Somerville-Cambridge Elder Services, Inc.

Area Plan on Aging

For the period of
October 1, 2018 to September 30, 2021

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Somerville / Cambridge Elder Services, Inc.
Planning and Service Area

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EXECUTIVE SUMMARY

The following document is the Area Plan for the period 2018 to 2021. As a federally designated Area Agency on Aging (AAA), Somerville-Cambridge Elder Services is mandated to assess the needs of elders in the local planning service area (PSA), and to develop a multi-year plan to address those needs. The SCES Area Plan fulfills its AAA planning responsibility.

Over the past year, the SCES planner with the support of the AAA Advisory Council, has conducted a comprehensive needs assessment to identify areas of concern for individuals age 60 and over and their caregivers.

This document includes an overview of SCES and its role in the community, an overview of a needs assessment process, and an exploration of specific areas designated by the Executive Office of Elder Affairs, U.S. Administration on Aging, and the Administration for Community Living.

Background

SCES is a state-designated Aging Services Access Point (ASAP) -- formerly known as a Home Care Corporation (HCC) -- and a federally-designated Area Agency on Aging (AAA). As an Area Agency on Aging (AAA), SCES has a number of responsibilities which are specified by the Older Americans Act.

The three main responsibilities of the AAA are to:

1) To advocate for older people in the service area,
2) To identify and assess the needs of the elderly in the area and develop a multi-year plan to address those needs, and;
3) To administer OAA funds that are available to use to implement the plan.

Older Americans Act (OAA) Background

As a federally designated Area Agency on Aging, SCES is part of a network of AAA's across the country that seek to improve the quality of life of older people. These organizations were established as a key component of Older Americans Act which was enacted in 1965. The OAA articulated a set of far reaching objectives related to the health and well-being of older Americans. The OAA sought to establish a framework for the delivery of community based services which could work to achieve the Act's objectives.

The Act created the U.S. Administration on Aging and established grants for states to engage in community planning and service programs. The Act has been amended over the years to establish important programming such as the National Nutrition Program, the
development of the AAA network, the Long Term Care Ombudsman Program and, more recently, the National Family Caregiver Support Program.

The three main responsibilities of the AAA are to:

1) To advocate for older people in the service area,
2) To identify and assess the needs of the elderly in the area and develop a multi-year plan to address those needs, and;
3) To administer OAA funds available to use to implement the plan.

As an AAA, each year SCES receives funds under Title III-B and Title III-D of the OAA. These funds are distributed to other organizations in the community in a competitive funding process.

Services provided with OAA funds must give priority to elders with the greatest economic need ("need resulting from an income level at or below the poverty line"), and the greatest social need ("need caused by non-economic factors, which include: physical and mental disabilities; language barriers; cultural, social or geographic isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks, or threatens the capacity of the individual to live independently").

The OAA requires that local Title III-B allocations include awards for legal services, in-home services, and services that facilitate access to other existing services. Services provided under Title III-D must be used for evidenced based disease prevention. In addition, local service needs as identified in the needs assessment are prioritized.

Older Americans Act funding supports the Meals-on-Wheels Program, congregate meal sites, the National Family Caregiver Program, and Title III-B and III-D sub-grants which fund a variety of activities to support the independence, health and wellness of older people.

SCES Background

Somerville-Cambridge Elder Services (SCES) is a private, non-profit organization providing essential services that promote the dignity and independence of older adults. Since its inception in 1972 as part of a national movement towards community-based care of the elderly, SCES has served tens of thousands of clients, the majority of whom are impoverished and in need of assistance with managing their daily activities.

In addition to SCES’ ASAP funded services such as State Home Care, Protective Services, and Information and Referral, SCES plays a vital role in the community based on its AAA designation. This involves the provision of meals through its Meals-on-Wheels program and congregate meal site program, and support to caregivers through its Aging Information Center. Every other year, the AAA Advisory Council of SCES issues a Request for Proposal to fund agencies with creative approaches to meeting the needs of
older people in the planning area. These grants, which are reviewed in a competitive process, fund projects such as legal services, support of homeless elders, transportation, social services for ethnic and linguistic minorities, and evidenced based disease prevention.

As part of its AAA mission, SCES has embraced evidenced based disease prevention and health and wellness activities. SCES staff offers the Stanford Chronic Disease Self Management Program, as well as its curriculum for people with diabetes, A Matter of Balance, Healthy Eating, and Healthy Ideas. In addition, SCES has designed two programs itself: Simple Cooking (meant to be a companion to Healthy Eating), and an in-home fall prevention intervention for frail homebound elders.

Another area which is in-line with SCES’ AAA status is helping older adults navigate the complexities of today’s health care system. To that end SCES has forged relationships with health care partners to offer supports to improve the experience of older adults. SCES has partnered with MVES, the Cambridge Health Alliance and Hallmark Health on a Medicare funded program to help reduce unnecessary hospital readmissions. The Community-based Care Transition Program (CCTP) employs workers who facilitate a smooth transition to home from hospital.

The SCES Mission

Somerville-Cambridge Elder Services promotes the right of all individuals to live with dignity, in the setting of their choice by offering older people, younger people with disabilities, and caregivers the information, services and support needed to make choices which enhance health, well being and independence.

The primary goals of the agency are:
- To enable older adults and people of all ages with disabilities to remain living in their own or their families’ homes for as long as they choose to do so.
- To provide comprehensive information and assistance on aging, long-term care, and other related issues and concerns.

The Needs Assessment Process and Results

The SCES Needs Assessment involved a variety of research activities that helped us to develop a picture of the emerging needs of older adults residing in Cambridge and Somerville. These included original research in the form of focus groups and surveys; and secondary research conducted by local municipalities and aging organizations. Each of these vehicles allowed us to access a broad cross section of the communities we serve and focus in on the needs of various special populations.

Identified needs emerging from the research reflect themes previously expressed in needs assessments. These include: Transportation, support for ethnic and linguistic minorities, socialization and enrichment, in-home supports which help avoid institutionalization,
economic security, the unique needs of LGBT elders, shared housing, home modification and universal design to support independence, pedestrian safety and walk-able communities, and caregiver support.

The Plan

Based on the needs assessment and the ACL focus area, SCES developed a series of goals and objectives, as well as strategies, to implement over the coming four years. These are addressed in the next section under goals and objectives.

CONTEXT: FOCUS AREA COORDINATION AND NEEDS ASSESSMENT

As the Area Agency on Aging for the cities of Cambridge and Somerville, Somerville-Cambridge Elder Services (SCES), strives to align our organizational plans with the mission, vision and goals of the U.S. Administration on Community Living (ACL) and the Massachusetts Executive Office of Elder Affairs (EOEA).

