

Area Plan Contract

2007 - 2009

(January 1, 2007 - December 31, 2009)

Monmouth

(County)



**Department of Health and Senior Services
Division of Aging and Community Services
Office of AAA Administration
PO Box 807
Trenton, New Jersey 08625-0807**

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Verification of Intent

The Monmouth County Office on Aging developed the Area Plan Contract 2007-2009 for the County of Monmouth in accordance with the Older Americans Act of 1965, as amended (42 U.S.C.A §§ 3001 et seq., as amended), and other applicable Federal and State regulations, rules, and policies. Pursuant to the Area Plan Contract 2007-2009, the Area Agency on Aging will comply with all assurances, develop and implement a comprehensive and coordinated system of services, and serve as the advocate and focal point for older people in its planning and service area.

The Area Plan Contract 2007-2009 for the County of Monmouth is hereby submitted for approval to the State Unit on Aging (the Division of Aging and Community Services of the New Jersey Department of Health and Senior Services).

Date

Area Agency on Aging Director Signature

John A. Wanat

Area Agency on Aging Director Name (Print)

Date

**Chairperson of the Area Agency on Aging
Advisory Council Signature**

Marcella Noller

**Chairperson of the Area Agency on Aging
Advisory Council Name (Print)**

Statement of Assurances

As the Director of the Department of Finance of the County of Monmouth, I am making the following assurances with regard to Grant Award Number #07-1388-AAA-C-1 awarded by the State Unit on Aging (Division of Aging and Community Services of the New Jersey Department of Health and Senior Services) for the Area Plan Contract 2007-2009 submitted for the County of Monmouth.

I will be responsible for establishing and maintaining an accounting system for the purpose of this grant award that:

1. provides a separate book of records that accurately identifies receipts and expenditures related to this grant by approved budget cost categories;
2. provides readily accessible supporting documentation for each entry in the books of records;
3. provides accurate and current financial reports;
4. provides for a strong system of internal accounting controls; and
5. complies with any and all policy requirements and guidelines issued by the State Unit on Aging (the Division of Aging and Community Services) in relation to this grant.

Further, I will assure that:

1. funds advanced pursuant to this grant award will be used only for the purposes of this grant; and
2. fidelity bonding for all persons with access to or control over proceeds of this grant award is and will be kept in effect for the duration of the grant agreement.

(Signature of Treasurer/Controller)

Mark E. Acker

(Print Name of Treasurer/Controller)

Director, Department of Finance

(Title)

(Date)

Administrative Requirements of Area Agencies on Aging

The State of New Jersey designated the Division of Aging and Community Services of the New Jersey Department of Health and Senior Services as the State Agency on Aging (“State Unit on Aging”) in accordance with the Older Americans Act of 1965, as amended, (“OAA”) (42 U.S.C.A. §§ 3001 et seq., as amended), specifically Section 305 of the Older Americans Act (42 U.S.C.A. § 3025). The mission of the State Unit on Aging, pursuant to 45 C.F.R. § 1321.7, is to lead the comprehensive planning and coordination of programs and services for older persons in New Jersey. In order to accomplish its mission, the State Unit on Aging is required to designate an Area Agency on Aging (“AAA”) for each distinct planning and service area. (OAA § 305 (42 U.S.C.A. § 3025) and N.J.A.C. 8:88A)

Currently, New Jersey has 21 designated Area Agencies on Aging (“AAAs”), which are the County Offices on Aging in each county. The AAAs have the complete authority and responsibility to plan and develop policy on programs for older persons within their respective county. (N.J.S.A. §§ 40:23-6.39 to -6.40) The AAAs are responsible for assisting the State Unit on Aging and overseeing the planning of comprehensive and coordinated service delivery systems; promoting the effective and efficient use of resources; and addressing any duplication which could diminish the full and positive social impact of programs and services intended by legislation. Further, the AAAs are charged with the responsibility to develop and exercise methods of administration necessary for the effective and efficient operation of their offices, including planning and coordinating with federal, State and local agencies with resources to benefit older persons.

The responsibilities and functions under the Area Plan Contract shall include, but are not limited to, the following:

1. Every AAA shall comply with the Older Americans Act of 1965, as amended (42 U.S.C.A. §§ 3001 et seq.), 45 C.F.R. Part 1321, and other applicable federal, State, and local laws, regulations, rules and policies.
2. Every AAA shall develop and implement an area plan that must be submitted and approved by the State Unit on Aging.
3. Every AAA shall administer an area plan, including the planning and development of all policy on programs for older persons in its county. The AAA shall provide and maintain current information on all existing public and private programs serving older persons.
4. Every AAA shall be the visible focal point for advocacy, coordination, monitoring, and evaluation of programs for older persons in the county including but not limited to: community services, economics, employment, income and retirement, health care, mental health, institutional and non-institutional housing, recreational activities, transportation, homemaker services, long term care, case management, congregate and home delivered meals, adult day care and legal services.

