation. Examples of recent workshops are: Healthy Eating for Older Adults; Addiction Issues for Older Adults; Elder Abuse; Care-full Communications with Loved Ones with Dementia; and Enhancing Memory Strategies, etc. Topics relating to RSVP outputs and outcomes will also be incorporated into the schedule of workshops. An annual Clergy recognition event is held for the clergy of member congregations. These events include presentations on ICGMC and its programs. Again, RSVP related topics will become part of that presentation. As opportunities arise, special training sessions are, and will continue to be, conducted for Group Leaders and volunteers. An example is the intensive two session Listening Skills workshop that ICGMC provided to volunteers in early 2014.

### **COMMUNITY DEMOGRAPHICS AND RECRUITMENT PLAN:**

About 91,600 people, or 25% of the total population, are age 55 or older. Males over age 55 represent about 11% of the total population, while females of that age account for about 14%. In focusing on the racial breakdown of the age 55 and over Mercer County population, 2010 census data show that Whites represent about 74% of that age group, Blacks 16%, Asians 5% and Hispanics 5%. Veterans account for about 5% of people over age 55. People with disabilities constitute 10% of the non-institutionalized population. By age 65, the percentage of persons with disabilities rises to 33%. Efforts to recruit volunteers age 55 and older will include in-person and multi-media efforts. ICGMC will use its own communications outlets to recruit volunteers, including its website, semi-annual newsletter, annual report, and Constant Contact messaging that regularly reaches about 900 people. External recruitment efforts will occur primarily in relation to member congregations. Those efforts will include in-person presentations at congregations and/or their ministries over the 3-year grant period, regular submission of bulletin announcements to congregations, and, as available, marketing by means of congregational websites, Constant Contact e-blasts, Facebook pages and other electronic media. Community recruitment efforts also will include printed media, radio, television, speaking

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engagements and representation at community events. In addition to in-house and congregational efforts, at least 15 community speaking engagements, event participation or print media exposures will occur each year of the grant. Community recruitment efforts will particularly be directed toward racial and ethnic minorities, veterans and people with disabilities. This targeted recruiting will be accomplished by way of focusing efforts on congregations, organizations, adult communities, senior/disability housing complexes, and/or senior centers that primarily serve those populations. Staff, Board members and volunteers are involved in all phases of recruitment efforts, including personal appearances, social networking, press releases, graphic arts, publications, etc.

### **PLAN AND INFRASTRUCTURE TO RETAIN AND RECOGNIZE VOLUNTEERS:**

Over the past 20 years, ICGMC has been highly successful in recruiting and retaining volunteers. More than 30% of our volunteers have been involved for 10 years or more. The plan for recognition of RSVP volunteers is multifaceted. ICGMC conducts a very successful volunteer recognition event, "Inspire by Example," in the spring of each year. The evening includes dinner, an inspirational speaker, entertainment, door prizes, accolades for long term volunteers and fun. ICGMC will provide specific recognition to RSVP volunteers at this event. ICGMC will also feature RSVP volunteers in newsletter articles, press releases, the annual report, and via the website ([icgmc.org](http://icgmc.org)) and social media outlets. Other occasions for recognition will be Group Leader meetings held three times a year, an annual Group Leader Retreat, and during presentations by staff at congregations and community events. Volunteers are also invited to share experiences at community events, on the radio and on TV. The Board and staff are fully cognizant of the value of each volunteer. Volunteers are applauded and thanked at every opportunity, whether formally or informally, in phone conversations, in emails, in personal handwritten notes, at one-on-one meetings and at large events.