This is clearly reflected in the SCES Mission Statement which is:

*SCES promotes the right of all individuals to live with dignity, in the setting of their choice by offering older people, younger people with disabilities, and caregivers the information, services and support needed to make choices which enhance health, well being and independence.*

Our area planning process reflects our efforts to:

1. Coordinate with ACL Focus Areas;
2. Impact identified vulnerable populations (elders living alone, low income elders, minority elder populations, socially isolated populations/elders with limited English proficiency), and;
3. Incorporate insights gained from our needs assessment.

EOEA has requested that we address ACL Focus Areas in the 2018-2021 plan in order to optimize long-term services and supports systems within our community. The ACL focus areas include: Older American Act Core Programs, ACL Discretionary Grants, Participant-Directed/Person-Centered Planning, and Elder Justice. In addition, EOA has requested that we speak to our impact on vulnerable populations including (elders living alone, low income elders, minority elder populations, and socially isolated populations/elders with limited English proficiency.)
Older Americans Act Core Programs

As the Area Agency on Aging (AAA) for our community, SCES receives Title III funding to offer Supportive Services through sub-grants, Nutrition Services through the SCES Nutrition Department, Disease Prevention/Health Promotion through sub-grants and in-house wellness activities, Caregiver Services, and Elder Rights through Protective Services, Legal Services, and advocacy.

Core Program Description

Title III Sub-Grants

SCES funds the following organizations through Title III-B and III-D sub-grants:

Greater Boston Legal Services – Legal Services
Greater Boston Chinese Golden Age Center – Socialization, case management, and Evidenced Based Disease Prevention programs for Mandarin Chinese speaking elders
MAPS – Socialization, case management, wellness for Portuguese speaking elders
Metropolitan Boston Housing Partnership – Hoarding case management
Somerville COA – Transportation, Evidenced Based Disease Preventor, Mental Health

These programs reflect the priorities established in the 2016 needs assessment, which include: affordable housing, economic and health care-related insecurity, transportation, support for ethnic and linguistic minorities, socialization and enrichment, in-home supports which help avoid institutionalization, the unique needs of LGBT elders, accessible medical and physical infrastructure which meets the needs of people living with disabilities, and caregiver support.

Nutrition

Nutrition is a core program for SCES. Each day, SCES provides over 800 meals including home delivered meals for isolated elders, and at meal sites where elders not only have access to a nutritious meal, but also participate in evidenced base disease prevention programs, and socially engage with a supportive peer group.

One way we have strengthened our nutrition program is by responding to the needs of ethnic and linguistic minorities. Having established the need to provide culturally appropriate meals for our community, our Nutrition Department began offering both Chinese meals and Caribbean meals to meet the needs of these growing populations in our service area. In addition, we offer Portuguese meals at two meal sites.

The SCES Nutrition Department has expanded beyond the strict confines of OAA programs and has offered other programs. SCES partners with the Greater Boston Food Bank to offer the Brown Bag Program which distributes over 700 bags of groceries each month to low income senior citizens. The Nutrition Department also offers innovative evidenced based programs such as Healthy Eating and Cooking for One, as well as
nutritional consultations, and nutrition education. We also offer a very successful once monthly LGBT meal site that regularly attracts between 70 and 90 individuals.

*Disease Prevention/Health Promotion*

SCES offers evidenced based disease prevention through sub-grants and through the SCES Wellness Program. Somerville Council on Aging receives funding to offer Fit-for-Life, an innovative evidenced based program. The Greater Boston Chinese Golden Age Center offers the A Matter of Balance Program and Tai Chi to Chinese speaking elders.

The SCES Wellness Program offers a range of programs including: Ageless Grace Diabetes Prevention, A Matter of Balance, Stanford My Life/My Health, Chronic Disease Self Management for People with Diabetes, Healthy Eating, Simple Cooking, and Healthy Ideas. In addition, SCES has received funding through the Tufts Health Plan Foundation to develop an in-home fall prevention intervention for socially isolated individuals unable to take advantage of community based classes.

*Caregiver Services*

SCES addresses the needs of caregivers through a range of services and supports. SCES staff from its Aging Information Department regularly reaches out to caregivers to make them aware of the availability of services. This is done through regular participation in health fairs, outreach events, and community forums. Each year SCES hosts a free, community event called Elder Fair. The event (with attendance of 200-300 each year) features health screenings and over 70 vendors who offer services and support to older adults, adults with disabilities and caregivers. Caregivers can learn about the full range of supports offered in the community, and can speak to SCES staff about developing a plan to address their caregiver needs. Outreach also includes the Savvy Caregiver program, our website, printed and e-newsletters, flyers, social media, and cable access.

SCES staff counsel caregivers over the phone and in-person to assess needs, offer resources, and develop plans to address expressed needs. SCES staff connect caregivers with the range of programs available in the community such as support groups, wellness programs, home care, PACE, SCO, assisted living, etc. SCES staff also offer caregiver education sessions and caregiver recognition. At SCES’ annual Serving Seniors event, caregivers are recognized for their service.

*Elder Rights*

SCES addresses elder rights through its Protective Services (PS) Program, through its Legal Services sub-grant, and ongoing advocacy efforts that promote the abilities of elders and people with disabilities to live independent lives. Our PS program regularly intervenes in cases where elders are subject to abuse, neglect, exploitation, and self-neglect. PS staff balances the need for elder autonomy with safety concerns to determine the best intervention in each case. Legal Services intervenes in a number of areas but is particularly focused on housing issues. They are active in negotiating with landlords and
the housing authority to negotiate fair treatment of low income elders who are at risk of losing their housing. They have been particularly good advocates for elders struggling with the challenges of mental illness. SCES has also strongly supported the rights and needs of LGBT seniors. SCES has participated with the LGBT Aging Project since its inception, providing regular training to staff, having an in-house committee, reaching out to LGBT seniors through a monthly meal site and other events, and offering the community resources and support to age independently.

Our Needs Assessment findings reflect the vital importance of Older Americans Act Core Programs. This process included focus groups and surveys, the results of which highlighted the priorities of older adults in our community: transportation, social activities, economic security, nutrition, wellness, information, accessible housing, and in-home support to avoid institutionalization. Our needs assessment activities included focus groups at: the Massachusetts Alliance for Portuguese Speakers and at SCES Advisory Council, as well as survey data collected from the Somerville COA, the Cambridge COA, and our LGBT community. We also studied extensive survey data collected by both cities on quality of life, aging and housing.

These core programs are vital to our AAA mission and we seek to strengthen and enhance these areas despite funding cuts. As much as possible we try to integrate core programs with ACL goals of providing evidenced based interventions, ADRC coordination, and caregiver support.

**ACL Discretionary Grants.**

SCES has embraced the principles of ACL discretionary grants and has actively developed program areas such as evidenced-based disease and disability prevention, the development of the Aging and Disability Resource Center (ADRC), and other programs that support community living. SCES has actively sought funding to support these efforts despite cuts in ACL funding.

