

AREA AGENCY ON AGING AREA PLAN 2018-2021



*GREATER
SPRINGFIELD SENIOR
SERVICES, INC.*

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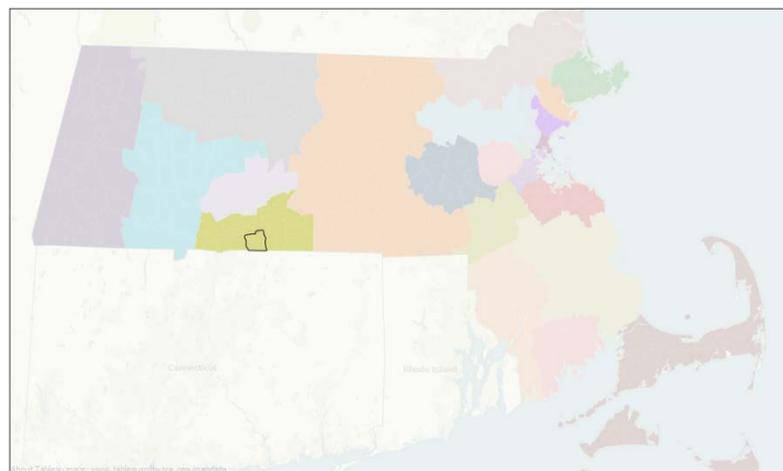
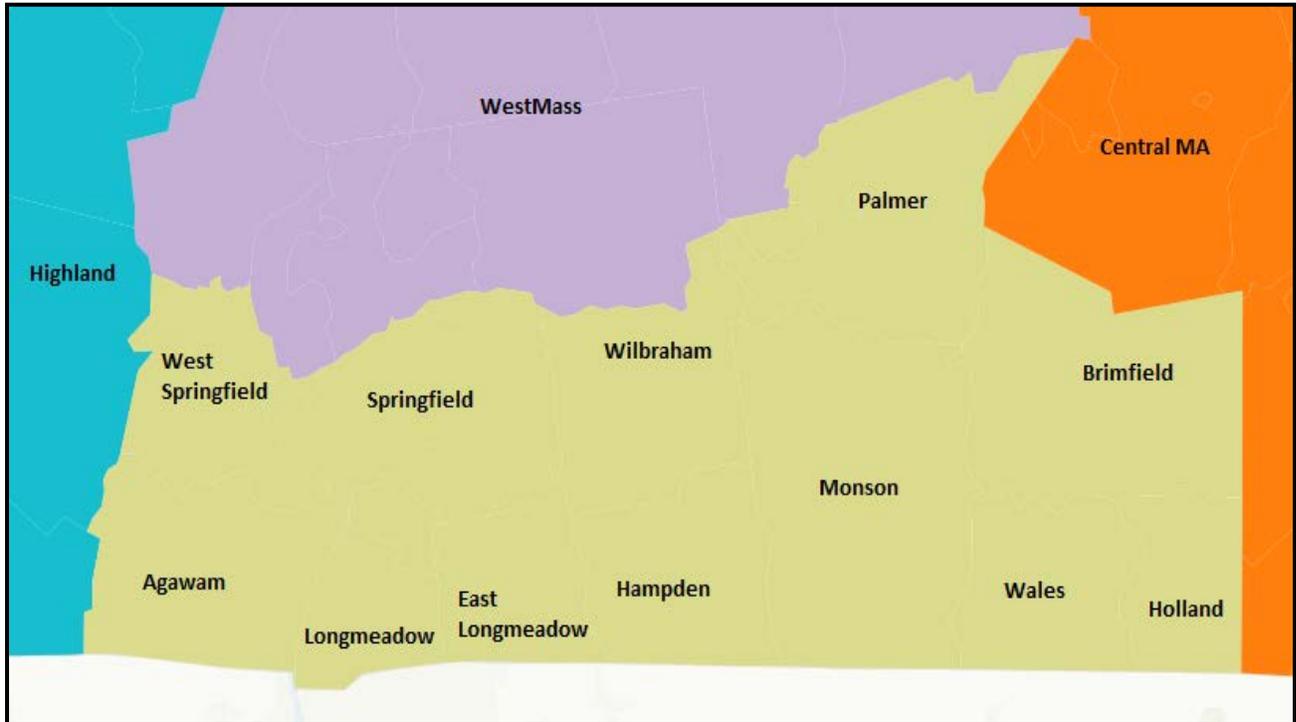
PLANNING AND SERVICE AREA MAP

**Greater Springfield Senior Services, Inc.
Area Agency on Aging/Aging Services Access Point**

www.gsssi.org

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NARRATIVE

EXECUTIVE SUMMARY

Our mission is to help frail older adults and individuals with disabilities live at home safely and independently for as long as possible by providing assistance and access to a comprehensive range of services to them and their caregivers.

- Greater Springfield Senior Services, Inc.

Greater Springfield Senior Services, Inc. (GSSSI) is a nonprofit organization which provides in-home and community-based services to elders, those with disabilities and their caregivers (incorporated in 1972). GSSSI is an Aging Services Access Point (ASAP) funded primarily by the Commonwealth's Executive Office of Elder Affairs. As a designated Area Agency on Aging (AAA), GSSSI oversees and administers federal programs and community grants for the provision of services in accordance with Older American's Act (OAA) mandates. Not only do we strive to serve those living at home, but also those residing in community settings such as long term care facilities, rest homes, elderly housing, assisted living, and congregate settings.

GSSSI AAA service territory includes urban, suburban and rural areas, and includes the communities of Agawam, Brimfield, East Longmeadow, Hampden, Holland, Longmeadow, Monson, Palmer, Springfield, Wales, West Springfield and Wilbraham.

Our services include:

- Adult Day Care
- Adult Foster Care
- Caregiver Assistance
- Medical Transportation
- Congregate Housing
- Congregate Meals
- Evidenced-Based Programs
- Home Health Services
- Information & Referral Services
- Long Term Care Ombudsman
- Meal Preparation
- Money Management
- Nursing Home Screenings
- Nutrition Services
- Personal Care Services
- Protective Services

• Housekeeping/Chore Services

Older American's Act Title III funds support specific mandates (Access, Legal Services, & In-Home), as well as those needs identified in this plan (Attachment K):

- Alzheimer's Support
- Caregiver Assistance
- Companion Drivers
- Dietetic Consultations
- Evidence Based Programs
- Information and Referral
- Interpreter Services for the Deaf
- Legal Assistance
- Money Management
- Nutrition Services
- LTC Ombudsman
- Outreach & Community Education
- Protective Services
- Respite to Caregivers
- Transportation

GSSSI is part of the network through which the Executive Office of Elder Affairs develops the Massachusetts State Plan on Aging, 2018-2021, which is approved by the Administration for Community Living (ACL).

Greater Springfield Senior Services, Inc.'s Area Agency on Aging Area Plan 2018-2021 will highlight our efforts provide services and programming for adults and caregivers and specifically target those: 60 years and older, individuals with disabilities, those with low income, socially isolated, those with limited English proficiency, reside in rural areas, minority elders, those who live alone and those who identify at LGBT.

This plan is based on our organization's mission and vision, data from local needs assessment, GSSSI Information and Referral (I&R) statistics and research data, experience of forty-five years of providing services and guidance from Executive Office of Elder Affairs, Meals on Wheels of America, professional associations and other partners.

The local needs assessment was completed using social media, surveys, interviews and focus groups. Participants included seniors, professionals, community leaders, caregivers, family members, vendors, and ASAP leadership. The most critical needs identified included Transportation, Maintain Independence, and Health Care as primary concerns. For the first time, *Social Isolation and Loneliness* was also a top concern. The GSSSI AAA Advisory Council will work with Age Friendly Community efforts, Local Councils on Aging and Title III grantees to explore and address this situation.

GSSSI I&R data revealed that many (73%) of those who called GSSSI I&R in 2016 were "repeat callers." It is impressive that we have so many "loyal customers," however it is necessary to reach out to those who are new to the challenges of aging. Efforts will be made to identify and reach out to isolated seniors in new and traditional ways; through partnerships, social media, natural helping networks (i.e. faith based organizations) and others (i.e. naturally occurring retirement communities) to ensure access to resources for all older adults, individuals with disabilities and caregivers including the **Core Services** provided through this ASAP.

Those with an increased lifespan also may experience additional medical challenges and there is evidence that our community has significant issues. The Tufts Health Foundation's Massachusetts Healthy Aging Data Report in 2014 ranked Springfield the #2 community with the "most challenges to healthy aging." Mass Center for Health Information and Analysis reports that in 2015 Hampden County had the highest number of hospital admission for preventable issues than any other county in the state; i.e. Hampden County had 93 admissions for diabetes complications for every 100,000 residents compared to a state average of 50 admissions per 100,000.

Participant-Directed/Person-Centered Planning is an integral component of GSSSI's spectrum of Long Term Care services and supports and is more important now than ever.

The specialized services to support those with Alzheimer's and Dementia, those with Behavioral Health, those with Substance Abuse issues and support for caregivers will continue and evolve as needed. GSSSI's commitment to ***Elder Justice*** will protect against threats to senior's well-being and financial security, ensure the rights of older people and prevent, detect, assess and intervene and/or investigate elder abuse, neglect and/or financial exploitation.

Healthcare is most effective with is a strong connection between seniors, medical professionals, community resources and caregivers to maximize the benefits of existing systems and treatments. ASAPs have a tremendous advantage in our cache of client data and in the comprehensive services we offer. GSSSI must continue to reach out to existing partners and make new connections to fulfill our responsibilities as part of the care team. GSSSI has formal relationships (contracts) with Commonwealth Care Alliance, Fallon Navicare, United Healthcare, Senior Whole Health, Tufts Healthcare, and MercyLife PACE and will soon add BMC HealthNet (as of 1/18). GSSSI will now also connect with Accountable Care Organizations as an affiliated partner of the Care Alliance of Western MA (CAWM).

