



Highland Valley
ELDER SERVICES

Area Agency on Aging Plan FFY 2018-2021

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Plan Narrative

Executive Summary:

Highland Valley Elder Services, Inc. (HVES), a designated Aging Service Access Point (ASAP) and an Area Agency on Aging (AAA) was incorporated in 1975 as a private, nonprofit 501(c) (3) organization. Since the start, the agency was established to plan, coordinate and provide information, resources and services to older adults, caregivers and family members in 24 towns, representing Hampshire and Hampden counties in Western Massachusetts. Highland Valley's service area includes the following cities and towns: Amherst, Blandford Chester, Chesterfield, Cummington, Easthampton, Goshen, Granville, Hadley, Huntington, Middlefield, Montgomery, Northampton, Pelham, Plainfield, Russell, Southampton, Southwick, Tolland, Westfield, Westhampton, Williamsburg and Worthington. (See page 2 for a map of the HVES Planning and Service Area).

Highland Valley Elder Services delivers programs and services directly related to our agencies mission: "*Highland Valley Elder Services serves older adults and their families through collaboration, education, advocacy and range of programs designed to support them where they live*".

Our services include:

- Information & Referral
- Benefits Counseling & Application Assistance Program
- Care Advisement/Management Services
- Homemaker/Personal Care Services
- Chore Services
- Home Health services
- Respite Services
- Home Delivered Meals
- Personal Emergency Response Service
- Adult Day programs
- Protective Services
- Money Management Program
- Ombudsman Services
- Clinical Assessment & Eligibility
- Comprehensive Screening & Service Model
- Options Counseling
- Family Caregiver Program
- Supportive Housing Options
- Community Dining Centers

(See Attachment I for explanation of each service)

Highland Valley Elder Services is a longtime regional leader in the provision of long-term community services for seniors, caregivers and adults with disabilities, especially those that reside in the community. Highland Valley promotes the development of comprehensive and coordinated community-based long-term care systems to serve older and disabled persons as well

as family caregivers. Highland Valley, along with Lifepath, Inc., Greater Springfield Senior Services, Inc. (GSSSI), WestMass Elder Care (WMEC) are part of the Pioneer Valley Aging and Disability Resource Consortium (PVADRC). More recently the group added Elder Services of Berkshire County (ASAP), Stavros (ILC), Adlib (ILC), and Behavioral Health Network to become a Long Term Service and Support provider for the Western-Mass region. The group is called the Care Alliance of Western Mass (CAWM).

HVES continues, to expand our efforts to understand, identify and offer resources and services to consumers under age 60 with disabilities. The 2018-2021 Area Agency on Aging Plan is a component of the network through which the Executive Office of Elder Affairs (EOEA) developed the Massachusetts State Plan on Aging, 2018-2021 for submission to the U.S. Administration for Community Living (ACL). The Area Plan will provide information on how Highland Valley will accomplish work on specific goals and objectives that correspond to the guidelines set forth by the U.S. Administration for Community Living (ACL) and Massachusetts Executive Office of Elder Affairs (EOEA).

The Older Americans Act (OAA), originally enacted in 1965, supports a range of crucial home and community-based services, such as Meals-On-Wheels and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention and caregiver support. These programs help seniors stay as independent as possible, frequently extending their ability to remain independent in their homes and communities. Since OAA services help seniors avoid or prolong their ability to remain in less acute settings, hospitalizations and nursing home care they save significant federal and state funds. The original OAA established the Administration on Aging (AoA) and the aging services network that provides essential home and community-based supportive services. AoA is now part of the Administration for Community Living (ACL) within the Department of Health and Human Services (DHHS)¹. Under Title III of the Older Americans Act, AAA funding supports grants and direct services under the categories listed below:

- **Supportive Services (Title III-B)** - allocates funds for legal assistance, enhanced service access and a variety of in-home services.
- **Nutrition and Meal Services (Title III-C)** - to include home delivered meals and community dining meals provided to senior centers and other organizations serving elders. Meals are also available to disabled individuals under 60 years old residing in housing facilities, which host a meals program.
- **Disease prevention and Health Promotion (Title III-D)** – the delivery of evidenced-based healthy aging programs are designed to assist older persons to be empowered, to participate in their own well-being and care of their own health.
- **Family Caregiver Support Program (Title III-E)** – programs assisting family caregivers of older persons and grandparents who are the primary caregiver of children 18 years and younger. Services include a free consultation visit, resources/services and recommendations on caregiver strategies, individual training to provide support and skills regarding important decision-making, respite care to provide temporary relief of day-to-day care, and supplemental services to provide funds to caregivers for emergency needs, medical equipment, and other assistance.

¹ Correspondence from the National Committee to Preserve Social Security and Medicare, www.ncpssm.org, Government Relations and Policy, April 2016

Title III Funding- Highland Valley funds, coordinates, and delivers programs and service options in its designated 24 cities and towns. All funded programs and services are reviewed and monitored to ensure they meet goals and objectives identified. An Advisory Council, comprised of individuals representing the HVES service area and members of the agency's board of directors comprises the advisory council and forward all grant nominations to the agency board for approval. Each member provides guidance and is integrally involved with the Request for Proposal (RFP) process. Each member reviews, evaluates, and scores program applications.

The Agency Plan is based on data collected through HVES participation in the EOEA Statewide Needs Assessment. Gathering input from the communities we service is essential to ensure HVES is working to provide the most needed services. The intent of the Needs Assessment is to focus attention on identifying and addressing the needs of persons 60 and over as well as their caregivers. Additional details regarding the needs assessment are outline in the context of the area plan.

Highland Valley Elder Services (HVES) engages in an ongoing partnership with the Executive Office of Elder Affairs (EOEA) and all statewide Area Agency on Aging's (AAA) to promote independence, empowerment, and well-being for the benefit of older adults, individuals with disabilities, and caregivers in our Commonwealth. Specifically, HVES consumers commonly reside in a combination of small Western MA cities and rural/small towns, comprising 24 unique communities. Engagement activities such as surveys and listening sessions revealed consumers are most commonly challenged by financial challenges. The challenges include general financial insecurities, transportation, food access/cost, and the lack of easily accessible general supports for themselves and their caregivers.

Highland Valley works closely with our communities to identify and develop programs to meet the needs of elders, individuals with disabilities, and caregivers who reside in Hampshire and Hampden counties. Ongoing collaborators include local councils on aging, other ASAP's/AAA's, health care providers, social service organizations, and private sector businesses. HVES has seen significant growth in the number of seniors seeking services throughout the last planning period. One important agency goal is to provide the experience, knowledge, and resources to best meet the needs of area elders so they may maintain the quality of life they deserve and desire. This Area Plan will be Highland Valley's guide to meeting the communicated challenges of area elders for the next four years. Highlighted below are some of the components of the plan:

- HVES core services will continue to be managed for program efficiency and growth.
- HVES will use available Title III-C funds to provide nutritious meals for homebound elders and meals to our community dining sites which promote social interaction. One HVES goal is to offer an alternative meal choice five days a week in all community dining locations. A future goal is to offer a breakfast or supper club in collaboration with a local COA for the LGBT community.
- HVES will use available Title III-B funds to award transportation grants to help area consumers with the continuing challenges regarding transportation.
- HVES will assist elders and disabled individuals dealing with chronic health conditions by utilizing Title III-D funds to enable the provision of evidenced based-healthy aging programs.

- HVES will use available Title III-E funds to award grants for caregiver support groups in order to provide support and resources to families and caregivers.

Context:

Most of Highland Valley's programs are provided under a contract with the Massachusetts Executive Office of Elder Affairs (EOEA), as an Aging Services Access Point (ASAP). Programs primarily provide services to frail, low-income elders in 24 towns in Hampshire and Hampden counties, who meet financial and clinical eligibility. Additional funding is provided through a contract with EOEA, which designates Highland Valley as an Area Agency on Aging (AAA).

Home Care Resource Program is responsible for information and referral components of the agency. Four employees serve as the agency's Resource Specialists, responding to all requests for information and service initiation. The department is responsible for all intakes into Home Care, Senior Care Organizations (SCO), One Care, Nutrition Services, and Money Management. The agency utilizes databases, including 800AGEINFO, and paper resources, to best inform responses to inquiries regarding local, statewide and national resources and services. In addition, the department provides Options Counseling and Benefits Counseling Application Assistance (BCAP) services.

Nutrition Program provides daily cooked and prepared nutritious meals, prepared in an agency kitchen located in Northampton MA. Meals are served in 11 community-dining sites spread across the agency's service area. Given a challenging geography such as approximately 600 square miles, some community-dining sites do not operate daily. Although most home delivered meal consumers receive meal delivery on a daily basis, some have frozen meals, which are delivered once a week to help with the challenges of transportation to rural areas. The Nutrition Director and a Nutritionist extensively prepare a monthly menu to meet all RDA and EOEA requirements. Diabetic meals are available in addition to our regular meal. The menu is specifically designed to maximize USDA Commodity food products available to the agency. During FY16', over 136,000 meals were provided. Local farms are utilized to offer fresh fruits and vegetables as essential ingredients into the menu planning and for composition of the brown bag (farm share) distribution. The program is informed and reviewed by the Nutrition Project Council which meets regularly, offering feedback regarding the meals received.

Family Caregiving Program offers family caregiving counseling to self-identified caregivers or via staff or collaborating professional referrals. The program is an important resource and each year provides service to approximately 100 referrals. Caregivers are community-based or are known caregivers who are connected to Home Care and Protective Service consumers receiving services. In addition, designated monies for family caregiving awards (one-time awards of \$500 for caregivers to use for respite services or supplemental supports) are available.

Evidenced-Based Healthy Aging Programs-Highland Valley has been involved with the Healthy Aging Programs since its introduction in Massachusetts through Elder Services of Merrimack Valley. Highland Valley has Master Trainer, Leader volunteers and employees who conduct workshops for Chronic Disease Self-Management Program (CDSMP), Chronic Pain, Diabetes, Cancer: Thriving & Surviving, and (new in 2017), A Matter of Balance. From October 1, 2016- September 2017, eight workshops were completed. A goal to hold 10-12 workshops in FY18 should be accomplished. During the past two years, HVES has worked collaboratively with two Outreach Workers at the Hilltown Health Centers (Worthington and Huntington). The Hilltown (An area describing many of our rural towns abutting the Berkshires) agency's collaboration has increased the knowledge of the programs to meet specific needs and enhanced referrals.

Participant-Directed/Person Centered Planning-Highland Valley has long been a supporter of consumer directed and person centered planning initiative and philosophy. HVES continues to offer consumer directed services for consumers in our home care program. This model supports and empowers consumers to choose the specifics of whom, how, and where services are delivered. The consumer directed model is popular with immigrant consumers and consumers who reside in rural areas, especially those who face challenges and difficulties in accessing vendor services.

