



LIFEPATH AREA PLAN ON AGING 2022-2025



9/1/2021

LifePath, Area Agency on Aging serving Franklin County and the North Quabbin regions of Massachusetts

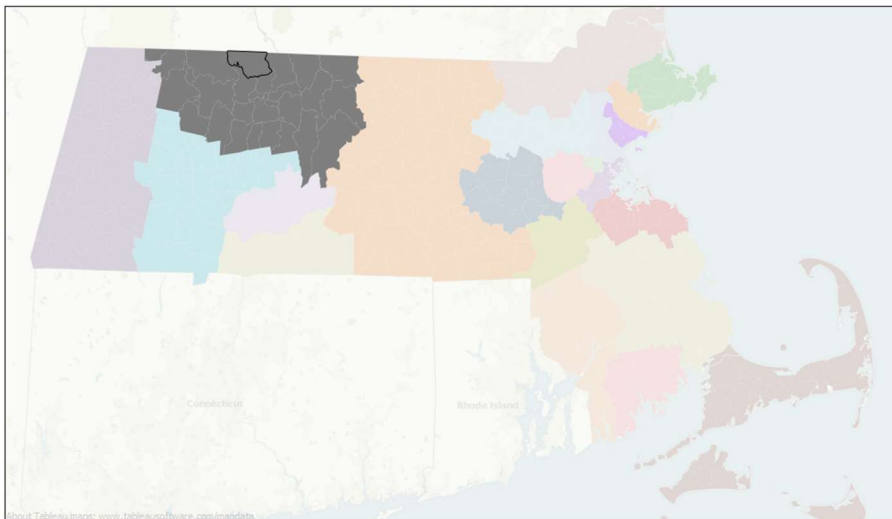
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Planning and Service Area



LifePath primarily serves 30 towns including the 26 towns of Franklin County and the towns of Athol, Royalston, Phillipston and Petersham in Worcester County. Certain programs are also available in Hampshire, Hampden, and Berkshire counties.

Executive Summary

Mission and goals

LifePath's mission to help elders live independently echoes the mission of its state parent, Executive Office of Elder Affairs, and federal parent, Administration for Community Living. EOE's mission includes "promoting independence, empowerment, and well-being of older adults," while ACL adds helping elders "live where they choose." This Area Plan outlines the steps to achieve our vision for elder aging supports in Franklin County and the North Quabbin.

LifePath's work



LIFEPATH STAFF MEMBER
SUSAN WHITE POSES WITH A
RESIDENT OF ONE OF OUR
CONGREGATE HOUSING SITES,
SKIP FORMICA.

With a staff of over 140 and volunteers of over 275 (67% of whom are elders), LifePath provides **over 40 programs and services** to serve this mission, including Meals on Wheels, Healthy Aging, SHINE Counseling, Protective Services, State Home Care Services, Personal Care Attendant Services and Family Care Services, among many others. We collaborate with other local and regional agencies to meet the needs of local elders and people with disabilities. See Attachment A: Brochure for a complete program listing.

Focus Areas

The coordinates focus areas for the entire country, and has identified specific areas that State and Local plans must include. LifePath, through the needs assessment conducted prior to this report, identified local focus areas that match the nationwide requirement with attention paid in specific areas.

Administration for Community Living/Executive Office of Elder Affairs focus areas	LifePath focus areas
Older Americans Act core program	Older Americans Act core programs
ACL discretionary grants	Managing chronic disease, behavioral health issues, and dementia, including interfacing with health care partners for better coordination of clinical and home and community care and new business opportunities
Person-centered planning	Promoting independence through person-centered planning
Elder justice	Protective services, coordination of legal services, and outreach

Target Populations

The elder population in our area is overwhelmingly rural. Our needs assessment particularly targeted elders who live alone, low income elders, minority elders, low-English-proficiency elders, and socially isolated populations.

While LifePath's doors are open to anyone needing information or supports on aging, the Older Americans Act, the law that creates the Area Agency on Aging designation and provides funding for services and supports, identifies these as priority populations.

Additional considerations

LifePath will also include the following in its planned efforts over the next four years:

1. Support aging in communities;
2. Prepare for evolving demographic trends;

3. Empower healthy aging;
4. Prevent injury, violence and exploitation;
5. Strengthen a “no wrong door” approach; and
6. Ensure quality, value and person-centered care.

CONTEXT

Needs Assessment Approach

LifePath undertook a needs assessment in the fall of 2020, seeking to understand the changing needs of elders.

Focus Groups

Activity	Location	Target Group
Focus group	Virtual Meeting	LGBT elders
Focus group	Virtual Meeting	Elders living alone
Interviews	Phone	Low English Proficiency Elders
Interviews	Phone	Greatest Economic and Social Needs
Interviews	Phone	Low Income Minority Elders
Stakeholder group	Virtual Meeting	Citizens Advisory Board
Stakeholder group	Virtual Meeting	Health Living Workshop Leaders
Survey	Online & paper	Elders & Caregivers

The focus groups, interviews, and surveys were designed to reach a wide variety of people in the community and to cover a wide variety of topics; the virtual focus groups were mostly well attended and the survey received 231 responses. With the exception of the phone interviews with recent immigrants and people for whom English is a learning language, participants self-selected, which could have skewed the results. The focus groups' input varied depending on the participants as needs and available services from senior centers vary by location. Focus group full reports are provided in Attachment L.

Population-level data

Research reports and census data were also reviewed for this report.

Top Needs Identified via Needs Assessment

To a large degree, the main areas of concern identified in this needs assessment are similar to those of the last two assessments, conducted in 2012 and 2016, with some notable variations. Housing, health care, and mental health issues remain a constant atop the list. Transportation, which was the number one issue in 2012 and 2016, was not emphasized as much this year. On the other hand, the mental and physical health ramifications of isolation and loneliness were more of a priority. Both of these trends are possibly due to the pandemic and the cancellation of social events and services.

Needs are presented in priority order.

2018-2021	2022-2025
Transportation	Maintaining independence
Economic security	Housing and upkeep
Housing, especially upkeep	Accessing health care
Accessing health care	Access to services
Safety & security	Mental health
Legal	Transportation
Mental/behavioral health	Legal services

The findings of the Needs Assessment and demographic data align roughly with the statewide Needs Assessment, which indicates the top five needs in communities across the 21 AAAs of Social Isolation, Transportation, and Housing, Health Care and concerns around Economic & Financial Security. We found that people were less likely to report themselves as being socially isolated, but the key stakeholders we interviewed expressed this as a major concern, and residents expressed concern about this as a general issue affecting the population.

This process has given us the opportunity to hear from different populations of older adults in the region and learn what matters most to them. Now, we can incorporate this knowledge in our planning efforts to achieve our mission to support older adults in Franklin County and the North Quabbin.

Special Note on COVID-19 Pandemic and its Effects

The past four years, and 2020 in particular, have brought much change both inside and outside the agency. LifePath, whose promise is to “listen first, and then help each person find the best options for their unique needs,” celebrated its 45th anniversary of service. Growth had slowed over previous report periods. Then, the pandemic changed nearly everything about the lives of the people we serve, and likewise nearly everything about how we operate. We developed intensive safety protocols, modified programs, and added new programs to meet new COVID-related needs. It was in this context of mid-pandemic the last three months of 2020 in which we conducted the needs assessment. The Area Plan 2022-25 envisions a world where COVID-19 continues to impact older adults and where it our recent experience with new programs and technologies opens up new possibilities.

Results

Demographics

RURALITY

LifePath serves a population that is the most rural in Massachusetts, one of the most notable contrasts to other service areas.

Report Area	Total Population	Total Land Area(Square Miles)	Population Density (Per Square Mile)
Franklin County and North Quabbin	86,231	734	117
Massachusetts	6,892,503	7,801	883

“The more independent I can be, the better for my physical and mental health and for the community.” –Focus group participant

AGE



People aged 65 and over make up 23% of the population here versus 17% in Massachusetts. Nationally, over the past 10 years, the population 65 and over increased by 34% and is projected to almost double by 2060.ⁱ¹

ⁱ¹ Mather, Mark. “Fact Sheet: Aging in the United States.” *PRB*, June 2021, www.prb.org/resources/fact-sheet-aging-in-the-united-states/.

In some towns, especially in the western part of the area, the population aged 65 and up makes up more than 28% of the population and growing, with older adults expected to make up 37% of the population in ten years.

Portion of population aged 65 and up	2019	by 2025	by 2030	by 2035
West County Towns	28%	34%	37%	37%
Massachusetts ²	18%	20%	22%	23%

RACE & ETHNICITY

This area of Massachusetts has less racial and ethnic diversity than other areas. However, the population is becoming more diverse. In Massachusetts, systemic racism contributes to significant racial health disparities: Among older Black residents of Massachusetts, those age 65 or older, 37.8% suffered from chronic kidney disease, compared with 27.3% of elder White residents. Nearly half of Black older adults struggled with diabetes compared with 30.3% of White elders. Those diagnosed as clinically obese accounted for 27.2% of Black elders, compared with 18.9% of older White adults. ³ Focus groups and interviews in our area's CHNA made clear that minority populations face interpersonal racism in their daily lives. These experiences can harm health by keeping levels of cortisol and other stress hormones constantly elevated, leading to increased risk of poor health outcomes.

² American Community Survey. Accessed June 1, 2021. <https://www.census.gov/programs-surveys/acs/>

³ Dugan, Elizabeth, Frank Porell, Nina Silverstein, and Chae Man Lee. The Gerontology Institute Umass Boston. August 2020. "Black Lifetimes Matter: How Systemic Racism Shapes the Lives of Older Black Adults. Social Determinants Drive Racial Health Disparities."

Report Area	White	Black	Asian	Some Other Race	Multiple Races
Franklin County and North Quabbin	93.8%	1.6%	1.7%	0.7%	2.2%
Massachusetts	80.6%	9.0%	7.2 %	0.6%	2.6%

Report Area	Percent Population Hispanic or Latino	Percent Population Non-Hispanic
Franklin County and North Quabbin	4.2%	95.8%
Massachusetts	12.4%	87.6%

“Many places don't have an interpreter and people with limited English can't use their services unless they bring their own interpreter. I think that's wrong.”

DISABILITY

This area has a larger portion of the population with a disability than the state average.⁴

Report Area	Percent with a Disability
Franklin County and North Quabbin	14.6%
Massachusetts	11.7%

VETERANS



Veterans make up a greater share of the population here than in the state.⁵

⁴ Disabled World. "U.S. Disability Statistics by State, County, City and Age." *Disabled World*, Disabled World, 20 Feb. 2020, www.disabled-world.com/disability/statistics/scc.php#county.

⁵ "Census Profile: Franklin County, MA." *Census Reporter*, censusreporter.org/profiles/05000US25011-franklin-county-ma/.

Report Area	Veterans, % of Population
Franklin County and North Quabbin	8.1%
Massachusetts	5%

Social & Economic Factors

We now have a much better understanding of the social determinants of health: people recognize that the doctor is just one player in a complex set of factors contributing to health outcomes.

POVERTY

In Massachusetts, more than six out of ten older adults living alone, and three out of ten living in two-person households, **cannot afford the necessities of life such as food, housing in a safe community, and health care.**⁶ In Massachusetts, 18% of elders live in poverty; 44% live “in the gap” between poverty and financial security. Moreover, 62% of elders living alone live below the statewide Elder Index, ranking Massachusetts as worst in the nation⁷. Decreases in fuel assistance and uncertainty of the continuation of safety-net programs have increased anxiety around financial security.

LifePath serves one of the poorest areas of Massachusetts, with Franklin County having consistently had the lowest average wages of all fourteen counties in MA

⁶ Mutchler, Jan, Yang Li, and Ping Xu. June 2021. “Living Below the Line: Economic Insecurity and Older Americans Insecurity in Massachusetts 2019.” <https://scholarworks.umb.edu/demographyofaging/39/http://scholarworks.umb.edu/cgi/viewcontent.cgi?article=1013&context=demographyofaging>

⁷ Mutchler, Jan, Yang Li, and Ping Xu. June 2021. “Living Below the Line: Economic Insecurity and Older Americans Insecurity in Massachusetts 2019.” <https://scholarworks.umb.edu/demographyofaging/39/http://scholarworks.umb.edu/cgi/viewcontent.cgi?article=1013&context=demographyofaging>

since 2000.⁸ The poverty rate for elders in Franklin County is 5%, those aged 75 and older are the age group most likely to have very low income, and a substantial number of elders have income below the Elder Index level (a measure of income that supports basic living needs).⁹ From our survey, 5% of respondents are concerned about having enough for retirement and 5% are concerned about being able to manage their money. The main concerns of the low-income elders we spoke with were obstacles to maintaining independence such as housekeeping support, affordable home accessibility products and affordable home care.

Report Area	Percent Population with Income at or Below 200% FPL
Franklin County and North Quabbin	30%
Massachusetts	24%

Report Area	Percent Households Receiving SNAP Benefits
Franklin County and North Quabbin	14.6%
Massachusetts	12.5%

⁸ “County Employment and Wages in Massachusetts – First Quarter 2019: New ENGLAND Information Office.” *U.S. Bureau of Labor Statistics*, U.S. Bureau of Labor Statistics, 9 Oct. 2019, www.bls.gov/regions/new-england/news-release/countyemploymentandwages_massachusetts.htm.

⁹ Darling, Ann and Rebecca Himlin et al., Community Action Pioneer Valley Community Needs Assessment, December 2020, <https://www.communityaction.us>

NUTRITION

This region has a greater than average instance of people having low food access.

Report Area	Percent Population 10 miles from grocery (1 mile for urban)	Percent Population 20 miles from grocery (1 mile for urban)
Franklin County and North Quabbin	48%	36%
Massachusetts ¹⁰	20%	14%

Food insecurity is on the rise across the state, with rates more than doubling during the pandemic. In the past few months, rates have started decreasing, but “a return to pre-pandemic rates is not an option.”¹¹ Over 2/3 of Franklin County residents eat less than the recommended amount of veggies; poor diet can lead to preventable chronic disease. From our survey, 12% of respondents are concerned about cooking and meal preparation and 10% are concerned about paying for food.