The opportunity to partner with medical/insurance organizations will position GSSSI to seek alternative sources of funding i.e. medical, insurance, grants, etc.

Another resource is the increasing number of those over 60 years of age. This can be an active, engaged group with a lifetime of experience directed toward improving their world. We must utilize this group to meet their own challenges of aging; this empowerment will certainly provide satisfaction and an increased sense of purpose for our older adults.

Research indicates that attitude can be the greatest factor in elder wellness; as noted by local geriatric nurse and University of Massachusetts scholar, Sheila Pennell, PhD RN, in her dissertation, "A Path Analysis of the Maintaining the Balance Model." Dr. Pennell studied the effects of health, activity, autonomy, attitude and relationships on older adults in order to understand how these factors interplay to create wellness. Attitude proved to be more important than chronic disease, caregiver models, etc.

GSSSI will support and continue to be involved in the Age Friendly Community movement. A key component will be the recognition of older adults as an asset and to celebrate their contributions. GSSSI appreciates the opportunity to be part of this transformative effort to combat ageism and participate in the improvement of public health as older persons remain engaged and purposeful.

In this plan, GSSSI will build on the expertise, quality services offered and seize the opportunity to use data, work with new partners, utilize technology, seek new resources and involve those we serve to address the challenges of aging.

CONTEXT

*Our mission is to help frail older adults and individuals with disabilities
Live at home safely and independently for as long as possible
By providing assistance and access to a comprehensive range of services
to them and their caregivers.*

- *Greater Springfield Senior Services, Inc.*

The Greater Springfield Senior Services, Inc. (GSSSI) mission has not changed; however as the characteristics of this population and society evolves; so does the attitude and services of GSSSI. We must grow to meet the needs of very different clientele and adjust to societal challenges.

Some of the changes which have a critical impact on our work include; steady growth of the aging population, increased lifespan and unprecedented medical and technological advancement. These changes create a challenge for those charged with strategic planning to meet the needs of those we serve and development of sufficient and effective resources to do so.

The number of seniors in our communities is increasing; by 2040, there will be about 82.3 million older persons, over twice the number in 2000. Over the past 10 years, the number of those 65 and over has increased from 36.6 million in 2005 to 47.8 million in 2015. For the first time in history, Massachusetts has more people over the age of 60 than under 18 years. This trend is mirrored in our own area; i.e. in Monson, a rural community of 8,000 now one-quarter (¼) of the residents are over the age of 60.

This pattern is consistent in many small towns as seniors in our area choose to age in place. They are reluctant to leave their lifelong community (or chosen retirement venue). In many instances, the decision to “age in place” is made with little forethought about appropriate housing and accessible services as our physical, emotional and spiritual needs increase.

Our culture anticipates and embraces changes we approach the teen and young adult years; however we are collectively in denial about the challenges and also the opportunities to be faced in the “golden years.” Aging is viewed primarily as a time of loss: loss of mobility, loved ones, purpose and physical strength and beauty.

Ageism is an issue in our society and is shown in personal perceptions and also institutional practices. One example includes the important “Healthy People” Health and Human Services initiative which set 10-year national objectives for improving the health of all Americans. This program launched in 2000 and at that time, Infants and Children health

were included in the 28 focus areas. In 2010, Healthy People 2020 added “Older Adults” as a new topic area.

There is however, a “movement” to change attitudes and the environment to acknowledge, assist and celebrate those who are aging. In June 2005, at the XVIII International Aging Gerontology and Geriatrics World Congress, a new project “Global Age-Friendly Cities” was introduced which addressed the trends of population aging and urbanization.

The World Health Organization (WHO) has embraced this concept and identifies an age-friendly city as one which encourages active participation and security in order to enhance the quality of life as people age. In the last decade this concept has evolved and is being adopted in many countries. Communities in GSSSI area have recently begun the process to “transform” to Dementia Friendly or Aging Friendly environments. The 12 (twelve) communities in the area have embraced this concept to varying degrees each in their own distinctive way.

The Area Agency on Aging is in a key position to serve as a champion of this important community change. GSSSI will connect communities through collaboration and the sharing of best practices, lessons learned on the way to accomplishment and how their efforts affected the broader community (ACL Focus Area 1). In the next four years, this may be the most transformative effort in our area; as infrastructure changes occur, policies and attitudes shift to acknowledge, embrace and accommodate older residents, individuals with disabilities and their caregivers. This movement will shift the societal attitude on aging; depending upon each community’s buy-in. A positive attitude would create new opportunities for our eldest citizens.

The increase in senior population will drive operational changes at GSSSI. As the number of residents who face the challenges of aging increase the logical result will be more, more, more information and referral requests for services. This can be seen as GSSSI Information and Referral (I&R) call data increased by 23% from calendar year (CY) 2015 – to CY 2016. And the requests are not just “more of the same.” Younger seniors” have different needs and expectations than the “older seniors” (also referred to as “traditionalists” officially age 72 years and older). Those who are younger are empowered to seek out services they believe they need, expect to receive and may not be satisfied with “traditional” assistance options. This change in attitude/behavior is seen in different venues. One Senior Center Director reports that younger seniors are starting to visit their center. Some of these individuals are joining the existing programs yet others come ready to “initiate and lead” activities to meet their own needs. It is encouraging to see that some part of the needed transformation will be implemented by these self-starting seniors.

The connection begins with navigating the services system - the No Wrong Door Approach. It “well said” in the Executive Office of Elder Affairs Vision:

Older adults and individuals with disabilities
will have access to the resources they need to live well and thrive
in every community in the Commonwealth.

Is there anything more frustrating and wasteful than having a service available in the community and those who are eligible do not know how to connect to this service?

The role of the ASAP Information and Referral (I&R) department is to provide information to those who call. It is also the responsibility of other ASAP staff members, those in the senior care network and other “natural helpers” to direct those in need to the ASAP I&R department.

Testimony at the GSSSI Area Plan Public Hearing included input from several Home Care Vendors. These seasoned professionals shared that their companies receive calls weekly and in some cases daily from those seeking information about services; they report using the GSSSI ElderGuide to identify resources and/or sharing the GSSSI I&R phone number.

GSSSI I&R is the hub for those seeking information. It should be noted, that 73% of those who called GSSSI I&R in CY 2016 were repeat callers, (they have “called before).” It is impressive that many utilize GSSSI I&R to identify resources and/or sharing the GSSSI I&R phone number.

With the increase in senior population, we must make a conscientious effort to reach beyond our regular callers with this information about services, I&R and GSSSI. In the next four years, special efforts will be made to ensure that **seniors who are isolated** will have information about these accessible entry points. These may be those with the greatest economic need, reside in rural areas, are living alone, those who are a minority and socially isolated including those with limited English proficiency. This Area Plan includes outreach in several ACL Focus Areas; including collaborating on other community information sharing ventures. GSSSI Community Director is participating with Baystate Health Center Community Relations and Public Health pilot test of a community resource database this fall. The Age Friendly Community efforts will also include significant resource sharing components.

To learn more about reaching isolated seniors; we can learn from other’s successful program model. ElderSource, the Area Agency on Aging and Disability Resource Center in Northeast Florida reports that LGBT inclusion does not require any more effort or cost than other AAA outreach activities. Including visible materials and messages which reflect inclusiveness will “make LGBT elders feel comfortable and welcome in existing programs and services.” This is a step GSSSI can take to ensure that we are reaching this community.

The #1 request of I&R callers in CY16 is to access ASAP services. One might consider that callers contact GSSSI due to our reputation for providing specific quality services. Perhaps this is due to our return callers calling most frequently. As this Area Plan includes robust outreach about services, we must also ensure that staff members have the appropriate resources and skills to meet the needs of the “newest callers.” GSSSI strong connection with the elder care network of services position us to address these emerging needs.

What will be the future needs of this growing community of seniors? There is no one answer. The needs assessment process does shed light on this complex question and available data confirm much of what was learned.

The GSSSI needs assessment (see Attachment K) was a formal opportunity to reach out to local seniors, caregivers, persons with disabilities and providers. This process is designed to listen, quantify and share the results with the community and use the information to design the area plan. It provides the most direct and local information on needs. In the fall 2015, the community was welcoming, verbal and “showed up” to share their thoughts, concerns and beliefs. For the first time information was solicited through social media/Facebook.

Gatherings included traditionalists and “younger seniors” who brought an intense unique spin on the conversation. They were not demanding of the facilitator or the Area Agency on Aging (AAA) but were firm in their expectation to maintain their quality of life. They are ready to work with politicians, medical professionals, senior centers, etc. to ensure their needs are met. The topics of concern were primarily the same for both groups; i.e. transportation. The older seniors sought rides to medical appointments, errands or to visit a friend; younger seniors are looking for that and more including social opportunities at night and on weekends. They addressed current economic development plans i.e. citing the need for high speed rail so that they enjoy day trips to Boston. Other requests were broad; i.e. help paying the bills and specific i.e. larger fonts on printed materials especially medical information. These parts of the conversations were animated and optimistic.

Historically, the needs have been fairly consistent from one GSSSI Area Plan to the next. Transportation, Maintain Independence and Health Care/Insurance have long been identified as top concerns as they are in this plan. As a matter of fact, in the fall 2016, Transportation and Health Care were both identified in every participating group as an important need.

Western Massachusetts does not have the luxury of accessible public transportation. It is essentially *car-centric living*. Those who do not, cannot or should not drive find it difficult to remain active outside the home. It is not only getting to medical appointment and grocery shopping; but socialization - visiting friends, entertainment, etc. The Pioneer Valley Regional Coordinating Council (for transportation) surveyed forty staff members

from elder serving organizations in 2014 and reported the greatest transportation challenge as no weekend service available.