5. Every AAA shall provide information and referral services to older adults, their families or caregivers, and the general public regarding accessing programs and services for the older population.
6. Every AAA shall increase the public's awareness and understanding of the aging process and the effects of this natural process on the individual by circulating information related to aging issues to practitioners in the field, older individuals and the public at large.
7. The Executive Director of each AAA shall appoint, with the approval of the Board of Chosen Freeholders, an advisory council to assure broad representation with all segments of the general populace and to gain advice and assistance on program objectives, development and support.
8. Every AAA shall act as the central place in each county planning and service area responsible for the implementation of all policies and procedures issued by the State Unit on Aging to achieve, at the local level, goals which the State Unit on Aging is addressing in its statewide efforts. An AAA shall be:
 - a) a single-purpose agency that administers programs for older persons, or
 - b) a multi-purpose agency with a single organizational unit responsible for administering programs for older persons.
9. Every AAA shall have written policies and procedures on sexual harassment in the workplace. The basis of such policy must be that all employees (female and male) shall be permitted to work in an environment free from all forms of unlawful discrimination and conduct which can be considered harassing, coercive or disruptive, including sexual harassment. (see, 29 C.F.R. § 1604.11, which addresses sexual harassment; see also, The Civil Right Act of 1964 (42 U.S.C.A. §§ 2000e et seq.)).
10. Every AAA shall identify the public and private nonprofit entities involved in the prevention, identification and treatment of the abuse, neglect, and exploitation of older individuals, and based on such identification, determine the extent to which the need for appropriate services for such individuals is unmet.
11. Every AAA shall enter into voluntary arrangements with nonprofit entities (including public and private housing authorities and organizations) that provide housing (such as housing described under Section 202 of the Housing Act of 1959, as amended (specifically, 12 U.S.C.A. § 1701q - "Supportive housing for the elderly")) to older individuals, to provide (1) leadership and coordination in the development, provision, and expansion of adequate housing, supportive services, referrals, and living arrangements for older individuals; and (2) advance notification and non-financial assistance to older individuals who are subject to eviction from such housing.
12. Every AAA shall list its telephone number under the name "Area Agency on Aging" in each telephone directory published in the geographical area that lies in whole or in part in the AAA's planning and service area.

13. Every AAA shall have nutrition projects that reasonably accommodate eligible individuals with particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds.

Enforcement

If the State Unit on Aging determines an Area Agency on Aging failed to:

1. comply with the stipulations, standards, and conditions of its Area Plan Contract, or
2. comply with applicable federal or State regulations, rules or policies, or
3. ensure proper and adequate administration to meet project goals,

the State Unit on Aging will provide written notification outlining each deficiency and plan of correction.

In the event an Area Agency on Aging does not remedy each identified deficiency following notification, the State Unit on Aging may proceed to suspend or terminate the Area Plan Contract. Further, failure to comply with the Area Plan Contract could jeopardize an AAA's designation as an Area Agency on Aging.