SOCIAL ISOLATION

“Isolation is big, especially in rural communities. You start losing family and friends as you get older. And now we can no longer hold our social events.”

¹⁰ US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#), 2019.

¹¹ “Hunger & Food Insecurity in Massachusetts: Project Bread.” *Hunger & Food Insecurity in Massachusetts | Project Bread*, July 2021, www.projectbread.org/hunger-by-the-numbers.

The pandemic significantly increased social isolation, which was already an issue in our area. 12% of survey respondents have concerns about engaging in enough social activities.

FAMILY SUPPORTS

In the midst of the coronavirus pandemic, which poses the most risk to elderly populations and those with chronic conditions, the demand for caregivers is growing. The estimated portion of people needing care is 23% in our area, slightly higher than the state portion of 21%. A national survey found that 1 in 4 unpaid caregivers are feeling more stress trying to balance work and family due to COVID-19. In 2018, caregivers had a 26% greater impact of physical and behavioral health conditions that could lower their overall health. 57% of caregivers reported clinically significant levels of stress, anxiety, or depression.¹² Unpaid caregiving accounts for over 85% of all elder care in the U.S. These unpaid hours of care for older adults are valued at \$522 billion annually.

LGBT older adults are 4 times less likely to have children and twice as likely to be single as their non-LGBT peers. They may also be estranged from their biological or legal family members if those people do not accept their sexual orientation and/or gender identity. As an LGBT person ages they may turn to their family of choice to ensure their social, physical and emotional well-being. It is common for the majority of an LGBT older adult's close friends and chosen family to be older adults themselves, which means that many older LGBT individuals rely on one another for caregiving, and a large number of LGBT older adults find themselves becoming caregivers.¹³

From our survey, respondents have many concerns about generally maintaining independences, such as needing help with house cleaning (36%), grocery

¹² Blue Cross Blue Shield. "The Impact of Caregiving on Mental and Physical Health." Accessed June 2021.

<https://www.bcbs.com/the-health-of-america/reports/the-impact-of-caregiving-on-mental-and-physical-health>

¹³ SAGE Caregiver Guide. Accessed June 2021.

<https://www.lgbtagingcenter.org/resources/pdfs/SAGE%20Caregiver%20Guide%20Final%20Interactive.pdf>

shopping (25%), balance/falls (20%), organization/clutter (20%), laundry (19%), mobility issues (17%), and bathing/dressing (8%). They are likely to turn first to family assistance for these needs, followed by contacting the Area Agency on Aging.

Physical environment

INTERNET ACCESS

In Franklin County, 19.5% of households do not have access to broadband internet compared to 2.1% of Boston-based households¹⁴, which proved extremely limiting for older adults during the pandemic and beyond. The cost of internet and availability of computers were common barriers that prevented patients from receiving care, making broadband internet a social determinant of health.¹⁵

OPPORTUNITIES FOR PHYSICAL ACTIVITY

Access to opportunities for physical activity arose as a health need in the areas' most recent CHNA. Most roads here do not have sidewalks, bike lanes, substantial shoulders, or lighting, and are therefore often unsafe or uninviting for pedestrians. 19% of adults in our area say they get no physical activity in their leisure time.¹⁶

¹⁴ "Internet Access in Massachusetts: Stats & Figures." *BroadbandNow*, 8 Sept. 2021, broadbandnow.com/Massachusetts.

¹⁵ Baystate Health Community Health Needs Assessment (CHNA) 2019. <https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment>

¹⁶ Baystate Health Community Health Needs Assessment (CHNA) 2019. <https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment>

TRANSPORTATION

The Housing and Transportation Affordability Index rates Franklin County as an area that is “car dependent with very limited or no access to public transportation,” and notes that residents of rural areas like Franklin County and North Quabbin tend to have higher transportation costs than more densely populated places. There is no service in the evenings after 7:30 pm or on the weekends. The fixed bus routes do not reach the smaller towns. Yet, 7% of households do not have a vehicle available, meaning they simply often cannot get where they need to be for work, school, medical care, or other critical activities.¹⁷

Report Area	Percent Population Using Public Transit for Commute to Work
Franklin County and North Quabbin*	2.2%
Massachusetts¹⁸	10.2%

Access to transportation arose as an overwhelming need in our service area in 2019; however, the need was less prominent in 2020 during the pandemic. From our survey, 10% of respondents have concerns about accessing appropriate transportation. Of note is the fact that LifePath’s volunteer escorted transportation program, Rides for Health, was the only such program to operate continually through the pandemic in our area.

¹⁷ Baystate Health Community Health Needs Assessment (CHNA) 2019. <https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment>

¹⁸ “Census Profile: Massachusetts.” Accessed June 2021. *Census Reporter*, censusreporter.org/profiles/04000US25-massachusetts/.

“Transportation is the main block to accessing services here.” -Interviewee

HOUSING

Massachusetts has a shortage of affordable housing units for low-income people. Here, 48 units exist for every 100 households who need affordable housing, creating severe housing cost burden on many people and rendering them unable to pay for other basic needs. Massachusetts has one of the tightest housing markets in the nation, where limited housing supply and inadequate subsidies cause housing costs to rise faster than the rate of inflation, and lower-cost rental units are steadily disappearing. High housing costs coupled with relatively low wages create excessive cost burdens for households in our area. 40% of extremely low renter households in MA are seniors.¹⁹

“Houses tend to become too big,” said an 81-year-old focus group participant, “Lack of help with maintenance and upkeep is one of the main reasons I’m trying to move to senior housing.”

“People want to stay in their communities, but there does not seem to be a way to downsize locally, and zoning laws prevent certain housing.” – Focus group participant

¹⁹ Andrew Aurand, Dan Emmanuel, Diane Yentel, and Ellen Errico. 2021. “The Gap: A Shortage of Affordable Homes,” National Low Income Housing Coalition. https://reports.nlihc.org/gap?ct=t%28memo_032221%29

Health & Chronic Disease

For older adults, the number with one or more chronic diseases is 85% and with two or more to 60%.²⁰ Chronic conditions of obesity, cardiovascular disease, diabetes, respiratory disease, and cancer are common in the region. Heart disease and cancer are the two leading causes of death for area residents. These conditions are more likely to affect people of color, people with low income, and others who are disproportionately impacted by social determinants of health and by barriers to quality health care. Asthma and chronic obstructive pulmonary disease (COPD) were elevated as priority health needs in the most recent Community Health Needs Assessment.²¹

Cardiovascular disease is most prevalent in the older demographic, as risk for heart disease rises with age. About three quarters of area residents over 65 have high blood pressure and about 40% have coronary heart disease. As the region's population ages, heart disease rates are likely to rise.²²

Clinical Care & Coordination

There are fewer dentists and primary care doctors per capita here than elsewhere in Massachusetts and shrinking.²³

²⁰“Supporting Older Patients with Chronic Conditions.” July 2021. National Institute of Health National Institute on Aging. <https://www.nia.nih.gov/health/supporting-older-patients-chronic-conditions>

²¹ Baystate Health Community Health Needs Assessment (CHNA) 2019. <https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment>

²² Baystate Health Community Health Needs Assessment (CHNA) 2019. <https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment>

²³ US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#). July 31, 2020. <https://data.hrsa.gov/topics/health-workforce/ahrf>

Report Area	Dentists, Rate per 100,000 Pop.	Primary Care Physicians, Rate per 100,000 Pop.
Franklin County and North Quabbin	48.5	65.6
Massachusetts	82.9	131
United States	56.9	86.2

“We need to teach people to focus on wellness, not only go to the hospital when they are in crisis,” said a focus group participant.

As more elders have more illnesses, access to primary care, specialists, and especially care coordination is needed more than ever before.

Conclusion

In order to serve our diverse community effectively, we must support those with limited income, resources, and supports while remaining relevant to elders who have more resources. We must also play our part to dismantle systemic racism to ameliorate its effects on elder wellbeing and health. Armed with new knowledge, we set a course for our work for the next four years. ²⁴

²⁴ A Profile of Older Americans: 2019, Administration on Aging. July 2021.
<https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf>

GOALS, OBJECTIVES, & STRATEGIES

Older Americans Act Core Programs

Supportive services, nutrition services, disease prevention/health promotion, and caregiver programs will be more important than ever as we begin to recover from the 2020 pandemic. Rural and isolated elders in our area depend on these services to stay independent in their homes.

Goal 1: LifePath will ensure as many older persons and adults with disabilities as possible have the supports necessary to maintain their well-being and dignity.

Objective 1.1: Attend to concerns of isolation, malnutrition, and hunger among as many seniors as possible.

Strategies:

Meals on Wheels are provided short-term or long-term to homebound elders age 60 and older who are unable to prepare a nutritionally balanced noon meal for themselves and are unable to attend congregate hot lunches. Therapeutic meals are available for certain medical conditions and may be ordered by an elder's health care provider. Frozen meals for weekend use are available.

The 55 volunteers who deliver Meals on Wheels ensure daily contact and a "wellness check" for elders who are alone during the day. We plan to enhance our program this year by adding a cold supper meal option in addition to the hot noontime meal. We served about 630 people per month in 2021.

Senior Dining Centers and Luncheon Clubs provide hot, noon meals for people aged 60 and older. Elders can be joined for lunch by their spouse of any age or an individual with a disability who lives in the same household as the elder. The meals offered are at eight area Senior Centers and eight Luncheon Clubs. Dining Centers offer the opportunity to have a well-balanced meal (600-800 calories), no salt added. Non-sugar desserts are available. We served about 125 people per month last year, an increase over previous years. 45 people volunteer in this program. During the COVID era, we introduced a "Grab and Go" meal option that proved popular and helped increase our congregate meals

numbers after many years of decline. We aim to offer both congregate and “Grab and Go” style meals in the future.

Nutrition education sessions are offered twice annually by our in-house nutritionist at Dining Centers and Luncheon Clubs. Last year 50 people attended education sessions and expect this number to stay about the same.

Nutrition consultations are available by phone or in person at home to consumers who receive in-home services from LifePath. Last year we served 47 people with nutrition consultations and expect this number to increase as we have made a concerted effort to generate referrals and have contracted with some health care providers to offer consults. The desired outcome of nutrition consultation is improved eating habits, which are shown to lead to positive weight changes and reduced malnutrition and the related health problems and premature death; we will begin measuring outcomes in the next year to evaluate program effectiveness.

We have also added **grocery-shopping services** and will continue that post-pandemic if funding allows. We would like to engage in a **marketing campaign** to increase the update of the program in the community.

Farmers’ Market Coupons valued at \$25 are offered to qualifying seniors. They are distributed in the summer via local Brown Bag grocery supplementing programs. Last year we offered 625 coupon books, one per consumer, and expect this number to remain flat due to flat funding.

Meal preparation may be available through Home Care service plans.

Rainbow Elders offers opportunities to lesbian, gay, bisexual, transgender, intersex, queer, questioning, and asexual elders plus their straight and younger allies to build connections and find resources. It organizes events for LGBTIQA older adults and allies. These events are free of charge, although donations are welcomed, and events are drug-, alcohol-, and fragrance- free. During the time of COVID, these events moved to online weekly meetings. We hope to continue both in-person and online meetings in the future. We currently have 480 subscribers to the mailing list and we attracted 77 people to our online and in-person events.

Congregate Housing combines home care services and shared living space for elders or disabled adults. Security, companionship, support and home care services, help residents stay independent and active in the community.

Congregate housing is a great option for people who don't want to live alone.

Congregate housing: Winslow Wentworth - 18 units; Morgan Allen - 18 units.

Supportive Housing provides flexible supportive services to residents who reside in housing complexes for elders and persons with disabilities. LifePath works in collaboration with local housing authorities to assist and ensure residents can live safely and independently in their apartments. A full-time staff person is on site to work with residents. The goal of supportive housing is to allow those who already live in elder housing to stay there and get support when and how it is needed. Supportive Housing: Highland Village, Shelburne Falls - 46 units ; Stoughton Place, Gill -14 units; Stratton Manor, Bernardston - 20 units; Squakheag Village, Northfield - 20 units; Elm Terrace Greenfield - 108 units.

Benefits Counseling helps homeowners and renters age 60 and older or persons with disabilities find resources to help them stay in their homes for as long as they choose. Benefits Counselors also help people apply for benefits that help them save money, like Fuel Assistance or SNAP. In 2021, we served 74 consumers, lower than a typical year due to COVID.

Objective 1.2: Address gaps in consumer services as identified by the needs assessment and federal and state priorities.

Strategies:

Title III Subgrants: LifePath, as the designated Area Agency on Aging for Franklin County and the North Quabbin, grants Title III monies to eligible Councils on Aging and other organizations for senior services through a biennial RFP process. In 2021, nine organizations received Title III subgrants totaling \$55,041. We also awarded four organizations \$16,500 in CARES act finding. We expect subgrant amounts to keep pace with any Title III increases and expect to conduct an RFP for American Rescue Plan funds in 2022.

Citizens Advisory Board members advise our agency concerning Older Americans Act programs, community grant making and planning for elders, and nutrition services. Eleven people served on the Citizens' Advisory Board last year, representing nine towns.

Outreach and collaboration with community partners such as COAs, VNAs, TRIAD, medical providers, assisted living, nursing facilities, and SCO and OneCare plans ensures we are connecting with a wide variety of constituents and leveraging the power of collaboration to meet mutual goals.

Outreach to those in the greatest social need is conducted (see Attachment B). In particular, we are looking to focus outreach in the next four years on the growing Latino population in our area, people of color, indigenous, and limited English populations. We will continue our efforts to reach people with severe disabilities who could benefit from services. We aim to do this primarily by building long-term strategic partnerships with organizations connected with these populations.