There are some programs offered. In addition to regional transportation there are specialized services which help small groups of seniors -

- * Capuano Home Care offers transportation to medical appointments. Their customers are insurance companies and they report that this service grows every day.
- * GSSSI Companion Drivers provide transportation to medical appointments for eligible State Home Care clients.
- * Title III grant funding supports senior transportation in Monson, a town without regional transportation
- * Title III grant funding supports transportation to medical appointments by volunteer drivers for senior in West Springfield
- * Palmer Senior Center offers a Medical Advocate program where seniors without transportation and with specialized needs get a ride to medical appointments and support before, during and after the appointment.
- * East Longmeadow, Hampden and Longmeadow Senior Centers are part of a pilot program to provide services previously provided by regional transportation
- * GSSSI participates in the Regional Coordinating Council for Transportation from MassDOT and an emerging Transportation Cooperative venture for the city of Springfield.

These boutique programs are helpful but they serve only a small fraction of the need. We must study them to replicate their success. Transportation is not just about doing errands and getting to appointments. Transportation facilitates face-to-face interaction with others. The importance of this service is beginning to be recognized. The Live Well Springfield Coalition *Age Friendly City Project* has identified transportation as one of their key areas of action.

In the focus groups, there was a significant shift in the tone as *Social Isolation/Loneliness* was addressed. For the first time, *Social Isolation/Loneliness* was identified in the top 5 areas of concern. The frequency of mention was great and the narratives were heart-wrenching. It is striking that seniors in the “wealthiest” community and those in the poorest urban site both voiced this concern. One gentleman extolled the virtues of being part of an active engaged senior center where they are all “family.” Yet when he returns to his apartment at 3 each afternoon it is a lonely, dark place; without any human contact until the next morning and “weekends are the worst.” A woman reported feeling abandoned by family living on the west coast; misses her children and is grieving because she cannot get know her grandchildren. Skype, Facetime and email are not filling the human need for connection with family and friends. A “crusty” rural resident craves conversation with those who have a similar history/frame of reference.

Loneliness is a Social Determinant of health and research shows that the effects of social isolation among older adults is as detrimental to health as smoking or inactivity (according to research by Knickman and Snell in 2002). Others studies show that socially isolated people are more prone to inflammation and illness and suffer higher morbidity rates. Factors like physical mobility, sensory impairment, language proficiency, and mental health status also put older adults at risk for social isolation.

There are, of course, some supports in place. In the 2016 GSSSI Elderly Nutrition program's Satisfaction and Outcome Survey - 36% of respondents report that they live alone with *no one to check on them* but their Home Delivered Meal Driver. 80% of survey respondents report feeling less lonely due to daily contact with their Home Delivered Meal Driver.

There are other community programs. Jewish Family Service, Springfield provides a telephone reassurance program for shut-ins and many faith-based organizations offer friendly visiting. Intergenerational programs link children, teens and seniors. In Europe there are programs where college students live in Long-term care facilities.

GSSSI will not ignore the challenges of loneliness and social isolation. The Area Agency on Aging Advisory Council in concert with GSSSI staff will investigate information, share data and review Title III grant funding as one opportunity to explore this issue. (**Core Programs**, ACL Focus Area 1).

It is ironic that we have more technology to facilitate communication and there are more seniors to connect with – yet loneliness is apparently common and can be hazardous to one's health.

Another factor contributing to the increase in the senior population is increased longevity. The 85+ population is projected to triple from 6.3 million in 2015 to 14.6 million in 2040. As seniors live longer, they may outlive their spouses, siblings, adult children and live for years without these life-long connections. This phenomenon has already attracted the attention of GSSSI State Home Care Case Managers who have coined the term "Last Man Standing;" those with literally no accessible family or community connections.

A recognized term is "elder orphan," (American Geriatrics Society uses the term "unbefriended" older adults) which refers to someone who is aging alone with no family available to address their caregiving needs.

This situation is not exclusive to "senior seniors" but is also a future concern for aging Baby Boomers. U.S. Census Bureau statistics show that a third of people aged 45 to 63 in 2012 were single, up by half since 1980. And the percentage of women 40 to 44 without children has nearly doubled since 1980, reaching 19 percent.

Those who are part of the LGBT community may be more likely to lack formal or in-formal supports. “The Future of LGBT + Aging: A Blueprint for Action in Services, Policies and Research” (Fredriksen-Goldsen, 2016) estimated there are approximately 2.7 million LGBT adults age 50 and older in the United States and one-third of LGBT adults live at or below the federal poverty level.

GSSSI must cooperate with agencies and with family, friends and neighbors who create natural helping networks. One example to note, some in the LGBTQ community have developed a reliance on “chosen family” due to family rejection and legalized discrimination which creates social isolation. “Family of choice” connections include partners, neighbors and friends to provide support traditionally offered by nuclear families. This process has its drawbacks. Friend networks often age simultaneously; meaning they may not be in the physical and mental condition to care for one another adequately. As they are not legally related, they may not be able to access family medical leave. Friend networks do not have the legal recognition to share medical plans or make medical decisions for one another. ASAPs should explore this model and others for those who are alone. ASAP can provide education to inform those who are in this situation to prepare by completing a Health Care Proxy to cover medical decisions and a Power of Attorney to take care of financial situations is important. Though Massachusetts doesn’t recognize living wills, the elder can complete a MOLST form with their doctor that reviews their end of life wishes. This is one possible option. But there is need for much more study and action.

An increase in lifespan will result in a larger number of seniors who will require additional medical care, community support and the resources needed to pay for that care. Recent data shows that those whom GSSSI serves will require a great deal of care. The data is plentiful and discouraging.

The Tufts Health Foundation’s Massachusetts Healthy Aging Data Report in 2014 ranked Springfield the #2 community with “most challenges to healthy aging.” Many negative health indicators listed for those 65 and over, 41% have been diagnosed with diabetes and over 30% are obese.

According to analysis by the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute (7th Annual Health Rankings of counties across the country) Hampden County has both the worst health outcomes and worst health factors in Massachusetts.

The Mass Center for Health Information and Analysis reports that in 2015 Hampden County had the highest number of hospital admission for preventable issues than any other county in the state; i.e. Hampden County had 93 admissions for diabetes complications for every 100,000 residents compared to a state average of 50 admissions per 100,000. MA

Greater Springfield Senior Services, Inc.

Center of Health Information and Analysis reported that Hampden County sends more people to the hospital for preventable issues than any other; this significantly impacts health spending and may point to poor primary care.

Older Americans Act Core Programs have been part of Area Agency on Aging system for over forty years; providing care for our most vulnerable persons. The Mission and Vision of the Executive Office of Elder Affairs is “to promote the independence, empowerment and well-being of older adults, individuals with disabilities, and their caregivers.”

Despite the long history, Core Programs have been responsive to evolving community needs. GSSSI is tasked to maintain independence for all including those who are “older seniors” and the “younger seniors;” those who are isolated due to language, disability, economic, sexual orientation, etc.

GSSSI has kept up with these challenges through ***Participant-Directed/Person-Centered Planning*** (ACL Focus Area 2) is an integral component of GSSSI’s spectrum of Long Term Care services and supports. In the GSSSI area, this is a particularly important service due to challenging community health concerns. As a top priority from the needs assessment of seniors is to “Maintain Their Independence” this provides the consumer with the opportunity to be an active participant in their care planning. GSSSI staff embrace the philosophy that elders and caregivers should have a degree of choice and control over services and supports.

It should be no surprise that the number of those needing services and supports continue to increase. 33% (thirty-three percent) of Americans age 65 and older present with at least one Activity of Daily Living limitation (Congressional Budget Office based on data from Medicare Current Beneficiary Survey, Access to Care files, 2010). Eighty (80) percent of older adults have at least one chronic disease and 68 percent have at least two chronic diseases according to a recent AARP State Study.

According to the Alzheimer’s Association, between 2016 and 2025, there will be a 24.6%-34.6% increase in Alzheimer Disease prevalence in Massachusetts. Alzheimer's is not a normal part of aging; it is a type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks. The greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. However, Alzheimer's is not just a disease of old age. Approximately 200,000 Americans under the age of 65 have early-onset Alzheimer’s Disease.

Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from four to 20 years, depending on age and other health conditions.

The impact of this disease places tremendous physical, emotional and financial stress upon caregivers.

In 2016, GSSSI was fortunate to participate in the State of Massachusetts versus Ortho-McNeil-Janssen Inc. Settlement Opportunity to support the treatment of Elders with Dementia in Massachusetts. GSSSI staff benefited from the expertise of specially trained Occupational Therapists as did clients through in-home assessments and equipment purchase.

In the past, mental health concerns (depression and anxiety) may have been overlooked in this population. Older adults might be misdiagnosed and undertreated for depression as their symptoms may have been attributed as a natural reaction to illness or changes that occur with age. An estimated 20.4 percent of adults age 65 and older meet criteria for a behavioral health disorder. The most common being anxiety, cognitive impairment and mood disorders as well as depression or bipolar disorder (Karel, Gatz, and Smyer, 2012).

The rate of death by suicide among white men 75 and older is three times the rate of the general population. Older adults are more likely to die from their first attempt and are less likely to report suicidal thoughts or seek treatment.

Seniors are also not exempt from misuse of Alcohol and chemicals. Substance use generally begins in adolescence however abuse can start at any age. The 2015 National Survey on Drug and Health report 10% of those 65 and older report binge alcohol use; and 15% of those 60 – 64 report binge alcohol use. The trends can be easily tracked by the growing % of those in treatment for opioids. In 2010, the town of East Longmeadow reported that those admitted for substance abuse treatment for opioid abuse exceeded those admitted for substance abuse treatment for alcohol abuse.

An integral contributor in the care system is the caregiver. In 2015, an estimated 34 million U.S. adults served as an informal caregiver to someone aged 50 or older in the prior 12 months. Unpaid caregiving by family members and friends remain the main source of long-term care for older people worldwide.