Suspension and Termination

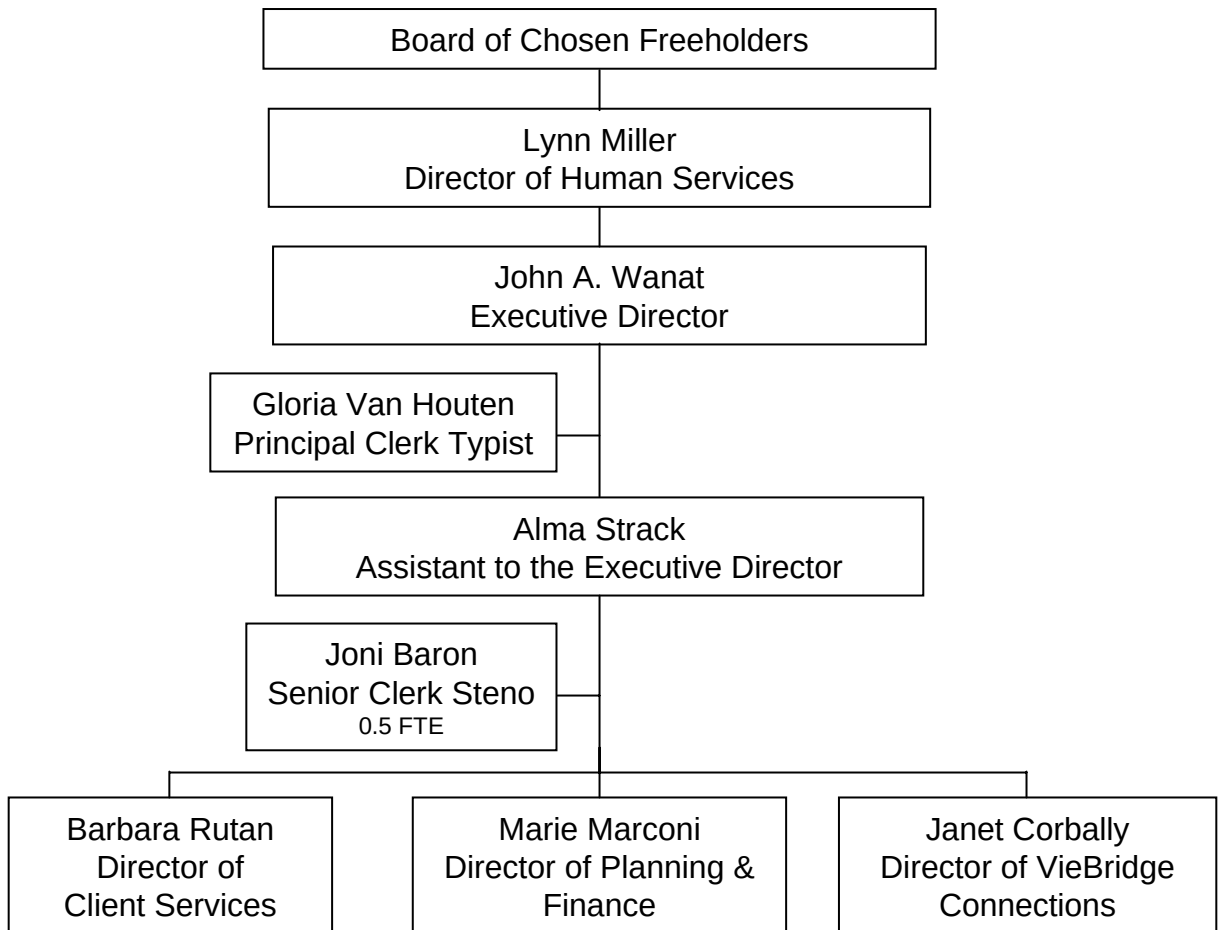
Suspension. The State Unit on Aging may suspend an AAA's Area Plan Contract when the AAA fails to comply with the Area Plan Contract, and the deficiencies warrant suspension. In the event an Area Plan Contract is suspended, all payments will be withheld, and additional obligation of project funds prohibited, until all deficiencies are corrected.

Termination. The State Unit on Aging may terminate an AAA's Area Plan Contract when the AAA fails to comply with the Area Plan Contract, and the deficiencies warrant termination. In the event an Area Plan Contract is terminated, all payments will be withheld, new obligations for funds shall not be incurred after the effective date of the termination, and all outstanding obligations shall be canceled.

All or part of any cost deemed by the State Unit on Aging to be associated with an AAA's non-compliance with its Area Plan Contract may be disallowed. The State Unit on Aging may also take other legal remedies when required.