### **Program Management**

#### **PLAN AND INFRASTRUCTURE TO ENSURE MANAGEMENT OF VOLUNTEER STATIONS:**

Following much discussion and with approval from RSVP, ICGMC is proposing a program management model in which it serves as the sponsor and as the sole station. The rationale for this approach is that ICGMC has the experience and the capacity to meet all of the RSVP Program Regulations outlined in eCFR Title 45, Subtitle B, Chapter XXV, Part 2553, subpart F (Responsibilities of a Volunteer Station). Interfaith Caregivers has a very hands-on approach to the management of its volunteer program, including but not limited to control of volunteer recruitment, oversight of placement of volunteers, data collection and record keeping, orientation and training of

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volunteers, supervision of Group Leaders and volunteers, recognition of volunteers and provision for safety of volunteers. The variety of ways in which ICGMC will ensure proper management and compliance with program regulations include: 1) training of all ICGMC staff regarding compliance criteria; 2) inclusion of discussion of prohibited activities in training of both Group Leaders and volunteers; 3) provision of written RSVP guidelines, including a listing prohibited activities, to each staff person, Group Leader and RSVP volunteer; 4) review of each care receiver intake form, particularly the services requested; 5) reiteration of RSVP service restrictions via email communications and Group Leader meetings, 6) Group Leader meetings three times a year, 7) provision of day-to-day consultative services to Group Leaders/volunteers, 8) availability for in-home joint visits with volunteers, 9) availability of Registered Nurse case management services for clients with multiple needs, and 10) review of monthly service reports submitted by congregations.

### **PLANS FOR OVERSIGHT OF STATIONS AND VOLUNTEERS:**

ICGMC is proposing a model in which, as sponsor, it is also the sole official station. The model enables it to have multi-layered plans and infrastructure for oversight to ensure volunteers are performing assigned service activities. These multiple layers will, in effect, call for a system of continuous appraisal of compliance. Each month, each volunteer submits a report of his/her activities to the congregational Group Leader. The report includes the name of the person(s) served, the hours of service, the type of service and comments. The Group Leader collates the information and forwards it to ICGMC staff, who review and enter all data into a database. Any discrepancies or concerns (e.g. unusual amounts of time spent with one care receiver, lack of service to a care receiver, etc.) are addressed by ICGMC staff with the Group Leader/volunteer. The specific level of RSVP service will be reported to and reviewed by the RSVP Advisory Committee at quarterly meetings. The Group Leader meetings, held three times a year, will provide opportunity for a give and take between ICGMC and its volunteers to express and address issues of concern. In addition, the volunteers will be given Group Leader contact information to use in the event they have any questions or concerns about their services. An annual survey of care receivers will include quality measures.

### **PLANS TO MEET CHANGING NEEDS AND MINIMIZE DISRUPTION TO CURRENT VOLUNTEERS:**

Currently, there is not a funded RSVP program in Mercer County; therefore, there are no existing stations and none to be graduated. ICGMC will work with the last funded RSVP grantee, who has

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graciously encouraged and supported us in this application, to identify former volunteers who would be interested in serving in the Mercer County Retired Senior Volunteer Program at ICGMC. If a prospective volunteer is not affiliated with an ICGMC member congregation, they may still enlist as a volunteer. The ICGMC office would function in the capacity of their "congregation," as it already does for other non-affiliated volunteers.

Population projections forecast a large increase in the number of people over age 55, as well as the people over age 65. Of most concern, however, is the projected increase in the number of "old - old" (i.e. those over age 85). This group has more needs for services and fewer resources. Another trend in Mercer County is the increase in size of minority population groups, particularly Hispanics. Therefore, changes in community need are primarily anticipated to be in the realms of growth in demand for service and in capacity to address specific needs of minority groups, including language concerns. The RSVP program itself will position ICGMC so that it is able to address the increased demand for service by giving it the capacity to enlist more congregations and thereby more volunteers. ICGMC currently has a staff person responsible for recruitment of African American volunteers and care receivers and a Spanish speaking staff person responsible for recruitment of Hispanic volunteers and care receivers. The RSVP Program Director will be supported by these staff members in outreach to minority groups. Additionally, ICGMC is currently involved in a project funded by the City to strengthen volunteer services in Trenton, where 65% of the population is of a race other than White. The Trenton effort and the RSVP project will be mutually supportive in addressing the growing needs of minority elderly and disabled persons.