Caregivers perform valuable services. Every caregiver has a demanding role and some face very specific challenges:

- grandparents raising grandchildren
- those caring for someone with Alzheimer's or Dementia
- elderly spouses (over 80) caring for their elderly spouse/partner/sibling/friend
- parents raising older adult disabled children
- caregiver or seniors who identify as LGBTQ

Supports, including resources, for caregivers are an important component of this plan.

The Participant-Directed/Person-Centered Long Term Care (ACL Focus Area 2) services and supports offered by GSSSI assists each client with options to address their specific needs and wishes. Our care management program assesses physical and behavioral health needs including declines in hearing, sight, taste and smell and other psychosocial factors that affect overall health. Assessments also include social determinants of health which are the conditions in which people are born, live, work, and age that affect their health; these include isolation, housing, transportation, formal and informal supports, etc.

Staff from both our Options Counseling Program and Family Caregiver Program provide elders and individuals with disabilities with the information and support they need to make an informed choice about their long term care support services.

GSSSI offers the entire spectrum of Long Term Care services – home, community and institutional care through participant-directed/person-centered planning. These include traditional home care services, Personal Care Attendant Program, Senior Care Options, Adult Foster Care Program, PACE and OneCare. GSSSI staff members will participate in training to be informed about new options such as Accountable Care Organizations. They will also participate in educational programs to insure they are responsive to those who may be considered “hard to serve” as well as to isolated seniors including those who are gay, lesbian, bisexual or trans-gendered. One AAA Advisory Council member suggested we utilize formal and informal networks to access older members of the LGBTQ community and also refugee and immigrant communities. GSSSI policies and procedures will be reviewed to determine that there are no barriers to service in our institutional practices.

For effective healthcare it is important to maintain a connection between seniors, medical professionals, community resources and caregivers to maximize the benefits of existing systems and treatments. There are many components in place however it is important to coordinate the pieces to ensure a seamless transition between care settings – from the hospital, to home or rehabilitation to home. GSSSI facilitates communication and collaboration between these parties to maintain optimum health and independence.

Access to healthcare remains an issue despite the great strides with technology. While many practices and services can offer reminders for medical appointments (phone calls, texts, etc.); more is needed to facilitate transportation to appointments. Many seniors require , follow-up support to assist with the processing of the physician’s recommendations, ensure the proper medications are purchased and organized for safe self-administration to occur. A reassuring presence is needed to advocate for clients and facilitate communications among seniors, medical professionals, community resources and caregivers.

New models are being developed and piloted, which GSSSI will investigate, join and monitor. The “Physician’s Portal” a link between ASAP’s client records and their physicians

is one such model. This is an opportunity for the medical professionals to access information about care plans and client recent history i.e. falls, catastrophic family events, etc. At the GSSSI Public Hearing a Home Care vendor expressed the importance of Home Care vendors also accessing this information; beyond what is currently accessible through Provider Direct. Though ASAPs facilitate open communication – there is much to be said about utilizing technology for seamless communication with all partners. GSSSI is working with the multidisciplinary team that staffs the new Acute Care for Elders (ACE) Unit pilot program at Baystate Medical Center, formed as a result of the HRSA grant that is being led by Dr Maura Brennan, chief, Division of Geriatrics, Palliative Care and Post-Acute Medicine, Baystate Health System.

Another technological opportunity includes telemedicine. Telemedicine benefits include convenience, increased access to health services, (especially primary care and follow-up) and communications with medical professionals – clear and documented. This will lead to better patient care and fewer cancellations. Reports already show the effectiveness of these methods in terms of improving the quality of service and patient satisfaction. Change is difficult and not always quick. Reimbursement for telemedicine care is an unresolved issue. Though payment for telemedicine services in Massachusetts is currently accepted under select Medicaid managed care plans.

Though the debate on reimbursement is contentious, the cost of health care is driving policy and providing incentive to take bold steps toward acknowledging the importance of community resources to address health inequities. There is research supporting this view.

Hospital readmissions have been attributed to non-medical reasons - “social determinants of health;” not enough to eat, an inability to pay utility bills or living in unsafe housing. There is a growing body of evidence which suggests identifying those hospital patients at risk of malnutrition and implementing interventions to address the problem can be effective for patient care and as a cost savings measure. One study (Xu et al, Journal of American Geriatric Society, 2010) found reduced hospitalization for Medicaid HCBS waiver participants who had meals as part of their services in Indiana.

Meals on Wheels America’s Hunger in Older Adults report (2016) notes that malnutrition can increase healthcare costs by 300%.

Is malnutrition an issue for seniors? 1 in 6 older adults face the threat of hunger; 33% of older adults admitted to the hospital may be malnourished and up to 50% of community-dwelling older adults may be malnourished. 40% of Home Delivered Meal clients who completed the GSSSI client satisfaction survey reported they would have a shortage of food to eat if it weren’t for this program.

A 2014 AARP Foundation report stated that food insecurity is a strong predictor of poor health and disease, such as heart disease, stroke, lung disease and diabetes. Households with food insecurity have higher levels of long-term health problems, chronic disease diabetes and depression.

Meals on Wheels America's Hunger in Older Adults report (2016) reports that nutrition interventions in malnourished older adults has been shown to decrease falls, which are the leading cause of both fatal and nonfatal injuries of those 65+.

One of the most vulnerable groups may be minority older adults. Those who are minority groups are more likely to indicate skipping or eating smaller meals due to lack of funds (39% Hispanic, 38% Black/African American and 26% Caucasian) according to a 2015 USDA report.

Seniors who are in need of home delivered meals represent an extremely frail and vulnerable population, one with significant health and service needs. The 2015 "More than a Meal" study by Meals on Wheels of America supports the belief that home-delivered meals improve the health and well-being of older adults, particularly those who receive them daily and those who live alone. Studies on the impact of Home Delivered Meals (Zhu and An] "Impact of Home-Delivered Meal Programs on Diet and Nutrition among Older Adults: A Review Nutrition and Health," 2014) found that they improved diet quality, increased nutrition intake, and reduce food insecurity and nutrition risk. Other outcomes included improved compliance with dietary guidelines and quality of life.

There are of course other models, however, this study proves the strengths and long term benefits of daily home-delivered meals and social contact of homebound individuals. By lessening feelings of isolation and loneliness and reducing rate of falls, these findings support prior research. The traditional Meals on Wheels model has great potential to decrease healthcare costs.

GSSSI Nutrition services offer traditional, modified, pureed, Kosher and Latino menu choices through senior community dining and home delivered meals and also nutritional counseling. GSSSI will continue to support a partnership with local farmers to maximize the use of fresh local produce. In 2016, GSSSI began a pilot program to offer specialized meals to meet the needs of Springfield residents with cardiac disease, diabetes and renal disease; participants include community members, state home care clients and recently negotiated for Senior Care Options and OneCare members. GSSSI also provides Title III funding to Council on Aging Nutrition Programs in Agawam, East Longmeadow, Longmeadow, Monson and West Springfield. GSSSI and these five COAs continue their partnership with Senior Care Options (SCOs) and Program of All-Inclusive Care for the Elderly (PACE) programs to provide Home Delivered Meals to consumers and to include them in Congregate Programs when appropriate.

However we cannot limit our services to our present model only. We should explore some of the emerging models of service -

- Meals on Wheels Client “Status of Condition” protocol (an enhancement of the Wellness Check) possibly provides better client service and increased documentation of program value. This delineates specific behaviors to note (client reports taking medications today, client is well groomed, etc.) and connects the data through a tablet with a medical professional who can assess and take immediate action if necessary.
- Holyoke Health Center’s (a neighboring community) pediatric physicians are writing prescriptions for “Food Bank” programs
- In London, some patients upon hospital discharge receive a “hamper” of healthy food to insure their access to easy-to-prepare nutritious food when they return home.
- In Baltimore, private non-profits provide delivery services “My Groceries to Go”

The research is plentiful. ASAPs must learn how to use this information starting with being become familiar with the medical language and expectations. If we are to become true partners with medical and insurance communities; we must speak their language and share their goals for wellness.

ASAPs have an advantage in that we already have data about those we serve and the service we offer. We need to determine what information is most useful, quantify the data and share the results. To do this we must treat data as an asset, just like capital and human resources. Engaging in local research with local partners will allow us to measure positive shared outcomes and strengthen our partnerships. The goal of recognizing the value of our service will hopefully lead to becoming part of a consistent funding stream.

GSSSI will also be a participant in the Accountable Care Organizations care delivery system. GSSSI is an affiliated partner of the Care Alliance of Western MA (CAWM). The CAWM consists of the five (5) ASAPs in Western MA, as well as the Behavioral Health Network, STAVROS ILC and Adlib ILC. The CAWM was recently approved as an LTCC Community Partners for Mass Health 1115 Demonstration project.

Evidence based community education is a pro-active approach to affect behavioral change in a positive, interactive, educational setting (i.e. Fall-related injuries cost \$34 billion in 2013 and approximately one-third of adults over the age of 65 fall each year). A Matter of Balance, Falls Prevention is offered through the GSSSI Healthy Living services program. GSSSI promotes this program as “Take back the reins of your own healthcare.” Feeling well and being responsible for one’s own health inoculates our seniors against depression and isolation and is essential to maintain a good quality of life. GSSSI’s Needs Assessment project participants identified health and health care as significant concerns. Evidence based programs offered include My Life My Health, Chronic Disease Self-Management and Healthy Eating in Partnership with the Healthy Living Center for Excellence.

We have entered the age of some outliving their resources or suffering the effects of a life lived in poverty. The 2016 Elder Economic Security Standard index reports that 8.8% of seniors (2015) were living below the poverty level. This document notes the high risk of economic insecurity experienced by older adults, a risk that is especially high for racial and ethnic minorities. And Massachusetts has the second-largest population of elderly residents who are “scraping to get by” second only to Mississippi.

The Tufts Health Foundation’s Massachusetts Healthy Aging Data Report in 2014 noted that 17% of households age 65 and over had income below the poverty level vs. state average of 9.3%.