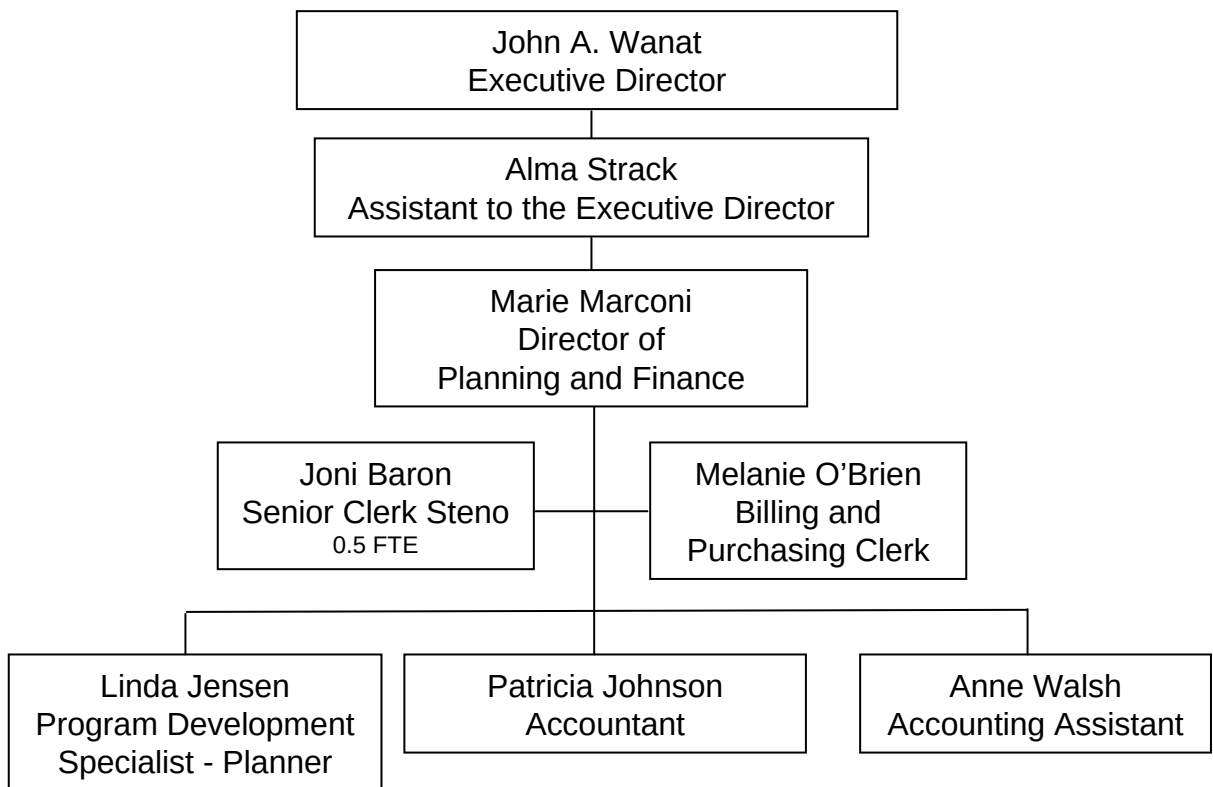
Monmouth County Office on Aging Organization Chart 2007

ADMINISTRATION



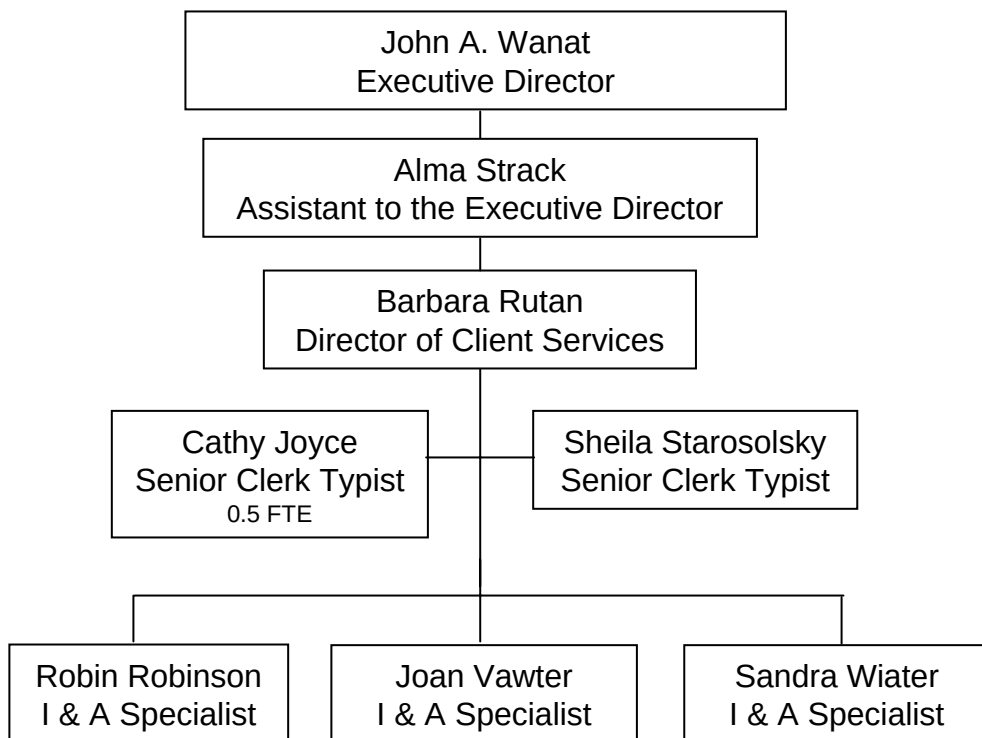
Monmouth County Office on Aging Organization Chart 2007