SCES offers a full range of evidence based and wellness related programs that empower individuals to take control of their own health and stay independent as long as possible. SCES offers the Stanford My Life/My Health Program, the Stanford Self Management Program for people with Diabetes, A Matter of Balance, Healthy Eating, and Healthy Ideas, Diabetes Prevention program and the Savvy Caregiver program. In addition, we have developed our own program to compliment Healthy Eating, called Simple Cooking, and we have received funding to develop our own in-home fall prevention intervention. We have also emphasized the development of supports for individuals struggling with mental health issues. We have developed a program called Connect, which serves as a bridge program for individuals whose mental health issues are impacting their ability to live successfully in the community.

SCES is an active member of the MetroBoston Aging and Disability Resource Center (ADRC), and as such coordinates with local disability agencies. Information and
Referral staff works on a regular basis with Boston Center for Independent Living staff to offer consumers living with disabilities appropriate supports and information to enhance independence. As a member of the ADRC, SCES offers Options Counseling to consumers in our service area which promotes their long-term ability to remain in the setting of their choice.

SCES was awarded a multi-year Community Care Transition Program (CCTP) contract by the Centers for Medicare and Medicaid Services (CMS) to serve as lead agency in community/hospital collaboration. SCES, along with sister agency, Mystic Valley Elder Services, the Cambridge Health Alliance and Hallmark Health are working together to reduce unnecessary hospital readmissions and improve the quality of life of individuals transitioning between care settings and home. In addition to providing an array of post hospital supports, CCTP staff offer the Coleman Care Transitions Intervention.

Objectives that seek to integrate Evidence-Based Disease and Disability Prevention Programs with the core Older Americans Act programs above include:

- Using Title III-D funding only for evidenced based programs
- Offering Nutrition Programs that address the needs of socially isolated, low income and traditionally underserved populations, such as LGBT, and non-English speaking populations, and providing access to evidenced based programs
- Offering the Coleman Care Transition Intervention to individuals at local hospitals
- Offering Healthy Ideas Depression Management to SCES Home Care and SCO Clients.

**Participant-Directed/Person-Centered Planning.**

SCES is committed to Participant Directed/Person-Centered Planning. For consumers and their families wishing to have greater control over how their services are delivered, SCES offers a range of consumer-directed options, and person centered principles are integrated into all services.

Beginning with the consumer’s initial contact with the agency, SCES staff promote a person-centered process that emphasizes consumer choice, autonomy, and independence. The SCES Aging Information Department staff are experienced aging and disability professionals most of whom have MSW degrees. Their education and experience allows them to work collaboratively with consumers to identify supports and information that meet the consumer’s identified needs. SCES staff offer consumers a complete range of options including consumer-directed options such as Personal Care Attendant, Adult Family Care, and the SCES Take Charge Program.

SCES ensures that all Home Care Program consumers eligible for consumer directed services are afforded the opportunity to choose this option. Applicants for Home Care Services and/or their referral source are informed when Aging Information (I&R) takes the referral for the Home Care Program that both vendor provided services, and consumer
directed services are available as service options for eligible consumers. If the applicant and/or referral source wishes, I & R will also mail an information sheet about "Take Charge" which is the program name for Somerville-Cambridge Elder Services' offering of a consumer directed option under the Home Care program. During the initial assessment visit and subsequent reassessment visits, the case manager will discuss and review the consumer directed service as an option available to an eligible consumer.

As with all Home Care enrollments, the service package for a consumer utilizing "Take Charge" as a service is determined by need, and the level of funding by program enrollment. The "Take Charge" level of service hours and funding for them is determined under the program enrollment guidelines. Consumers approved for "Take Charge" and/or their surrogate may instruct the Take Charge worker(s) to assist with Homemaking, Personal Care, Home Health Aide, Transportation, Chore, Companion, and other assistance with ADLs and IADLs. All funds available to the consumer through their Home Care enrollment, may be used by the consumer approved for "Take Charge" to pay the consumer directed worker, and keeping to the budget confines of the approved service package, the consumer surrogate may mix the consumer directed service with formally provided vendor service(s).

The case manager will assist a consumer who is eligible under program enrollment for consumer directed service, but is not able to hire, train and monitor their own worker, with identifying a surrogate of the consumer's choice to assist the consumer and/or act on their behalf. A surrogate, who cannot be the worker, will act as the consumer's designee to hire, train and monitor the worker.

Through this range of consumer directed offerings and participant centered planning, SCES ensures that consumers are able to maintain their independence and determine for themselves what mix of personal assistance supports and services work best for them.

**Elder Justice**

Ensuring justice for older adults in our services area is of critical importance to the mission of SCES. Older adults are increasingly subject to neglect, abuse, and exploitation. In addition, the growing population of socially isolated older adults, and adults with mental illness, are at risk for self-neglect. A burgeoning group of individuals in the age bracket struggling with mental health and substance abuse only increases our need to address elder justice.

SCES pursues elder justice on a number of fronts. As a state designated Aging Services Access Point (ASAP), SCES is the designated Protective Services (PS) agency for Somerville and Cambridge. As such, the PS Department investigates allegations of abuse, neglect, financial exploitation, as well as self neglect. This process is carried out in accordance with guidelines provided by EOEA. SCES has developed a wide range of connections with police, emergency responders, health care professionals, social service agencies, and through education of these sources, SCES receives PS reports. PS
collaborates with a wide range of agencies to offer supports that can promote the ability of the older adult to live independently without the threat of abuse, neglect; or exploitation. Examples of support include: legal assistance, home care services, caregiver support, housing advocacy, and disability services.

SCES works closely with Greater Boston Legal Services (GBLS) to advocate for the rights of elders in a number of ways. PS and GBLS collaborate on a variety of cases, but there is a clear emphasis on housing law because of the high number of housing problems among older people. GBLS can advocate and negotiate with landlords and the Housing Authority, and help develop plans to help elders maintain tenancy. GBLS has also been helpful with nursing home issues and health insurance issues.

Money Management is another program that is critical to ensuring elder justice. The Money Management Program matches trained and insured volunteers with elders who need help writing checks, balancing their checkbooks, budgeting monthly income, or running bank errands. Services are completely confidential and designed to help people with physical disabilities or memory problems, elders with poor vision, elders who need help organizing bills and paying them on time, homebound elders, or elders with no family or friends who can help them with bill-paying tasks. There are two levels of assistance. With the Bill Payer Service, the elder makes all the decisions and retains check-signing authority. With the Representative Payee Service, SCES assumes legal authority to write and sign checks through a special checking account. Money Management helps elders to remain independent in the community, and provides critical support in avoiding financial exploitation.

Mental illness and substance abuse put elders at greater risk for abuse, exploitation, and loss of independence. SCES has identified this as a critical issue, and has taken steps to support elders struggling with these conditions.