GSSSI offers services of Money Management and Options Counseling to assist those in making the best use of their limited resources.

Healthcare can also cause financial stress. *Alzheimer’s* was recently determined to cost U.S. families and society \$157 billion - \$215 billion a year according to a study by National Institute on Aging. Alzheimer’s, the most common form of dementia, is the sixth leading cause of death and more than 5 million Americans are living with the disease. GSSSI I&R staff, case managers, caregiver specialists and options counselors from Massachusetts Family Caregiver Support Program and the Options Counseling Program provide support to those living with this disease.

And unfortunately, seniors and those with disabilities are vulnerable to financial exploitation, elder abuse and/or neglect. Increased technology and social isolation has exacerbated this susceptibility.

GSSSI is committed to *Elder Justice* (ACL Focus Area 3) and will protect seniors against threats to their independence, well-being and financial security, ensure the rights of older people and prevent, detect, assess and intervene and/or investigate elder abuse, neglect and/or financial exploitation.

Through Title III funds Community Legal Aid will provide access for seniors to the legal system and some measure of protection from those who seek to prey on them.

Staff will continue to share information with key community members through training, public articles and social media strategies. The strong community ties create invaluable partnerships in the 19 communities served. These good communication avenues position this ASAP, local legal, safety, housing and financial service partners to meet the increasing challenges of the future.

Technology is a wonderful boon; however it brings certain liabilities. According to the Federal Trade Commission, nearly 25 million Americans are victims of consumer fraud each year. Senior citizens continue to be a rapidly increasing segment of the population,

and they are a prime target for con artists and thieves. Studies have shown that senior citizens are more at risk to be targeted by telemarketing scams than other age groups, and fraudulent telemarketers direct anywhere from 56 to 80 percent of their calls at older Americans. No wonder, in many instances, this segment is least equipped to know the intricacies of these areas.

The changes are numerous; steady growth of the aging population, increased lifespan and unprecedented medical and technological advancement.

Perhaps the most daunting, is the challenge of securing adequate funding. Providing sufficient funding for these necessary services is considered in every decision made by GSSSI Leadership.

Services mandated by the Older Americans Act are impacted by funding which is the same as the early 2000s. "No one could possibly mistake our world and its challenges as equivalent to this time however, our most consistent funding stream has not kept up with the times;" as cited in the Journal of American Society on Aging from research by Fox-Grage and Ujvari, 2014.

GSSSI is committed to offering exceptional services. We must seek additional funding from medical and insurance providers and position our practices to be in aligned with their goals. We are collaborating with new partners to participate in emerging models such as Accountable Care Organizations. We have created and expanded partnerships with Senior Care Options and OneCare providers.

Many challenges have been identified and there will be more to come; they are not insignificant. The Silver Tsunami has hit our shores; our institutions, long-standing practices and preconceived notions are forever changed.

There are a couple, as yet unmentioned, opportunities/strategies.

In a way, this population boon is an advantage. Marc Freedman in *The Power of Purposeful Aging*, has said "...the record number of older adults is a unique human capital resource. It's sheer size demands that we explore its vast potential and employ it for the betterment of our world." The only resource which is infinite is human capital and our older adults have a lifetime of experiences to offer.

The barrier to utilizing this resource is ageism; society must acknowledge and seek the help of older adults. Older adults must continue to be engaged in their communities. The Age Friendly Community movement will chip away at this barrier.

In the words of Sylvia Mathews Burwell, Secretary, Department of Health and Human Services at the 2015 White House Conference on Aging;

“We need a cultural change in our view of aging that recognizes older adults bring experience and value to our communities that strengthen our society and can solve social problems. In other words, it’s time to shift the conversation from one that assumes an aging population will overwhelm us to one that recognized older adults as an asset to our country and celebrates their contributions to improve lives for all generations.”

There is another benefit to this cultural change for individuals. Research has recently determined that attitude can be the greatest factor in elder wellness; as local geriatric nurse and University of Massachusetts scholar, Sheila Pennell, PhD RN, noted in her dissertation, “A Path Analysis of the Maintaining the Balance Model.” Dr. Pennell studied the effects of health, activity, autonomy, attitude and relationship for older adults to understand how these factors interplay to create wellness. **Attitude proved to be more important** than chronic disease, caregiver models, etc. A more welcoming societal environment will allow our older adults to feel valued, supported and a still a part of a community.

This is also addressed in the Power of Purposeful Aging, by the Milken Institute Center at Future of Aging 2016 Summit, a study showed that “**Seven and a half years** – that was the **longevity boost for study participants who had positive self-perceptions of aging**, compared to those without. Those who scored high on a purpose assessment “fended off” the symptoms of Alzheimer’s’ disease better than low scorers. The science clearly shows that we have an opportunity to improve public health by having older persons remain engaged and purposeful; another key to positive attitude.

GSSSI is seizing the opportunity to gather our creative energy, work with new partners, harness technology, seek new resources and involve those we serve to face new challenges.

Goals and Objectives

GREATER SPRINGFIELD SENIORS SERVICES, INC. AREA AGENCY ON AGING

ACL FOCUS AREA 1 2018-2021

Older Americans Act Core Programs have been part of Area Agency on Aging system for over forty years. The Mission and Vision of the Executive Office of Elder Affairs “to promote the independence, empowerment and well-being of older adults, individuals with disabilities, and their caregivers” has been the consistent roadmap.

This is an area which is truly responsive to the evolving community needs. GSSSI is tasked to maintain independence for all including those who are “older seniors” and the “younger seniors;” those who are isolated due to language, disability, economic and social need. GSSSI has kept up with these challenges.

Most importantly these services impact the social determinants of health which influence individual and group differences in health status and also the quality of life. These services touch the top needs identified in the local assessment; Transportation, Maintaining Independence, and Health Care. For the first time, however, Social Isolation was mentioned as the 2nd most identified need.

Goal #1 Support aging in our community by engaging with Dementia Friendly Community and Age Friendly Community efforts

Objectives:

- Serve as an information clearinghouse of local community efforts, best practices and information from national successes to support efforts and validate the need for a greater understanding of aging and dementia and its effect on the broader community
- Assist communities in identifying barriers to implementation through education and collaboration

Goal #2 Develop and provide advocacy and outreach services.

Objectives:

- Provide information education and resource materials to those who are seeking access to services in collaboration with 1800 AGE INFO, and MassOptions, to support the “No Wrong Door” policy to empower seniors and their caregivers to make informed decisions about their care and lives.
- Provide mandated Outreach and Advocacy services to those in our rural, suburban and urban communities through GSSSI direct service funding to Councils on Aging as well as other nonprofit organizations serving socially isolated individuals i.e. Baystate Deaf Seniors, etc.
- Provide information to new audiences enlisting the efforts of Board of Directors, Area Agency on Aging Advisory Council, GSSSI staff include Protective Service to identify socially, geographically, economically isolated and underserved communities.
- Title III grantees will be supported by annual monitoring, annual training with GSSSI staff including Information and Referral Specialists and Nutrition Program staff as needed.

Goal #3 Greater Springfield Senior Services, Inc. will provide Nutrition services which adhere to the EOEA Nutrition program guidelines.

Objectives:

- Offer a robust Traditional, Modified Meal, Kosher, Latino menu (with pureed option) and will serve Home Delivered Meals to clients, others at Congregate Dining Centers and to an Adult Day Health Program. Lunch, supper and weekend Home Delivered Meals are served as needed. In addition to providing nutrition services to Title III and State Home Care seniors; GSSSI serves those from Senior Care Options, PACE and OneCare.
- Nutrition Counseling is offered to those who wish to improve their dietary habits by participating in one-to-one counseling with bilingual assistance as needed.
- A therapeutic home delivered meals program will be offered to homebound Springfield seniors with special nutritional requirements; diabetic, cardiac or renal

meals are offered. We will work to bring this service to other communities particularly the poor, rural areas.

Goal #4 Greater Springfield Senior Services, Inc. will support in-home services to help seniors maintain independence for as long as safely possible.

Objectives:

- Provide Medication Management, Health Education and outreach in-home services for those affected by Alzheimer’s disease and dementia through funding to healthcare and community organizations.
- Plan, coordinate, and facilitate regional conference for staff members and volunteers from Aging Service Access Points, Councils on Aging, and Area Agency on Aging grantee organizations, Long Term Care facilities, etc. The program will include the latest information and strategies for those faced with Alzheimer’s disease and their caregivers.
- Provide Outreach and Advocacy to those affected by Alzheimer’s disease through Information and Referral services which offer information, education and resource materials which empower seniors and their caregivers to make informed decisions about their care and lives.
- Individuals with Alzheimer’s Disease and Dementia and their caretakers will be provided with Evidence Based program opportunities, Medication Management and Health Education.
- GSSSI clients will be supported through existing transportation programs and Title III grant funding will also support transportation services. GSSSI AAA Director and AAA Advisory Council will continue to pursue partnerships and collaborations to learn new models and develop programs to meet transportation needs of seniors.
- Programs to alleviate or mitigate social isolation will be investigated and assessed by the Area Agency on Aging Advisory Council in concert with GSSSI staff; these may include companions, telephone reassurance, virtual senior center, etc. The Title III grant RFP will encourage submissions on this issue.

Goal #5 Chronic diseases affect over 80% of adults age 60 or older. GSSSI will continue to support and expand evidence based programs which protect and promote the well-being and quality of life for seniors and their caregivers in cooperation with the Healthy Living Center for Excellence, Councils on Aging and senior housing.

Objectives:

- Increase the number of participants in evidence based programs by 10% annually.
- Explore and secure additional funding sources to support this program.

GREATER SPRINGFIELD SENIORS SERVICES, INC. AREA AGENCY ON AGING

ACL FOCUS AREA 2 2018-2021

Participant-Directed/Person-Centered Planning is an integral component of GSSSI's spectrum of Long Term Care services and supports. In the GSSSI area, this is a particularly important service due to an extraordinary health and community environment.