PLANNING AND FINANCE



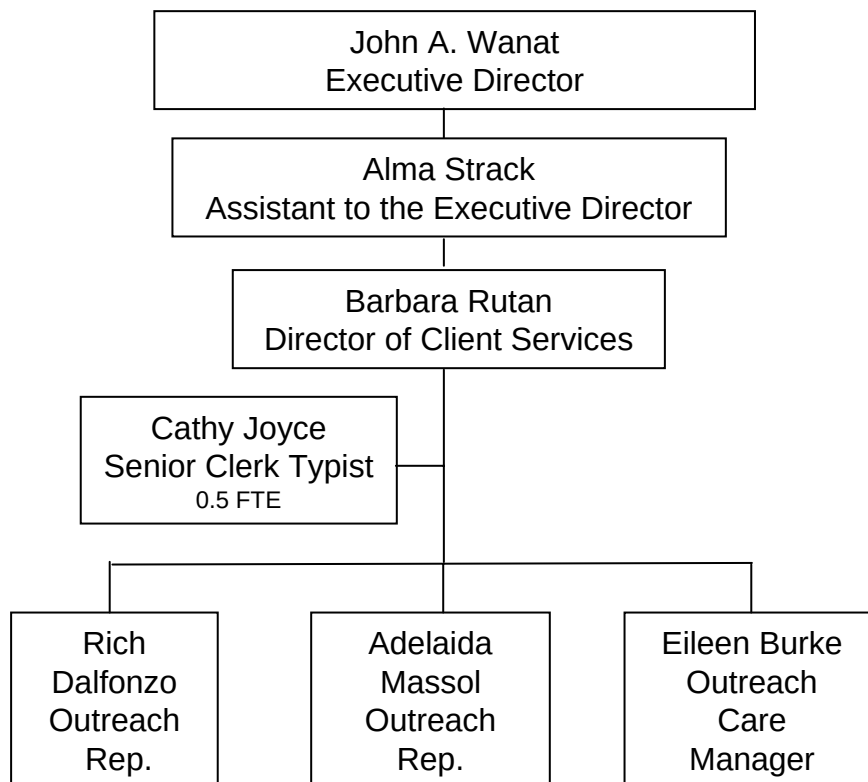
Monmouth County Office on Aging Organization Chart 2007

INFORMATION AND ASSISTANCE



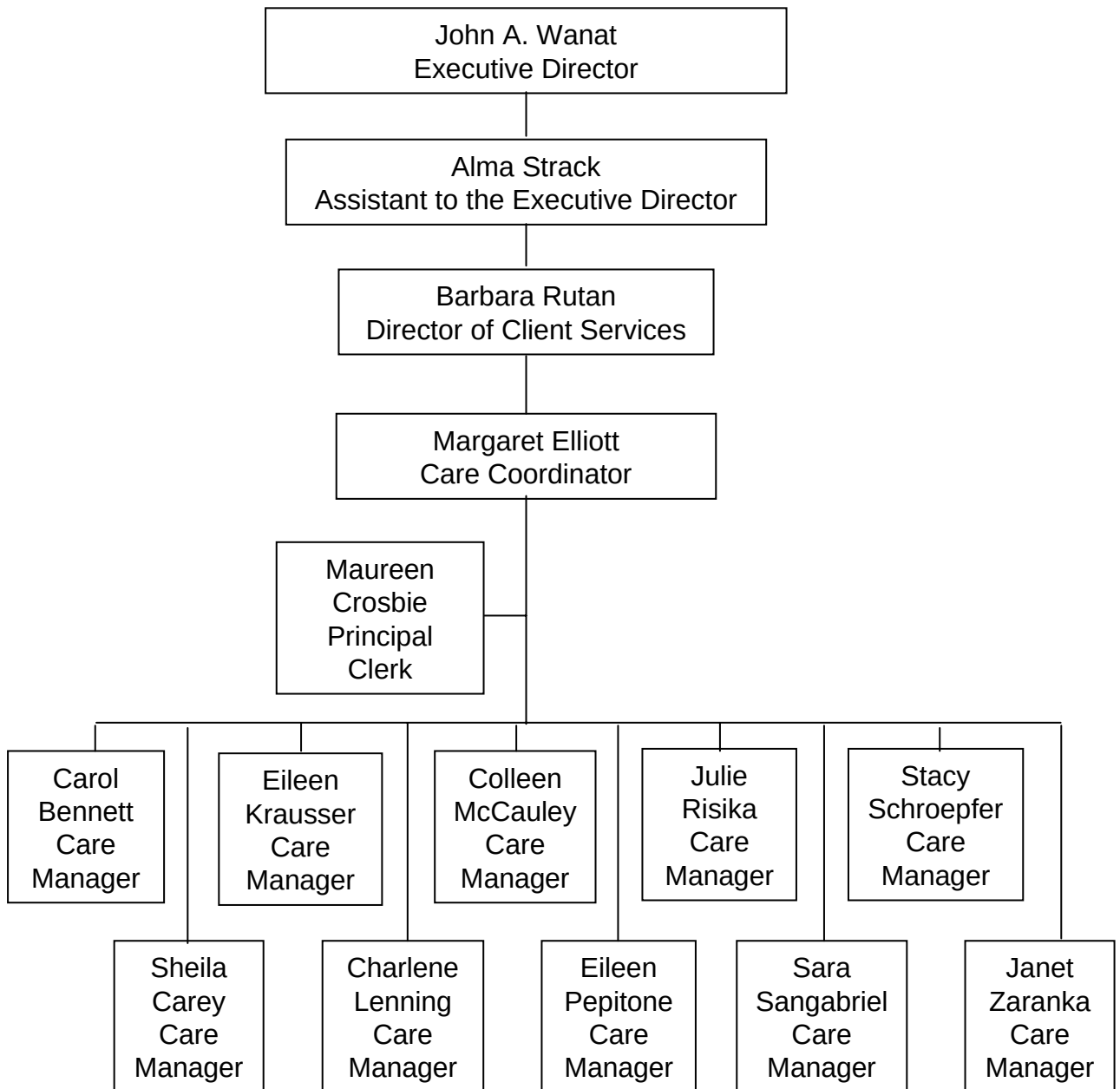
Monmouth County Office on Aging Organization Chart 2007