The Good Life acts as the cornerstone of an awareness-building campaign that also includes social media and traditional media work. The Good Life's print circulation is estimated at 50,000 weekly. We also offer an e-newsletter to over 1,500 subscribers and have a Facebook following of 1,314 people.

Continuous monitoring including outreach, satisfaction surveys, and quality assurance and improvement provides guidance for programmatic decisions and gaps in service.

Special Programs to address COVID-related needs in 2020, and which we hope to continue, are volunteer grocery shopping, technology supports (devices, connectivity, and training and setup), personal protective equipment deliveries, and phone pals.

Objective 1.3: Support unpaid caregivers

Strategies:

The Dementia Caregivers Support Groups (online and in-person) are for caregivers of people with memory disorders such as, but not limited to, Alzheimer's disease.

Options Counseling is a free service that provides information and support to consumers to assist them in decision-making. Our professionally trained community options resource specialists work with consumers and families to address specific individual needs.

The Family Caregiver Program provides elder care advice in the caregiver's home and information on programs and services at no charge.

Respite Services allow caregivers to take a much-needed break from their important work of caring. Many grants are available to fund ways for caregivers to "refresh and renew." Respite served three caregivers in 2016.

Information & Caregiver Resource Center (ICRC): Our Resource Consultants are experts in available area programs and services that support elders and caregivers. They can help you determine what help an elder needs, how often it is needed and how that help will be paid for.

Caregiver Grants offer caregivers and/or Grandparents Raising Grandchildren under the age of 18 an opportunity to refresh and renew away from their caregiving responsibilities. Grants can be used in many creative ways to meet the needs of caregivers and grandparents.

Pay for Caregivers: Caregivers can be paid for providing care to a loved one (spouse excluded), friend or neighbor under the following LifePath programs: Home Care, Respite, Adult Family Care, Personal Care Attendant, and Caregiver Grants.

Evidence-based programs: Savvy Caregiver is offered regularly (either virtually or in person) for those caring for people with dementia.

The **Caregiver Peer-to-Peer Phone Pal Program** matches caregivers with similar interests and experiences. Phone Pals connect weekly or as often as the pair agree. Conversation topics range from the everyday to the challenges of caregiving to a shared interest.

Objective 1.4: Provide in-home supports as needed (not OAA-funded)

Strategies:

LifePath offers many additional in-home supports, including but not limited to homemaking; personal care; grocery shopping; chores; personal emergency response systems; Adult Day programs; dementia coaching; Enhanced Community Options Program (ECOP); Community Choices; Elder Home Care and Community Based Waiver Program; Senior Care Options; Personal Care Attendant; Adult Family Care; Supportive Housing; Congregate Housing; Nursing; and medication monitoring, dispensing, oversight and administration. These supports are available through vendored services or consumer-directed options.

Promoting independence through person-centered planning

“At ACL, we believe that every person should be able to make choices and to control their own decisions, regardless of their age, disability, or illness.” -Edwin Walker, Deputy Assistant Secretary for Aging, and Bob Williams, Acting Commissioner, Administration on Disabilities Director, Independent Living Administration

Person-centered planning is the foundation of every conversation about every consumer, program, project, problem, or opportunity. The first question asked in any conversation is, **“What are the consumer’s goals and wishes?”** We seek to promote independence based on individuals’ vision of their path forward.

Goal 2: LifePath will work with elders and people with disabilities, their families and caregivers to identify options for independence that work for their unique

situation; we will become more targeted in our interventions, tailoring them for both case management and service selection.

Objective 2.1: Reduce the negative impact of transportation barriers on health outcomes.

Though COVID reduced demand somewhat, transportation remains a serious challenge for older adults who do not drive. While several participants noted that there is some “good support with transportation for medical purposes,” many others still feel that lack of transportation support is “the main block to accessing services.” One 80-year-old participant noted, “Not being able to drive makes it really hard to move around and access services or attend events or classes.”

Strategies:

Rides for Health volunteer drivers make a difference to the individuals with whom they are matched by offering door-through-door assisted transportation for home care clients. Rides for Health served 36 people with assisted transportation in 2021 and was the only local transportation program to operate continually and safely during the pandemic. We have many new drivers who stepped forward because of the pandemic and aim to convert them into longer-term volunteers. It currently has 9 volunteers and growing.

Home Care Consumers may be eligible for transportation (public, private, PT1) to be coordinated and paid for through their care plan. Case Managers often can facilitate ADA approval.

Objective 2.2: Increase financial security for those at risk.

Strategies:

The Money Management Program assists elders and persons with disabilities who have difficulty writing checks or managing their basic living expenses for many reasons, including vision difficulties, memory difficulties, and physical disabilities. It also offers **Representative Payee** services to LifePath

clients in certain cases. The Money Management program served about 46 consumers per month last year. 20 people serve as Bill Pay volunteers, almost all of whom are elders. Outcomes for the money management program include:

- 90% of bill pay clients responded positively when asked about feeling protected from financial exploitation.
- 87% of bill pay clients responded positively to their ability to remain at home and having financial resources.

Emergency Needs Funding can help prevent elders from suffering serious consequences, like the loss of a home, from a short-term financial strain.

The SHINE Program is a State Health Insurance Program that provides free, one-on-one health insurance information, counseling and assistance to Medicare beneficiaries of all ages. This can help seniors achieve financial savings by matching them with the insurance that most benefits them individually. SHINE served 3,923 people in 2021. 54 individuals serve as paid or volunteer SHINE counselors.

Benefits Counseling supports financial well-being by helping residents avail themselves of benefits through volunteer-based application and counseling assistance.

Objective 2.3: Connect elders to services appropriate for their unique situation.

Strategies:

Several programs exist specifically to make a “bridge” between elders and the services appropriate for them: **Options Counseling, Benefits Counseling, Information & Caregiver Resource Center, and SHINE.**

LifePath is a part of the **Pioneer Valley Aging and Disability Resource Consortium** (PVADRC), which creates a single, coordinated system of information and access for all persons seeking long-term services and supports, regardless of age, disability or income. Our agency participates in the No Wrong

Door program, coordinating with other agencies to integrate access to services through a single, standardized entry process.

LifePath also assists other organizations, like Councils on Aging, to do this work, such as its work on **aging in place programs** in the West County health district, Village Neighbors (Shutesbury, Leverett, Wendell, and New Salem), Northfield Village, and Petersham Partners.

Clinical behavioral health and dementia support services through grants are available to support those with specific needs. Several grants, including Elder Mental Health Outreach Team, support this program. The clinical services program's desired outcome is to improve safety, physical and emotional well-being, and financial security of clients; we have begun measuring outcomes and will use the results to evaluate the program in the future.

The Elder Mental Health Outreach Program tracks outcomes related to:

- Housing loss/ eviction averted
- Symptoms decreased
- Function improved
- Medication compliance increased
- Stable for 3 months by report of client and/ or providers with no inpatient hospital stays
- Safety in community established (e.g., found housing/ placement, electricity/ water restored, bills managed, supports in place)
- Crisis averted/ managed
- Social isolation and loneliness reduced

LifePath is also working to expand its **peer-to-peer services** network through peer advocates, phone companionship and support and support groups.

Objective 2.4: Encourage and educate on good advance directive planning.

Strategies:

Health Care Proxies are the way a person's wishes are honored even if they cannot communicate those wishes. LifePath has promoted health care proxies through working with the Honoring Choices model and made tools available to residents in our service area.

LifePath has a partnership with **Hospice of Franklin County** regarding advance directive planning.

Objective 2.5: Increasing civic and social engagement for better quality of life.

Strategies:

The **Healthy Living program's** evidence-based workshops have been shown to increase social engagement for those who participate.

LifePath offers more than a dozen standard **volunteer positions**, many of which are filled by elders who enjoy the social engagement and other benefits that volunteering offers. Over 275 people volunteer each year with LifePath. Volunteers can assist with Money Management, Benefits Counseling, Nutrition, Healthy living, Fundraising, SHINE, Ombudsman, Rides for Health, and Advisory Board and Board positions.

Rainbow Elders attends to the needs of LGBTQIA elders. It offers opportunities and information to lesbian, gay, bisexual, transgender, intersex, queer, questioning, asexual, and aromantic elders, as well as their allies and the community at large. Rainbow Elders helps people build relationships, give and gain support, grow in knowledge and cultural competence, and advocate for human rights so that everyone can live and age with dignity. Living alone or requiring institutional care is more common among LGBTQIA elders. Dedicated services for this population are greatly needed. Rainbow Elders offers programming that allows individuals to meet other members of their community, tell life stories, and grow in their identity. Social events offered by the group include:

- **Breakfasts and Picnics:** Get acquainted, share experiences, and reflect upon LGBTQIA identities.

- **Annual Intergenerational Gathering co-presented by various LGBTIQA community groups:** Creative activities bring community members together to share the unique and common threads across generations.
- **Seminars** on a range of topics, including LGBTIQA legal and financial concerns, as well as discussions of specific gender and/or sexual identities.
- **Online social and learning gatherings.**

They also offer education on the LGBT elder experience and how to become more welcoming to COAs, nursing facilities, and assisted living facilities.

Objective 2.6: Assist elders with their aging-in-place wishes.

Strategies:

Since housing and aging-in-place concerns rose to the top of the needs assessment list, LifePath aims to expand its aging in place offerings over the next four years. The ability to maintain independence was on the top of the list, with participants citing lack of help with house chores and grocery shopping as roadblocks. In partnership with Community Action of Pioneer Valley, recently received a large Housing and Urban Development grant for **home safety, repair, and modification work**. The grant, entitled Older Adults Home Modification Program (OAHMP), is focused on supporting lower income older adults to age in place in the comfort of their own home and community by providing low cost, low barrier, high impact home modifications. The program home modifications are targeted at eliminating hazards, reducing risks such as falls, increasing safety, and improving homeowner functional use and enjoyment of their home living space. We also plan to add capacity for **home sharing and matching** to increase economical housing options and create mutually beneficial living situations for older adults and other older adults or younger people.

Options Counseling is another example of person-centered planning at work. By meeting with seniors individually, counselors can help them access services that meet their specific needs and wishes.

LifePath will continue its **emergency needs moneys and home repair funds** to homeowners who want to remain at home safely, as we are stewarding allocations for two endowments. Through an endowment from the Church Street Home Fund managed by the Community Foundation of Western MA and the Durkee Trust, home repair services are available.

Objective 2.7: Build capacity to operate with a person-centered philosophy.

Strategies:

LifePath hosts a **Diversity Committee** made up of staff members. Their goal is to increase the understanding of the issues faced by various groups of people in the community. They recommend specific trainings and offer a film series open to all staff on issues such as race, disability, disease, gender, and more. It also began a Solidarity Committee to focus specifically on anti-racism, which planned and executed a mandatory, 6- or 12-hour training for all staff in the fall of 2021.

In 2022, we are investing in a new position, **Associate Director of Volunteer Resources**. This person will be responsible for recruiting and training new volunteers, maintaining a database of volunteer information and skills, matching volunteers to opportunities that suit their skills, keeping volunteers informed, and conveying the organization's purpose to the public. This includes centralization and mechanization of volunteer management processes and activities, and allows for a focus on standardization of training of volunteers with an emphasis on diversity, inclusion, and anti-racism, to create a comprehensive caring volunteer base who are advocates within the community. We hope to have this person train through the Mass Service Alliance's Service Enterprise Initiative and work closely with the Retired Senior Volunteer Program (RSVP).

Managing chronic disease, behavioral health issues, and dementia

Goal 3: LifePath will empower consumers to stay active and healthy with a high quality of life, as defined by the consumer, for as long as possible.

Objective 3.1: Empower individuals to improve their own health outcomes and promote healthy habits through education.

Healthcare concerns came up repeatedly in our needs assessment, especially chronic pain management, general health, hearing loss, physical disability, and affordability. People also expressed concern about service access issues such as not understanding eligibility, exclusion of elders with no internet access from online programming, and the inadequacy of interpretation support for those with limited English proficiency.

Strategies:

The Healthy Living program offers evidence-based workshops to seniors who wish to become better advocates of their own health. Eight people volunteer as workshop leaders. Workshops offered by the Healthy Living program:

- My Life, My Health — Chronic Disease Self-Management
- Chronic Pain Self-Management
- Diabetes Self-Management
- Healthy Eating for Successful Living in Older Adults
- A Matter of Balance — Falls Prevention
- EnhanceWellness — One-on-one wellness coaching (new in 2020)

LifePath will continue **its dementia and behavioral health training** for field staff and counseling for caregivers. Understanding the specific needs of people with these conditions is essential for person-centered practice.

The Good Life, a free, weekly publication, offers education on nutrition, exercise, and healthy lifestyles.

We plan to introduce a **Medical Advocacy** program, which will train volunteers to accompany older adults to medical appointments and serve as scribes as well as support people.

Objective 3.2: Partner with other organizations for better care coordination

Strategies:

Health care providers and community-based service providers have a shared objective around the health of elders. LifePath plans to expand partnerships with health care providers and seek new business opportunities to better meet the needs of elders, especially those with chronic disease, behavioral health conditions, and/or dementia. It will continue its partnerships with State agencies responsible for mental and behavioral health services, Independent Living Centers, and Aging and Disability Resource Centers.

The Healthy Living program will continue its medical and community partnerships to try to reach patients and residents with programs to help meet their wellness goals.

The Director of Client Services participates in the **Community Benefits Advisory Council**, which advises the local hospital on community priorities, funding decisions, and the Community Health Needs Assessments with the goal of reducing health disparities, promoting community wellness, and improving access to care for vulnerable populations.

LifePath supplies care transitions assistance for discharging patients and two community health workers who assist with supports for hospital patients who are at risk for readmission.

LifePath will work to improve care transitions for consumers through active participation in case planning and resource provision in all home- and community-based programs. For example, an Options Counselor goes to the hospital to meet consumers. We will continue to support the care transitions program, Senior Care Options, One Care, and other care coordination programs.

We will continue a partnership with **Hospice of Franklin County** to continue the care coordination for older adults through the end of life.