The Tufts Health Foundation Massachusetts Healthy Aging Data Report in 2014 ranked Springfield the #2 community with "most challenges to healthy aging." Poverty is a huge social determinant; 17% of households age 65 and over had income below the poverty level vs. state average of 9.3%. There are many other negative health indicators listed including for those 65 and over, 41% have been diagnosed with diabetes and over 30% are obese. According to the Alzheimer's Association, between 2016 and 2025, there will be a 24.6%-34.6% increase in Alzheimer Disease prevalence in Massachusetts.

The Mass Center for Health Information and Analysis reports that in 2015 Hampden County had the highest number of hospital admission for preventable issues than any other county in the state. i.e. Hampden County had 93 admissions for diabetes complications for every 100,000 residents compared to a state average of 50 admissions per 100,000.

Goal #1 – GSSSI will assist seniors to maintain their independence and determine the supports and services which will best meet their needs while targeting those with the greatest economic and social need.

Objectives:

- Offer in-home and direct care services that serve homebound seniors, persons with disabilities and their caregivers; services are provided based on the wishes of the consumer.
- Support and strengthen connections with physicians and service providers
- Connections with Senior Care Options and OneCare delivery systems will be maintained and strengthened.
- Adult Foster Care and Personal Care Attendant programs will be offered to those for whom these supports and services are most appropriate.
- Money Management services by which older adults receive assistance and oversight of their finances to promote independence and remain in the community.

Goal #2 GSSSI Caregiver Specialist (CGS) will continue to offer caregivers assistance and support to ease the strain and reduce the challenges of caregiving.

Objectives:

- More caregivers will be supported through direct assistance and outreach opportunities (including social media and other emerging technologies) and financial assistance.
- Caregiver specialist will work collaboratively across disciplines to offer resources and strategies to assist those working with special populations including; grandparents raising grandchildren, Caregivers caring for someone with

Alzheimer's or Dementia, Elderly spouses (over 80) caring for their elderly spouse/partner/sibling/friend , Parents raising older adult disabled children, those who identify as LGBTQ and others.

GREATER SPRINGFIELD SENIORS SERVICES, INC. AREA AGENCY ON AGING

ACL FOCUS AREA 3 2018-2021

GSSSI is committed to Elder Justice by protecting against threats to the independence, well-being, and financial security of seniors and persons with disabilities. GSSSI will prevent, detect, assess and intervene and/or investigate elder abuse, neglect and/or financial exploitation.

GSSSI staff will maintain positive relationships with community partners in Law Enforcement and Financial Services to ensure seamless communication and successful interactions. Outreach will be made with individual seniors including those who socially and economically in need.

Goal #1 Detect, assess, intervene and/or investigate mistreatment or neglect of a person 60 years of age or older by an individual known to them; this mistreatment may include elder abuse, neglect and/or financial exploitation.

Objectives:

- GSSSI Protective Intake/Screening Specialists will provide appropriate, timely and effective services and documentation to all intake requests.
- GSSSI Protective staff and Information and Referral staff will participate in training and staff meetings as appropriate.

Goal #2 Greater Springfield Senior Services, Inc. will maintain positive relationships with community partners and develop new relationships with emerging entities.

Objectives:

- Relationships with Law Enforcement professionals will be maintained and strengthened with those in the 19 communities served.
- Relationships with those in the financial community will be maintained and strengthened with those in the 19 communities served.

Goal #3 Seniors will identify and report instances of elder abuse, neglect, and financial exploitation.

Objectives:

- GSSSI will work directly with seniors to prevent mistreatment or neglect of a person 60 years of age or older by an individual known to them.

- Isolated groups will be identified with the assistance of local CoA staff members, Area Agency on Aging Advisory Council members and may include refugee community groups, LGBT clubs and others.

Goal #4 GSSSI Inc. will support community and individual health and safety strategies to assist those over the age of 60 years to foster resilience to withstand and respond to emergencies.

Objective:

- GSSSI will participate in community disaster preparation activities: i.e. Pioneer Valley Community Organizations Active in Disaster.

Goal #6 GSSSI Ombudsman will prevent, detect, assess, intervene and/or investigate mistreatment or neglect of a person, who resides in a Long Term Care Facility or Rest Home.

Objectives:

- Certified Ombudsmen Volunteers will ensure compliance with resident rights issues, conflict resolution, and to monitor quality of life and care issues for those residing in local nursing and rest homes.
- Ombudsman coordinator will provide education on residents' rights and identification and prevention of mistreatment or neglect.

Goal #7 GSSSI will ensure access to the legal system for housing, benefit information, and other related legal issues.

Objectives:

- Legal services for older adults and caregivers will be supported through Title III funding and through appropriate community resources.
- Access to resources for estate planning issues will be available to seniors and their caregivers.

GREATER SPRINGFIELD SENIORS SERVICES, INC. AREA AGENCY ON AGING

STRATEGIES - How Goals and Objectives will be Achieved

Focus Area #1 - Older Americans Act Core Programs

- AAA Advisory Council will provide leadership by monitoring efforts and activities of communities supporting Age Friendly and Dementia Friendly efforts. Information will be shared through website, Facebook, Western Mass Eldercare Conference, GSSSI staff in-service and publications such as the GSSSI Annual Report. AAA

Greater Springfield Senior Services, Inc.

Director will serve as a member of the Live Well Springfield Coalition Age Friendly City Project.

- Outreach to new audiences will be provided with cooperation with GSSSI Board of Directors and Area Agency on Aging Advisory Council to identify socially and economically isolated seniors. Outreach will include cooperation with Protective Services by a mailing to 200+ religious organizations. Through the “Bank Reporting Project”, staff will continue to educate and advocate the financial services community regarding abuse and financial exploitation of elders and will be expanded to credit unions and check cashing companies. GSSSI Staff will maintain positive relationships with existing referral sources, and colleagues through information sharing and daily case collaboration.
- Support existing Title III grantee organizations through review of monthly reports, annual monitoring annual training with GSSSI staff including Information and Referral Specialists and informal communication as needed. Resources and strategies to reach those who are socially isolated and/or low income as well as the issue of reaching “younger seniors” will be addressed and understanding the unique and sometimes complex needs of the population.
- Training will be offered to ASAP staff and others through in-service meetings, Western Mass Eldercare conference, Western Mass Eldercare Providers Professional Association, on important topics:
 - Age Friendly and Dementia Friendly Communities
 - Assisting those with Alzheimer’s Disease and Related Dementia
 - Substance abuse including impact of the opioid epidemic
 - Caregiver support [see also Focus Area 2 for additional information about Caregiver support including Savvy Caregiver.]
 - Insuring a welcome and respectful environment with those who are disenfranchised
 - up-to-date research and resources
- ASAP Nutrition team will continue to work cooperatively with EOE Nutrition staff members, caterers, meal site hosts, and other community partners to insure that direct services program continues to serve high quality tasty meals and to insure that seniors are aware of services and encouraged to attend.
- Continue to work with local healthcare provider to expand the partnership to offer a therapeutic home delivered meals program to more seniors and to cooperate with GSSSI Quality Assurance Director to measure and share program accomplishments to be shared with potential funders, collaborators, in a journal article or at a professional conference.
- Continue to investigate services to serve changing needs i.e. options for those with Dementia (i.e. Thrive Dining from Watermark, Brain Healthy diet from Armbrook Housing and Purple Table programs), and to identify strategies to meet the special considerations of the older seniors and younger seniors.

- Provide Medication Management, Health Education and outreach in-home services for those affected by Alzheimer’s disease and dementia through funding to healthcare and community organizations.
 - Plan, coordinate, and facilitate regional conference for staff members and volunteers from Aging Service Access Points, Councils on Aging, and Area Agency on Aging grantee organizations, Long Term Care facilities, etc. The program will include the latest information and strategies for those faced with Alzheimer’s disease and their caregivers.
 - Provide Outreach and Advocacy to those affected by Alzheimer’s disease through Information and Referral services which offer information, education and resource materials which empower seniors and their caregivers to make informed decisions about their care and lives.
-
- GSSSI Companion Drivers still provide this important service to eligible State Home Care clients. Title III grant funding supports two distinct programs and our area. GSSSI AAA Director remains an active participant in the Regional Coordinating Council for Transportation from MassDOT and an emerging Transportation Cooperative venture for the city of Springfield.
 - Support GSSSI Agency escort transportation services to medical appointments.
 - Explore and review alternative affordable transportation options and share with Area Agency on Aging Advisory Council and relevant community organizations.
 - Participate in community advocacy effort to support regional transportation organizations.
 - Area Agency on Aging Advisory Council will investigate services to alleviate social isolation; these may include companions, telephone reassurance, virtual senior center, etc.
 - In FFY 2018, Area Agency on Aging Grant Review Task Force will convene to complete the award process for Title III funding. This granting cycle will earmark funds for services to alleviate social isolation.

Focus Area #2 – Participant Directed/Person Centered Planning

- All Intakes and Annual Assessments will review consumer inclusive care plans to ensure Participant-Directed/Person-Centered Planning is an integral component of GSSSI’s spectrum of Long Term Care services and supports. In the GSSSI area, this is a particularly important service due to an extraordinary health and community environment.
- Habilitation therapy will be available to those with Alzheimer’s disease and Related Dementia (ADRD) and their caregivers; provided by ADRD Case Manager who will connect those individuals with appropriate resources including adaptive equipment and supplies.
- Those seniors with mental health issues who are resistant to services will have supports and services provided by an Intensive Case Manager.
- Baystate Medical Center’s Geriatric and Palliative Care Team will be able to utilize the Physician’s Portal to offer more inclusive care from hospital to home; successes will be shared with other medical partners.