OUTREACH SERVICES



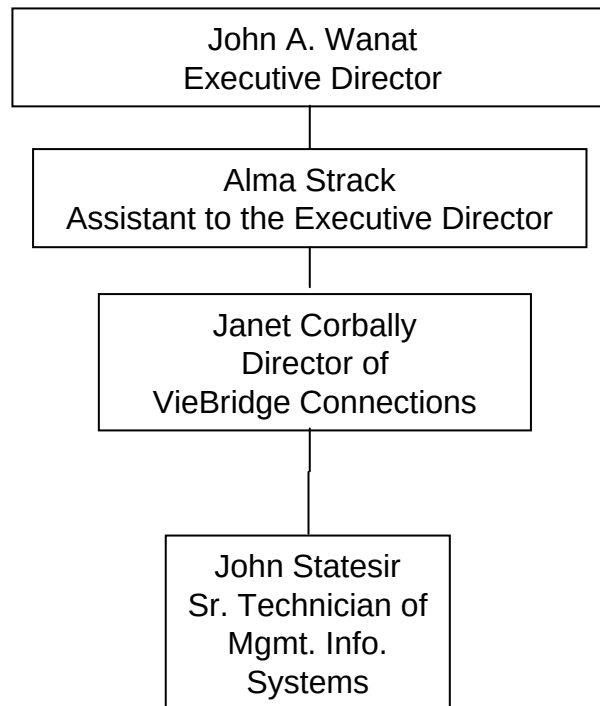
Monmouth County Office on Aging Organization Chart 2007

CARE MANAGEMENT



Monmouth County Office on Aging Organization Chart 2007

VIEBRIDGE CONNECTIONS



ADVISORY COUNCIL/ADVOCACY

Name	Affiliation	Gender	Race	*General Public	Over 60
Beswick, Estelle	AARP, Nursing Home Advocate	F		X	X
Boffa, John	Howell Senior Center	M			X
Crocker, Doris	Certified Senior Fitness Instructor	F	African American	X	X
Donofrio, John	Veterans of Foreign Wars	M		X	X
Fortunato, Emil	Mon. Cty. Council of Sr. Citizens/Neptune Sr. Ctr.	M			X
Freeman, Patricia	A.A.R.P.	F		X	X
Gold, Esther	Howell Senior Center Advisory Council	F			X
Kakol, Rosemarie	Middletown Senior Center	F			X
Larsen, Sarah	Mon. Cty. Transp. Elderly& Disabled Adv. Coun.	F			X
Lee, Arline	S.H.I.P. Volunteer	F		X	X
Mackie, Norma	Senior Citizens Activities Network	F			X
Montano, Helen	AARP	F		X	X
Noller, Marcella	Saint Rose Seniors	F		X	X
Pasqua, Carmela	R.S.V.P. Volunteer	F		X	X
Pedro, Mavis	Monmouth County Council of Sr. Citizens	F		X	X
Riordan, William	Rumson Senior Club	M		X	X
Spelman, Mary	Howell Seniors Friendship Club	F		X	X
Thorne, Jud	Former Monmouth County Office on Aging staff	M		X	X