LifePath is an affiliated partner in the Care Alliance of Western MA, a MassHealth LTS Community Partner.

Finally, we have pursued **technological capacity** to prepare for expanded contracts with health care providers. We are currently connected to the medical network through PatientPing. We will seek to become connected electronically to medical provider databases through the Mass HiWay and other platforms for better care coordination, integration, and referrals for services through real-time notifications of admissions, discharges, and care transitions.

Objective 3.3: Support those with dementia and their caregivers.

Strategies:

Enhanced dementia work will include working with the **Alzheimer's Music Project**, a model program born here in Western Mass that delivers customized iPods with consumers' favorite music, shown to delight people and relieve some of the negative mood symptoms experienced by people with dementia.

LifePath will offer **Savvy Caregiver**, an evidence-based, professional-level training for non-professional caregivers of people with dementia. We plan to offer three Savvy Caregiver workshops in the first year of service.

The **Dementia Caregivers' Support Group** helps caregivers remember that they are not alone, and allow them to exchange experiences and help one another as they care for a loved one.

One-on-one **dementia coaching** sessions are available through home visits, telephone, and videoconferencing. Dementia Coaching surveys people's ability to respond to behavioral challenges, constructive ways of interacting, awareness of ways to make home safer and more dementia friendly, ways to engage people in activities, knowledge to access further evaluations, if necessary, and strategies for managing caregiving stress.

Objective 3.4: Advance our community's and organization's preparedness to work with dementia and behavioral health populations.

Strategies:

Franklin County's **Hoarding Task Force** builds connections and resources needed to help people whose behavioral health problems have put their housing at risk. We offer education on hoarding on our website and newsletter.

Advanced training on dementia and behavioral health will be offered to field staff.

Dementia-friendly trainings will be offered throughout the community to increase awareness and understanding of dementia.

Objective 3.5: Partner with other organizations to ensure elder needs are included in community priorities.

Strategies:

In 2020, through funding from the Massachusetts Department of Public Health, LifePath kicked off a three-year **Age- and Dementia-Friendly project**, which aims to improve the quality of life for people in our area and increase awareness and understanding of dementia through education and outreach.

The Planner participates in a **Community Health Improvement Plan** for the years 2021-2024, which identifies priority health needs and disparities and the factors that contribute to them; builds on our strengths by identifying current resources in the community to address priority health issues; identifies the most effective strategies for addressing the priority health needs; reduces gaps and duplication in services; and increases our collective ability to secure resources to improve health in our region.

Objective 3.6: Build capacity for value measurement and new business opportunities.

Strategies:

LifePath has been gradually adding **outcomes measures** to individual programs. This involves creating a logic model for each program, including identifying desired outcomes, and then creating a measurement tool.

Furthermore, its Planner and Executive Director assisted in the creation of Care Coordinate, a new statewide organization, whose objective is to enable large entities to contract statewide for services offered by Aging Services Access Points, of which LifePath is one.

LifePath has expanded its grant writing capacity greatly in the past four years. In 2020, we applied for 25 grants vs. 13 in 2017. We had an annual average success rate of 83%. We plan to continue writing grants at the higher level in the next four years.

Protective services, coordination of legal services, and outreach

Goal 4: LifePath will support the protection of fundamental social and legal rights of elders, especially those who are most vulnerable.

Objective 4.1: Identify and respond to reports of elder abuse.

Strategies:

LifePath operates a **Protective Services** department that handles reports of elders who may be experiencing abuse or neglect by others or for elders who may be unsafe because of an inability to care for themselves. Last year 310 investigations in Franklin County and 275 in Berkshire County were completed. We expect this number to increase in the coming years.

It also conducts outreach and coordination related to potential victims of elder abuse.

Objective 4.2: Raise awareness of elder abuse.

Strategies:

LifePath conducts **marketing campaigns** defining elder abuse and educating the public on what to do when they suspect abuse, including an annual push around the June 15 World Elder Abuse Awareness day, with articles, social media posts, and more.

It conducts mandated reporter trainings for new CNAs, financial exploitation training for various groups, and protective services training for first responders, COAs, and other groups.

It conducts internal trainings on a variety of topics including hoarding, trauma, patient-centered counseling, and more.

It also conducts **advocacy** to fund and support elder abuse prevention and services.

We plan to put marketing and leadership staff through the Reframing Elder Abuse training offered by the National Center on Elder Abuse.

Objective 4.3: Provide legal assistance to low-income elders.

Strategies:

LifePath contracts with Community Legal Aid to offer the **Elder Law Project** through its Title III subgrant process; this program provides legal assistance and representation to the neediest elders.

It also refers many people to outside legal services through its **Information & Referral** center. We maintain strong working relationships with the Franklin County Bar Association and local elder law attorneys.

Objective 4.4: Advocate for residents of nursing and rest homes.

Strategies:

LifePath operates the **Long-term Care Ombudsman program**, whose purpose is to advocate for residents of nursing and rest homes. The Ombudsman program director also provides education to the community on residents' rights and other issues pertaining to nursing and rest home residents. Two volunteers serve as Ombudsmen.

Objective 4.5: Educate consumers on insurance, benefits, and financial security to help prevent financial problems and exploitation.

Strategies:

People can prevent legal issues from arising with good information, assistance, and education, as provided by the **SHINE, Benefits Counseling, and Money Management programs**. The presence of a bill pay volunteer from our Money Management program can help prevent financial exploitation. We use the Good Life and other publications to educate on these issues and raise awareness of pitfalls and scams.

QUALITY MANAGEMENT ACTIVITIES

LifePath has a Quality Assurance Plan, outlining in detail the leadership, responsibilities, goals and objectives, standards and implementation details and how outcomes will be evaluated to assure quality services. The Plan summary is attached as Attachment N. The Management Team functions as the Continuous Quality Assurance Committee (CQAC) with guidance from the Board of Directors. The QA and Contracts Manager sends out surveys to consumers, surveys colleagues outside the agency about their experiences with LifePath programs and staff members, and surveys case managers about vendors.

Title III sub-grants and in-house programs are monitored annually through a personal visit from the Title III Grants Monitor, during which required practices, records, client evaluations, and financial systems are reviewed. Care is taken to try to observe the funded activity in action, when possible, in the course of the visit. Reports on each program are submitted to the State Planner, including suggestions for improvement in meeting standards for Title III, and any required corrective actions are noted. The Citizens Advisory Board and the Board of Directors of LifePath review results of these reports. The Planner, who also reviews monthly NAPIS and Expense Report forms from sub-grantees, offers ongoing technical assistance to sub-grantees. Title IIIC programs annually review consumer satisfaction using EOEA standardized nutrition survey tools.

LifePath meets periodically with Council on Aging Directors from the 30 Towns to work on joint projects and share news of new programs and changes in services. Many volunteers of LifePath are located in the Senior Centers to make them more available to area elders in the large geographical area we serve, and we offer trainings in these programs to COA Directors and their staff. Feedback from the COA's at the quarterly meetings helps us to improve the programs.

ATTACHMENT A: AREA PLAN ASSURANCES AND AFFIRMATION

For Federal Fiscal Year 2022, 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 aging 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.

LifePath, Inc.

8/19/2021
Date

Mary Marnette
Signature - Chairperson of Board of Directors

8-11-2021
Date

Clyde Perkins
Signature - Chairperson of Area Advisory Council

8/19/2021
Date

Barbara Badi
Signature - Area Agency on Aging Executive Director

ATTACHMENT B: AREA AGENCY ON AGING INFORMATION REQUIREMENTS

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;

Each sub-grant awarded by LifePath outlines priority populations to be served which includes the individuals in greatest economic and social need and elders needing assistance with health programs. Specific Objectives in the FY2021 Plan which assist elders in greatest economic need are the Community Legal Aid providing the Elder Law Project; the Benefits Counseling Program; emergency funds; Farmers Market Coupons; Home Repair services; Home Delivered Meals and wellbeing checks on 500 homebound elders each weekday; Title III Dining Centers/Luncheon Clubs; providing emergency frozen and shelf stable meals, fuel, fans and other assistance to area elders as needed; serving on the area Community Action sponsored Hunger Taskforce and participating in the Belly Bus Campaign; explaining benefits and how to access them through print and radio and local access television; providing Dementia and Memory Disorders Support Group; identifying risk levels of consumers at assessment and reassessment; seeking special funds from donors, foundations or corporations to fund elder emergency food, fuel, caregiver and home heating needs, providing respite awards and practical skills trainings to caregivers; providing two sub-grants for Grandparents parenting groups; providing quarterly social gatherings for LGBTIQ elders; and providing education on available elder services to Native American elders and their caregivers.

(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;

The LifePath service area is the most rural of any Area Agency on Aging area in the state, according to all Federal Standards on rurality. Title III B, D and E sub-grants are planned in FFY22 to better provide service across the large geographical area. Transportation in FY22 will be purchased for clients for demand/response service, taxi services, private car MedRide services out of county, and our own Rides for Health volunteer assisted transportation service.

LifePath serves one of the poorest areas in the state; a Basic Benefits Counseling and Application Assistance Program provides trained volunteers (and trains some COA staff) to meet with elders at home or in community settings to assist them to access fuel assistance, SNAP benefits, housing repair grants and loans and any other benefits they are eligible for, in order to free up more of their limited income to be available to pay bills. The service will

continue to be refined and offered in the coming years, seeking additional grants and support from United Way of Franklin County.

Low income minority individuals are scattered throughout the population and are reached and served in the same way we serve the general population, but we plan to enhance our efforts to reach these groups through strategic partnerships. We continue to use translation and interpreting services as needed to address language needs.

LifePath uses local media extensively to reach rural elders with news of our programs in local newspapers delivered to their homes and TV and radio programming. Our website was redesigned to better serve the elders and their caregivers who reach us via computer. Facebook and Google are now primary ways that residents find us. Outreach to community gatherings is conducted regularly and callers and visitors are received at the Information and Caregiver Resource Center every weekday in non-pandemic times.

LifePath is planning to continue social events including educational and intergenerational exchange topics for LGBTQIA elders under its Rainbow Elders program.

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;

LifePath works closely with the local Independent Living Center, Stavros, Inc., as a member of the PVADRC, and to mutually refer clients to each other's programs. The Personal Care Attendant Program covers all towns in the five western Mass ASAP areas, providing assessment and skills training to chronically disabled individuals to hire the help they need and works closely with Mass Rehab Commission. LifePath holds a contract with DDS and serves many people with intellectual disability in the Adult Family Care Program. In addition, LifePath Congregate and Supportive Housing sites include residents with disabilities. Sub-grants are made to United ARC of Franklin and Hampshire Counties and to Valuing Our Children in Athol for Grandparents Parenting programs. In the case of United ARC, intellectual impairment in the child or the grandchild is the disability which can present issues for Grandparent caregivers. LifePath runs a Support Group for caregivers of people with Alzheimer's or other dementias. One of the Title III sub-grants is for a program incorporating evidence-based fitness. Additional Title IIID funds are used for the Healthy Living program, which teaches Falls Prevention; and Diabetes, Pain, or Chronic Disease Self-Management, and

Healthy Eating. SHINE serves Medicare beneficiaries of all ages and younger beneficiaries are generally persons with disabilities.

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;

LifePath conducts QA activities for its programs and surveys participants regularly to gauge client satisfaction with services. Focus groups and public hearings are held in forming the goals and objectives of the Area Plan. On an ongoing basis, meetings are held with the Citizens Advisory Board, whose members are elected by local meal sites, and with Councils on Aging in the service area to gather their views on our services. The Money Management Program Advisory Council provides input to the ongoing improvement of the Money Management Program and support for the program volunteers. Some Board of Director members are appointed by the local Councils on Aging and provide feedback on LifePath services provided at the Senior Centers, such as SHINE or Benefits Counseling or Healthy Aging evidence based programs. Participants at our dining centers and luncheon clubs provide feedback to site managers and their feedback is communicated to the caterer. Services are developed, changed or refocused in the development of the Area Plan and in programs or services to reflect this input whenever possible. QA activities will continue throughout the four years of the plan, especially client satisfaction surveys, which are required of every sub-granted and in-house Older Americans Act funded program. The Board of Directors receives all QA reports, consumer satisfaction survey results, and program and audit reports.

(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;

There is ongoing attention to policy matters affecting elders locally, in Massachusetts, and nationally and advocating on these issues is ongoing.

LifePath serves as an advocate and focal point for elders in the service area in its participation in area organizations' Boards of Directors and Advisory Boards and in its cooperation with area Councils on Aging. LifePath will directly contact town officials or state or federal legislators concerning any budgetary, regulatory, or policy proposals that directly and negatively impact elders and regularly publishes an insert section in local media called The Good Life in which local elder issues are explored in depth. Focus groups and public hearings were held with area elders to help develop the new Area Plan. LifePath conducts outreach to elder advocates here

and in the community to ask them to send advocacy messages to their representatives on federal, state and local issues that will affect area seniors. Rainbow Elders takes on advocacy specific to the needs of LGBTIQ elders.

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.

LifePath offers a number of services beginning with I&R, Options Counseling and Caregiver Services to educate and assist elders and persons with disabilities. Programs operate using a model of person-centered planning and consumer choice, through vendored services, such as State Home Care, and/or consumer directed care.

The Long-Term Care Home Ombudsman Program provides Elder Rights trainings to local organizations and interprets long-term care rights of elder residents and regulations of facilities to staff of local rest homes and nursing homes. LifePath provides counseling and assistance with discharge planning, work with families and care planning to elders and persons with disabilities through the Nursing Facility Initiative and CSSM in area skilled nursing facilities. LifePath cooperates with the Stavros Center for Independent Living and other area ASAP/AAA agencies in the Pioneer Valley ADRC in providing and collaborating around options counseling, targeted discharge planning, SHINE Counseling, and training of staff. LifePath will continue to participate in area collaborations with post-acute workgroups including hospitals, nursing facilities, certified home health agencies, patient centered medical homes, ACOs, and others to prevent re-hospitalizations, serve dually eligible SCO and One Care members, work on smoother care transitions and other projects. Bi-monthly meetings on risk management include internal staff, vendors and Hospice staff. LifePath collaborates with TRIAD as well as VNAs to refer clients. The Director of Client Services participates in the Community Benefits Advisory Council in partnership with the local hospital. The Planner participates in a Community Health Improvement Plan (CHIP).