### ORGANIZATIONAL TRACK RECORD OF MANAGING VOLUNTEERS:

ICGMC's track record for managing volunteers in the Primary Focus areas and providing the specified service activities is strong. Currently, there are over 300 ICGMC volunteer age 18 and over. In 2013 alone, ICGMC handled 3,096 calls for assistance -- a 24% increase over 2012 -- and recruited 108 new volunteers. Its volunteers donated 15,015 hours to help 386 care receivers, including 196 newly enrolled ones, in every corner of Mercer County. This represents a 27% increase in hours (the highest service level in ICGMC history) and a 21% increase in care receivers over 2012. Compared to 2011, the increase is even more profound, with a 38% increase in hours and a 33% increase in care receivers! The types of free services volunteers provided homebound elderly and disabled Mercer County residents in 2013 included:

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- 4,747 hours of friendly visits, phone calls and respite care
- 3,772 hours of transportation
- 2,166 hours of administrative work
- 2,065 hours of shopping assistance/food delivery
- 1,298 hours of health education and wellness, and
- 967 hours of indoor chores (paperwork, housekeeping, meal preparation) and outdoor chores/repairs

ICGMC's established tracking system can readily be modified to accommodate measuring performance in the Primary Focus Area. Seeing so clearly that the population is aging, ICGMC is perpetually striving to increase the number of volunteers it recruits, screens and trains; the number of service hours it provides; and, in turn, the number of care receivers it is able to serve. The RSVP grant will be extremely beneficial to these efforts -- and ICGMC expects at least 180 new volunteers age 55 and over to be contributing to the three specific areas of Food Delivery, Transportation and Companionship at the end of year 3 of the grant period.

### PLAN AND INFRASTRUCTURE TO ENSURE THE PROJECT IS IN COMPLIANCE WITH RSVP FEDERAL REGULATIONS:

The Federal Regulations for the project have been reviewed, and ICGMC leadership has determined that the organization has the capacity to comply fully. A proposed RSVP Advisory Council has been formed that meets the composition requirement spelled out in section 2553.4 of the regulations. RSVP Advisory Council members are diverse in terms of race and ethnicity, and have combined experiences and knowledge in areas such as volunteerism, community service, administration, public health, nursing, aging issues, geriatrics, marketing, programming, evaluation, military/veterans affairs, etc. A meeting of the Advisory Committee will be scheduled within 6 weeks of a notice of grant award and quarterly thereafter. The RSVP Project Director will be responsible for project management and oversight of RSVP data collection, file maintenance, tracking and reporting to ensure the program's quality, effectiveness and compliance. Once an RSVP Project Director is employed, he/she will assume responsibility for oversight of the Advisory Committee and its meetings. The Project Director will also coordinate RSVP functions and activities with those of the organization overall. The organization's current risk management policies will be broadened to incorporate the RSVP program. Existing record keeping activities and reporting systems will be modified to be in full compliance with grant

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requirements. As the sole volunteer station, ICGMC will and does comply with all applicable civil rights laws and regulations, including reasonable accommodation. The practice of conducting criminal history checks on all staff and volunteers will be continued. ICGMC will be both the sponsor and sole volunteer station. Therefore, the required Letter of Agreement authorizing assignment of an RSVP volunteer in the home of the client will be between the care receiver or legally responsible person and ICGMC. ICGMC currently has a client agreement form to which an addendum will be added that specifically addresses assignment of RSVP volunteers. In lieu of required station MOUs, the ICGMC Board of Directors will pass a resolution that 1) confirms its commitment to meet project requirements 2) identifies the working relationships within ICGMC and 3) identifies the responsibilities of ICGMC to be executed through its staff and volunteers. ICGMC coalition member congregations, although not considered RSVP stations, are currently asked to sign an agreement with ICGMC that outlines the requirements for coalition membership, working relationships and mutual responsibilities. Once notified of a grant award, the staff and selected advisors will meet to modify current ICGMC forms and procedures to bring them into full alignment with federal regulations. All modifications will be implemented prior to grant start up.