SCES has implemented its Connect Program (mentioned above), which is an intensive case management program for individuals with mental health issues which are impacting their ability to remain independent. Connect staff meet the individuals where they are, often focusing on developing manageable goals that enhance functioning and independence.

SCES also contracts with a mental health agency to provide assistance for consumers with substance abuse issues. This agency provides consultations to SCES staff who are concerned about consumers issues with substance abuse. In addition, the mental health agency does in-home visits with elders with substance abuse, and facilitates a recovery group.

The LTC Ombudsman Program is a federally mandated program which provides advocacy for residents of nursing and rest homes and works to improve their quality of life and care. This program is a key component of SCES efforts to provide Elder Justice in our service area. The program also provides information to the public about nursing and rest home care. Ombudsmen are volunteers who are specially trained and certified by
the Executive Office of Elder Affairs. They make weekly visits to all nursing and rest homes in Cambridge and Somerville. Ombudsmen meet individually with each resident and work to resolve any complaints or concerns that residents have. Ombudsmen do not work for the facility, but rather for Somerville-Cambridge Elder Services. The services of the Ombudsman Program are available free of charge to residents, families, friends, facility staff and anyone else concerned with the quality of residential longterm care. Ombudsmen work with facility staff to prevent small problems from becoming crises and, in most instances, the ombudsman is able to resolve a problem at its origin. In complex situations, the Program Director steps in and may refer the problem to the Executive Office of Elder Affairs, the Department of Public Health or Legal Services.

SCES will continue to prevent, detect, assess, intervene and/or investigate elder abuse, neglect, and financial exploitation in the coming planning period. Elder justice is a critical element in SCES fulfilling its mission in our community. Despite continued funding challenges in this area, SCES will continue to emphasize elder justice issues.

Our objectives in this area include:

- Continuing to participate in Mass Home Care efforts to increase funding for Protective Services;
- Continuing to participate in Mass Home Care efforts to increase funding for Money Management;
- Collaborating with mental health providers and GBLS to promote the development of geriatric mental health services;
- Seeking private funding to offer mental health services;
- Continuing to educate other providers, emergency responders and health care professionals about issues of elder abuse, neglect, and exploitation, and;
- Educating community members about the growing incidence of financial scams targeted at elders.

Needs Assessment

The SCES Needs Assessment involved a variety of research activities that helped us to develop a picture of the emerging needs of older adults residing in Cambridge and Somerville. These included original research in the form of focus groups and surveys; and secondary research conducted by local municipalities and aging organizations. Each of these vehicles allowed us to access a broad cross section of the communities we serve and focus in on the needs of various special populations.

A survey conducted at both the Somerville Council of Aging Senior Center and the Cambridge Citywide Senior Center revealed a significant change in the concerns of local older adults. The most worrisome issue facing the survey participants is affordable housing, followed closely by concerns about Social Security, Medicare and transportation. Cambridge and Somerville are communities where the state's affordable housing crisis is most acute. Rapid growth in the high tech and biotech industries has
increased competition for housing. New housing coming onto the market is overwhelming geared to the luxury market. These factors have placed increased pressure on low-income elders seeking housing or trying to maintain housing. SCES has actively engaged with the housing authorities and non-profit housing developers to look for ways to increase the availability of affordable housing. During 2015 and 2016, SCES has sought to build relationships with these entities, and seek opportunities to partner on and invest in new developments. While this is a lengthy and difficult process, SCES has successfully partnered with the Cambridge Housing Authority (CHA) to provide some additional housing for elders. CHA has leased an entire floor of an existing building that had been empty to SCES. This floor consists of three apartments, each with three bedrooms, as well as shared living, kitchen and bathroom areas. In addition, there is a large common space that all three apartments share. SCES was able to fill each of these apartments with individuals who had been homeless or who were at risk of being homeless. SCES also maintains a respite apartment in another Cambridge Housing Authority building that allows us to respond to emergency shelter needs.

A focus group was conducted with older adults at the Haitian Creole-speaking group which meets at the Cambridge Citywide Senior Center. The group was asked to talk about their needs and their concerns related to aging, independence and health care. The group was extremely vocal in sharing their thoughts. Like other groups of older adults they noted that housing, health care, transportation are a huge issue for them, but the need for a Haitian Creole-speaking social worker was especially pronounced. SCES is working with the Cambridge Council on Aging to provide a quarterly visit by one of our Haitian Creole-speaking staff to provide I & R.

A survey of LGBT seniors who attend the monthly LGBT meal at Ryles in Cambridge provided insight into the needs of this population. When asked about the most pressing needs, access to friendly medical care and the ability to remain independent were the dominant responses.

A survey of 200 local older adults yielded the following insights: affordable housing, protecting Social Security and Medicare; and transportation.

A review of research conducted in both Cambridge and Somerville revealed helpful insights into the needs of older adults.

A focus group sponsored by the Spaulding Hospital Cambridge including community participation in a 2016 Community Health Assessment using a collaborative and dynamic approach to review available data, existing programs; and views from people who represent the broad interest of the community served by the hospital. The Community Commons Health Indicators Reporting Tool was utilized in the creation of this report. Results from the survey indicate that the disabled population of Cambridge and Somerville perceive life differently than their non-disabled neighbors.

Disabled respondents were nearly 3 times more likely to be dissatisfied with the health care system in Cambridge and Somerville, 4 times more likely to be dissatisfied with
their overall quality of life and nearly twice as likely to feel unconnected to their community and neighbors as non-disabled respondents.

**Needs Assessment Conclusion**

Identified needs emerging from the research reflect themes not previously expressed in needs assessments. These include: Affordable housing, economic and health care-related insecurity, transportation, support for ethnic and linguistic minorities, socialization and enrichment, in-home supports which help avoid institutionalization, economic security, the unique needs of LGBT elders, accessible medical and physical infrastructure which meets the needs of people living with disabilities, and caregiver support.

**GOALS AND OBJECTIVES**

Based on the findings of the Needs Assessment and the required analysis of Administration on Community Living focus areas, SCES has developed goals and objectives for its 2017 to 2021 Area Plan.

The four focus areas which were described in depth above are: Older American Act Core Programs, ACL Discretionary Grants, Participant-Directed/Person-Centered Planning, and Elder Justice.