- GSSSI Vendor Home Health Aides will participate in Supportive Home Care Aid training through the Home Care Aide Council to attain SHCA- Behavior Health and SHCA- Alzheimer's certifications.
- Senior Care Options Geriatric Support and Services Coordinators and OneCare Long Term Care and Services Coordinators will work cooperatively to provide services and explore additional opportunities for cooperation: i.e. nutrition consultations, telemedicine, etc.
- Adult Foster Care and Personal Care Attendant staff will continue to participate in training and outreach to disenfranchised communities.
- Caregiver Specialist will provide one-to-one assistance to assess needs, identify options and gain access to community-based services via in-home visits and telephone support.
- Caregiver resources will be shared directly to caregivers and through with Council on Aging Outreach staff and to make cross-referrals.
- Provide education and information through presentations with churches, business and provide education and information through GSSSI Facebook, website, Pinterest and electronic newsletter.
- Continue to promote social media technology and offer opportunities to engage caregivers with that education.
- Offer options and facilitate access to support groups and respite providers of in-home, community based and institutional respite services.
- Provide limited financial assistance, via Caregiver scholarships for caregivers who encounter needs which cannot be met by other resources to help support their efforts to keep care recipient at home.
- Caregiver Specialist will assist **Grandparents raising grandchildren**. CGS will collaborate with other agencies addressing this situation with the intent to share best practices of outreach, support and resources.
- CGS will provide information Grandparents raising grandchildren education with GSSSI staff through discussion, training and on-site display of resources/supports.
- Caregiver Specialist will investigate resources and develop strategies to assist **Caregivers caring for someone with Alzheimer's or Dementia**. Savvy Caregiver groups will be offered annually to help caregivers learn the specialized skills necessary to care for someone with Alzheimer's and related dementias while providing care for themselves.
- ADRD Case Manager will provide information concerning the disease, resources and "case by case" support to GSSSI staff through bi-monthly educational articles, in-service training and training in community i.e. Western Mass Eldercare Conference.
- Caregiver Specialist will assist **Elderly spouses (over 80) caring for their elderly spouse/partner/sibling/friend**. Caregiver Specialist will work collaboratively across disciplines to offer resources and strategies to assist the family caregiver and those professionals working with this population.
- Caregiver Specialist will assist **Parents raising older adult disabled children**. Caregiver Specialist will work collaboratively with Options Counselors and Independent Living Center Colleagues who work with older adult individuals with disabilities to share best practices, resources and provide opportunity for dialogue and ongoing partnerships.

Focus Area #3 – Elder Justice

- GSSSI Protective Services Workers will visit with potential clients, interview all parties involved and work collaboratively with local agencies to ensure an elder's risk is mitigated.
- PS trends data (reports/tracking) will be reviewed by PS Coordinator, QA/QI director and/or designated PS staff on a weekly, monthly and quarterly basis.
- GSSSI Protective staff will participate in agency wide in-service training at least once each month for 8 months of the calendar year of which 2 of these trainings will address information on Alzheimer's and at least on training on Behavioral Health and suicide prevention; specific areas of PS training, PSW role, Investigation, determining decisional capacity, etc. as well as areas of need identified by QA/QI process will be addressed.
- All PS staff will be in constant communication within their department as well as having designated weekly and monthly meetings; PS staff will attend EA sponsored trainings as they are made available.
- GSSSI PS Team in collaboration with local Council on Aging staff will meet with 30% of Law Enforcement personnel (in the 19 communities served) annually to review roles, resources, identify specific community concerns and facilitate continuous open communication.
- GSSSI PS leadership will pursue new relationships with emerging organizations in these fields, i.e. Neighborhood Crime Watches and Faith-Based organizations.
- Security/Loss Prevention Association (Bank Reporting project), a GSSSI PSW will contact at least five Bank/Credit Union staff annually to share information and offer training for staff. GSSSI will provide educational information to newsletters for all companies during Abuse Prevention Month in June. Annual education will be offered to Security and Loss Prevention Association, which also includes retail and travel businesses.
- PS Staff will reach individual seniors through collaboration with Hampden County District Attorneys' Office; "Educating Seniors Against Exploitation(EASE)." Presentations will be offered at Senior Housing, Assisted Living Facilities and Councils on Aging annually.
- Weekly Educational Pieces will be shared on Facebook and website each June for Abuse Prevention Month.
- Information on Protective services will be sent to 200+ religious organizations through GSSSI mailing in spring 2019.
- Isolated groups will be identified with the assistance of local COA staff members and may include refugee community groups, LGBT clubs and others.
- GSSSI will cooperate with Pioneer Valley Community Organizations Active in Disaster (COAD) a consortium of community agencies who have aligned to better respond with disaster preparedness, response, recovery and mitigation.
- GSSSI will cooperate with local first responders for more localized emergency situations.
- Certified Ombudsmen Volunteers will complete mandated visits to those residing in local nursing and rest home facilities and data will be entered in a timely manner.
- Ombudsman coordinator will track open cases to closure to ensure appropriate response and completion which will be reviewed by Elder Affairs Ombudsman Staff.

- Ombudsman coordinator will determine resident engagement and willingness to participate with the ombudsman during quarterly volunteer supervision.
- All Ombudsmen will manage a working partnership style relationship with facility administrations while maintaining resident focus.
- Ombudsman program will maintain confidentiality mandated by the Ombudsman Program guidelines in the Older Americans act and in the OBRA Final Rule.
- Ombudsman coordinator will offer one or more annual presentations or distribute information on residents' rights and identification and prevention of mistreatment or neglect in Long-term Care facility or Rest Home.
- Title III-B funding will support for legal services for older adults and caregivers. The Provider, Community Legal Aid staff will participate in annual in-person monitoring and monthly data submission.
- Those seniors and caregivers with issues which are not appropriate for Protective Services or Community Legal Aid will be directed to other community assistance; i.e. Hampden County Court Service Center, Hampden County Bar Association, and as appropriate a list of reputable Elder Law Attorneys.
- Estate planning issues will be available to seniors through GSSSI Information and Referral Services, GSSSI ElderGuide publication, Social Media and website. These will include: i.e. Advance Directive, Power of Attorney, simple will and healthcare proxy through Mass Justice Project/Massachusetts Senior Legal Assistance Project Advisory Council program.

ATTACHMENTS

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.

(Area Agency on Aging)

(Date) (Signed) _____
(Chairperson of Board of Directors)

(Date) (Signed) _____
(Chairperson of Area Advisory Council)

(Date) (Signed) _____
(Area Agency on Aging Executive Director)

ATTACHMENT B: AREA AGENCY ON AGING INFORMATION REQUIREMENTS

Greater Springfield Senior Services, Inc.

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

Describe the mechanisms and methods 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;

GSSSI staff members complete an assessment of needs for each potential client in order to broker services to address the needs presented. Needs are assessed on a regular face-to-face interaction to ensure we are meeting the changing needs of those we serve. State Home Care program also includes the Enhanced Care Plan (ECOP) and CHOICES Programs to provide additional services to those who are eligible for Long Term Care so that they may remain in the community. An Intensive Case Manager works with self-neglecting individuals with more complex issues who are at much greater risk of institutional placement. Alzheimer's Disease and Related Disorders Case Manager provides enhanced case management for those with this disease and their caregivers and serves as a resource to agency staff.

Geriatric Senior Support Case Managers with Senior Care Options (SCO) programs serve over 3,000 members at this time, bringing their expertise to insure access to those over 65 years to the appropriate community services.

GSSSI provides MassHealth contracted programs for Adult Family Care and Personal Care Management; the number of those served has grown steadily. Collaboration with MassHealth brings a benefits specialist to GSSSI office to provide ADRC members with technical expertise to access MassHealth benefits for their clients.

Nursing Home Liaison Case Manager works to help those in institutional settings transition back to the community. This staff member utilizes a wide variety of resources including GSSSI's Ombudsman Coordinator, Assistant and volunteers. Options Counselor assists individuals in need of long-term care services to make informed choices about the services and settings that best meet their needs. Additionally she collaborates with staff at Baystate Medical Center – visiting on-site weekly to assist patients with specialized needs to transition to appropriate, safe community living.

GSSSI established a relationship with the LGBTQ community this past year in offering the LGBTQ Caregiver Respite Grant program which was funded through the Mass Lifespan Respite Coalition and Administration on Aging. This effort brought a number of clients to GSSSI services who otherwise might not have tried to access our services.

Title III funds support Open Pantry Community Services Senior Food Pantry; which served over 1,300 impoverished seniors last year. This monthly "Seniors Only" provides volunteers to assist seniors in selecting and carrying the food to their vehicles. GSSSI staff members annually

provide information to clients about GSSSI, other resources and distribute “Lunch coupons” to encourage Pantry Participants to visit a senior dining center. Nutritious food in sufficient quantity is critical to maintain well-being and control the symptoms of chronic diseases and essential for those who wish to remain independent in the community. Services such as Family Caregiver and Money Management provide important support to keep seniors and those with disabilities in the community.

(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; Springfield Department of Elder Affairs received the largest Title III award to provide Outreach Services to those in this urban area of over 23,000 senior residents. The population in Springfield according to 2010 census is 39% Latino and 25% Black/African American. Our Senior Dining Center in Springfield’s North End serves primarily Latino seniors and the Center in Forest Park area serves many individuals who are Vietnamese.

GSSSI employs a staff which reflects the community we serve; staff members are bilingual in Spanish, Arabic, Russian, Italian, Iranian, Polish, Portuguese, Ukrainian, Armenian, French, Ashanti Twi, and American Sign Language. Additionally GSSSI works collaboratively with Ascentria Care Alliance to connect with refugee and immigrant communities in our area. Ascentria has offered in-service training on cultural sensitivity and also participated in the needs assessment process for this Area Plan.

Our rural communities face the challenge of limited resources which is exacerbated by these communities’ connection to two urban centers; Springfield to the west and Worcester to the east. Scarce transportation supports are split between two different directions. Seniors therefore have to not only identify supports but also develop a comprehensive support system which may be geographically disconnected (i.e. having to travel in two directions to access medical practitioners, benefits, etc.). Title III funds support Outreach services in our rural communities through the Senior Centers in each town. GSSSI convenes educational meetings for these providers to identify and share of resources.