MONMOUTH COUNTY
Area Agency on Aging Name

NAME	AFFILIATION	GENDER	RACE	*GENERAL PUBLIC	OVER 60
Tierney, Mary	St. Catherine's Social Justice Advocacy Group, Spring Lake Heights Seniors	F		X	X
Visci, Mary	Howell Seniors Friendship Club	F		X	X
Wade, Bessie	Neptune Senior Center, A.A.R.P., Monmouth County Council of Sr. Citizens	F	African American		X
Weisenberg, Susan	Howell Senior Center Advisory Council	F			X
Williams, Irey	SCAN, Aberdeen Sr. Club	F	African American		X
Ziment, Milton	Monmouth County Council of Senior Citizens	M		X	X
	SPECIAL MEMBERS				
Bullivant, Betty	Social Security Administration	F		X	
Gray, Rosemary	Provider-Neptune Senior Center, Director	F			
Barry, Mary Alexis	Provider - Director of Home Care Services, FCS	F			
Marmora, Joe	Provider- Interfaith Neighbors Nutrition	M			X
Nicholson, Henry	Provider- SCAT Transportation, Dir.	M			X
Nugent, Patricia	Provider - Middletown Sr. Center, Director	F			
Tooker, Wendy	Provider- Keyport Senior Center, Director	F			
Wanat, John	Executive Director-Office on Aging	M			X

Note: General Public refers to the individual who has no affiliation with an agency/provider receiving Title III and public funding.

2006 Advisory Council/Advocacy

SOCIAL SECURITY – Monmouth County seniors were encouraged to inform their legislators that Social Security is the only lifetime reliable inflation-protected source of income for most retired and disabled Americans. In 2005, older women and men of this country said no to voluntary private accounts which would undermine the program. Seniors were urged to ask all of those congressional candidates who are running for office this fall if they will protect Social Security and vote against privatization.

MEDICARE – As Medicare Part D went into effect this year, seniors were encouraged to sign up before the deadline in order to avoid future penalties. Help in understanding this complex program was available at the Office on Aging and senior centers throughout the County.

LONG TERM CARE – Monmouth County Advisory Council members joined senior advocacy organizations throughout the state in urging their state legislators to support “the Independence, Dignity and Choice in Long Term Care Act.” The bill was based on a two-county pilot program that moved hundreds of residents out of Nursing Homes and back into their own homes and communities. Currently, New Jersey allocates \$1.68 billion of its Medicaid long-term care budget to nursing home care, compared to \$162 million to community-based care. This law breaks down the silos between money for nursing homes versus money for people in the community. Rather than nursing homes being the first stop, nursing homes will be the appropriate stop, if necessary, according to Health Commissioner Fred Jacobs. The law also streamlines the Medicaid application process.

PROPERTY TAXES – The high property taxes in New Jersey are a concern not only to seniors, but also to their families. As senior advocates, we are closely monitoring a special session of our State Legislature as they devise methods to lower taxes.

PATERSON ARMY HEALTH CLINIC – The clinic is scheduled to close in 2010 in conjunction with the closing of Fort Monmouth in 2011. The clinic’s 8,200 patients will have to be served elsewhere. This is particularly burdensome to older and disabled people who have come to depend on the Patterson clinic. We are urging the state’s congressional delegation to work with the Defense Department and the Department of Veterans Affairs to ensure that it remains open. We want the state authority formed to devise reuse of fort property to include the clinic in its plan.

2007 Advisory Council/Advocacy

In 2007 we will continue to monitor any plan that is presented to privatize Social Security. We will urge legislators to simplify and improve Medicare Part D.

As the state implements the new Long Term Care Act, we will urge them to provide enough community based services in order to make community care a viable option for seniors who choose to live in a setting outside a Nursing Home.

We will try to ensure that any property tax reform will not adversely affect seniors and their families. The generations should not be adversaries in property tax reform but allies fighting for true reform for a better state where everyone can live in peace and dignity.

We will continue to urge those who are working on a reuse plan for Fort Monmouth not to close the Paterson Army Health Clinic.