**Older American Act Core Programs Goals and Objectives**

Older American core programs include: Title III Sub-grants, Nutrition, Disease Prevention and Wellness, Elder Rights, Caregiver

Goal: Improve the quality of life of older people in Cambridge and Somerville
Objective: Promote community response to needs identified in needs assessment

Goal: Meet evolving nutritional needs of our local population
Objective: Increase nutritional options for underserved groups such as ethnic minorities and younger people living with disabilities

Goal: Improve the health status of older people in Cambridge and Somerville
Objective: Promote evidenced based health and wellness programs

Goal: Promote Elder Rights
Objective: Ensure that elders in our area have access to advocacy and legal assistance

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Goal: Improve the quality of life for caregivers in our service area
Objective: Increase awareness of available caregiver services

**ACL Discretionary Grants Goals and Objectives**

Goal: Foster engagement with the disability community
Objective: Enhance relationships between the aging network and the disability community

Goal: Enhance the ability of older adults, people living with disabilities and caregivers to take control of their own health and wellness
Objective: Provide an increased range of evidenced based programming in our area

Goal: Improve the availability of available mental health services
Objective: Develop new programs that specifically address the mental health needs of older adults

**Participant-Directed/Person-Centered Planning Goals and Objectives**

Goal: Develop staff and community awareness of participant directed/person-centered planning
Objective: Offer education and training on this approach to staff and consumers

**Elder Justice Goals and Objectives**

Goal: Improve conditions for vulnerable and exploited older adults
Objective: Increase funding for protective services

Goal: Improve condition of financially exploited older adults
Objective: Increase availability of money management education

Goal: Expand access to legal services.
Objective: Advocate for increased funding for this service.

Goal: Improve access to mental health services for older adults
Objective: Develop new programs to address mental health needs

**Needs Assessment Goals and Objectives**

Goal: Improve elders’ ability to access their community
Objective: Use Title III funding process to promote needs assessment priority areas

Goal: Support access of ethnic and linguistic minorities to services and supports
Objective: Ensure appropriate services are in place for these populations
Goal: Encourage the development of social and enrichment activities
Objective: Work with local Councils on Aging to ensure that a diverse range of activities are offered locally

Goal: Support the development of policies aimed at providing economic security for elders
Objective: Engage in advocacy to support this goal
Goal: Help older adults to remain independent in the community
Objective: Advocate for the availability of community-based programs and housing options

Goal: Support the unique needs of LGBT elders
Objective: Ensure that a range of welcoming options are available to meet the needs of this population

STRATEGIES

SCES will employ a diverse range of strategies in implementing the goals and objectives of the Area Plan.

Older Americans Act Core Programs Strategies

Sub-grant Strategies:

- Promote the findings of the needs assessment broadly to encourage greater competition in the sub-grant process
- Encourage other funders to also promote these areas of need

Nutrition Strategies:

- Provide Portuguese meals for HDM and two congregate meal sites
- Research probability for Kitchen/Meal site at Somerville Hospital to provide higher quality meals

Evidenced Based Health and Wellness Strategies:

- Create a Wellness Series at the Somerville Hospital Cafeteria
- Distribute III-D evidenced based funds
- Offer Exercise/Strength Training/Mindfulness/Nutrition Program in Senior Buildings
- Offer In-Home Fall Prevention Program
Elder Rights Strategies:

- Promote greater awareness of Protective Services and Money Management through outreach activities
- Develop specialized mental health case management positions to address needs of individuals with behavioral health issues.
- Continue to educate staff about needs of LGBT population and offer meal site.
- Continually analyze changing community demographics to ensure proper staffing to meet linguistic cultural needs.

ACL Discretionary Grants Strategies

- Maintain regular participation in the Metro Boston Aging and Disability Resource Consortium
- Promote Options Counseling
- Continue leadership of the CMS funded Community-based Care Transition Program
- Provide Long Term Supports and Services Coordination as part of the OneCare plan rollout
- Offer the following evidenced-based health promotion activities: the Stanford My Life/My Health Program, the Stanford Self Management Program for people with Diabetes, A Matter of Balance, Healthy Eating, and Healthy Ideas. Also offer in-home fall prevention and Simple Cooking.
- Participate the Community Resources for Elder Wellness collaboration
- Offer Coleman Care Transition Intervention
- Offer specialized mental health case management
- Offer CONNECT service
- Offer Healthy Ideas

Participant-Directed/Person-Centered Planning Strategies

- Develop staff and community awareness of participant directed/person-centered planning
- Age Info staff to educate callers about this approach and communicate the full range of options available to consumers
- Direct service staff will be thoroughly oriented to this approach
- Offer participant directed/person-centered options
- Educate consumers about the availability of programs such as Take Charge, Adult Family Care and Personal Care Attendant
Elder Justice Strategies

- Advocate with the Coalition for Elder Economic Security and Mass Home Care for expanded funding for these vital programs and services.
- Continue to educate other providers, emergency responders and health care professionals about issues of elder abuse, neglect, and exploitation
- Expand access to money management services that help older adults remain independent.
- Advocate with Mass Home Care for expanded funding for Money Management
- Educate community members about the growing incidence of financial scams targeted at elders
- Advocate for increased funding for Legal Services
- Collaborate with mental health providers and Greater Boston Legal Services to promote the development of geriatric mental health services
- Seek private funding to offer mental health services

Needs Assessment Goals and Objectives

- Prioritize advocacy Participation in the Massachusetts Coalition for Elder Economic Security (CEES) by increasing awareness among policymakers and the community of the growing population of economically insecure elders; reduction of barriers to assistance programs for local older adults; better alignment of eligibility of assistance programs with identified need; expansion of programs that will help fill the gap between incomes and economic security, and protect and strengthen existing cornerstone programs that provide a foundation of economic security (Social Security, Medicare, and Medicaid)
- Advocate for improved public transportation with the local advisory group
- Prioritize funding for underserved ethnic and linguistic minorities in the Title III funding process
- Improve and broaden ethnically appropriate meals through the Nutrition Program
- Offer evidenced based wellness programs to non-English speaking populations
- Work with local Councils on Aging to ensure that a diverse range of activities are offered locally
- Ensure that SCES staff helps consumers to access benefits which can enhance their quality of life
- Continue to provide a range of in-home supports which help avoid institutionalization
- Continue to work with community coalitions that develop promote shared housing and universal design
- Support efforts to promote walk-able communities and pedestrian safety
- Continue to offer LGBT meal sites
- Ensure that new staff receive orientation to working with LGBT population
- Regularly assess the needs the LGBT population to look for gaps in service
QUALITY MANAGEMENT

SCES has an active quality management program to insure the quality, integrity and responsiveness of all programs. SCES recognizes the critical nature of quality improvement processes in ensuring not only the quality of service provided to consumers, but also our ability to meet our contractual obligations. SCES employs a Quality Manager who oversees all required quality efforts in the agency. A Quality Team meets on a monthly basis to review all quality initiatives. Each manager has a yearly Quality Plan which is reviewed by the Quality Manager and Team. In-house audits, ensure that SCES is complying with required procedures. Consumer feedback is solicited through surveys which are reviewed by management staff as a vehicle for improving services. Title III sub-grants are awarded based on a competitive process and are subject to yearly on-site audits to ensure compliance with Title III rules. Direct Title III services are reviewed relative to established standards on a yearly basis by the Area Planner. In this manner, SCES is confident it can meet all performance standards.
Attachment A: Area Agency on Aging Assurances and Affirmation

For Federal Fiscal Year 2018, the Area Agency on Aging makes the following assurances as required by the Older Americans Act of 1965 as amended, and all relevant regulations:

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

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

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

(C) legal assistance;

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

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

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

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

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

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))
(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(B) describe the methods used to satisfy the service needs of such minority older individuals; and

(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))

(5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))

(6) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. ((a)(4)(C))

(7) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. ((a)(5))

(8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and
expended by the agency in fiscal year 2000 in carrying out such a program under this title. (((a)(9))

(9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. ((a)(11))

(10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. ((a)(13)(A))

(11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency:

(A) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(B) the nature of such contract or such relationship. ((a)(13)(B))

(12) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. ((a)(13)(C))

(13) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. ((a)(13)(D))

(14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. ((a)(13)(E))
(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

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

The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2018 and affirm their Area Agency on Aging's adherence to them.