Person-centered planning is at the heart of service planning for all program areas, with the elder at the heart of the discussion. Whether it is a home care consumer, a consumer in a nursing facility, or a consumer in a hospital setting, all consumers may access this planning approach. By keeping the elder as the primary focus of service planning, it will result in the elder receiving the services she/he needs, in the setting of his/her preference, and thus promoting well-being and ultimately increased quality of life.

Elder Justice-Protective Services remains committed to the practice of ensuring the rights of elders are protected. Protective Service Workers (PSW) are in the community on a daily basis. PSWs are trained to identify issues regarding safety in the home, self-neglect, caregiver neglect, financial exploitation, physical and emotional abuse and legal issues. PSWs are mandated reporters and are trained each year regarding their responsibility. PSWs inform consumers to help improve their quality of life. Additionally, PSWs are available to assist consumers as they make self-determined choices on what form of resources, assistance, or care they may benefit from or need.

Highland Valley continues to support the local Hoarding Task Force. The Hoarding Task Force is comprised of community partners who meet regularly to discuss models of care to assist consumers with hoarding challenges. All work is completely individualized with each consumer to promote improvement in safety and health. The task force periodically offers workshops for community partners to educate human service organizations on hoarding identification and care.

The **Money Management Program** provides support and oversight to consumers, most of which are identified through the PS program for money management services. The program provides support and education to HVES staff and Money

Management volunteers to provide proper training, beginning with understanding a consumer's capacity to manage their finances. The department is familiar with fraud and other financial exploitation methods. Community education occurs to educate and update community partners/mandated reporters.

Highland Valley is pleased to continue to provide a state designated **Long-Term Care Ombudsman Program** that supports eleven long-term care facilities. Volunteers are the essential component of this program with only one paid employee to direct its functioning. Certified ombudsman volunteers work with residents and their families to help ensure the highest quality of life for residents. Ombudsman volunteers visit facilities regularly to visit, advocate and advise residents of their rights and to investigate any complaints or concerns regarding care.

For many years, Highland Valley has supported the **Community Legal Aid (CLA) Elder Law Project**, which offers access to free legal service and support to low-income elders who do not have access to paid legal services. Highland Valley Information & Referral Specialists, Care Advisors, and Protective Service Workers make referrals as necessary. This service is essential and an invaluable community resource. CLA is invited yearly to conduct in-services for staff and community partners to educate them on the basic tenets of elder law and ongoing changes in applicable law.

The Administration for Community Living (ACL) encourages Area Agencies on Aging to address focus areas as part of the plans efforts. The focus areas set forth for FFY 2018-2021 are:

- Older Americans Act Core Programs
- Participant-Directed/Person-Centered Planning
- Elder Justice

Highland Valley Elder Services is following the guidelines set by the ACL and EOEA to focus on areas with populations targeted in the Older Americans Act and Title III services. Under the Massachusetts Title III program, funding formulas target older individuals with the greatest economic need and older individuals with the greatest social need, with attention on low-income individuals and those living in rural areas. The populations identified:

- Living Alone (Isolated) Elders
- Low Income Elders
- Minority Elder Populations
- Native American Populations (where relevant)
- Rural Elder Populations (where relevant)
- Socially Isolated Populations (including limited English proficient elders)
- LGBT Elders

Highland Valley Elders Services Needs Assessment Project:

In preparation for the development of the 2018-2021 Area Agency on Aging Plan, Highland Valley Elder Service, Inc. took part in a Statewide Needs Assessment that provided input from all 23 of the Area Agency on Aging's (AAA). The intent of the HVES Needs Assessment is to focus attention on identifying and addressing the needs of people 60 and older and their caregivers, who reside in the 24 towns in Highland Valley's service area. The Needs Assessment is an important tool in the development of the agencies area plan and the agencies goals and informs agency strategic plans.

In late fall of 2016, HVES conducted nine needs assessment activities. The Needs Assessment is conducted every four years as part of Highland Valley Elder Services Area Agency on Aging (AAA) plan. The activity will gather information to help develop programs and services to meet elder needs.

Three of the needs assessment activities were conducted as large group meetings at the centrally located Easthampton Safety Complex, a Health Fair held at Stanton Hall in Huntington and an Intergenerational Community Fair held at New Hingham Elementary School in Chesterfield. Participants were asked to complete a survey and provide additional comments.

Two needs assessment activities were conducted during small public gatherings, one at the Easthampton Council on Aging dining center and the second at the Northampton Council on Aging during a LGBT Men's Support Group meeting. Participants were asked to complete a survey. Four different individuals spoke about the following challenges regarding attitudes towards LGBT individuals. 1) Talking to medical professionals who are LGBT friendly 2) Difficulties with Medicare and MassHealth issues 3) Living on a limited fixed income 4) Reductions in SNAP benefits: not enough money distributed to meet the needs.

Two needs assessment activities were conducted by email. Surveys were sent to caregivers through the Amherst COA, United Arc, Jewish Family Services, and UMASS Family Services. The second email was sent to LGBT professionals and elders.

The last two activities were survey's distributed to Highland Valley staff and to all home delivered meals consumers.

Reported data collected (see Attachment V-2017 Needs Assessment) showed the five top challenges in order of priority: 1) financial insecurities 2) transportation 3) escalating food costs 4) affordable housing and 5) caregiver support.

In the Needs Assessment conducted in 2014, transportation was identified as an area of concern. In the Highland Valley service area there is access to transportation through the Pioneer Valley Transit Authority (PVRTA) and Franklin Regional Transit Authority (FRTA) but can be limited and sporadic. Elders have stated navigating the systems for arranging transportation is confusing. Through the Title III-B funding, HVES goal is to help fund programs that will alleviate some of the transportation needs.

Regarding escalating food costs, Highland Valley provides home delivered meals to eligible elders in our 24 communities; we offer meals at eleven community dining centers throughout the designated service area; resources to local food banks and food distribution sites; ‘farmers’ market coupons’ and fresh produce bags. All of the resources Highland Valley provides help reduce food costs for elders but do not fully satisfy the overall need.

Regarding financial insecurities, Highland Valley provides an array of services including Options Counseling to assist individuals to make informed choices about services and resources that will facilitate their independence in the setting of their choice. Benefits Counseling and Application Assistance (BCAP) is funded by a grant through the Massachusetts Association of Councils on Aging (MCOA) under a contract with the Massachusetts Executive Office of Elder Affairs (EOEA). The program helps with applications for SNAP, fuel assistance, utility discounts and tax relief. The program helps to provide information about weatherization, home repair, home modifications, legal aid and veterans’ services. These programs can help elders find services at affordable costs.

Goals, Objectives, and Strategies:

Focus Area 1 – Older Americans Act Core Programs

The Massachusetts Executive Office of Elder Affairs identified three major focus areas to be addressed through 2018-2021 Area Planning Process.

- 1. Older Americans Act Core Programs-** Core programs under the Older Americans Act, Title III Nutrition Services, Supportive Services (to include Information and Referral, Options Counseling, Transportation, and Legal Services) Disease Prevention/Health Promotion and Caregiver Programs. Under the Title VII includes Long Term Care Ombudsman and Elder Rights/Protective Services Program. All of these programs are a vital need in helping consumers to maintain independence, while being able to remain at home.

Goal # 1: HVES will provide ongoing home and community dining meals, to include specialty meals, towards the provision of a third of the recommended daily intake (RDI) per the Executive Office of Elder Affairs.

Nutrition Overview:

- The Nutrition Program at Highland Valley Elder Services has received recognition for maintaining its own commercial kitchen; this is further enhanced by the utilization of USDA Commodity foods. During FFY16, over 136,000 meals were provided during the year. Approximately 100,000 of those meals were delivered to the homes of our consumers who were unable to have a meal prepared otherwise. Eleven community-dining sites provide meals throughout our geographic region, providing 38,000 meals last fiscal year.

Objectives

- HVES will encourage consumers to attend community-dining sites to encourage socialization while minimizing costs.
- Increase access to food via adding more delivery days and community-dining locations within our service area.
- Provide a pilot to offer alternative meal choices at all community-dining sites, with the plan to always offer a second choice meal option.
- Enhance a participant directed model for dining sites by improving volunteer engagement and empowerment.
- Increase internal referrals to dining sites.
- Enhance meal offerings to specialized populations such as LGBTQ consumers. The agency's home delivered meal van will be used for outreach to this population by participating in a local Northampton *NoHo Pride Parade*.
- HVES will continue to collaborate with local COA's and human service agencies to make strides towards increased transportation, especially in rural areas, furthering transportation for consumers to attend community-dining sites.

Strategies:

- Increase nutrition education by Nutritionist at community-dining sites.
- Purchase an alternative mapping program to manage home delivered meal routes.
- Increase our volunteer support throughout the Nutrition Program, especially for meal delivery, via HVES Volunteer Connections initiative.
- Provide a breakfast or supper club in collaboration with the Northampton Council on Aging, for the elder LGBTQ community. Provide a safe place to network with their peers and receive information/resources provided by the Northampton Council on Aging and Highland Valley Elder Services.
- Offer an alternative meal option daily for community-dining consumers.

Goal # 2-Highland Valley Elder Services will provide appropriate referral services, resources, and programming to ensure elders, family members, and caregivers have access to core services.

Objectives:

- Calls responded to within a 24-hour period.
- Staff utilize database resources, paper resources, and online resources to prepare a comprehensive response to consumer inquiries. Trained staff assist consumers with the available resources to fit their current needs.
- Databases are updated regularly to ensure current and accurate information is disseminated to callers.
- Information regarding resources and services are shared with the community at community events, health fairs and other community forums.
- Referrals are made to consumers aged 60 and over to programs such as Benefits Counseling, SHINE, and Options Counseling, to assist with many of the top concerns that elders have reported in the Needs Assessment Project.
- Aging and Disability Resource Consortium (ADRC) appropriate resources will be incorporated into the department.

Strategies:

- Monitoring of live calls for quality assurance.
- CIRS-To have all department staff members trained and certified.
- Consumer Satisfaction Surveys routinely issued to monitor quality.
- Ongoing collaboration with community resources and partners.

Goal # 3: Highland Valley Elder Services, through the Title III grant funding, will provide one-on-one consultation assistance/counseling to family caregivers to provide caregiving resources and support.

Objectives:

- Caregiver Specialist will assist family caregivers and offer resource assistance.
- Home Care Resource Department will maintain an array of resource information to share with family caregivers.
- Maintain an employee trained, as a co-leader for Powerful Tools for Caregivers.
- Continue to support dementia support groups run by community partners. This year, Highland Valley Elder services received the Ortho-McNeil-Janssen Dementia Grant. One initiative associated with the grant, was the purchase of the “Alive Inside” DVD and “Alive Inside” all-in-one MP3 players with headphones. Highland Valley delivered 100 DVD’s and MP3 players to our Home Care consumers and/or families/caregivers. Highland Valley also delivered DVD’s and MP3 players to all Councils on Aging and Nursing facilities for them to show to families, caregivers and staff in the community.
- Title III grants currently fund two caregiver support groups and two grandparent support groups.