### **Organizational Capability**

#### **PLANS AND INFRASTRUCTURE TO PROVIDE SOUND PROGRAMMATIC AND FISCAL OVERSIGHT AND OPERATIONAL SUPPORT:**

Interfaith Caregivers of Greater Mercer County is a nonprofit, volunteer-based corporation that operates under the auspices of a Board of Trustees. Per its ByLaws, the purpose of the Corporation is to "strengthen and expand caring to vulnerable and health-impaired persons, and to help them maintain an optimal quality of life." The Executive Committee of the Board consists of a Chair, Vice Chair, Secretary, and Treasurer. Currently, there are 12 Board Trustees. The Board has "the control and management of the affairs of the Corporation and shall exercise all such powers of the Corporation, and do all such lawful acts and things necessary or expedient in the control and management thereof." Executive Committee meetings are held once a month and full Board meetings are conducted bi-monthly. The Executive Director is an ex-officio member and reports directly to the Board.

Notification of an RSVP grant award will activate several processes: 1) The newly-formed RSVP Advisory Council will be convened. The members of the RSVP Advisory Council will be independent from the Corporation's Board of Trustees, and will meet quarterly and upon request. The Council will

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provide advisement to the Executive Director and the RSVP Project Director regarding planning and implementation of the RSVP program; and it will provide recommendations to the Board of Trustees relative to the agency's sponsorship of the RSVP program. 2) ICGMC will add a FTE RSVP Project Director staff position. The RSVP Project Director will report directly to the Executive Director and will be provided with organizational and community orientation, and training regarding RSVP program requirements, including all elements of the approved grant application. He/she will establish a timeline for implementation of the RSVP program that will require approval by the Executive Director. The Project Director will have "open door" access to the Executive Director, and the two will have a scheduled monthly meeting to review progress and adherence to RSVP program requirements, status of program implementation progress, and RSVP data reports. 3) The Executive Director will deliver a comprehensive RSVP program update at each Board meeting. 4) The RSVP Project Director will also serve as a member of the Board's Strategic Planning Committee. Benchmarks for RSVP program implementation will be incorporated into the ICGMC strategic plan. Strategic planning meetings are generally held quarterly. Progress toward implementing action plans and meeting RSVP program objectives will be tracked at these meetings.

In regard to fiscal oversight, ICGMC's Business Manager reports to the Executive Director and will carry out the day-to-day fiscal responsibilities (financial and in-kind) in relation to the RSVP grant. The Business Manager and Board Treasurer will familiarize themselves with applicable RSVP fiscal regulations and the OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Oversight to ensure compliance with RSVP program and OMB requirements and to ensure accountability and efficient and effective use of available resources will be provided through the following mechanisms: 1) Prior to each Board meeting, the Business Manager will provide an RSVP budget report to the Executive Director and the Board Treasurer. The RSVP budget report will be incorporated as a component of the overall budget report to the Board. 2) ICGMC retains the services of an outside accounting firm, Horvath & Giacin, which employs Certified Public Accountants to manage ICGMC's financial records in Quickbooks, including recording any agency and program revenues, posting non-check expenses/disbursements, recording depreciation, and reconciling the revenues, expenses, and bank statements monthly. For the RSVP program, ICGMC will establish a new program and enter the program budget in its general ledger/accounting system (Quickbooks) on a job-cost accounting basis allowing for the recording budgets, revenues and expenses by cost centers, jobs, grants and activities. This approach would enable independent

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bookkeeping and financial record-keeping for the RSVP program, and will support ICGMC's fiscal reporting requirements. Horvath & Giacin, has experience with many local and regional nonprofit organizations who are recipients of Federal funding; and they have the expertise and capacity to ensure that all financial records and activities for the RSVP program are compliant with program statutes, regulations, and applicable OMB requirements. 3) ICGMC will implement a system of internal controls for RSVP-related expenditures. Specifically, while the Project Director may order/requisition products or services in connection with the RSVP program, payment for any such services must be approved and processed by the Business Manager using the Quickbooks accounting system to prepare and generate disbursements and/or checks. The disbursement checks must then be signed by the Executive Director. This system of internal controls will ensure that only approved expenditures are incurred consistent with the approved RSVP program budget.