SOMERVILLE-CAMBRIDGE ELDER SERVICES, INC.

(Area Agency on Aging)

8/23/2017 (Signed) Elizabeth Agrios
(Chairperson of Board of Directors)

9/8/17 (Signed) Board Member
(Chairperson of Area Advisory Council)

8/23/17 (Signed) John O'Neill
(Area Agency on Aging Executive Director)
Area Agencies on Aging must provide responses, for the Area Plan on Aging period (2014-2017), in support of each Older Americans Act citation as listed below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.

**Section 306 (a)(4)(A)(i)**

*Describe the mechanism(s) for assuring that the AAA will:*

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

*SCES AAA provides services to individuals with the greatest economic and social needs by prioritizing funding proposals that target populations such as homeless, those living in poverty, and those living alone.*

*Objective: Continue funding for case management focusing on homeless elders.*

*Objective: Support transportation to isolated elders who would not access services without it*

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

*SCES provides culturally and linguistically appropriate services by employing staff from the populations that we serve.*

*Objective: Assess current language needs and staff appropriately.*

*Objective: Prioritize services for ethnic and linguistic minorities in Title III funding process.*

**Section 306 (a)(5)**

*Include information detailing how the AAA will:*

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

*SCES is an active member of its local Aging and Disability Resource Center and works closely with the Independent Living Center on programs such as*
Options Counseling to insure that people with disabilities can access appropriate services.

Objective: Continue to work with the ADRC on the coordination of information and service provision.

Objective: Continue participation in the Money Follows the Person Demonstration to assist individuals with disabilities who want to get out of institutions.

Section 306 (a)(6)
Describe the mechanism(s) for assuring that the AAA will:
(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

SCES fulfills its role as a AAA by assessing the needs of older people and advocating for those needs in a variety of forums and by active participation in local, regional and state coalitions.

Objective: As part of the area planning process, assess the needs of older people in Cambridge and Somerville through focus groups, surveys, town meetings and by assessing available secondary research.

Objective: Participate in local, regional, and state coalitions that advocate for the needs of older people including: the Somerville-Cambridge Interagency Task Force, the Lifetime Group, Mass Senior Action, the Aging and Disability Resource Center, and Mass Home Care.

Section 306 (a)(7)
Include information describing how the AAA will:
(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care.
(B) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals;
SCES has actively participated in the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. In addition to its status as a AAA, SCES is designated by EOEAA as an Aging Services Access Point. As such, SCES administers the Home Care Program, Information and Referral, the Choices Program, Protective Services, and is a MassHealth Adult Family Care Program. SCES is an active member of the local Aging and Disability Consortium. SCES collaborates with local health care providers in a Medicare funded Care Transitions grant. SCES not only funds evidenced based disease prevention efforts through Title III-D, but actively promotes and provides these services to the community, including Stanford Chronic Disease Self-Management, Matter of Balance, Healthy Eating, and Healthy Ideas.

Section 306 (a)(10)
Describe the procedures for assuring that the AAA will:
(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

SCES has a formal grievance procedure and process, and requires that all sub-grantees also have the same in place.

Section 306 (a)(17)
Describe the mechanism(s) for assuring that the AAA will:
(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

SCES has an emergency preparedness plan that is reviewed on an annual basis. SCES cooperates with local, regional and state entities on emergency planning and works with its vendors on emergency preparedness.
<table>
<thead>
<tr>
<th>Member Name</th>
<th>Identify Officers by Title</th>
<th>City/Town of Residence</th>
<th>Membership Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Aguilo</td>
<td>President</td>
<td>South Boston</td>
<td>Cambridge Professional</td>
</tr>
<tr>
<td>Susann Wilkinson</td>
<td>Vice President</td>
<td>Somerville</td>
<td>Somerville Board Appointee</td>
</tr>
<tr>
<td>Roma Mayur</td>
<td>Treasurer</td>
<td>Cambridge</td>
<td>Cambridge Council on Aging</td>
</tr>
<tr>
<td>Leslie Hergert</td>
<td></td>
<td>Somerville</td>
<td>Somerville Board Appointee</td>
</tr>
<tr>
<td>Lois Simon</td>
<td></td>
<td>Somerville</td>
<td>Somerville Board Appointee</td>
</tr>
<tr>
<td>Neal Winston</td>
<td></td>
<td>Somerville</td>
<td>Somerville Professional</td>
</tr>
<tr>
<td>Ellen Ellis</td>
<td></td>
<td>Somerville</td>
<td>Somerville Council on Aging</td>
</tr>
<tr>
<td>Juanita Meranda</td>
<td></td>
<td>Somerville</td>
<td>Somerville Council on Aging</td>
</tr>
<tr>
<td>Henry Parker</td>
<td></td>
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<tr>
<td>Jan Mattimoe</td>
<td></td>
<td>Somerville</td>
<td>Somerville Council on Aging</td>
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<tr>
<td>Laura Ramsay</td>
<td></td>
<td>Somerville</td>
<td>Somerville Council on Aging</td>
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<tr>
<td>Melvin Simms</td>
<td></td>
<td>Somerville</td>
<td>Somerville Council on Aging</td>
</tr>
<tr>
<td>Anna Rebelo</td>
<td></td>
<td>Somerville</td>
<td>Somerville Mayor's Appointee</td>
</tr>
<tr>
<td>Edna Stamp</td>
<td>Clerk</td>
<td>Cambridge</td>
<td>Cambridge Board Appointee</td>
</tr>
<tr>
<td>Stephen Gardiner</td>
<td></td>
<td>Cambridge</td>
<td>Cambridge Board Appointee</td>
</tr>
<tr>
<td>Kathryn Erat</td>
<td></td>
<td>Cambridge</td>
<td>Cambridge Council on Aging</td>
</tr>
<tr>
<td>Joseph Caparco</td>
<td></td>
<td>Cambridge</td>
<td>Cambridge Council on Aging</td>
</tr>
<tr>
<td>Lily Owyang</td>
<td></td>
<td>Cambridge</td>
<td>Cambridge Council on Aging</td>
</tr>
<tr>
<td>Pearline Hines</td>
<td></td>
<td>Cambridge</td>
<td>Cambridge Council on Aging</td>
</tr>
<tr>
<td>Susan Pacheco</td>
<td></td>
<td>Cambridge</td>
<td>Cambridge City Manager's</td>
</tr>
</tbody>
</table>