(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;

LifePath is in its tenth year of providing the Healthy Living Program as a direct service which offers Diabetes, Chronic Pain, and Chronic Disease Self-Management; A Matter of Balance Falls Prevention; and Healthy Eating for Successful Living. LifePath has operated as a leader for the Western MA Healthy Aging Coalition and will continue to do so, with the Director of the Healthy Living Program chairing the regular Healthy Aging Coalition meetings at which members share techniques, ideas and resources in Western MA to further the goal of making a variety of evidence based programs available to area elders. LifePath is a partner and receives funding through the Healthy Living Center for Excellence at ESMV and Baystate Franklin Medical Center. LifePath trains Program leaders and organizes workshops for participants. The state planner has approved all sub-grants (one) under Title IIID to Councils on Aging and other local agencies for FFY2022 “evidence-based.” YMCA EnhanceFitness.

LifePath assessment staff check for elder safety in their review of their home environment and recommend changes to enhance the client’s safety or health, for example, by arranging for grab bars and ramps to be installed or recommending a personal emergency response system, etc. Options counselors are trained in the Coleman 30 day Care Transitions Intervention and a mental health grant through a foundation may bring additional evidence-based interventions into practice locally. LifePath also has a dementia coach, offers Savvy Caregiver (evidence-based caregiver training), and a biweekly support group.

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;

LifePath monitors each sub-grantee annually to assure that grievance postings, explaining how participants who believe they have been denied services may file a grievance, are posted at the program site or given to participants in writing. Grievance procedures are also explained at intake to elders receiving services in Home Delivered Meals and are posted at local meal sites. Elders who call asking about the possibility of filing a grievance have the process explained and are assisted in filing.

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.

LifePath has coordinated activities that will occur during a disaster with emergency managers in all 30 towns of its service area and neighboring communities in western Mass and maintains a Non-Emergency Town Grid that is used instead of 911 to connect to town emergency personnel to coordinate information and activities during emergencies/disasters. LifePath personnel meet with long-range emergency planning groups at the Franklin County Council of Governments and the Athol Hospital as meetings are scheduled, to explain our role with clients during emergencies. MEMA/FEMA officials also attend.

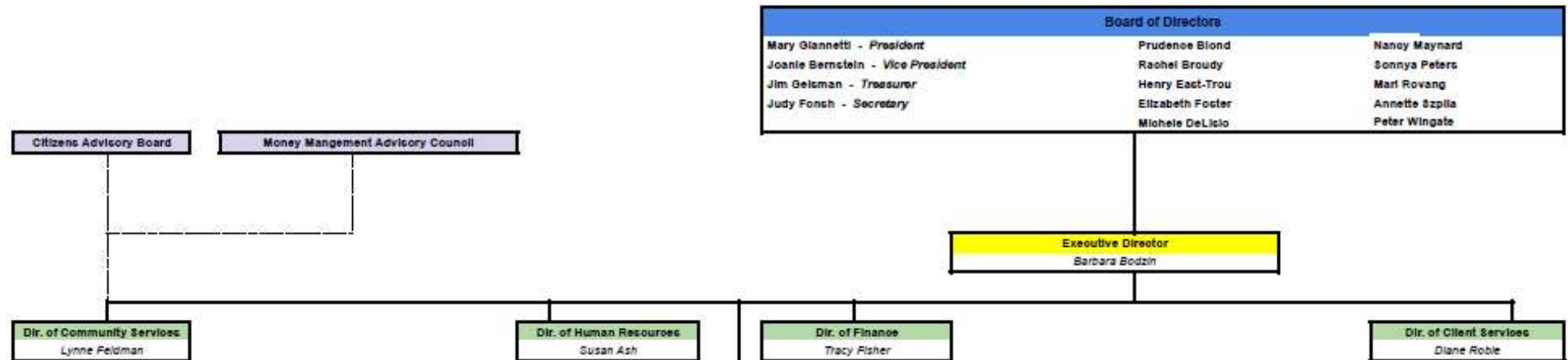
LifePath serves on the Western Mass COAD (Community Organizations Active in Disasters) and chairs the Care Subcommittee. The COAD provides a communication mechanism for activating organizations to provide assistance after a disaster, thus preventing gaps or duplications in services (ensuring emergency managers have the services they need and only those they need).

LifePath seeks funds through grant proposals to Farnsworth Trust, Boynton Fund, Katherine Pierce/ Little Necessities and other foundation and corporate supporters annually in order to provide emergency food, fuel, fans and other assistance to area elders. We also participate in the Hunger Taskforce of Franklin County with Community Action, Community Meals, the Survival Center, food pantries, the Western MA Food Bank and other food providers to assist with food collections to increase food available to low income elders and their families. Each year, LifePath delivers Farmers Market Coupons to area low-income elders, teaming up with area Brown Bag Food Bank distributions at local Senior Centers.

Elders accessing our programs are warned about hyperthermia and hypothermia at the appropriate season and are given written tips and provided equipment and assistance to help avoid these conditions. They are informed about weather preparedness at appropriate seasons.

The agency maintains and Emergency Response and COOP plans to ensure continuity of business operations and participation in assisting elders following any type of emergency situation, including HR resources and 24/7 on-call staff.

ATTACHMENT C: ORGANIZATIONAL CHART



ATTACHMENT D: AAA CORPORATE BOARD OF DIRECTORS – FORM 1

Member Name	Title	City/Town of Residence	Membership Affiliation
Joanie Bernstein	Vice President	Bernardston	Franklin County Regional Housing & Redevelopment Authority (retired)
Prudence Blond		Greenfield	Greenfield Savings Bank
Michelle DiLisio		Greenfield	Semi-retired, self-employed Psychotherapist
Judith Fonsh	Secretary	Leverett	Farren Care Center - retired
Liz Foster		Sunderland	LifePath - retired
Jim Geisman	Treasurer	Greenfield	Business Owner
Mary Giannetti		Fitchburg	Heywood Hospital
Nancy Maynard		Whately	Highland Valley Elder Services - retired
Alfred Ohlson		New Salem	Retired Law Enforcement Officer
Sonnya Peters		Greenfield	Retired
Annette Szpila		Shelburne	Retired RN - BFMC
Mari Rovang		Warwick	Retired Mediator
Evelyn Walsh	President	Turners Falls	Retired--formerly in public finance
Peter Wingate		Hadley	Energy Director Community Action
	71	Percentage of the Board that are 60+ years of age.	
	14	Percentage of the Board that are minority persons.	
	14.00%	Percentage of the Board that are 60+ and minority persons.	

ATTACHMENT E: AAA ADVISORY COUNCIL MEMBERS – FORM 2

Member Name	Title	City/Town of Residence	Membership Affiliation
Constance Blakley		New Salem	Elected
Clifford Fournier		Orange	Elected
Nicole Graves		South Deerfield	Elected
Teresa Allen		Leverett	Member-at-Large Leverett
Bill Johnson		Bernardston	Member-at-Large Bernardston
Clyde Perkins	Chair	Warwick	Elected
Susan Sprung		Greenfield	Member-at-Large Greenfield
June Wilcox		Greenfield	Member-at-Large Greenfield
Lynn Shaw		Petersham	Elected
Paula Betters		Erving	Member-at-Large Erving
Marvin Kelley	Vice Chair	Greenfield	Member-at-Large Greenfield
	100%	Percentage of the Advisory Council that are 60+ years of age. *	
	0	Percentage of the Advisory Council that are minority persons.	
	0	Percentage of the Advisory Council that are 60+ and minority persons.	

ATTACHMENT F: AAA FOCAL POINTS DOCUMENT

Focal Point Name	Address	Town	Focal Point Designations (Mark with "X")				
			Senior Center/ Council on Aging	Community Center	Nutrition Meal Site	SHINE Site	Adjacent Housing
ATHOL SENIOR CENTER	82 Freedom St.	Athol	x		x	x	
Baystate Franklin Med Ctr	164 High St.	Greenfield				x	
BERNARD-STON SENIOR CENTER	Powers Institute, 20 Church Street	Bernardston	x		x	x	
CHARLEMONT LUNCHEON CLUB	Charlemont Federated Church, 175 Main St.	Charlemont	x		x	x	
COLRAIN COMMUNITY CHURCH	306 Main Rd.,	Colrain		x		x	
ERVING SENIOR CENTER	1 Care Drive	Erving	x		x	x	
ELM TERRACE HOUSING	1 Elm Terrace	Greenfield				x	x
GREEN-FIELD SENIOR CENTER	35 Pleasant St	Greenfield	x	x	x	x	

Focal Point Name	Address	Town	Focal Point Designations (Mark with "X")				
			Senior Center/ Council on Aging	Community Center	Nutrition Meal Site	SHINE Site	Adjacent Housing
Heath COA	1 E. Main St.	Heath				x	
LEVERETT LUNCHEON CLUB	Town Hall	Leverett	x	x	x		
LEYDEN COA	16 West Leyden Rd.	Leyden	x				
LifePath	101 Munson St.	Greenfield				x	
MONTAGUE SENIOR CENTER	62 5th St.	Turners Falls	x		x	x	
Morgan Allen House	491 Main Street	Greenfield				x	x
NEW SALEM LUNCHEON CLUB	Town Hall, South Main St.	New Salem	x		x		
NORTHFIELD SENIOR CENTER	69 Main Street	Northfield	x		x	x	
ORANGE SENIOR CENTER	135 East Main Street	Orange	x		x	x	
PETERSHAM LUNCHEON CLUB	Town Hall	Petersham	x	x	x		

Focal Point Name	Address	Town	Focal Point Designations (Mark with "X")				
			Senior Center/ Council on Aging	Community Center	Nutrition Meal Site	SHINE Site	Adjacent Housing
PHILLIP-STON LUNCHEON CLUB	1st Congregationa l Church, The Common	Phillip-ston	x		x		
ROYALSTON LUNCHEON CLUB	Town Hall	Royals-ton	x	x	x		
SHELBURNE SENIOR CENTER	7 Main Street	Shelburne	x		x	x	
SOUTH COUNTY SENIOR CTR	67 North Main Street	South Deerfield	x		x	x	
Upper Pioneer Val. Vets' Svcs	294 Main Street	Greenfiel d				x	
WARWICK LUNCHEON CLUB	Town Hall	Warwick	x	x	x		
Winslow Wentworth House	J Street	Turners Falls				x	x

ATTACHMENT G: AAA TITLE III-B FUNDED SERVICES – FORM 4A

FUNDED SERVICES	EOEA Use Only	Title III Funding Category	Direct Service Status (Y/N)	NAPIS Code #s (1 to 123)	Priority Svc 'A', 'I', 'L', 'O' (&)	Evidence-Based Program in Use	FFY2022 FUNDING -	
							Title III Award	Non-Title III Exp.
PROVIDER								
Community Legal Aid		B	N	11	L		\$ 24,750.00	\$ 4,395.00
Athol COA		B	N	19	I		1,500.00	325.00
Bernardston COA		B	N	23	O		1,500.00	20,344.00
Colrain COA		B	N	56	O		1,500.00	5,700.00
Heath, Town of		B	N	56	O		1,500.00	3,900.00
North Quabbin Citizen Advocacy		B	N	Varies	A		1,500.00	2,154.00
Long-Term Care Ombudsman		B	Y	28	I		11,204.44	-
Escorted Transportation		B	Y	10	A		1,700.00	-
Healthy Living		B	Y	Varies	O		25,000.00	-
Subgrant - SHINE		B	Y	84	A		47,000.00	-
Benefits Counseling		B	Y	31	A		3,711.00	
Money Management		B	Y	50	I		27,900.00	
Additional subgrants TBD ARPA		B	N	Varies	O		15,000.00	20,000.00
Home repair ARPA		B	Y	17	I		10,660.00	
Legal Services ARPA		B	N	11	L		5,250.00	
		B			O			
		B						
& Priority services: A - access; I - inhome; L - Legal; O - other.								
Total							\$ 179,675.44	\$ 56,818.00

ATTACHMENT H: AAA TITLE III-C, D, E AND E OMB FUNDED
SERVICES – FORM 4B

FUNDED SERVICES	EOEA Use Only	TITLE III Funding Category (C/D/E/O MB)	Direct Service Status (Y/N)	Goal Number	NAPIS Code # (1 to 121)	Evidence-Based Program In Use	FFY2022 FUNDING - PLANNED	
							Title III Award	Non-Title III Exp.
PROVIDER								
Nutrition Home Delivered Meals		C	Y		4		\$ 136,320.67	\$ 321,276.21
Nutrition Congregate Meals		C	Y		7		289,116.00	1,424,510.75
Caregiver Respite		E	Y		1		7,500.00	-
Long-Term Care Ombudsman		O	Y				60,474.00	-
Bernardston COA		D	N		115	YMCA EnhanceFitness	6,000.00	38,279.00
United ARC		E	N				5,400.00	3,378.00
Valuing Our Children		E	N				5,400.00	1,801.00
Shelburne COA		E	N				5,491.00	8,878.00
LifePath		D	Y		65	Chronic Disease Self Management (ARPA)	8,636.00	
LifePath		D	Y		103	Chronic Pain Self Management	2,757.00	
LifePath		D	Y		66	Diabetes Self Management	2,757.00	
LifePath		D	Y		68	Matter of Balance	2,757.00	
						Total	\$ 532,608.67	\$ 1,798,122.96

ATTACHMENT I: AAA TITLE III-E FAMILY CAREGIVER BREAKOUT – FORM 5

Based on the AAA FFY2022 Federal Spending Plan, list the Title III-E Budget Total, and provide percentage (%) estimates for the services listed.		
		\$ 231,781.89
Program Cost	Percentage (%) of Total	
All Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (including counseling, support groups, training, access assistance and information outreach and other specific caregiver services). *		44%
Supervision cost. *		22%
All respite service costs.		1%
All supplemental service costs. *		2%
Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.		13%
Administration costs. *		17%
Other (explain on separate attachment)		0%
Total estimated percentage must equal 100% of Title III-E planning budget.		100%
Projected total * FTE count for Title III-E (breakdown under "Detail" below).		2.63


Detail - Family Caregiver Support Program

Personnel Position Title	FTE
Caregiver Program Director	0.60
Community Options Resource Specialists	1.89
Director of Community Services	0.03
Group Facilitator	0.04
Marketing and grants coordinator	0.08
Total FTE	2.63

ATTACHMENT J: PROJECTED BUDGET PLAN

This document will be updated when the projected budget plan is available.