**CLEARLY DEFINED STAFF POSITIONS TO ASSURE ACCOMPLISHMENT OF OBJECTIVES:** ICGMC will use a combination of new and current staff to ensure accomplishment of program objectives. ICGMC will use the RSVP grant to add an FTE position to fill the role of RSVP Project Director, who will report to the agency's Executive Director and be subject to ICGMC personnel policies.

Specifically, the Project Director will manage the volunteer-related functions, outreach activities, reporting, and program coordination and administrative functions related to RSVP; and will accomplish the purposes of the RSVP program and fulfill its work plan in accordance with RSVP regulations and the rules established by the Corporation for National and Community Service (CNCS). This will include establishing new, additional metrics specific to RSVP reporting and compliance requirements and best practices, such as program-specific record-keeping, data collection, and reporting to document the program's quality, effectiveness, levels of service, and compliance. The Project Director will also convene and following up on meetings and recommendations of the RSVP Advisory Council.

Current ICGMC staff members will also support the RSVP program through their respective roles. ICGMC currently has 6 employees: a full-time Executive Director, a full-time Business Manager, a part-time Case Manager, 2 part-time Volunteer Managers, and a part-time Wellness Program Coordinator. All staff positions are filled; and each position has clearly-defined roles and

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responsibilities, many of which will contribute to the efficient, effective and quality operation of the RSVP program as follows:

Executive Director - Approximately 10% of the Executive Director's time will be allocated to the RSVP program. The Executive Director (E.D.) will provide oversight and strategic planning, management, and direction for the RSVP program and will manage the RSVP Project Director. The E.D. will also hold regular staff meetings, conduct regular RSVP program reviews and assessments, and serve as liaison between the RSVP Advisory Council and the Board of Trustees.

Business Manager - Approximately 10% of the Business Manager's time will support RSVP. This person is responsible for managing the RSVP budget, processing program-related payments and expenditures, and coordinating all fiscal record-keeping and fiscal reporting for the program, in cooperation with the outside accountants. This role will also serve as an internal control for RSVP-related expenditures as described.

Volunteer Managers - The agency employs two part-time Volunteer Managers: a diversity specialist who targets underserved, urban communities; and a bilingual specialist who provides support for the Spanish-speaking population. Approximately 20% of the Volunteer Managers' time would be allocated to RSVP to enable these specialists to conduct outreach, recruit volunteers, and provide standardized training for RSVP volunteers prior to working with program care receivers/participants. They would also assist with day-to-day volunteer coordination, matching, and provide support for volunteer-related events and activities.

Case Manager - ICGMC employs a part-time Registered Nurse/Case Manager who provides oversight and management of the Volunteer Managers' activities, updates/revises volunteer training materials, conducts training sessions for new, volunteer caregivers and group leaders, and manages care receiver referrals for those needing additional services. The Case Manager would also match RSVP volunteers with care receivers, and document volunteer outputs/activity, obtain monthly service reports from RSVP volunteers, and conduct quarterly group leader meetings (with supervising volunteers). Approximately 20% of the Case Manager's time would be allocated to the RSVP program.

Instruments used to specifically measure and determine program outputs and outcomes will include

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monthly service reports from volunteers, quarterly group leader meetings (with supervising volunteers), volunteers and care receiver surveys, volunteer information/registration forms, care receiver intake forms/ documentation, collection of demographic information from program participants, post-training surveys, incident and grievance reports, in-home assessments, referrals, and case management records. All of these current instruments, as well as additional instruments, will be used to measure outputs and outcomes for the Healthy Futures RSVP program. Staff members and volunteers will track the number of RSVP volunteers recruited, screened and trained; units of service completed (output indicators) and the number of participants (senior volunteers and care receivers) who have benefitted from the program (outcome indicators); along with qualitative indicators using the instruments detailed above.