Percentage of the Board that are 60+ years of age: 75%

Percentage of the Board that are minority persons: 25%

Percentage of the Board that are 60+ and minority persons: 13%
<table>
<thead>
<tr>
<th>Member Name</th>
<th>Identify Officers by Title</th>
<th>City/Town of Residence</th>
<th>Membership Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roger Cyr</td>
<td>Chair</td>
<td>Cambridge</td>
<td>Cambridge Consumer</td>
</tr>
<tr>
<td>Barbara Marshall</td>
<td>Vice Chair</td>
<td>Somerville</td>
<td>Somerville Council on Aging</td>
</tr>
<tr>
<td>Holly Bodman</td>
<td></td>
<td>Cambridge</td>
<td>Cambridge Health Professional</td>
</tr>
<tr>
<td>Lisa Brulicchio</td>
<td></td>
<td>Somerville</td>
<td>Somerville Health Professional</td>
</tr>
<tr>
<td>Emma Watkins</td>
<td></td>
<td>Cambridge</td>
<td>Cambridge Council on Aging</td>
</tr>
<tr>
<td>Melvin Simms</td>
<td></td>
<td>Somerville</td>
<td>Board of Directors Liaison</td>
</tr>
</tbody>
</table>

Percentage of the Advisory Council that are 60+ years of age. *
Percentage of the Advisory Council that are minority persons.
Percentage of the Advisory Council that are 60+ and minority persons.

* Membership must be more than 50 percent older (60+) persons.
### Area Agency on Aging: Somerville Cambridge Elder Services, Inc.

<table>
<thead>
<tr>
<th>Focal Point Name</th>
<th>Address</th>
<th>Town</th>
<th>Focal Point Designations (Mark with &quot;X&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge Citywide Senior Center</td>
<td>806 Massachusetts Ave.</td>
<td>Cambridge</td>
<td>X</td>
</tr>
<tr>
<td>Somerville COA</td>
<td>167 Holland St.</td>
<td>Somerville</td>
<td>X</td>
</tr>
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</table>
**AREA PLAN ON AGING, 2018 - 2021**  
Form 4a - Title III-B Funded Services - Federal Fiscal Year 2018  
Programs Funded in Whole or in Part by Title III-B

**Area Agency on Aging:** Somerville Cambridge Elder Services, Inc.

<table>
<thead>
<tr>
<th>FUNDED SERVICES</th>
<th>Title III Funding Category</th>
<th>Direct Service Status (Y/N)</th>
<th>Goal Number</th>
<th>NAPIS Code # (1 to 121)</th>
<th>Priority Service A, L, T, O (#)</th>
<th>Evidence-Based Program Use</th>
<th>FFY2018 FUNDING - PLANNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge/Somerville Legal Services GBLS</td>
<td>B</td>
<td>N</td>
<td>11</td>
<td>L</td>
<td></td>
<td></td>
<td>$ 42,000.00</td>
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<tr>
<td>Greater Boston Chinese Golden Age Center</td>
<td>B</td>
<td>N</td>
<td>13</td>
<td>A</td>
<td></td>
<td></td>
<td>3,000.00</td>
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<tr>
<td>Massachusetts Alliance of Portuguese Speakers</td>
<td>B</td>
<td>N</td>
<td>13</td>
<td>O</td>
<td></td>
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<td>5,800.00</td>
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<tr>
<td>Metropolitan Boston Housing Partnership</td>
<td>B</td>
<td>N</td>
<td>86</td>
<td>I</td>
<td></td>
<td></td>
<td>3,500.00</td>
</tr>
<tr>
<td>Somerville Council on Aging</td>
<td>B</td>
<td>N</td>
<td>10</td>
<td>A</td>
<td></td>
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<td>8,700.00</td>
</tr>
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</table>

# Priority services: A - access; I - inhome; L - Legal; O - other.

Federal Fiscal Year 2018 Area Plan on Aging
### AREA PLAN ON AGING, 2018 - 2021

**Form 4b - Title III-C, D, E and OMB Funded Services - Federal Fiscal Year 2018**

Programs Funded in Whole or in Part by Title III

Area Agency on Aging: Somerville Cambridge Elder Services, Inc.

<table>
<thead>
<tr>
<th>FUNDED SERVICES</th>
<th>Title III Funded Services (CPE/OMB)</th>
<th>Direct Service Status (Y/N)</th>
<th>Goal Number</th>
<th>NAIDS Code # (1 to 121)</th>
<th>Evidence-Based Program in Use</th>
<th>FFY2018 FUNDING - PLANNED</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Title III Award</td>
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<tr>
<td>Somerville-Cambridge Elder Services</td>
<td>C1</td>
<td>Y</td>
<td>7</td>
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<td>$200,535.00</td>
<td>$169,918.00</td>
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<tr>
<td>Somerville-Cambridge Elder Services</td>
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<td>4</td>
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<td>98,540.00</td>
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<tr>
<td>Greater Boston Chinese Golden Age Center</td>
<td>D</td>
<td>N</td>
<td>11</td>
<td>Tai Chi for Better Balance</td>
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<tr>
<td>Somerville Council on Aging</td>
<td>D</td>
<td>N</td>
<td>112</td>
<td>Fit For Your Life</td>
<td>7,816.00</td>
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<td>Somerville-Cambridge Elder Services</td>
<td>E</td>
<td>Y</td>
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<td>4,506.00</td>
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<td>Somerville-Cambridge Elder Services</td>
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<td>Y</td>
<td>6</td>
<td></td>
<td>39,137.00</td>
<td>6,257.00</td>
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</table>

Total $422,454.00 $1,437,412.00
Based on the FFY2018 Title III-E Planning Budget Total
(refer to FFY2018 Title III-E column on Projected Budget
Plan tab), provide percentage (%) estimates for the
services listed.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (counseling, support groups, training, assess assistance and information outreach and other specific caregiver services).</td>
<td>75.9%</td>
</tr>
<tr>
<td>Contracted respite services.</td>
<td>2.5%</td>
</tr>
<tr>
<td>Contracted supplemental services.</td>
<td>2.6%</td>
</tr>
<tr>
<td>Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.</td>
<td></td>
</tr>
<tr>
<td>Other (explain below)</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Other (detail):**

Administration costs: facility lease, equipment, supplies, etc.
### Federal Planning Award:

<table>
<thead>
<tr>
<th>Area Plan Admin</th>
<th>Title III-B Supp Sv</th>
<th>Title III-C-1 Cong. Nutr Sv</th>
<th>Title III-C-2 HDM Nutr Sv</th>
<th>Title III-D Evi-Based Sv</th>
<th>Title III-E Caregiver Sv</th>
<th>Ombudsman Services</th>
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</thead>
<tbody>
<tr>
<td>FFY 2017 Title III Estimated Continuation</td>
<td></td>
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<tr>
<td>FFY 2018 Title III Income</td>
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<tr>
<td>66,442</td>
<td>169,339</td>
<td>200,535</td>
<td>98,540</td>
<td>11,636</td>
<td>72,492</td>
<td>39,137</td>
</tr>
<tr>
<td>FFY 2018 Total Title III Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ 66,442</td>
<td>$ 169,339</td>
<td>$ 200,535</td>
<td>$ 98,540</td>
<td>$ 11,636</td>
<td>$ 72,492</td>
<td>$ 39,137</td>
</tr>
</tbody>
</table>

### Other Income:

<table>
<thead>
<tr>
<th>NSIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>22,809</td>
</tr>
<tr>
<td>NSIP Commodity Credit</td>
</tr>
<tr>
<td>18,022</td>
</tr>
<tr>
<td>Other Federal (non-Title III or NSIP)</td>
</tr>
<tr>
<td>30,742</td>
</tr>
<tr>
<td>Program Income (Client Contributions)</td>
</tr>
<tr>
<td>State Home Care</td>
</tr>
<tr>
<td>30,742</td>
</tr>
<tr>
<td>State Elder Lunch</td>
</tr>
<tr>
<td>98,345</td>
</tr>
<tr>
<td>State - Other</td>
</tr>
<tr>
<td>37,520</td>
</tr>
<tr>
<td>Non-Federal Inkind</td>
</tr>
<tr>
<td>16,611</td>
</tr>
<tr>
<td>Local</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>45,865</td>
</tr>
<tr>
<td>Total Other Income:</td>
</tr>
<tr>
<td>$ 16,611</td>
</tr>
<tr>
<td>Total Available Income:</td>
</tr>
<tr>
<td>$ 83,053</td>
</tr>
</tbody>
</table>

### Budgeted Expenditures:

<table>
<thead>
<tr>
<th>Wages and Salaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>70,345</td>
</tr>
<tr>
<td>Payroll Taxes/Fringe Benefits</td>
</tr>
<tr>
<td>14,151</td>
</tr>
<tr>
<td>Mileage/Travel</td>
</tr>
<tr>
<td>220</td>
</tr>
<tr>
<td>Occupancy Costs</td>
</tr>
<tr>
<td>3,022</td>
</tr>
<tr>
<td>Equipment Purchase/Rental/Maintenance</td>
</tr>
<tr>
<td>432</td>
</tr>
<tr>
<td>Area Plan Admin</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Meal Prep and Related Costs</td>
</tr>
<tr>
<td>Other Program Support</td>
</tr>
<tr>
<td>Agency Admin Support Allocation</td>
</tr>
<tr>
<td>Direct Services to Caregiver</td>
</tr>
<tr>
<td>Subgrants - Access</td>
</tr>
<tr>
<td>Subgrants - In-Home</td>
</tr>
<tr>
<td>Subgrants - Legal</td>
</tr>
<tr>
<td>Subgrants - Other</td>
</tr>
<tr>
<td>Subgrants - Inkind</td>
</tr>
<tr>
<td>Total Budgeted Expenditures:</td>
</tr>
</tbody>
</table>

Signature of Area Agency on Aging Planner: [Signature]
Date: 9/11/2017

Signature of Area Agency on Aging Fiscal Manager: [Signature]
Date: 9/11/17

Signature of Area Agency on Aging Executive Director: [Signature]
Date: 9/11/17
### Area Agency on Aging - SFY2017 Needs Assessment

**Dates and Methods for Needs Assessment Data Collection**

<table>
<thead>
<tr>
<th>Date</th>
<th>Methodology or Technique</th>
<th>Strategy/Event</th>
<th>Setting (Municipality and Facility type)</th>
<th>Targeted Population (Please be specific)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/27/16</td>
<td>Somerville Council on Aging</td>
<td>Survey</td>
<td>Holland St. Senior Center</td>
<td>Somerville residents</td>
<td>Needs Assessment Survey distributed and collected</td>
</tr>
<tr>
<td>10/06/16</td>
<td>Data Review of SCES/City of Cambridge Needs Assessment</td>
<td>Focus group</td>
<td>Cambridge Citywide Senior Center</td>
<td>Cambridge residents</td>
<td>SCES partnering with the Cambridge Council on Aging to host a focus group to collect resident feedback for this effort. Residents share their experiences and participate in a broader effort to advise the City of service gaps and senior needs.</td>
</tr>
<tr>
<td>7/10/16</td>
<td>Advisory Council Input</td>
<td>Focus group</td>
<td>AAA Advisory Council</td>
<td>Consumers, community-based organizations</td>
<td>Development of Needs Assessment questionnaire with consumers and stakeholders in the community through members of the AAA Advisory Council.</td>
</tr>
<tr>
<td>11/01/16</td>
<td>Discussion group and survey</td>
<td>Focus group</td>
<td>Cambridge Citywide Senior Center</td>
<td>Haitian Creole-speaking community</td>
<td>Presentation of information on the role of the AAA, Q&amp;A, distribution of Needs Assessment Survey, collection of data.</td>
</tr>
<tr>
<td>12/10/16</td>
<td>Web-based survey of staff and volunteers</td>
<td>Survey</td>
<td>Web-based survey</td>
<td>SCES staff and volunteers</td>
<td>Needs Assessment Survey: <a href="https://www.somervillenc.org/325845">https://www.somervillenc.org/325845</a></td>
</tr>
<tr>
<td>12/10/16</td>
<td>Web-based survey of LGBT consumers and caregivers</td>
<td>Survey</td>
<td>Web-based survey</td>
<td>LGBT older adults, consumers, caregivers and community stakeholders</td>
<td><a href="https://www.somervillenc.org/32563">https://www.somervillenc.org/32563</a></td>
</tr>
<tr>
<td>11/15/16</td>
<td>Data Review of SCES/City of Cambridge Needs Assessment</td>
<td>Survey</td>
<td>Silver Ribbon Citywide survey</td>
<td>Older adults in Cambridge</td>
<td>SCES partnering with the Cambridge Council on Aging to host a focus group to collect resident feedback for this effort. Residents share their experiences and participate in a broader effort to advise the City of service gaps and senior needs.</td>
</tr>
<tr>
<td>11/15/16</td>
<td>Cambridge Health Alliance</td>
<td>Survey and focus group</td>
<td>Cambridge Health Alliance serves as the public health dept. of both Cambridge and Somerville</td>
<td>Health and Wellness survey and focus group. Survey results and official report.</td>
<td></td>
</tr>
</tbody>
</table>