Strategies:

- HVES will offer Title III-E funding awards to assist family caregivers with respite costs and supplemental services.
- HVES will continue to support community partners with Title III grant funding.

Goal #4: Highland Valley Elder Services through the Title III grant funding, will work with community partners to support and fund transportation services in an effort to maintain the independence of elders.

Transportation Overview:

- Transportation continues to be a challenge as a result of the 2017 Needs Assessment project. In the fall of 2014, the Massachusetts Health Aging Community Data Profile revealed nineteen of our twenty-four towns are car-dependent, two communities are somewhat walk-able, and three are very walk-able communities. Access to transportation to assist with medical appointments, grocery shopping, and errands are virtually non-existent in most of our communities. COA van service is limited, as is access to Franklin Regional Transit Authority (FRTA) or Pioneer Valley Transit Authority (PVTA) transportation service options.

Objectives:

- Provide transportation awards through the Title III funding.
- Facilitate conversations regarding transportation initiative.
- Participate in statewide Regional Council for Pioneer Valley and the Northern Hilltown transportation initiative.
- Work in collaboration with Massachusetts Association of Councils on Aging (MCOA) rural components to discuss and promote community options.
- Participate in other opportunities to work to promote and improve transportation options.

Strategies:

- HVES will Identify transportation options for consumers who need emergency services and/same day services.
- HVES will identify transportation options for consumers who need access to grocery shopping and prescription drug delivery.
- HVES will identify transportation options for consumers who cannot use a van or need an aide to accompany them.
- HVES will identify ways to address needs that require cross-town travel to hospitals and doctors.

Goal # 5: Highland Valley Elder Services will continue to support the Ombudsman Program in long-term care facilities to ensure consumers guaranteed rights; benefits and entitlements are in place so consumers can enjoy the highest quality of life**Objectives:**

- Recognizing that residents in long-term care facilities may feel isolated and encourage participation in-group activities.
- Ombudsman volunteers assist long-term care residents with access to community activities.
- Ombudsman will attend resident council meetings and individual care and discharge planning meetings to advocate for the needs and rights of each resident.
- Ombudsman Director offers mediation when families, staff, and residents are in disagreement about care.

Strategies:

- Increase Volunteer Education/Development through workshops.
- Increasing Medicare Law monitoring to improve services for residents.
- Increase education for staff in facilities working with residents from diverse populations.
- Maintain adequate volunteer ombudsman to cover all facilities.

Goal # 6: Highland Valley Elder Services will continue to fund via Title III, Evidenced Based Healthy Aging programs, which promote the health, well-being and quality of life for seniors.

Objectives:

- Continue to identify and expand opportunities for workshops for Chronic Disease-Self Management, Chronic Pain, Diabetes, Cancer: Thriving and Surviving and A Matter of Balance.
- Begin work with medical practices and Councils on Aging to establish a relationship for referrals for workshop series.
- Continue to support the Western Mass Healthy Aging Consortium by hosting workshop series and providing books and materials to expand healthy aging projects.
- Support current Leaders and Master Trainers, offering the opportunity to attend training's each year offered by the Healthy Living Center for Excellence to maintain certification. Encourage leaders to be cross trained in other healthy aging programs.
- Work to develop and ensure increased resources and opportunities for consumers with depression, substance abuse and other behavioral issues to receive appropriate assessment and screening. Continue providing educational opportunities for staff to understand challenges and options available.
- Partner with DMH, DPH, DDS, Carson Center, Service Net, Veteran's Administration and other behavioral and mental health partners to understand available resources and offer cross training.

Strategies:

- Work with Cooley Dickinson Hospital/VNA, Noble Hospital, Valley Medical, Rehab facilities, and Councils on Aging to promote and make referrals to the "A Matter of Balance" program.
- Work to develop and ensure increased resources and opportunities for consumers with depression, substance abuse and other behavioral issues to receive appropriate assessment and screening. Continue providing educational opportunities for staff to understand challenges and options available.

Focus Area 2 – Participant-Directed/Person Centered Planning

Goal #1- Highland Valley Elder Services will continue to offer consumer directed services, to empower, to make informed decisions regarding services, and to support needs of maintaining independence and safety at home.

Objectives:

- Highland Valley Home Care Department provides consumer directed in-home services to eligible seniors who live alone, in rural areas, are frail and isolated seniors who are in the LGBTQ community.

- Encourage and support consumers to consider personal preferences regarding service provision and care planning decisions. The elder is entitled to choose how and where care and services are delivered.
- Highland Valley provides Option Counseling to assist elders and their families to make informed decisions regarding services and living arrangements that best meet their long- term care needs.
- Highland Valley Family Caregiver Program provides support to family caregivers with a one on one counseling session to provide resources and financial assistance to provide relief in their day-to-day approach of the difficulties of caregiving.
- Highland Valley will provide training to educate staff in areas of dementia training and supporting the needs of the LGBTQ community.

Strategies:

- Highland Valley will continue to promote and embrace the Participant-Directed/Person-Centered planning for all program areas, with the elder at the center of the discussion, whether it is a home care consumer or a consumer in a nursing facility or hospital setting.
- Primary focus will continue to be on the elder, ensuring the service planning will result in the elder receiving the services she/he needs, in the setting of their preference.
- Provide regular staff training's to insure staff understand the Participant Directed/Person-Centered model and to include training regarding the isolated elders within the LGBTQ community.

Focus Area 3– Elder Justice

Goal # 1- Highland Valley Elder Services will ensure elders in our communities can live free from the risk of physical and emotional abuse, financial exploitation, self-neglect and neglect.

Elder Justice Overview

- Highland Valley Elder Services will continue to support the Community Legal Aid (CLA) that offers access to free legal service and support to low-income elders who do not have access to the legal system. Each year, CLA provides approximately 50 new case consultations and is involved with 45 elder consumers. CLA conducts yearly in-services to staff and community partners to educate on the basic tenets of elder law and changes in the law.

Objectives:

- Money Management Program has an Advisory Council that is comprised of community representatives from local banking institutions, the Northwest District Attorney Office of Consumer Protection and the Board of Directors.

The program provides support and education to HVES staff and Money Management volunteers to understand consumer's capacity to manage their accounts.

- Money Management Program continues to exceed the statewide-identified targeted number of consumers as budgeted by the state program. Enrollment at this time is 45 demonstrating the need for the MMP in our communities.
- Through grant funding, we hired a 15 hour per week Account Coordinator to assist the MMP Director.
- Conduct community training's on financial literacy to encourage consumers to have a greater understanding regarding their financial situation and decrease need for Money Management oversight.

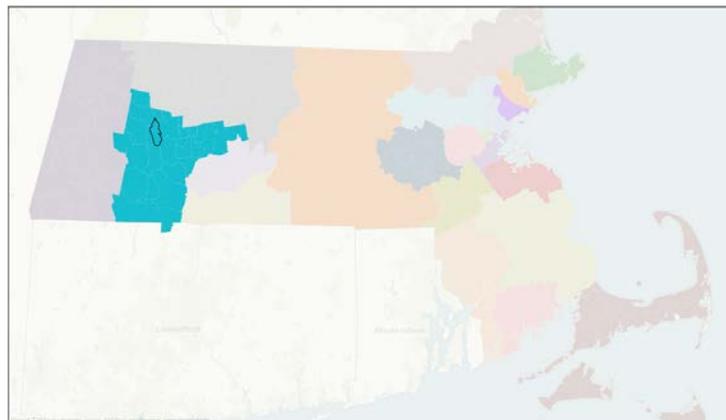
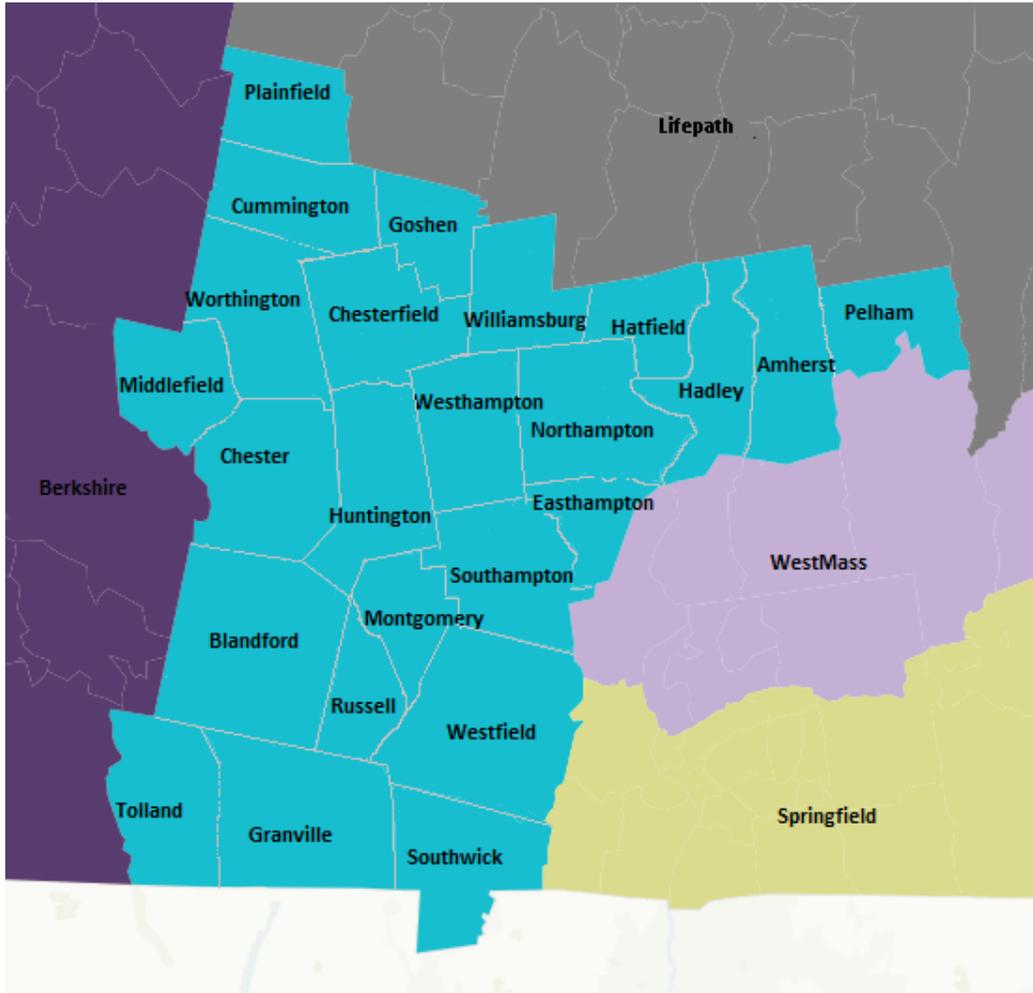
Strategies:

- Hold periodic meetings with nursing facility staff, partners and Highland Valley Elder Services staff to ensure open communication and education is in place.
- Fund and refer consumers for legal services to Community Legal Aid, especially to consumers at risk or in need.
- Obtain grant funding to continue the part-time position of Account Coordinator and to hire an Account Clerk to pay representative payee bills.
- To offer a three-part financial literacy course in our communities. The focus will be on Hilltown communities.