ATTACHMENT K: ANNUAL REPORT



2019-2020 Annual Report



Greetings!

Last year started out as any other, a new fiscal year with bright new plans. Little did we know that our innovative skills would be put to the test with a global pandemic. March 17th saw the dispersal of our staff to their homes with boxes of supplies for what everyone thought was a brief spell. Since then we have reimagined our workplace, our ways of communication, our service delivery, and, well, the unimaginable!

Now more than ever, LifePath is here to serve with greater purpose. Our core services are available to individuals across the income and age spectrum. Services continue to thrive with courageous drivers delivering meals, volunteers providing transportation to medical appointments, and case managers coordinating services. We are thankful for the hundreds of home care workers, personal care attendants, and nurses who provide essential services requiring direct contact, so that elders and individuals with disabilities can maintain their dignity and independence.

I want to express my gratitude for the collective efforts and stewardship of an incredibly talented and committed staff, engaged and dedicated volunteers, an exceptionally supportive board, and advisory council members who have all been a part of the LifePath family fabric. We have shown that together we can face anything and make a huge difference in the lives of those we serve.

Barbara Bodzin
Executive Director, LifePath



Top: Deborah Rubeck of Greenfield, receiving her meal delivery as part of LifePath's PCA meal delivery program for people under 60. This program was begun in response to food scarcity caused by the pandemic. Bottom: Eugene Litchfield drives up to receive his Grab and Go meal at the Orange Senior Center.



The latest annual report can be accessed at <https://lifepathma.org/about/annual-report>.

ATTACHMENT L: FOCUS GROUP REPORTS

1.

AAA LifePath Date: 9/16/20

Facilitator Name: Nour Elkhataby Strauch Total Participants* 9

Location: Online (Zoom) Start time: 1:20 End time: 2:05

Vulnerable (target) population (Check applicable items):

Race: ☒ Majority ☐ Black ☐ Nat Am/PI ☐ Asian ☐ Am Ind ☐ Multi racial/Other

Ethnicity: ☐ Spanish/Latino

Language: ☐ Linguistic minority: specify French

Economic need: ☒ Low income older adults ☐ Low income minority older adults

Social need: ☒ Abused, neglected, exploited ☐ Frail Older Adults ☐ Low vision

☐ Alzheimer's/dementia ☒ Grandparents ☒ Mental/behavioral

☐ Caregiver support ☐ Housing concerns ☐ Mobility

☐ Cognitive impairment ☒ Isolated elders ☒ Nutrition - meals

☐ Cultural ☐ Legal services ☒ Rural Older Adults

☐ Disabled Older Adults ☐ LGBTQ+ ☐ Workforce

☐ Other: _____

Methodology/strategy: Stakeholder group

List the needs and issues vocalized/identified: (If more space is needed, use the back of this sheet.)

Among the listed needs and issues identified, place an asterisk next to top three needs identified.

Example: Need Area – Maintain independence

Issue – TV cable, cell phone or computer not functioning; don't know how to reconnect or reset.

1. *Transportation. Esp. to events and grocery stores which are in the bigger towns.	11.
2. *Affordable housing, especially senior housing and downsizing options such as home share matchmaking help. 4	12.
3. Assistance with home technologies. 3	13.
4. *Heath care. 2 Quality is a concern.	14.
5. Case management.	15.

6. Programming for people with dementia and their families.	16.
7. Care coordination and discharge planning.	17.
8. Cultural/educational events.	18.
9.	19.
10.	20.

*If advocates/representatives, list organizations and number of elders being represented:

Citizens' Advisory Board

Q1. How would you rate area as place to age?

Good. Good sense of community.

Good, except isolation if you don't have a vehicle.

Greenfield is walkable in some ways, but limited. Need buses to take people to grocery stores.

Good, thanks to LifePath's efforts.

Q2. What are some of the most important needs that older people have that are not met right now?

Transportation esp. to service; healthcare; access to cultural and education; affordable senior housing (long waiting lists). One person said her friend had to leave the area even though she didn't want to. Long waits also at assisted living. There does not seem to be a way to downsize locally. It is hard to plan ahead for housing needs.

Q3. What are some things that would help people downsize?

House sharing, like the UMass "home share" program. One person was able to stay in her home three extra years despite having dementia because of a younger person who home shared in exchange for help with household chores. People want to stay in their communities. Lack of housing options also creates social isolation. It would be good if we could call someone to discuss our housing options. Some people don't want to home share, but people can change their minds as their situation changes. We like our gardens chickens, animals, etc.; it makes the idea of apartment living unattractive; a small house or even "tiny house" would be ideal, rather than an apartment or an institution. Could we create a workgroup to work with housing authorities to create better housing options? Zoning laws prevent certain housing.

Q4. Are these access problems or missing programs?

Before joining this board, she hadn't heard of LifePath. Even through several hospital treatments, no one ever mentioned LifePath. Several people agreed there was a lack of awareness of services. It would be good if people could access the medical rides program even if they are not a LifePath client.

Q5. Tell us about a time that the “system” seemed to fail you or someone you know; what happened and what could have helped?

Returning phone calls is difficult with menus and no live operator. The hospital used to do a much better job of connecting people with service through their discharge planning. They used to be social workers; now they are nurses and they pay attention to the medical needs and not the social needs. Another person said they were in the hospital and no one set them up with LifePath services. This has changed significantly over the last 20 years. HIPAA privacy rules may get in the way if the partners do not pursue the appropriate releases. One person was in the hospital after an operation; no one asked her whether there was someone at home who could help or whether she could navigate the stairs, etc.

Q6. What are the ways that COVID-19 has affected elders?

Isolation, depression, anxiety. All the therapists are booked. Have to call friends instead of seeing them. If you don't have a computer, you can't access the exercise programs and Zoom meetings.

2.

AAA LifePath Date: 9/23/2020

Facilitator Name: Nour Elkhataby Strauch Total Participants* 5

Location: Online (Zoom) Start time: 12:10 End time: 1:00

Vulnerable (target) population (Check applicable items):

Race: ☒ Majority ☐ Black ☐ Nat Am/PI ☐ Asian ☐ Am Ind ☐ Multi racial/Other

Ethnicity: ☐ Spanish/Latino

Language: ☐ Linguistic minority: specify _____

Economic need: ☒ Low income older adults ☐ Low income minority older adults

Social need: ☐ Abused, neglected, exploited ☐ Frail Older Adults ☒ Low vision

☐ Alzheimer's/dementia ☒ Grandparents ☐ Mental/behavioral

☐ Caregiver support ☐ Housing concerns ☒ Mobility

☒ Cognitive impairment ☒ Isolated elders ☒ Nutrition - meals

☐ Cultural ☒ Legal services ☒ Rural Older Adults

☐ Disabled Older Adults ☐ LGBTQ+ ☒ Workforce

☐ Other: _____

Methodology/strategy: Stakeholder group

List the needs and issues vocalized/identified: (If more space is needed, use the back of this sheet.)

Among the listed needs and issues identified, place an asterisk next to top three needs identified.

Example: Need Area – Maintain independence

Issue – TV cable, cell phone or computer not functioning; don't know how to reconnect or reset.

1. Internet access and technology skills*	11. More exercise programs for elders
2. Transportation to appointments and social events*	12.
3. Affordable home repair/upkeep support	13.
4. Home Care support	14.
5. Affordable senior housing	15.
6. Funding for COAs in smallest towns	16.
7. Mental and emotional health needs	17.
8. Employment programs for elders	18.
9. Financial counseling programs	19.
10. Considering dietary restrictions for Meals on Wheels	20.

*If advocates/representatives, list organizations and number of elders being represented:

Healthy Living Workshop Leaders

Q1. How would you rate area as a place to age?

Remoteness of many towns leads to isolation for elders; good support with transportation for medical purposes but not for other purposes; some towns have better COA programs than others because of funding disparities; so many young people in the area but not enough intergenerational programming.

Q2. What are some of the most important needs that older folks have that are not met right now?

COAs are not well funded and too many people don't know about their services; not enough support for older people with technology, which is essential now; home care support is insufficient; lack of transportation in rural communities leading to more isolation; meals on wheels program doesn't take dietary restrictions into account (no lactose intolerant friendly meals); people need affordable home repair programs; unmet medical and

mental health needs; ageism a big barrier for employment; missing financial counseling programs, affordable senior housing options.

Q3. Are these missing services or existing but hard to access?

A number of support programs do exist through LifePath and others, but many folks don't know about them; lack of paid staff at COAs makes it hard to spread the word about services to everyone; many older people have never even heard of LifePath; some people can't participate in existing online programs because they don't have computers/ good internet / technology skills; it might be more helpful for LifePath to advertise through radio or TV rather than The Recorder to spread the word better.

Q4. What are the main ways COVID 19 has affected elders?

Older folks are more isolated because of the risk of the pandemic; harder to maintain exercise routine without company; there are less volunteer drivers now which affects medical transportation and meal distribution, still able to socialize outdoors now but worried about extreme isolation in the winter; technology limitations for elders makes them more isolated during the pandemic.

3.

AAA LifePath Date: 10/27/20

Facilitator Name: Nour Elkhataby Strauch Total Participants* 5

Location: Online (Zoom) Start time: 10am End time: 11am

Vulnerable (target) population (Check applicable items):

Race: ☒ x Majority ☐ Black ☐ Nat Am/PI ☐ Asian ☐ Am Ind ☐ Multi racial/Other

Ethnicity: ☐ Spanish/Latino

Language: ☐ Linguistic minority: specify _____

Economic need: ☒ x Low income older adults ☐ Low income minority older adults

Social need: ☐ Abused, neglected, exploited ☐ Frail Older Adults ☐ Low vision

☒ x Alzheimer's/dementia ☒ x Grandparents ☐ Mental/behavioral

☒ x Caregiver support ☐ Housing concerns ☒ x Mobility

☐ Cognitive impairment ☐ Isolated elders ☐ Nutrition - meals

☐ Cultural ☐ Legal services ☒ x Rural Older Adults

☐ Disabled Older Adults ☒ x LGBTQ+ ☐ Workforce

☐ Other: _____

Methodology/strategy: Focus Group

List the needs and issues vocalized/identified: (If more space is needed, use the back of this sheet.)

Among the listed needs and issues identified, place an asterisk next to top three needs identified.

Example: Need Area – Maintain independence

Issue – TV cable, cell phone or computer not functioning; don't know how to reconnect or reset.

1. Affordable senior housing*	11.
2. Transportation support for seniors*	12.
3. Cheaper home repair options	13.
4. Social programs to counter isolation	14.
5. Technology workshops and support*	15.
6. Emotional support programs	16.
7. Mental health assistance	17.
8. Intergenerational connections	18.
9.	19.
10.	20.

*If advocates/representatives, list organizations and number of elders being represented:

Rainbow Elders

Q1. How would you rate this area as a place to age?

Very strong and welcoming community here. Felt supported in my identity as a gay person. Access to COA programs and other services that have been helpful in connecting with people. Doctors in the local hospital are great. Not perfect but mostly positive feelings. LifePath is part of that.

Greenfield in particular is very friendly for elders, except the housing situation, especially for low-income folks. Unfortunately, only one congregate housing program, assisted living way too expensive. There is a fairly good system to support elders in general and LGBT+ elders.

The whole area is easier for seniors because of less traffic and slower pace than a city. Housing needs to be worked on. Need more fed and state money to support senior housing. Transportation for elders is very limited,

prioritizing medical trips when possible. Greenfield has a lot more elder housing than everywhere else does. LifePath always responsive and willing to try something new to help seniors.

Moved here in the 70s because I heard it was a great place to come out. So grateful for the care my family received here through hospitals, LifePath and other orgs. Concerned about how to help residential communities be more LGBT+ friendly. I have encountered isolated elders here, mostly in rural towns. Can be hard for people to make a connection easily. Phone pals program has helped.

Q2. What are some of the most important needs that older folks have that are not met right now?

Home repair is difficult and expensive. LifePath helping with some repair but COAs needs to apply for more money to help people keep their homes in shape so they can age in place. Not enough companions for isolated elders. Assistance with technology is important; many elders have never worked with computers before.

Maybe LifePath can find someone to provide affordable rates for home repair. That's the only way we can age in place.

Transportation, outside Greenfield, is too limiting for elders, especially when they stop being able to drive.

Need for emotional support and someone to talk to about our issues. In addition, many folks still have internalized homophobia and not fully accepting their identity, so some way of assisting those individuals would be great. Many LGBT elders have mental health issues because of isolation and prejudice, even when it is not explicit.

Q3. What are the main ways COVID 19 has affected elders in our region?

Isolation is the biggest thing. Although new technology is countering isolation for those who can use it. Rainbow elders have been lucky to get IT assistance, but we need more tech support for all elders. Emotionally it is hard to cope with changes that affect all of us. Need more programs making connections between elders and younger folks. Seniors are the highest risk category, so state should allow asymptomatic seniors to be tested free when they want so they get peace of mind. COVID affecting me as an aging man and making me very worried. I am otherwise a very happy person and participate in many programs and gatherings, but that's much harder now. Experiencing fear, worry and anxiety. Missing friends and getting together with community and the potential to travel somewhere warmer. To what extent do I take a risk to avoid isolation? I have trouble separating anxiety of political situation and what that means for LGBT people as well as healthcare from COVID anxiety. This election period preoccupying my dreams in a bad way. This is a most unsettling time.