### **ORGANIZATIONAL CAPACITY TO DEVELOP POLICIES AND PROCEDURES AND TO MANAGE RISK AND CAPITAL ASSETS:**

The governance of ICGMC is defined in the Bylaws of Interfaith Caregivers of Greater Mercer County, Inc. The Board ensures execution of the agency's Bylaws and provides governance and oversight of the agency's activities, finances and programs to ensure that the mission is being fulfilled, and to ensure financial solvency and accuracy of financial and programmatic reporting. The Executive Director, who reports to the Board of Directors, manages the ICGMC staff.

Annually, the Board of Directors establishes the agency operating budget; and throughout the year, the Board Chair and Board Treasurer make decisions regarding fiscal management with the advisement of an outside accounting firm and auditor, as needed. The Business Manager prepares profit and loss reports and budget reports bi-monthly for Board review. ICGMC's monthly financial closing is performed by an outside accounting firm using Quickbooks accounting software; and its annual audit is performed by an outside audit firm. ICGMC utilizes the services of an outside payroll processing firm, Paychex, to perform payroll and payroll tax payment functions. ICGMC has filed its Form 990 and has completed its annual audit for calendar year 2013; and is compliant with all federal and state filing requirements as an operating charitable 501(c)3 organization in New Jersey.

ICGMC has a Policies and Procedures Manual which includes established fiscal policies, financial procedures, personnel policy, grievance procedures, risk management policy, safety and other operating policies. Consistent with its Strategic Plan, these policies are reviewed annually and updated

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as needed. ICGMC maintains financial and program records including cash receipts and disbursement records, time sheets for staff and volunteers, attendance records for staff, in-kind records and program expense records.

ICGMC maintains commercial general liability insurance coverage as required for federal, state and county funding; as well as workers compensation coverage as required by the State of New Jersey. It also carries volunteer accident insurance, volunteer excess auto liability coverage, directors and officers insurance, and employment practices liability insurance at the appropriate levels as recommended by its insurance agent. It conducts an annual insurance review in April to ensure that all activities remain within the scope of coverage, and that coverages are adequate.

The agency retains the services of an outside accounting firm, Horvath & Giacin, which employs Certified Public Accountants to manage its financial records in Quickbooks, including recording any agency and program revenues, posting non-check expenses/disbursements, recording depreciation, and reconciling revenues, expenses and bank statements monthly. ICGMC's capital assets are captured in Quickbooks at the time of acquisition and their value is reflected accurately in all financial statements. The depreciation on these assets is recorded monthly using the straight-line depreciation method. Capital assets are primarily fixed assets -- furnishings and office equipment. ICGMC conducts an annual review with its accountants of depreciable assets to ensure that records are current, all assets are recorded, and that their value is accurately reflected in all financial statements.

### **DEMONSTRATED INFRASTRUCTURE FOR ROBUST FINANCIAL MANAGEMENT AND EXPERIENCE MANAGING FEDERAL GRANTS:**

Since its incorporation in 1994, ICGMC has recruited, screened, trained and managed over 2,000 volunteers who have given more than 185,000 hours of free services to more than 2,700 County residents. Over the past 20 years, its focus has been on promoting volunteerism and on serving the elderly and people with disabilities in Mercer County. During its two decades, ICGMC has applied for and secured funding from various private and public sources, including government funding from the State of New Jersey's Office of Faith based Initiatives, a program of the Department of State; federal HUD funding administered through the City of Trenton's Community Development Block Grant (CDBG) program; and Title III-B of the Older Americans Act administered through the Mercer County Office on Aging. In each of these instances, ICGMC has demonstrated success in its

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compliance with program and fiscal reporting requirements and site visits. Its organizational infrastructure has provided sound programmatic and fiscal oversight to ensure compliance with all funding requirements (statutes, regulations, and applicable OMB circulars) and has ensured accountability and efficient and effective use of resources.

Through continued funding and successful site visit reports from the aforementioned sources, ICGMC has demonstrated its organizational capacity to develop and implement adequate internal controls, policies and operating procedures; to provide governance and manage risk; and to manage assets/equipment and supplies while accomplishing program goals, objectives and outcomes.

### **Other**

Not applicable

### **PNS Amendment (if applicable)**

Not applicable