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Attachment A: Area Agency on Aging Assurances and Affirmation

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

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

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

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

(C) legal assistance;

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

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

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

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

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

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:

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

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

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

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

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

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

(6) Each area agency on 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.

(Area Agency on Aging)

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

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

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

Attachment B: Area Agency on Aging Information Requirements

Area Agencies on Aging must provide responses, for the Area Plan on Aging period (2018-2021), in support of each Older Americans Act citation as listed below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.

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

Describe the 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;

(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;

HVES provides appropriate referral services, resources and programming to ensure elders, family members and caregivers have access to core services.

Consumers in nursing facilities and contemplating discharge back into the community are eligible for Options Counseling and Comprehensive Screening and Service Model (CSSM) support by HVES staff.

Service packages and care plans through the State Home Care Program include Enhanced Community Options Program (ECOP) and CHOICES Programs can provide additional services to consumers eligible for long-term care. These programs allow the consumer to remain in the community.

Highland Valley Elder Services continues to support the Ombudsman Program in long-term care facilities. The program ensures consumers receive guaranteed rights, benefits and entitlements are in place.

Highland Valley Elder Services remains committed to the practice of ensuring the rights of elders are protected. Protective Service Workers (PSWs) investigate allegations of physical abuse, emotional abuse, and financial exploitation, self-neglect and neglect. The Protective Service department focuses their efforts on creating service plans to address whatever risks the elder is found to be at throughout the course of the investigation.

Highland Valley Elder Services, through the Title III grant funding, continue to work with community partners to support and fund transportation services in an effort to maintain the independence of elders.

HVES provides appropriate referral services, resources and programming to ensure elders, family members and caregivers have access to core services. Through Title III-E

funding, HVES provides funding to community partners who provide caregiver support groups at Amherst COA & Jewish Family Services. In the past years, HVES has provided funding to The United Arc and UMASS Family Resource Office to establish grandparent support groups.

HVES continues to support Casa Latina, the only Latino organization in Hampshire County. Casa Latinas mission is to provide self-sufficiency and a sense of community among the local Latinos. HVES has funded Casa Latina for several years; their services are integral to Title III programming. Highland Valley coordinates with Casa Latina monthly for the translation of the menu for our Nutrition Program. The translated menus are distributed to home delivered meal consumers and to community dining sites for Latino speaking consumers. The menu is available on the HVES website. In addition, we have a Spanish speaking Home Care Resource Specialist (HCRS) to support interpretation and translation needs.

HVES works collaboratively with Ascentria, which provides weekly services to Russian/Ukrainian residents at Washington House, a supportive housing site in Westfield MA. An employee from Ascentria is available to assist with interpretation and translation services. In addition, the Ascentria employee translates menus and other materials needed by HVES staff.

HVES will work to improve outreach to our rural communities. To enhance access and services to support their abilities to remain safely in the community of their choice.

HVES continues to provide outreach services by continuing the Healthy Aging workshops in the Hilltown communities. HVES conducts workshops for Chronic Disease Self-Management, Chronic Pain, Diabetes, Cancer: Thriving & Surviving and A Matter of Balance.

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;

HVES has a relationship with Stavros Center for Independent Living. HVES has a contract with Stavros to provide fiscal intermediary services for our Consumer Directed consumers in our Home Care Program. Stavros is also a member of the Pioneer Valley Aging and Disability Resource Consortium (PVADRC). We work closely with Stavros on PCA cases that have a home care component in their service package. The home care component is essential and enables consumers to maintain their waiver status. In these instances, staff participate in joint case conferences, review service planning, home visits

are conducted to ensure consumer's needs are being met, there is no duplication of services and communication is occurring to support the consumer.

In April 2011, HVES developed a Memorandum of Understanding (MOU) with Lifepath, Greater Springfield Senior Services (GSSSI), and WestMass Elder Care (WMEC), to formalize the PVADRC partnership. More recently the group added Elder Services of Berkshire County (ASAP), Stavros (ILC), Adlib (ILC), and Behavioral Health Network. This partnership has proven to be valuable as we work together to identify and address the needs of consumers under age 60. Staff meet on a quarterly basis to ensure that work across the continuum is efficient and effective.

Over the past year, HVES has seen an increase in growth of referrals to the following programs: Choices/Waiver-105, ECOP/NW-118, Home Care Basic/NW& W-419, Respite/Over Income-48, Senior Care Organization (SCO)-Commonwealth care Alliance 176, SCO-Fallon Navicare-47, SCO-Senior Whole Health-4, SCO-Tufts-8, One Care-Commonwealth Care Alliance (CCA)-29, and LOC-Shared-PACE-9 for the Elderly (PACE)-9.

HVES will continue to support residents in long-term care facilities through the work of the Ombudsman program. HVES will support residents who wish to leave long-term care facilities through the CSSM program.

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:

HVES programs engaging with the Title III program, complete yearly satisfaction surveys to solicit input from elders receiving specific services. This includes the nutrition program, home care resources, family caregiving and ombudsman. On a regular basis, HVES staff conduct an additional statewide survey regarding information and referral services. A statewide survey tool is provided to input answers.

The Needs Assessment conducted in the fall of 2016, focused attention on identifying and addressing the needs of people 60 and older and their caregivers. The methodology used to conduct the assessment was through survey, large group meetings, and small public gatherings. The data collected provided HVES with the five top challenges to review and determine the direction needed to develop programs and services to meet elder needs.

(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;

HVES has three active Advisory Councils, which are comprised of board members, representatives from Councils on Aging, local banking institutions, Community Legal Aid and other valued community partners. The Advisory Councils meet at a minimum quarterly and some meet more often. The councils are the Nutrition Project Council, Money Management Advisory Council and the Title III Advisory Council.

HVES has instituted a quarterly community forum to invite designated groups to participate in dialogues regarding pertinent topics with HVES program directors and upper level management team. Program directors, especially Protective Service and Money Management Program, work closely with the local Police Departments, State Police, and Fire Departments, banking institutions and District Attorney's office as they work to resolve issues facing consumers. Staff participate regularly in care meetings with Cooley Dickinson Hospital, CDVNA and Noble Hospital discussing pertinent issues faced with the provision of long term and community based care.

Section 306 (a) (7)

Include information describing how the AAA will:

(7) Provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care.

HVES staff have a relationship with the twenty-four Councils on Aging (COA). The COAs have hosted many programs and initiatives including Healthy Aging workshops. HVES staff work in partnership with the Pioneer Valley Aging & Disability Resource Consortium (PVADRC), Department of Developmental Services (DDS), Department of Mental Health (DMH), Department of Public Health (DPH) and other health and human service providers to support the long-term care needs so essential information and referral resources are provided. It is essential to provide a full continuum of care to consumers, which include both the formal and informal support entities. Weekly interdisciplinary case share meetings are opportunities for case discussions at HVES as are family meetings and care plan meetings with nursing facilities.

HVES staff, Ombudsman Program Director, Ombudsman Volunteers, Comprehensive Screening Service Model (CSSM), CAs and RNs play important roles as we work collaboratively with our nursing facility staff on a daily basis. Through the assessment process, consultation, referrals, coordination of care services, staff inform and administer programs to support the long-term care needs of the consumers.

The integration of available resources and collaboration of the Title III awardees is integral to the success of the work. Community Legal Aid (CLA) addresses legal issues that may arise. Family caregiving support groups offerings and resources are available.

(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;

HVES is currently offering the Healthy Aging Program using Title III funding to support the training of staff, mileage reimbursement, needed materials and stipends for volunteers who conduct workshop series. The workshops include, Chronic Disease Self-Management, Chronic Pain, Diabetes, Cancer: Thriving & Surviving and A Matter of Balance. During the past two years, we have worked collaboratively with two Outreach Workers at the Hilltown Health Centers in Worthington and Huntington. Their hilltown presence has increased the knowledge of the programs and reinforced the referrals and eventually the success of the hilltowns programs. The master trainers and leaders are committed to the programs and plan to continue as volunteers. Our current licensure is an affiliation Memorandum of Understanding (MOU) with the Center for Excellence in Healthy Aging at Elder Services of Merrimack Valley.

Section 306 (a) (10)

Describe the procedures for assuring that the AAA will:

(10) Provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title:

See Attachment IV for Policy and Procedure for Grievances

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.

The role of the Emergency Preparedness Management Plan is to seek to ensure the uninterrupted continuation of services to the elders, caregivers and families served by Highland Valley Elder Services (HVES) in its 24-town service area, in the event of an emergency.

In its role as an ASAP, HVES is not a primary provider of services, but a liaison that plays a critical role in the provision of services to elders, caregivers, and their families through a network of community partners, contractors and empowered elders and families. HVES' expertise in care advisement, information & referral, assessment and

intervention places it in a unique position to ensure the safety of consumers and continuation of supportive services in emergency circumstances.

HVES will seek to design, develop, review and enhance an on-going and evolving emergency management plan to protect the assets and resources of the agency, the wellbeing and safety of its employees, and the continuation of essential supportive services to the elders, caregivers and families in its service area.