Staff members at the Palmer Council on Aging initiated a “Medical Advocate” (MA) program to provide access to rural seniors to medical care (based on a GSSSI program model). The MA provides transportation and support while in the appointment for those seniors who have cognitive challenges, complex medical conditions and new diagnosis. This effort was modeled after a GSSSI pilot program.

Long distances are also a transportation barrier to those in rural areas. Title III funds support transportation services to Monson residents, a rural community and the only town in our area without access to Regional Transportation Services. The Area Agency on Aging Director participates in the Regional Coordinating Council Transportation group. The group completed an inventory of local resources (Transportation Resource guide) which was shared extensively and with GSSSI staff including the Information and Referral Department.

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;*

GSSSI has access to resources to 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. GSSSI is a Personal Care Management contracted agency and also cooperates with others who offer Personal Care Attendant services for Consumer-Directed Care. These include STAVROS Center for Independent Living, Caregiver Homes, WestMass ElderCare, etc. GSSSI offers an Adult Family Care Program and State Home Care services. The Frail Elder Waiver and the SCO Waiver allows those to access Community MassHealth to receive enhanced services and otherwise would not qualify due to income. Geriatric Support Services Case Managers and OneCare Long Term Support Services Case Managers are GSSSI employees who ensure access to appropriate community services. GSSSI has contracts with Commonwealth Care Alliance, Fallon Navicare, United Healthcare, Senior Whole Health, Tufts Healthcare, MercyLife PACE and will soon add BMC HealthNet (as of 1/18).

In July 2016, GSSSI initiated a therapeutic meal option to those homebound individuals in Springfield who have renal disease, diabetes or cardiac disease. This program was started with funding from Tufts Health Foundation and the local Community Foundation. It was recently expanded to include those who are part of Senior Care Options and OneCare programs.

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;

The Needs Assessment portion of the Area Plan reinforces and utilizes the connection with recipients of services and partners in the community. Those participating represent urban, rural and suburban recipients. Native Spanish speakers and Russian speakers were included.

The analysis of this information was especially enlightening this year. Results were similar to prior assessments (greatest needs Transportation, Maintain Independence and Health Care). For the first time social isolation/loneliness were also top needs. The views of these recipients will not be dismissed, the AAA Advisory Council will study the issue of isolation and learn about models from other areas (i.e. telephone reassurance, virtual senior centers and Naturally Occurring Retirement Communities, etc.). It is possible that the Title III Grant RFP Federal Fiscal Year 2019; may target proposals which address this need.

Client satisfaction survey results are shared with GSSSI Board of Directors, AAA Advisory Council, staff members and the community as appropriate.

(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;

GSSSI is participating in many networks of those who work with seniors and seniors; including those who are advocates in our community.

GSSSI Executive Director serves on the EOEPA Protective Services Advisory Council as well as the Executive Committee for Mass Home Care. Mass Home Care is a professional association representing the mission of the ASAP network so that folks can live at the highest level of functioning in the least restrictive setting for as long as possible.

GSSSI Director of Client Services serves on the of Mercy Home Care Community Advisory Board; Baystate Visiting Nurse and Hospice Community Advisory Board, Baystate Medical Center Western Mass Transitions in Care Consortium and Mason Wright Retirement Community Board of Trustees. GSSSI AAA Director serves on the Board of Registration of Allied Mental Health and Human Services, Commonwealth of Massachusetts and Mass DOT Pioneer Valley Regional Coordinating Council. A GSSSI Board Member serves on the Governors' Council to Address Aging in Massachusetts; other Board members serve on various non-profit boards.

GSSSI is a long-time member of the Human Services Forum (the Non-profit Chamber of Commerce) which has provided invaluable connections to those organizations which primarily serve individuals with disabilities; and insures that elders have a place at the table when community needs are discussed. GSSSI is represented on the Live Well Springfield Age Friendly City Advisory Team.

GSSSI staff attends monthly educational and networking opportunities through the Western Mass Eldercare Professionals Association; and monthly in-house in-service training. As the lead agency for the Western Mass Eldercare Conference Steering Committee we have direct connections to hundreds of those who work with seniors and many are seniors themselves. We embrace and absorb their feedback and appreciate the opportunity to provide quality education.

Protective Services staff workers have strong ties to local hospitals, Police Departments, Fire Departments, Code Enforcement Departments, the Hampden and Hampshire County Court System, as well as the Councils on Aging in the nineteen communities with whom they work.

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.

GSSSI is an affiliated partner of the Care Alliance of Western MA (CAWM). The CAWM consists of the five (5) ASAPs in Western MA, as well as the Behavioral Health Network, STAVROS ILC, and Adlib ILC. The CAWM was recently approved as an LTCC Community Partners for MassHealth 1115 Demonstration project.

(C) 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;

GSSSI strives to bring Evidence-based programs to our communities in collaboration with the Healthy Living Center for Excellence and as active participants in the Western Massachusetts Coalition. GSSSI's stipended volunteer group leaders offer falls prevention, Chronic Disease Self-Management and Healthy Eating. Last year we offered Cancer Survive and Thrive, Tomando, and GSSSI staff offered Savvy Caregiver for the first time. Several Powerful Tools for Caregivers workshops were conducted as well. These are organized in cooperation with Senior Centers, Senior Housing and at the GSSSI office.

GSSSI works with the American Stroke Association and area hospitals, rehab centers, nursing, and health centers to conduct the Pioneer Valley Stroke & Caregivers Forum.

GSSSI's Community Services Department offers educational presentations on aging and disability topics which are conducted in partnership with local colleges offering geriatrics courses, Councils on Aging, church ministries, and other organizations providing services to this population.

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; See Attachment M

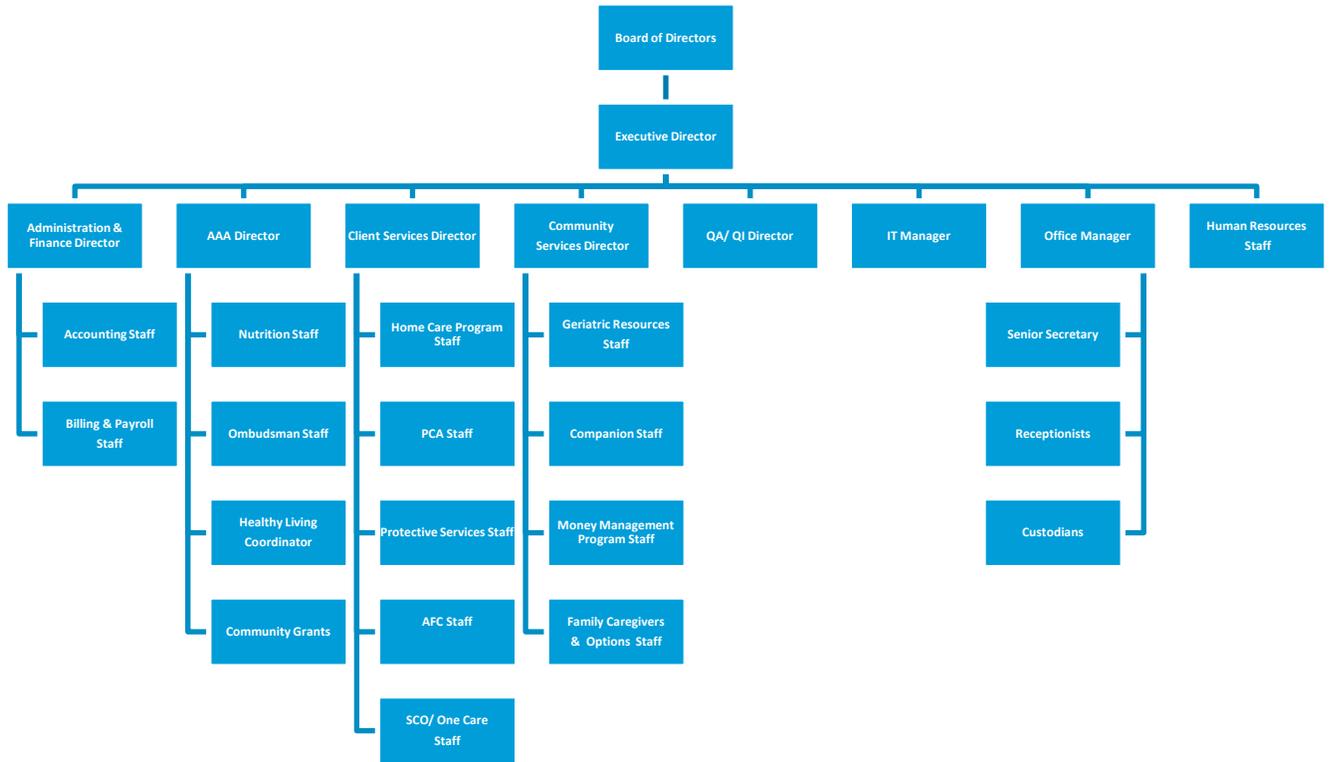
Section 306 (a)(17)

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.

GSSSI has a current Business Resumption Plan (see Attachment N). GSSSI was also integrally involved in the recovery efforts following the Tornado in 2011. Following this community disaster, the Pioneer Valley Community Organizations Active in Disaster (COAD) was formed. COAD was initiated by Homeland Security, FEMA, MEMA and includes, non-profits and faith based organizations. GSSSI was a founding member and the Protective Services Coordinator served as an Officer. GSSSI is a cooperating member of this group which is a consortium of community agencies who have aligned to better respond with disaster preparedness, response, recovery and mitigation.

ATTACHMENT C: AAA ORGANIZATIONAL CHART



ATTACHMENT O: GREATER SPRINGFIELD SENIOR SERVICES ANNUAL REPORT

Electronic copy accessible at <http://www.gsssi.org/documents/gsssiannualreport2016-092716-final-web.pdf>