4.

AAA LifePath Date: 11/16/2020

Facilitator Name: Nour Elkhattaby Strauch Total Participants* 3

Location: Online (Zoom) Start time: 10:30am End time: 11:30am

Vulnerable (target) population (Check applicable items):

Race: ☒ x Majority ☐ Black ☐ Nat Am/PI ☐ Asian ☐ Am Ind ☐ Multi racial/Other

Ethnicity: ☐ Spanish/Latino

Language: ☐ Linguistic minority: specify _____

Economic need: ☒ x Low income older adults ☐ Low income minority older adults

Social need: ☐ Abused, neglected, exploited ☐ Frail Older Adults ☐ Low vision
☐ Alzheimer's/dementia ☐ Grandparents ☐ Mental/behavioral
☐ Caregiver support ☒ Housing concerns ☒ Mobility
☐ Cognitive impairment ☒ Isolated elders ☒ Nutrition - meals
☒ Cultural ☐ Legal services ☒ Rural Older Adults
☒ Disabled Older Adults ☐ LGBTQ+ ☐ Workforce
☐ Other: _____

Methodology/strategy: Focus Group with elders living alone

List the needs and issues vocalized/identified:

Among the listed needs and issues identified, place an asterisk next to top three needs identified.

1. Access to quality health care. Issue: poor experience with a local hospital for very serious health issues. Issue: need socialized health care system.	7.
2. Nutrition. Issue: lack of transparency in labeling prevents them from being able to take advantage of meal programs	8.
3. Transportation. Issue: needs door-through-door assisted transportation, both for health and social/recreation. Issue: needs better public transport.	9.
4. Home care. Issue: took months to find a worker who would not wear perfume due to consumer's chemical sensitivity.	10.
5. Social isolation and loneliness. Issue: more basic needs take priority over recreation, socialization, cultural enrichment (going to a museum, etc.). Issue: not enough federal resources dedicated to supporting people and families.	11.
6. Maintain independence. Issue: 24/7 care, if needed, is cheaper than a nursing facility, but still cost prohibitive for most. Issue: need home evaluation/coach services.	12.

5.

AAA LifePath Date: 10/19 - 11/25/2020

Facilitator Name: Lynne Feldman and Nour Elkhattaby Strauch Total Participants 10

Location: Phone calls Start time: End time:

Vulnerable (target) population (Check applicable items):

Race: ☒ Majority ☐ Black ☐ Nat Am/PI ☐ Asian ☐ Am Ind ☐ Multi racial/Other

Ethnicity: ☐ Spanish/Latino

Language: ☐ Linguistic minority: specify:

Economic need: ☒ Low income elders ☐ Low income minority elders

Social need: ☐ Abused, neglected, exploited ☒ Frail elders ☐ Low vision
☒ Alzheimer's/dementia ☒ Grandparents ☒ Mental/behavioral
☐ Caregiver support ☒ Housing concerns ☐ Mobility
☒ Cognitive impairment ☒ Isolated elders ☐ Nutrition - meals
☒ Cultural ☒ Legal services ☐ Rural elders
☒ Disabled older adults ☒ LGBT ☐ Workforce
☐ Other:

Methodology/strategy: Phone interviews

List the needs and issues vocalized/identified:

Among the listed needs and issues identified, place an asterisk next to top three needs identified.

1. Isolation is rampant among elders and we need social programs to tackle it. *	11. Help with ADL and chores
2. Need better transportation support for elders, especially in remote communities *	12. More social activities at the local level
3. More affordable senior housing options	13. More mental health assistance through PCP, support groups
4. Help with home repairs, maintenance	14. More nutritious and allergy-friendly meal support
5. Better quality healthcare/ patient centered care *	15. More accessible exercise opportunities
6. More expansive social assistance services	16.
7. More support for LGBTQ+ elders	17.
8. Financial aid and financial counseling	18.
9. Support elders to use technology	19.
10. Access to better internet and affordable devices	20.

6.

AAA LifePath Date: 10/26-12-29/2020

Facilitator Name: Nour Elkhattaby Strauch Total Participants 3

Location: Phone calls Start time: End time:

Vulnerable (target) population (Check applicable items):

Race: Majority x Black Nat Am/PI x Asian x Am Ind Multi racial/Other

Ethnicity: Spanish/Latino

Language: Linguistic minority: specify

Economic need: Low income elders x Low income minority elders

Social need: Abused, neglected, exploited Frail elders x Low vision
 Alzheimer's/dementia x Grandparents x Mental/behavioral
 Caregiver support x Housing concerns x Mobility
 Cognitive impairment x Isolated elders Nutrition - meals
 Cultural Legal services x Rural elders
 x Disabled elders LGBT Workforce
 Other:

Methodology/strategy: Phone interviews with low-income minority elders

List the needs and issues vocalized/identified: (If more space is needed, use the back of this sheet.)
 Among the listed needs and issues identified, place an asterisk next to top three needs identified.

Example: Need Area – Maintain independence

Issue – TV cable, cell phone or computer not functioning; don't know how to reconnect or reset.

1. More promotion of available services and eligibility options	11. Need mental health workshops and moreonline therapy options
2. Help with taxes and financial management	12. Healthier and more diverse food support
3. Better quality healthcare / healthcare at home	13. Regular wellness checks esp. for elders livingalone
4. More alternative medicine options	14. More chances to exercise in groups
5. Support with housekeeping and yard maintenance	15. Make area more walkable with bettersidewalks
6. More technology training for elders, and a dedicated tech support line	16. More accessible transport. More bus lines
7. Help with making own home more accessible, affordable wheelchair, grab bars	17.
8. Low cost legal aid	18.

9. Create more social opportunities for elders, intergenerational connections, bringing multiracial families together	19.
-----------------------------------------------------------------------------------------------------------------------	-----

7.

AAA LifePath Date: 10/28 – 12/18/2020

Facilitator Name: Nour Elkhattaby Strauch Total Participants 3

Location: Phone calls Start time: End time:

Vulnerable (target) population (Check applicable items):

Race: x Majority Black x Nat Am/PI Asian Am Ind Multi racial/Other

Ethnicity: x Spanish/Latino

Language: x Linguistic minority: specify: Spanish

Economic need: x Low income elders x Low income minority elders

Social need: Abused, neglected, exploited x Frail elders x Low vision
 Alzheimer's/dementia x Grandparents Mental/behavioral
 Caregiver support x Housing concerns x Mobility
 x Cognitive impairment Isolated elders Nutrition - meals
 x Cultural x Legal services x Rural elders
 x Disabled elders LGBT x Workforce
 Other:

Methodology/strategy: Phone interviews with limited English proficiency elders

List the needs and issues vocalized/identified:

Among the listed needs and issues identified, place an asterisk next to top three needs identified.

Example: Need Area – Maintain independence

Issue – TV cable, cell phone or computer not functioning; don't know how to reconnect or reset.

1. Help with learning English *	11. More accessible transportation
2. Financial assistance and counseling	12. More exercise opportunities in different languages
3. Better quality and more accessible health care *	13.
4. Technology and internet workshops	14.
5. More accessible interpretation help from services providers	15.

6. Help with nutrition and healthy meals	16.
7. Cultural programs and outings for elders	17.
8. Balance workshops	18.
9. Support groups and mental wellness checks	19.
10. Trauma informed health care	20.

8.

AAA LifePath Date: 11/2/2020-12/20/2020

Facilitator Name: Lynne Feldman and Nour Elkhattaby Strauch Total Participants* 231

Location: Print/Online Start time: End time:

Vulnerable (target) population (Check applicable items):

Race: ___x Majority ___x Black ___ Nat Am/PI ___ Asian ___x Am Ind ___x Multi racial/Other

Ethnicity: ___x Spanish/Latino

Language: ___x Linguistic minority: specify Spanish

Economic need: ___x Low income elders ___x Low income minority elders

Social need: ___ Abused, neglected, exploited ___x Frail elders ___x Low vision
 ___ Alzheimer's/dementia ___x Grandparents ___x Mental/behavioral
 ___x Caregiver support ___x Housing concerns ___x Mobility
 ___x Cognitive impairment ___x Isolated elders ___x Nutrition - meals
 ___ Cultural ___x Legal services ___x Rural elders
 ___x Disabled elders ___x LGBT ___x Workforce
 ___x Other: Veteran

Methodology/strategy: Survey available online and in print

List the needs and issues vocalized/identified:

Among the listed needs and issues identified, place an asterisk next to top three needs identified.

1. Mental and behavioral health – Depression/anxiety (47), coping with loss (9)	7. Economic security – retirement (11), money management (11)
2. Health care* –managing chronic pain (42), general health (41), hearing loss (36), physical disability (35), affordability (31), low vision (24), memory loss (23), serious illness (10), smoking cessation (7), substance abuse/recovery (4)	8. Housing* – repairs/upkeep (51), Home modifications (36), more affordable housing (25), accessibility of current housing (16)Housecleaning 39
3. Personal safety/security –identity theft/scams (7), fraud (6)	9. Social isolation – engaging in social activities (27), having contact with friends/family (15),

	affording social activities (14), getting to church/temple (8)
4. Workforce – employment (8)	10. Transportation – finding it (24); accessing it (18); affording it (17); requiring escort/assistance (16); driving (9)
5. Maintain independence* – Housecleaning (84), Grocery shopping (57), Balance/falls (47), organization/clutter (47), laundry (43), mobility issues (40), bathing/dressing (19), internet access (8)	11. Legal – Wills/estate planning (41), tax prep (24), healthcare proxy/POA (24), non-criminal legal issues (14)
6. Access – understanding eligibility/options (47), fuel/heating (38), health insurance (25), Food/SNAP (22), rent/mortgage (14), paying for utilities (20)	12. Nutrition – Cooking/meal prep (27), paying for food (22)

<div> <div>Most</div> <div>Least</div> </div> <div>People in your household</div>			<div> <div>Most</div> <div>Least</div> </div> <div>How do you describe yourself?</div>		
VALUE		FREQUENCY	VALUE		FREQUENCY
1		100	White		200
2		84	Hispanic/Latino		5
3		10	Prefer not to an...		5
4		5	African American		3
5		2	Multiple races		2

<div> <div>Most</div> <div>Least</div> </div> <div>Monthly household income</div>			<div> <div>Most</div> <div>Least</div> </div> <div>What is your age?</div>		
VALUE		FREQUENCY	VALUE		FREQUENCY
\$1,011- \$2,199		73	71-80 years old		82
Prefer not to an...		46	61-70 years old		78
\$2,200 - \$3,300		24	81-90 years old		29
over \$5,501		20	91-100 years old		19
\$3,301 - \$4,400		19	55-60 years old		8

<div> <div>Most</div> <div>Least</div> </div> <div>Your primary language?</div>			<div> <div>Most</div> <div>Least</div> </div> <div>What is your gender?</div>		
VALUE		FREQUENCY	VALUE		FREQUENCY
English		215	Female		165
Spanish		4	Male		54

Comments from respondents

- Access to healthcare, particularly in the case of a medical emergency. Transportation to a hospital or emergency room in the case of an emergency. (The "911" system and the zone EMS arrangements in our area force involuntary outcomes ... AND those outcomes are not the best medically or financially).
- Thank you for this important survey. Knowing your services are there is reassuring.
- It would be great if the FRTA pilot program serving towns around Greenfield that have not had public transportation for decades becomes permanent. Thank you, LifePath, for everything that you are already doing!
- Transportation, an aging friendly community, people to help with small repairs and odd jobs as we age, help with converting away from wood and oil to solar and electric energy to heat our homes, an accessible and active senior center, access to outdoor recreation as we age, a town nurse, all of these things will or would help me maintain independence. And what I often find is that people don't know about all the ways LifePath can help, so somehow doing a better job of informing people about the services that are available.

- Financial aid and housing rehab
- Financial management assistance.
- I think we need more senior housing so the wait would not be so long. I am having trouble financially and physically keeping up with my home, which I own, and have been on a waiting list for senior housing for over a year!
- We are extremely fortunate seniors, at this time. We have excellent health care insurance due to the Electrical workers union of which my husband has been a member for 50 years. However, I have an incurable cancer and either one of us could become disabled or die. Then our response to this survey would be dramatically different. We are grateful for the work you do.
- If and when the time comes that I need help, I know where to turn for help.
- Affordable options for home up keep and maintenance
- Finding help with getting my 19 yr. old to a job in Greenfield it is just too much for me to drive her back and forth.
- Currently I pay someone to come and clear my snow when needed, and / or lawn care as needed. I do mow most of the time, except when I have back issues, and then I have to pay someone to do it.
- Urge town of Bernardston to plow sidewalks
- I wish there was a ride service specifically for elders and people with disabilities that was free or inexpensive and had flexible times.
- I think it's important to have someone check in on the elderly that live alone on a regular basis, as many of us have no one.
- Concerned about health insurance. Have called SHINE but no return call.
- Help towns secure accurate communication modes to efficiently communicate with their entire senior populations
- Have applied for Highland Village in Shelburne
- Not at this time, thank you for what you do.
- More crosswalks in town, more park benches for resting while I'm walking, a traffic light at the intersection of Elm and North Main Streets.
- Handyman Help
- Encourage realtors to add accessibility items to the search choices on their lists of available properties (e.g., ramp, 1st floor apartment, stair lift, wheelchair access, bathroom grab bars)
- Not at this time. I am glad that the LifePath agency is available.
- I do drive to CT to care for my grandsons every other week or when needed. I also do have an adult disabled child, for whom I am responsible for all arrangements. She currently resides in a local group home. I have many responsibilities regarding her care and am in communication/visit with her and her caregivers several times/week.
Right now I am happy to be in good health and abilities, as is my husband. I volunteer as a foot care nurse at our local Senior Center, among other volunteer activities.
- Transportation to medical and non-medical appointments (hair, nails)
- While Leyden has an arrangement for on-demand bus service with FRTA, transportation can be an issue. Largely, though, it seems that most seniors in Leyden are fairly self-sufficient. Some are, however, food challenged, and our COA has been grateful to be able to participate in the Food Box program.
- I'm living in a 2 family house and my landlord doesn't ever wear a mask when addressing us. Our upstairs neighbors are actively drinking and drugging and the noise has caused me to lose sleep, trigger my CPTSD to the point where I'm losing weight and always anxious. I can't leave my apartment when they are congregating directly in front of my door, smoking pot and cigarettes, and I have to wait for them to leave before I can exit or enter! Landlord doesn't care.