The objectives of the emergency management plan are:

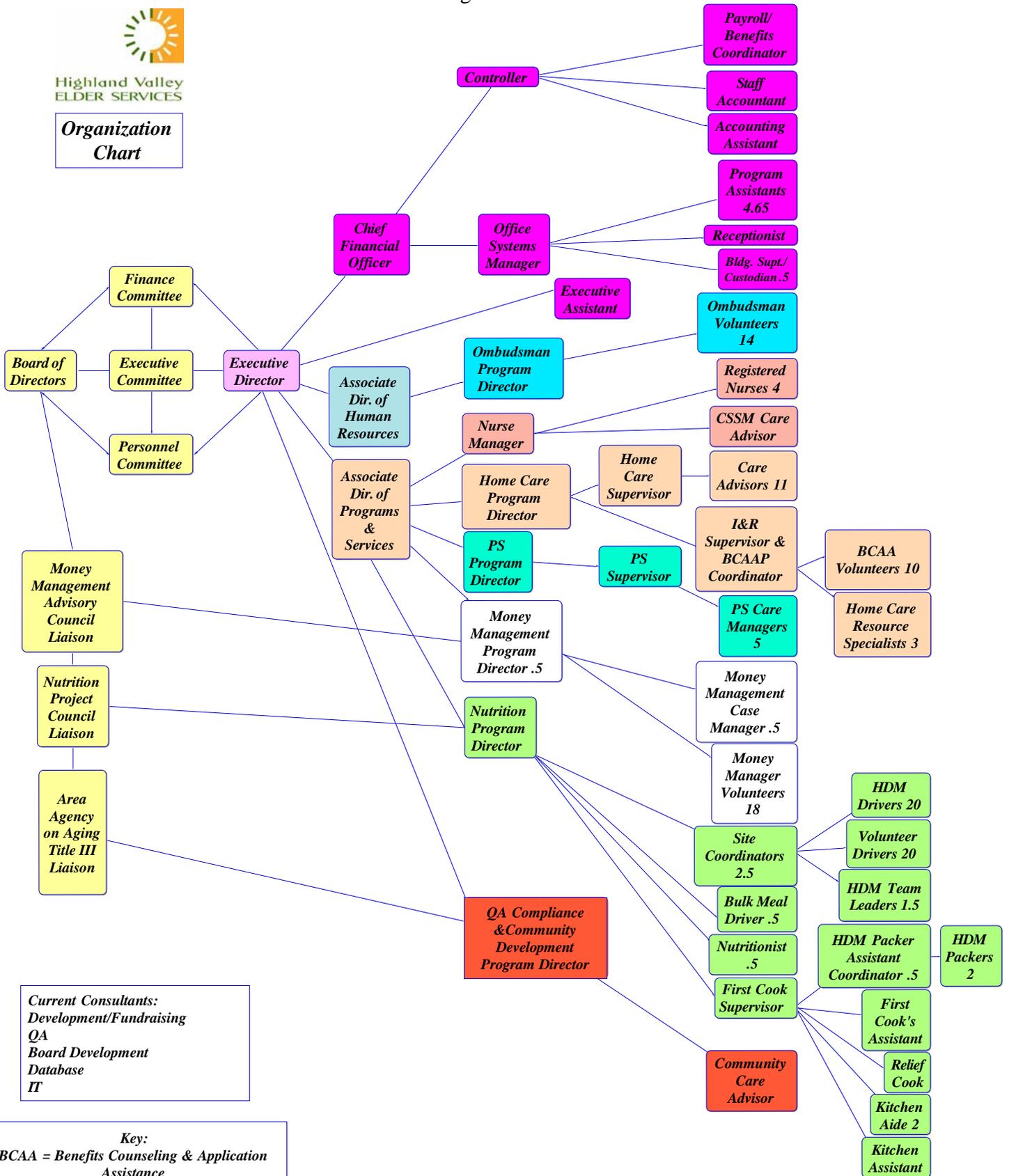
- Ensuring the ability to recognize, respond, recover and mitigate the potential impacts of an emergency.
- Provide for the continuation of essential ASAP functions throughout an emergent event.
- Protect the employees, property, assets, systems and infrastructure of the agency.

Attachment C-AAA Organizational Chart



Highland Valley
ELDER SERVICES

Organization Chart



Current Consultants:
 Development/Fundraising
 QA
 Board Development
 Database
 IT

Key:
 BCAA = Benefits Counseling & Application Assistance
 HDM = Home Delivered Meals
 PS = Protective Services
 QA = Quality Assurance
 #s = FTEs (except volunteers)

Attachment I-List of Agency Services

HOME CARE RESOURCES provides information and referral services.

- **INFORMATION** is available on community resources and services available to those 60 and over, their caregivers and other interested individuals.
- **INTAKE** receives referrals for Home Care, Adult Protective Services, Home Delivered Meals, Money Management, Nursing Facility and Adult Day Health screenings. Anyone can call to make a referral.
- **BENEFITS COUNSELING and APPLICATION ASSISTANCE PROGRAM** provides assistance to people over 60 who are applying for non-health benefits. Volunteers can help with food stamps, fuel assistance, utility discounts and tax relief. Meetings can be arranged in various locations throughout the HVES region.

HOME CARE SERVICES are available to eligible elders 60 and over who meet income and need-based eligibility and may include the following:

- **CARE ADVISEMENT/MANAGEMENT SERVICES** offer consultation for individualized assessment, care planning, and follow-up to elders and their family caregivers.
- **TAKE CHARGE PROGRAM** offers people the choice of hiring and supervising their own Home Care workers.
- **HOMEMAKER/PERSONAL CARE SERVICES** Housecleaning, menu planning, laundry, shopping, meal preparation and personal care are available.
- **CHORE SERVICES** include heavy household cleaning and home maintenance.
- **HOME HEALTH SERVICES** provide skilled nursing, home health care and physical therapy.
- **RESPIRE SERVICES** provide brief periods of planned relief to individuals who provide daily care to an elder.
- **HOME DELIVERED MEALS** provide well-balanced, nutritious meals to eligible people over 60 who meet eligibility guidelines. Lunch, dinner and frozen weekend meals are available.
- **PERSONAL EMERGENCY RESPONSE SERVICE** provides a medical communications alerting system which is monitored 24 hours per day.
- **ADULT DAY PROGRAMS:** Adult Day Health/Social Day Care provides care through an organized program of recreational and social activities in a supervised setting. Dementia programs provide activities for elders with memory impairment

PROTECTIVE SERVICES offers short-term counseling, intervention, legal assistance, advocacy and information and referral for elders who are abused or neglected in their homes, or unable to care for themselves. The Elder Abuse Hotline is available 24 hours/day to take calls.

MONEY MANAGEMENT PROGRAM provides assistance to low-income elders who have difficulty managing their financial affairs by community volunteers who have had extensive training.

OMBUDSMAN SERVICES provide a way for nursing and rest home residents and their families to voice their concerns and have their complaints addressed by trained and supervised volunteers who visit nursing and rest home residents weekly.

CLINICAL ASSESSMENT & ELIGIBILITY provides pre-admission nursing facility screenings on behalf of Mass Health members or applicants, as well as screenings for Adult Day Health and Home Health Services.

COMPREHENSIVE SCREENING and SERVICE MODEL (CSSM): Consumers who are Mass Health eligible in nursing facilities are screened and reviewed in an effort to encourage community discharge with services.

OPTIONS COUNSELING provides a series of consultation visits by trained Options Counselor to elder and/or caregiver regarding programs and resources available to help them meet their identified goal(s).

FAMILY CAREGIVER PROGRAM is a range of services designed to support the needs of family caregivers. The program is coordinated regionally and statewide.

THE SUPPORTIVE HOUSING OPTIONS are located at the Washington House residence in Westfield. The residence offers a setting where residents take charge of a Resident Quality of Life Council to manage service delivery and all aspects of daily life.

COMMUNITY DINING CENTERS serve hot meals and offer socialization at 12 area locations, including Councils on Aging. The weekday noon meal is available to elders 60 and over. Reservations should be made 48hrs in advance.

CALL US FOR INFORMATION OR TO MAKE A REFERRAL:

413-586-2000

or 1-800-322-0551

Monday – Friday from 9-5pm

E-mail: info@highlandvalley.org

www.highlandvalley.org

To Report Suspected elder abuse, please call the statewide

ELDER ABUSE HOTLINE:

1-800-922-2275

7 days a week, 24 hours a day

TOWNS SERVED: Amherst, Blandford, Chester, Chesterfield, Cummington, Easthampton, Goshen, Granville, Hadley, Hatfield, Huntington, Middlefield, Montgomery, Northampton, Pelham, Plainfield, Russell, Southampton, Southwick, Tolland, Westfield, Westhampton, Williamsburg, Worthington.

Attachment II-Highland Valley Elder Services Performance & Quality Improvement Plan

Mission Statement: Highland Valley Elder Services serves older adults and their families through collaboration, education, advocacy and range of programs designed to support them where they live.

Core Values:

- To be a resource, advisor, protector, support, educator, and service coordinator for all eligible consumers.
- We respect elders and their families and encompass as well as support a consumer centered and if possible, directed approach.
- HVES participates in a continuous performance and quality improvement (PQI) process, striving to maximize our mission for the benefit of our consumers.
- All our work occurs within a multidisciplinary team model and offers internal as well as external support and collaboration.
- To proactively mitigate risk whenever feasible, creating a safer result for all.

Continuous performance and quality improvement is an agency-wide approach embraced by all employees, volunteers, and provider partners serving our designated consumers. Our united efforts will serve to meet and/or exceed benchmarks/obligations and work to exceed the expectations of our consumers. Listening, planning, monitoring, evaluating, and reevaluating what we do as an agency, and how well we do it will help ensure compliance to our PQI philosophy. PQI plans will support best practice when changes in procedures to accommodate changing needs, trends, values, economies, etc. are necessary to best serve the needs of our consumers. All areas of agency will be subject to continuous PQI; therefore, the need for reevaluation and planning efforts will continue to change so we can guarantee the best possible services to our consumers and their families.

At HVES, the definition of high quality is to achieve cost effectiveness and deliver exceptional customer service to our consumers as reported and directed by our consumers and stakeholders. Our objectives include working collaboratively while maintaining a consumer focused culture. Since PQI is an ongoing process we routinely and systematically solicit data and consumer feedback to ensure we are readdressing their needs with a goal of exceeding benchmarks, obligations and expectations whenever possible.

HVES performance and quality improvement activity will attempt to:

- Bring about positive change in actions and behavior directly related to PQI goals and initiatives/standards.

- Systematize continual and manageable improvement through best practices and strength based management.
- Encourage all employees, volunteers, and provider partners to take responsibility for practicing PQI processes in all aspects of their involvement with the agency and its consumers.
- Uphold the goal of meeting the needs of our consumers over everything else.

HVES approach to quality improvement emphasizes the following:

- Quality will be achieved by identifying and constantly meeting the needs, requirements and expectations of our consumers.
- The work and service we complete is part of a process, which requires ongoing improvement and this process adds value to our consumers.
- The best way to achieve the highest quality standards is through teamwork and a multidisciplinary process.
- The collection and analysis of meaningful data is critical in improving the quality of outcomes and processes.
- PQI approach is to produce a culture that increases collaborative relationships and a learning environment, in order to more effectively meet the needs of our consumers.

PQI Process/Structure:

HVES has developed a formal Performance and Quality Improvement plan (PQI) that supports and is informed by our agencies strategic plan and ensures the continuous improvement of the work that fulfills it. PQI adherence is enforced, measured and strengthened via a multitude of approaches towards data collection/interpretation and involves informed planning/change, evaluation, and adjustment to best fulfill our mission and to best serve our consumers. A multidiscipline PQI committee meets monthly to review new initiatives, inform change, review goals, review data, review surveys and to coordinate all corresponding work. Responsibility for performance and quality improvement rests with each individual at HVES as well as volunteers and all partnership agency employees. Follow up responsibility for each component of the PQI program is assigned to a management staff member by department to best implement monitoring, measurement of service, corrective action plans and systems performance outcomes.

The primary internal objectives of the PQI system are to maintain and improve responsiveness, efficiency, effectiveness, accountability, and sustainability of all program and service delivery. Internal improvement enhances our ability to support our consumers to live in the least restrictive settings of their choosing and supports consumer choice within the resources availability of the agency and our partners.

Data:

PQI data is gathered from multiple sources and PQI assurance activities. PQI parameters and methodology for each program is predetermined through discussion at the PQI Committee. The programs that have predetermined domains are monitored on an ongoing basis. Other parameters

are determined through the identification of PQI measures, indicators of quality, timelines and thresholds within each program annually.

Please see data table for specifics on reports, measures, and goals.

Outcome Measures/Ongoing Process:

The PQI plan is based on a multidisciplinary interactive process: listen, develop, implement, monitor, review, and make appropriate changes toward improvement.

The Executive Director oversees PQI activities. PQI Corrective Action measures are reported and tracked through a comprehensive computerized tracking system. Program Directors update the tracking document and their yearly goals for objective status prior to each quarterly report. The staff identify any barriers to completion and change in strategy or timeframe, at the time of the PQI Committee meeting for approval and problem solving.

The methodology for corrective actions is reviewed and revised if the outcome is not satisfactory as part of a corrective action plan. Identified barriers and obstacles are assessed and staff input is requested to provide possible solutions. The PQI Committee considers all inputs and makes determinations of appropriate actions. Actions may include:

- changes in policy, procedure or protocol
- in-service/training to internal staff
- collaboration or training with community partners
- staffing assessment and/or changes
- budgetary assessment and/or realignment
- enhanced computer training or utilization

The Executive Director reports to the Board of Directors. To support a change in the HVES culture, the Executive Director discusses PQI status and initiatives at the monthly staff meeting, engaging all staff in the process. Program Managers may be requested to provide data or further explanation of the outcome for the benefit of the Board of Directors or at an internal meeting.

Performance and Quality Improvement Committee

The Highland Valley Elder Services Performance and Quality Improvement Committee consists of all Management employees and various direct service employees throughout the agency. During each monthly PQI Meeting data is reported upon from every department, initiatives are assessed, and priority is placed on areas not meeting benchmarks/minimum standards. Documentation of the PQI agenda and discussion is maintained by the QA Director.

Highland Valley Elder Services Performance and Quality Improvement Plan Overview

- Develop an ASAP Provider Network Quality Assurance Manual
- Include the quality assurance standards established by EOEA and other regulatory entities which govern our programs, such as the 1915c Home and Community Based

Services Waiver (Frail Elder Waiver) (WQM-14 measures) and Quality Framework for Frail Elder Home and Community Based Services

- Incorporate measures, standards, and goals for every HVES Department
- The Area Plan Goals and Objectives
- HVES Policies, Procedures, and Procedures related to PQI
- Ensure the agency is fully compliant and exceeds CAP requirements within FY18
- Engage in informed steps towards the likely move of the HVES offices to minimize any negative impacts on employees, volunteers, provider partners and consumers

Your First Call for Resources, Options & Services

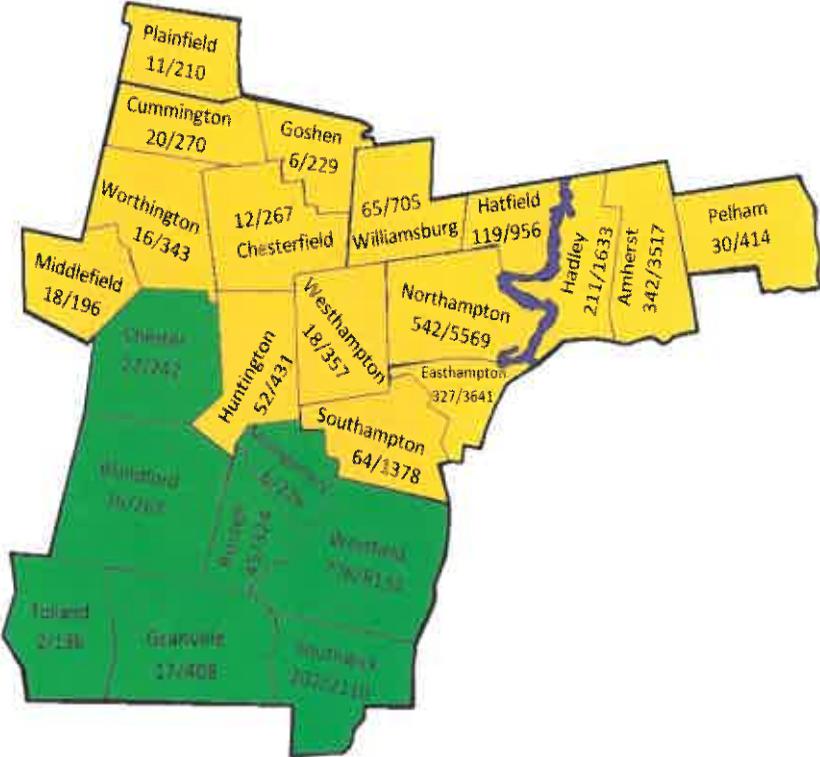
Mission Statement

Highland Valley serves older adults and their families through collaboration, education, advocacy, and a range of programs designed to support them where they live.

Diversity Statement

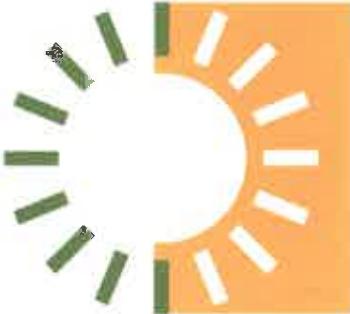
Highland Valley serves people throughout our communities with compassion. We honor diverse experience and identities as we strive to provide the best possible service according to individual needs.

Highland Valley Service Area



People Served FY2016/Population 60 and Over
Population Source: US Census Bureau Community Survey 2014

- Hampden County
- Hampshire County



Highland Valley ELDER SERVICES 2016 Annual Report

320 Riverside Drive, Suite B
Florence, MA 01062
413-586-2000
www.highlandvalley.org



Image Credit: Freepik.com

Highland Valley Elder Services 2016 in Review

Board of Directors

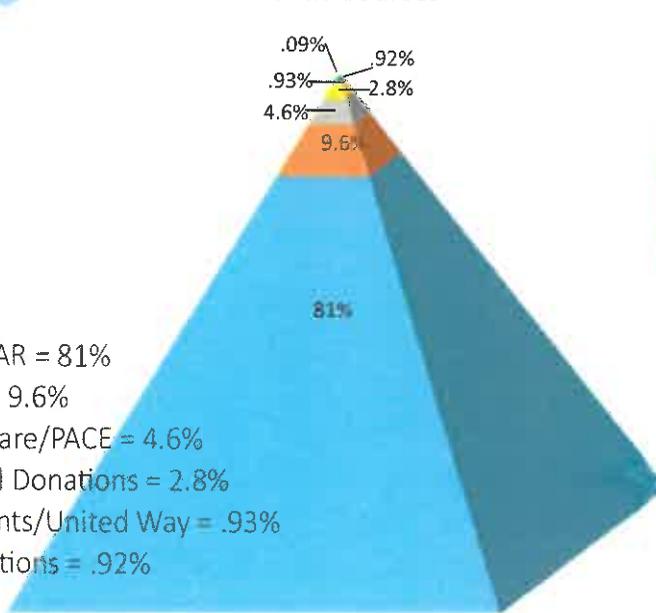
Jean Armitage **4 yrs.**
 Glenn Clark **1 yr.**
 Nilda Cohen **2 yrs. - Treasurer**
 Mary Jane Connolly **6 yrs. - retired**
 Marie Fiat **2 yrs.**
 E. Spencer Ghazey-Bates **1 yr.**
 Mary Hough **1 yr.**
 Ann Kohn **5 yrs.**
 Marion Kraus **6 yrs. - retired**
 Katie Krupka **1 yr.**
 Susan Kucharski **1 yr.**
 Carol Laughlin **1 yr.**
 James Liptak **3 yrs.**
 Cynthia May **3 yrs.**
 Kathryn Pekala-Service **1 yr.**
 Shawn Robinson **3 yrs. - President**
 Camille Smith **4 yrs.**
 Estelle Stasz **2 yrs. - Vice-President**
 William Tatro **6 yrs. - Ex-Officio**
 Jill Tucker **1 yr.**

Management

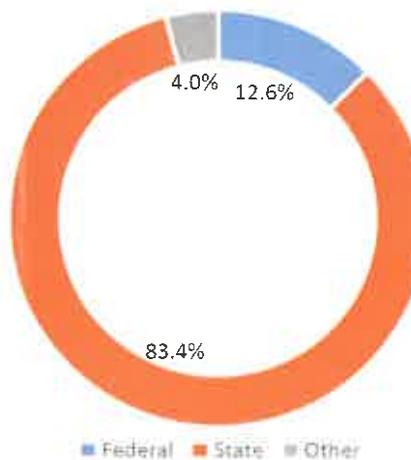
Kathy Winkler **2 yrs. - Secretary**
 Allan Ouimet- Executive Director
 Jacqueline LaMarche- Chief Financial Officer
 Valerie Flory- Interim AD of Programs & Services
 Patricia Affenito- Fiscal Systems Manager
 Mary Gieryk- Office Systems Manager
 Marcia Klaus- Money Management PD
 Nancy Mathers- Nutrition PD
 Julie Pearce- Protective Services PD
 Geralyn Rodgers- QA/Community Development PD
 JM Sorrell- Ombudsman PD

State/EOEA/MDAR = 81%
 Federal Title III = 9.6%
 MFP/SCO/One Care/PACE = 4.6%
 Client Fees/Meal Donations = 2.8%
 Fundraising/Grants/United Way = .93%
 In-Kind Contributions = .92%
 Other = .09%