- This pandemic is just awful for isolation. The social distancing compacted by where I found current affordable housing which is very isolated. Even with a few friends nearby. I would really like to figure out some scheduled safe, in person time with anyone. Walks. Porch visits. Creative possibilities...
- I would like to know if there is help available for the purchase of hearing aids. Mass Rehab paid for them while I was working, but now that I am retired, that is no longer an option.
- More programs for "younger" seniors.
- The food insecurity program, including grab and go meals at lunch is a wonderful program. I am sorry it is not offered 5 days per week in Orange; and sometimes I know the half hour pick up window is a struggle for some consumers. I also think that the Orange Senior Center could do a better job of positive public relations for the grab and go meals to increase participation. Negativity goes a long way in our community. Thank you.
- It would be nice if there were more educational/cultural programs in the area that were close by and didn't require long drives at night
- Greater availability of public transportation; senior communities - to include 55+ housing, assisted living and nursing home. All-inclusive community with grocery store, pharmacy, cleaners, etc.
- Thank you for your outreach efforts. Nice to know needs are being addressed.
- My husband was in construction and fixed everything in the home. Now I have a hard time finding people to fix things, especially smaller project. I wish there was a pool of persons I can contact to help with some of these things, not for free, I am happy to pay but it's hard to find good help.
- Publicize more info or easier search mode. Reduced taxes for over 70 in own homes
- A monthly paper or publication updating any new changes, doctors, staff, warnings
- Main problem is maintaining house and property. Next is trying to find a local handyperson
- We are in good health, very independent.
- Currently have excellent health, independent, have good healthcare thru Reliant, have family + friends to rely on
- have someone to talk to other than seniors here
- computer & internet access
- My son lives with me and takes care of everything. I have help from LifePath and MOW
- my daughter takes care of most of my needs
- need a way to get to the Dr.
- I receive MOW My son and daughter in law help with shopping and household care
- Long-term house sitting agreement (non-legal, non-binding. I need a place to live with a community and meals
- I have to walk a long way to get money because it is not near a bus stop. Bus # 31 goes to Sunderland and downtown Amherst. #33 goes to Big Y and Stop and Shop. #43 goes to Walmart and Whole Foods. I never go anywhere because it takes two buses to go to Stop and Shop, Big Y, Walmart, Pet Shop, or Whole Foods. The buses run infrequently so it can be a long wait in between buses. I am part American Indian. I have a cat and feed the birds. None of my problems is so serious that my independence is in jeopardy.
- With no email or computer - - a call from senior center or town on things that affect the elderly such as handouts or something affecting health or safety.
- update current events in town

ATTACHMENT M: BROCHURE

Information & Caregiver Resource Center (ICRC)

The ICRC is the first stop on the way to your solution. Resource Consultants help you by providing expert advice on available area programs, services, and resources. Tell us your specific needs so we can help you learn about your options.

Volunteer Opportunities

Use your skills and passion to serve our area's elders and persons with disabilities. Meet new people and enjoy new experiences, while giving back to the community. Any number of days or hours that fit your schedule would be of help.

Giving Opportunities

We appreciate the donors who honor our mission in so many ways, from gifts to our annual appeals and community fundraisers to memorials and gifts in honor of loved ones. Planned gifts such as bequests and in-kind donations are needed and valued.



At LifePath, we listen first, and then help each person find the best options for their unique needs. We help elders and persons with disabilities maintain independence and quality of life in their own homes and communities. We help busy caregivers to find relief and help loved ones to choose the right path.

As we have been for over 40 years, we'll be there offering options for independence. We welcome all people regardless of race, physical appearance and ability, sex, age, nationality and ancestry, class, religious and political beliefs, marital status, sexual orientation, and gender identity.

LifePath, a private, non-profit corporation, serves Franklin County plus Athol, Petersham, Phillipston, and Royalston in Worcester County. Additionally, Adult Family Care, Personal Care Attendant, and SHINE serve Hampshire County and parts or all of Hampden County, and Elder Protective Services and Personal Care Attendant serve Berkshire County.

LifePath, Inc., is an Area Agency on Aging and Aging Services Access Point, funded in part by the federal Older Americans Act, Executive Office of Elder Affairs, MassHealth Office of Long-Term Care, United Way of Franklin County, and other sources both public and private. LifePath is operated by a local volunteer Board of Directors, a majority of who are, by law, elders. As an AA/EOE employer, LifePath does not discriminate in program admissions, access, services, or employment practices.

Updated February 2016



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Turners Falls, Massachusetts 01376
info@LifePathMA.org | LifePathMA.org
413-773-5555 | 978-544-2259 | 800-732-4636
TDD 413-772-6566 | Fax 413-772-1084

Elder Protective Services
After Hours: 1-800-922-2275



Support for Elders

You want to remain in the place that you call home. We'll give you options to maintain independence and quality of life.

Our services can help you:

- Understand and choose your care options
- Obtain in-home care and other supports
- Better manage your care with case management assistance
- And more!

"My mother-in-law had a stroke and needed a lot of care. They provided someone to be with her and give her the care she needed—the respect she needed. She was able to stay home because of the care they give."



Support for Caregivers

You care so wholeheartedly and do so much, but sometimes it's hard to do it all. We'll help you find peace of mind.

Our services can help you:

- Take a break from your caregiving duties with support for your loved one
- Learn more about providing care for your loved one as well as yourself
- Find support from other caregivers
- And more!

"You aided my father for a long time, and that helped me. It's so wonderful that you get people to do such a kindness."



Support for People with Disabilities

You need support that meets unique needs. We'll give you information so you can make the best choice.

Our services can help you:

- Live with a caregiver or on your own
- Receive right amount of in-home support for your needs
- Stay in your community
- And more!

"What you and the organization you work for did for me and my son goes far beyond helping someone in need. You gave us hope, like my son said, that things will get better."



Adult Family Care | Benefits Counseling | Caregiver Grants | Case Management | Community Choices | Community Nursing Facility Screening | Congregate Housing: Morgan Allen & Winslow Wentworth Residences | Consumer Directed Care | Dementia Caregiver's Support Group | Dining Centers & Luncheon Clubs | Enhanced Community Options | Elder Protective Services | Family Caregiver Support | Geriatric Support Coordination (Senior Care Options) | The Good Life | Grandparents Raising Grandchildren Support | Healthy Living | Home Care Services | Information & Caregiver Resource Center | Long-Term Care Ombudsman | Long-Term Support Coordination (One Care) | Meals on Wheels | Money Follows the Person | Money Management/Bill Paying | Nursing Facility Discharges | Nutrition Education & Consultation | Options Counseling | Personal Care Attendant | Private Care Management | Rainbow Elders | Respite Services | Rides for Health | Shared Living | SHINE: Serving the Health Insurance Needs of Everyone | Silverline: Directory of Resources | Supportive Housing: Elm Terrace, Highland Village, Squakheag Village, Stoughton Place, & Stratton Manor

ATTACHMENT N: QUALITY ASSURANCE PLAN SUMMARY

LifePath utilizes a Quality Improvement (QI) Plan to support the agency's mission through the process of continuous quality improvement. LifePath commits to evaluate progress and to develop and refine solutions continually. The QI Plan establishes activities, measures, and goals and supplies a formal framework to conduct QI and QA activities throughout the organization. The QI Plan outwardly informs consumers, staff, volunteers, stakeholders, and the greater community of the direction and importance of quality improvement at LifePath.

Description of QI and QA in the Agency

QI Policy

LifePath is committed to promoting a culture of quality by continuously assessing and improving our programs, services and operations. To achieve this culture of quality and continuous improvement, LifePath utilizes an annual Quality Improvement (QI) Plan. The QI Plan identifies agency-wide and program-specific goals, objectives and projects and defines our action steps to meet quality standards. The plan seeks to produce better outcomes, higher consumer and staff satisfaction, and effective interventions and services that positively affect clients, caregivers, stakeholders, and the local community.

Current and Future State of QI in the Agency

Similar to last year, QI/QA is primarily formalized in the Client Services Department. Throughout the last year, significant progress has been made to standardize the tools and requirements for QA/QI in Client Services. Each Client Services program maintains a separate program planning document that describes program goals, developments, and quality measures. At least twice a year program-specific quality meetings are held and a QI Progress Report is used to track QI/QA activities, set timeframes, and assign roles. QI/QA is also active in other LifePath departments but has traditionally been performed less formally

and lacking in measurement rigor. Furthermore, much of the agency's quality work has been dedicated to quality assurance and compliance measurement.

FY2021 has been filled with COVID-19 related projects and initiatives as well as navigating a transition to a fully remote workplace. As a result, many resources had to be redirected to support COVID-related work and some QI related goals and requirements were put on hold.

LifePath QI Goals

LifePath's QI Plan serves as the foundation of our commitment to progress towards our stated goals. The Plan provides guidance and accountability to ensure agency goals are pursued.

FY 2021 Goals:

The Team did not make any specific goals for QI for FY 2021 as all efforts were focused on COVID-related projects and transitioning staff to a fully remote workspace.

Agency QI and QA Roles and Responsibilities

LifePath's Board of Directors is responsible for final approval of the QI Plan. Senior Management and the Quality Manager are responsible for prioritizing and communicating LifePath's QI Policy to all staff. The QI Committee is responsible for documenting the QI vision and goals in the QI Plan; selecting, implementing and monitoring formal quality improvement projects; and overseeing the continuous quality improvement activities throughout the agency. Program Directors and Supervisors conduct ongoing quality assurance/improvement related to their program(s). All interested staff are encouraged to participate in the agency-wide quality improvement initiatives throughout the year.

The QI Plan is presented to all staff annually. The Board of Directors is apprised on the progress of the QI Plan throughout the year.

LifePath's QI Committee is comprised of:

- All Senior Management (Executive Director, Director of Client Services, Director of Community Services, Fiscal Director, Human Resources Director)
- The Quality Assurance & Contracts Manager
- The Associate Director of Client Services
- The Associate Director of Operations

The QI Committee strives to meet once a month. The Committee focuses on evaluating the progress of the QI Plan, reviewing, selecting, and implementing agency QI Projects, and determining methods/projects to reach agency goals. Meeting minutes are taken and distributed to the Committee and other staff as needed.

QI Process

All of LifePath's programs are committed to providing quality services. Each program's approach to the quality improvement process varies based on programmatic regulations, requirements, and standards. Every program has a quality process in place, but the formality and structure of each varies. Standardization has occurred in the Client Services Programs. Program Directors, with support from the Department Directors, manage their program's QA/QI activities and participate in agency-wide initiatives when applicable.

Approved QI tools are utilized in agency-wide QI projects and in programs where the QI process is formalized. See included QI techniques and tools that were used for the annual QI Project.

Creating the QI Plan

LifePath's QI Plan is created, monitored, and updated by the QI Committee annually. LifePath's Board of Directors approves the QI Plan annually.

Monitoring and Evaluating the QI Plan

The QI Committee is responsible for monitoring the QI Plan's progress. Changes or updates may be made to the plan throughout the year as projects are completed, new initiatives formed, and lessons learned.

An important part of the process of building each year's QI Plan is an evaluation of the progress and effectiveness of the current year's plan.

Annual QI Projects

Annual Evaluations QI Project

This project began in FY 2021 and will continue into FY 2022.

QI Capacity Building Project

This is a carryover project from FY2020 and no progress has been made on this due to COVID.

Staff Satisfaction Survey

LifePath conducted its second annual Staff Satisfaction Survey in August 2020. The Quality Assurance & Contracts Manager proposed changes to the survey structure and length that would create a better fit for a standardized annual survey moving forward. The QI Team voted and the survey was modified for long-term use. Some questions were modified and several that were redundant were eliminated to shorten the survey. However, we were able to maintain most of the same questions and therefore able to compare results from last year's survey and begin the process of identifying trends.

The survey was distributed in the same manner as last year, with an outside QI Consultant administering the survey and compiling results to display LifePath's commitment to staff confidentiality and anonymity. Results from the survey were shared with the Quality Assurance & Contracts Manager and Senior

Management, which were then summarized and shared with all staff. The QI Committee utilizes the survey findings to assist in determining future QI Projects as well as any small actionable changes.

Individual programs with QI goals

- Money Management
- Home Care
- Clinical Assessment and Eligibility/Comprehensive Screening and Service Model Program (CAE/CSSM)

ATTACHMENT O: EMERGENCY PREPAREDNESS SUMMARY

LifePath is committed to planning for emergencies to ensure the best possible outcomes for consumers, staff, volunteers, and program operations. It maintains these tools for emergency preparedness.

- Emergency Preparedness Plan, which outlines how we will assist consumers in case of emergency
- Continuity of Operations Plan (COOP), which outlines how we will continue to operate as a business in case of emergency

In addition, we participate in the following emergency preparedness groups.

- Communities Active in Disasters Plan (COAD), a tool that allows us to communicate and plan with other service organizations to meet emergency needs caused by local disasters
- Pioneer Valley Aging and Disability Resource Consortium (PVADRC), in which multiple organizations commit to providing “mutual aid and assistance” to each other, in the interest of assuring the well-being and safety of consumers, for the purpose of: (1) recognizing, responding to and recovering from an emergency situation, (2) ensuring the continuation of essential PVADRC functions in each of their service areas, (3) protecting the employees, property, assets, systems and infrastructure of their respective agencies.