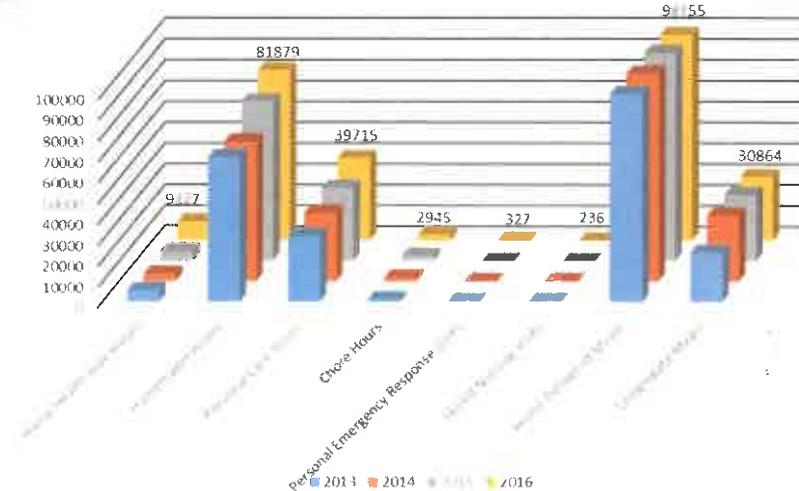
Revenue Sources



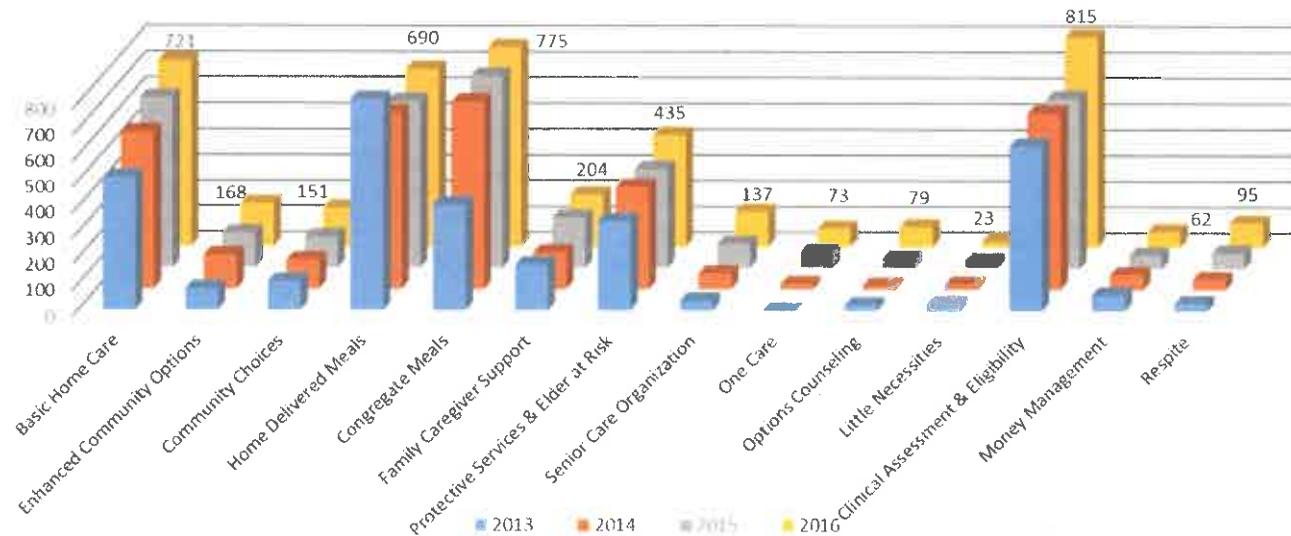
Expenses by Funding Source



Services by Fiscal Year



People Served by Fiscal Year



Grants Received

Charles Hall Foundation
 Irving & Sulamith Blackberg Charitable Foundation
 Katharine C. Pierce Trust Little Necessities Fund
 Meals on Wheels of America
 Northampton CDBG
 United Way of Hampshire County
 Subaru Share the Love
 Westfield CDBG



Attachment IV-Policy and Procedure for Grievances

To Address Dissatisfaction with Title III Services

Individuals over age 60 who are eligible for Title III services may file a complaint with the Area Agency on Aging (AAA) if they are denied services or if they are dissatisfied with services. All new consumers receive information regarding Request for ASAP/AAA Appeal Process.

Who May File a Complaint

- Individuals receiving or eligible for Title III services.

Process

- An eligible consumer may file a written complaint with the AAA regarding dissatisfaction with or denial of services. (Request for ASAP Review)
- Request for ASAP Review Form should be sent to the Quality Assurance & Community Development Program Director (QACDPD), who oversees AAA activities.

Internal Grievance Review Process

- QACDPD will contact consumer within seven (7) calendar days notifying them of receipt of document.
- QACDPD will arrange a time to conduct a phone or in-person interview to discuss the situation. Notice of ASAP Review Date will be sent to consumer.
- QACDPD will conduct a meeting with the consumer and other family members to gather information to understand the consumer's dissatisfaction with services or denial of services within twenty one (21) calendar days of receipt of document.
- If consumer during the course of the discussion comes to a different understanding and chooses to withdraw the grievance, that will be noted.
- If consumer is unable to come to an understanding regarding the dissatisfaction or denial of services, the QACDPD will bring the information gathered to the Management Team for review.
- Management Team (Executive Director, Chief Financial Officer, Associate Director of Programs and Services) will meet to discuss and review complaint with the QACDPD.
- Dependent on the situation and Title III service, the Executive Director may choose to request that a member or the Chair of the Title III Advisory Council participate in the Complaint Review.
- The Management Team may identify that further investigation is needed to understand the current complaint. A plan and timeline will be determined on how that will occur. Information gathered and documented by the QACDPD.
- Within 7 business days, the consumer will be notified of the decision or resolution to the complaint by mail by the QACDPD.

Extended Review Process

- Once the consumer has been notified of the Management Team decision and if still dissatisfied, within seven (7) business days, the consumer may request to meet with the Executive Director.

- The Executive Director will meet with the consumer and share the background information and the basis for the denial of the request for review with fourteen business days.

Appeal to Board Level

- If the consumer continues to be dissatisfied with the final decision, the consumer may request a meeting with the Board of Directors, President. Written request must be submitted within thirty (30) business days of decision notification
- The Board President will review this request in a timely manner with the Executive Committee.
- The Board decision will be the final decision. The Board President will complete a written communication to the consumer informing the consumer of the decision that will be mailed to the consumer.

Documents:

Your Appeal Rights to the Aging Services Access Point

Notice of ASAP Review Date

Request for AAAASAP Review

Notice of ASAP/AAA Review Decision

Attachment V- 2017 Needs Assessment

Highland Valley Elder Services Needs Assessment Project

In preparation for the development of the 2018-2021 Area Agency on Aging Plan, Highland Valley Elder Service, Inc. took part in a Statewide Needs Assessment that provided input from all 23 of the Area Agency on Aging's (AAA). The intent of the HVES Needs Assessment is to focus attention on identifying and addressing the needs of people 60 and older and their caregivers, who reside in the 24 towns in Highland Valley's service area. The Needs Assessment is an important tool in the development of the agencies area plan and the agencies goals and informs agency strategic plans.

In late fall of 2016, HVES conducted nine needs assessment activities. The Needs Assessment is conducted every four years as part of Highland Valley Elder Services Area Agency on Aging (AAA) plan. The activity will gather information to help develop programs and services to meet elder needs.

Three of the needs assessment activities were conducted as large group meetings at the centrally located Easthampton Safety Complex, a Health Fair held at Stanton Hall in Huntington and an Intergenerational Community Fair held at New Hingham Elementary School in Chesterfield. Participants were asked to complete a survey and provide additional comments.

Two needs assessment activities were conducted during small public gatherings, one at the Easthampton Council on Aging dining center and the second at the Northampton Council on Aging during a LGBT Men's Support Group meeting. Participants were asked to complete a survey. Four different individuals spoke about the following challenges regarding attitudes towards LGBT individuals. 1) Talking to medical professionals who are LGBT friendly 2) Difficulties with Medicare and MassHealth issues 3) Living on a limited fixed income 4) Reductions in SNAP benefits: not enough money distributed to meet the needs.

Two needs assessment activities were conducted by email. Surveys were sent to caregivers through the Amherst COA, United Arc, Jewish Family Services, and UMASS Family Services. The second email was sent to LGBT professionals and elders.

The last two activities were survey's distributed to Highland Valley staff and to all home delivered meals consumers.

Reported data collected (see Attachment V-2017 Needs Assessment) showed the five top challenges in order of priority: 1) financial insecurities 2) transportation 3) escalating food costs 4) affordable housing and 5) caregiver support.

In the Needs Assessment conducted in 2014, transportation was identified as an area of concern. In the Highland Valley service area there is access to transportation through the Pioneer Valley Transit Authority (PVTA) and Franklin Regional Transit Authority (FRTA) but can be limited and sporadic. Elders have stated navigating the systems for arranging transportation is confusing.

Through the Title III-B funding, HVES goal is to help fund programs that will alleviate some of the transportation needs.

Regarding escalating food costs, Highland Valley provides home delivered meals to eligible elders in our 24 communities; we offer meals at eleven community dining centers throughout the designated service area; resources to local food banks and food distribution sites; ‘farmers’ market coupons’ and fresh produce bags. All of the resources Highland Valley provides help reduce food costs for elders but do not fully satisfy the overall need.

Regarding financial insecurities, Highland Valley provides an array of services including Options Counseling to assist individuals to make informed choices about services and resources that will facilitate their independence in the setting of their choice. Benefits Counseling and Application Assistance (BCAP) is funded by a grant through the Massachusetts Association of Councils on Aging (MCOA) under a contract with the Massachusetts Executive Office of Elder Affairs (EOEA). The program helps with applications for SNAP, fuel assistance, utility discounts and tax relief. The program helps to provide information about weatherization, home repair, home modifications, legal aid and veterans’ services. These programs can help elders find services at affordable costs.

Attachment VI-Focus Area Coordination

Highland Valley Elders Services Area Agency on Aging Focus Area Coordination 2018-2021

Introduction/Overview

Highland Valley Elder Services (HVES) engages in the ongoing partnership, including Executive Office of Elder Affairs and all statewide Area Agency on Aging's, to promote independence, empowerment, and well-being for the benefit of the older adults, individuals with disabilities, and caregivers in our Commonwealth. Our service area population informed our focus in conjunction with Commonwealth identified areas of highest need. HVES consumers reside in a combination of small Western MA cities and small towns to comprise 24 different communities. Engagement activities revealed, consumers are most challenged by finances posed by a fixed income, transportation, food access/cost, and the need for general supports for themselves and their caregivers.

Focus Area 1 – Older Americans Act Core Programs

The Massachusetts Executive Office of Elder Affairs identified three major focus areas to be addressed through 2018-2021 Area Planning Process.

- 1. Older Americans Act Core Programs-** Core programs under the Older Americans Act, Title III Nutrition Services, Supportive Services (to include Information and Referral, Options Counseling, Transportation, and Legal Services) Disease Prevention/Health Promotion and Caregiver Programs. Under the Title VII includes Long Term Care Ombudsman and Elder Rights/Protective Services Program. All of these programs are a vital need in helping consumers to maintain independence, while being able to remain at home.

Goal # 1: HVES will provide ongoing home and community dining meals, to include specialty meals, towards the provision of a third of the recommended daily intake (RDI) per the Executive Office of Elder Affairs.

Nutrition Overview:

- The Nutrition Program at Highland Valley Elder Services has received recognition for maintaining its own commercial kitchen; this is further enhanced by the utilization of USDA Commodity foods. During FFY16, over 136,000 meals were provided during the year. Approximately 100,000 of those meals were delivered to the homes of our consumers who were unable to have a meal prepared otherwise. Eleven community-dining sites provide meals throughout our geographic region, providing 38,000 meals last fiscal year.

Objectives

- HVES will encourage consumers to attend community-dining sites to encourage socialization while minimizing costs.
- Increase access to food via adding more delivery days and community-dining locations within our service area.
- Provide a pilot to offer alternative meal choices at all community-dining sites, with the plan to always offer a second choice meal option.

- Enhance a participant directed model for dining sites by improving volunteer engagement and empowerment.
- Increase internal referrals to dining sites.
- Enhance meal offerings to specialized populations such as LGBTQ consumers. The agency's home delivered meal van will be used for outreach to this population by participating in a local Northampton *NoHo Pride Parade*.
- HVES will continue to collaborate with local COA's and human service agencies to make strides towards increased transportation, especially in rural areas, furthering transportation for consumers to attend community-dining sites.

Strategies:

- Increase nutrition education by Nutritionist at community-dining sites.
- Purchase an alternative mapping program to manage home delivered meal routes.
- Increase our volunteer support throughout the Nutrition Program, especially for meal delivery, via HVES Volunteer Connections initiative.
- Provide a breakfast or supper club in collaboration with the Northampton Council on Aging, for the elder LGBTQ community. Provide a safe place to network with their peers and receive information/resources provided by the Northampton Council on Aging and Highland Valley Elder Services.
- Offer an alternative meal option daily for community-dining consumers.

Goal # 2-Highland Valley Elder Services will provide appropriate referral services, resources, and programming to ensure elders, family members, and caregivers have access to core services.

Objectives:

- Calls responded to within a 24-hour period.
- Staff utilize database resources, paper resources, and online resources to prepare a comprehensive response to consumer inquiries. Trained staff assist consumers with the available resources to fit their current needs.
- Databases are updated regularly to ensure current and accurate information is disseminated to callers.
- Information regarding resources and services are shared with the community at community events, health fairs and other community forums.
- Referrals are made to consumers aged 60 and over to programs such as Benefits Counseling, SHINE, and Options Counseling, to assist with many of the top concerns that elders have reported in the Needs Assessment Project.
- Aging and Disability Resource Consortium (ADRC) appropriate resources will be incorporated into the department.

Strategies:

- Monitoring of live calls for quality assurance.
- CIRS-To have all department staff members trained and certified.
- Consumer Satisfaction Surveys routinely issued to monitor quality.
- Ongoing collaboration with community resources and partners.

Goal # 3: Highland Valley Elder Services, through the Title III grant funding, will provide one-on-one consultation assistance/counseling to family caregivers to provide caregiving resources and support.

Objectives:

- Caregiver Specialist will assist family caregivers and offer resource assistance.
- Home Care Resource Department will maintain an array of resource information to share with family caregivers.
- Maintain an employee trained, as a co-leader for Powerful Tools for Caregivers.
- Continue to support dementia support groups run by community partners. This year, Highland Valley Elder services received the Ortho-McNeil-Janssen Dementia Grant. One initiative associated with the grant, was the purchase of the “Alive Inside” DVD and “Alive Inside” all-in-one MP3 players with headphones. Highland Valley delivered 100 DVD’s and MP3 players to our Home Care consumers and/or families/caregivers. Highland Valley also delivered DVD’s and MP3 players to all Councils on Aging and Nursing facilities for them to show to families, caregivers and staff in the community.
- Title III grants currently fund two caregiver support groups and two grandparent support groups.

Strategies:

- HVES will offer Title III-E funding awards to assist family caregivers with respite costs and supplemental services.
- HVES will continue to support community partners with Title III grant funding.

Goal #4: Highland Valley Elder Services through the Title III grant funding, will work with community partners to support and fund transportation services in an effort to maintain the independence of elders.

Transportation Overview:

- Transportation continues to be a challenge as a result of the 2017 Needs Assessment project. In the fall of 2014, the Massachusetts Health Aging Community Data Profile revealed nineteen of our twenty-four towns are car-dependent, two communities are somewhat walk-able, and three are very walk-able communities. Access to transportation to assist with medical appointments, grocery shopping, and errands are virtually non-existent in most of our communities. COA van service is limited, as is access to Franklin Regional Transit Authority (FRTA) or Pioneer Valley Transit Authority (PVRTA) transportation service options.

Objectives:

- Provide transportation awards through the Title III funding.
- Facilitate conversations regarding transportation initiative.
- Participate in statewide Regional Council for Pioneer Valley and the Northern Hilltown transportation initiative.
- Work in collaboration with Massachusetts Association of Councils on Aging (MCOA) rural components to discuss and promote community options.
- Participate in other opportunities to work to promote and improve transportation options.

Strategies:

- HVES will Identify transportation options for consumers who need emergency services and/same day services.
- HVES will identify transportation options for consumers who need access to grocery shopping and prescription drug delivery.
- HVES will identify transportation options for consumers who cannot use a van or need an aide to accompany them.
- HVES will identify ways to address needs that require cross-town travel to hospitals and doctors.

Goal # 5: Highland Valley Elder Services will continue to support the Ombudsman Program in long-term care facilities to ensure consumers guaranteed rights; benefits and entitlements are in place so consumers can enjoy the highest quality of life

Objectives:

- Recognizing that residents in long-term care facilities may feel isolated and encourage participation in-group activities.
- Ombudsman volunteers assist long-term care residents with access to community activities.
- Ombudsman will attend resident council meetings and individual care and discharge planning meetings to advocate for the needs and rights of each resident.
- Ombudsman Director offers mediation when families, staff, and residents are in disagreement about care.

Strategies:

- Increase Volunteer Education/Development through workshops.
- Increasing Medicare Law monitoring to improve services for residents.
- Increase education for staff in facilities working with residents from diverse populations.
- Maintain adequate volunteer ombudsman to cover all facilities.

Goal # 6: Highland Valley Elder Services will continue to fund via Title III, Evidenced Based Healthy Aging programs, which promote the health, well-being and quality of life for seniors.

Objectives:

- Continue to identify and expand opportunities for workshops for Chronic Disease-Self Management, Chronic Pain, Diabetes, Cancer: Thriving and Surviving and A Matter of Balance.
- Begin work with medical practices and Councils on Aging to establish a relationship for referrals for workshop series.
- Continue to support the Western Mass Healthy Aging Consortium by hosting workshop series and providing books and materials to expand healthy aging projects.
- Support current Leaders and Master Trainers, offering the opportunity to attend training's each year offered by the Healthy Living Center for Excellence to maintain certification. Encourage leaders to be crossed trained in other healthy aging programs.
- Work to develop and ensure increased resources and opportunities for consumers with depression, substance abuse and other behavioral issues to receive appropriate assessment and screening. Continue providing educational opportunities for staff to understand challenges and options available.
- Partner with DMH, DPH, DDS, Carson Center, Service Net, Veteran's Administration and other behavioral and mental health partners to understand available resources and offer cross training.

Strategies:

- Work with Cooley Dickinson Hospital/VNA, Noble Hospital, Valley Medical, Rehab facilities, and Councils on Aging to promote and make referrals to the "A Matter of Balance" program.
- Work to develop and ensure increased resources and opportunities for consumers with depression, substance abuse and other behavioral issues to receive appropriate assessment and screening. Continue providing educational opportunities for staff to understand challenges and options available.

Focus Area 2 – Participant-Directed/Person Centered Planning

Goal #1- Highland Valley Elder Services will continue to offer consumer directed services, to empower, to make informed decisions regarding services, and to support needs of maintaining independence and safety at home.

Objectives:

- Highland Valley Home Care Department provides consumer directed in-home services to eligible seniors who live alone, in rural areas, are frail and isolated seniors who are in the LGBTQ community.
- Encourage and support consumers to consider personal preferences regarding service provision and care planning decisions. The elder is entitled to choose how and where care and services are delivered.
- Highland Valley provides Option Counseling to assist elders and their families to make informed decisions regarding services and living arrangements that best meet their long- term care needs.
- Highland Valley Family Caregiver Program provides support to family caregivers with a one on one counseling session to provide resources and financial assistance to provide relief in their day-to-day approach of the difficulties of caregiving.
- Highland Valley will provide training to educate staff in areas of dementia training and supporting the needs of the LGBTQ community.

Strategies:

- Highland Valley will continue to promote and embrace the Participant-Directed/Person-Centered planning for all program areas, with the elder at the center of the discussion, whether it is a home care consumer or a consumer in a nursing facility or hospital setting.
- Primary focus will continue to be on the elder, ensuring the service planning will result in the elder receiving the services she/he needs, in the setting of their preference.
- Provide regular staff training's to insure staff understand the Participant Directed/Person-Centered model and to include training regarding the isolated elders within the LGBTQ community.

Focus Area 3– Elder Justice

Goal # 1- Highland Valley Elder Services will ensure elders in our communities can live free from the risk of physical and emotional abuse, financial exploitation, self-neglect and neglect.

Elder Justice Overview

- Highland Valley Elder Services will continue to support the Community Legal Aid (CLA) that offers access to free legal service and support to low-income elders who do not have access to the legal system. Each year, CLA provides approximately 50 new case consultations and is involved with 45 elder consumers. CLA conducts yearly in-services to staff and community partners to educate on the basic tenets of elder law and changes in the law.

Objectives:

- Money Management Program has an Advisory Council that is comprised of community representatives from local banking institutions, the Northwest District Attorney Office of Consumer Protection and the Board of Directors. The program provides support and

education to HVES staff and Money Management volunteers to understand consumer's capacity to manage their accounts.

- Money Management Program continues to exceed the statewide-identified targeted number of consumers as budgeted by the state program. Enrollment at this time is 45 demonstrating the need for the MMP in our communities.
- Through grant funding, we hired a 15 hour per week Account Coordinator to assist the MMP Director.
- Conduct community training's on financial literacy to encourage consumers to have a greater understanding regarding their financial situation and decrease need for Money Management oversight.

Strategies:

- Hold periodic meetings with nursing facility staff, partners and Highland Valley Elder Services staff to ensure open communication and education is in place.
- Fund and refer consumers for legal services to Community Legal Aid, especially to consumers at risk or in need.
- Obtain grant funding to continue the part-time position of Account Coordinator and to hire an Account Clerk to pay representative payee bills.
- To offer a three-part financial literacy course in our communities. The focus will be on Hilltown communities.