Since obesity causes so many health problems, we will promote diet and exercise programs for our county seniors.

MISSION STATEMENT OF THE AAA

THE MISSION STATEMENT OF THE MONMOUTH COUNTY OFFICE ON AGING IS:

To enhance the quality of life of Monmouth County older adults and their caregivers through the planning and delivery of services by highly effective employees in partnership with public and private organizations. We are committed to providing services with respect, care and accountability. Excellence is our number one priority.

Executive Summary

The year 2007 marks the Monmouth County Office on Aging's 31st year of providing services to Monmouth County senior citizens and their caregivers. Our main goal is to ensure that older adults receive services that will help them to maintain their dignity, independence and quality of life. This includes providing services to caregivers of older adults so that they are able to continue in their crucial caregiving role.

In July of 2003, the Office moved into a new building, allowing staff to operate out of one location. This completely modernized and renovated structure has enabled us to continue to grow and to serve our County's older adults and their caregivers. Our growth and our new office site demonstrate the commitment of the State as well as the County to support its growing number of senior citizens.

On September 1, 2005, the Monmouth County Office on Disabilities relocated into our building. We are working to increase our collaboration with the Disabilities Office in order to better serve the aging and disabled populations. We will also be working to support expansion of staff for the Office on Disabilities in order to foster more I&A and outreach services from the office.

Our most important function as the county Area Agency on Aging is to provide access to services for seniors in Monmouth County. We do so by generating and disseminating information on senior services through a coordinated system of well-trained workers. In 2005, two of our Information and Assistance staff received certification as Information and Referral Specialists in Aging after undergoing training to meet the I&A standards of the Alliance of Information and Referral Systems (AIRS).

We work to publicize the availability of senior services through a variety of methods including but not limited to our county senior newsletter, "Senior Newslines", our "Lasting Lifestyles" cable television show, our VieBridge Connections web site, educational presentations throughout the county and our two Senior Information Vans. The vans travel the roads of Monmouth County proclaiming our commitment to seniors and raising awareness that there is somewhere for seniors to turn should they need assistance.

We conduct outreach services in order to provide Information and Assistance to seniors and caregivers that are not currently aware of or utilizing our services. We have made great strides in reaching out to minority seniors and increasing accessibility of Title III services to this population. One of our Senior Information vans is operated by a Hispanic Field Representative. This representative is a member of committees that work toward meeting the needs of minority populations in the county. We have made many in-roads to the Hispanic community through these efforts.

Executive Summary

Our goal for Wellness and Health Promotion for seniors is to encourage and sponsor activities that help promote healthy aging. As people live longer, we want them not only to have a longer quantity of life but a better quality of life as well. Strategies to obtain this goal are by promoting senior physical fitness programs, health education and health screenings, publicizing the importance of influenza and pneumonia vaccinations, providing education on good nutritional practices and encouraging increased use of disease self-management tools by persons with chronic illnesses.

The goal of our Care Management department is to enable as many seniors as possible to remaining living in the community. In 2006, our Care Management department continues to aid increasing numbers of seniors at risk of institutionalization to remain in their own homes through administration of the State's Enhanced Community Options programs in Monmouth County. From January through the end of September of 2006, our office has provided Care Management for almost 763 clients through the E.C.O. programs. As of July 2006, our care managers have started to manage "Global Options" program clients. Through this program, more frail elderly individuals are being given the opportunity to receive community care so that they can be discharged from a nursing home if they so choose and return to live in the community setting of their choice. This program will demonstrate the cost effectiveness of helping people to remaining living in the community, which is the wish of the majority of seniors.

Caregivers play a crucial role in providing services to their loved ones that enable them to remain living in their own homes. We continue with our caregiver awareness campaign in order to help caregivers realize that there are services available to them to help ease the burden of this demanding role. In order to do so, we have been reaching out to community members as well as others who come into contact with caregivers (i.e., human resource departments of county businesses). Through our "Making the Link" program, we have been very successful in reaching physicians and emergency departments of hospitals with information on caregiver services. These professionals are often the ones who first realize that a caregiver may need help.

We are continuing to expand our free membership program, VieBridge Connections. VieBridge Connections (VBC) is an interactive web based program that takes a holistic approach to meeting the multiple needs of caregivers, the elderly and persons with disabilities. The integrated solutions span both health and social services. Specific modules within the VieBridge Connections system address self management via medication management, nutrition, fitness, smart living and recreational needs. There are resources that can ease certain tasks of daily living such as meal planning, grocery shopping, bill paying and prescription refills. The use of this web-based support technology works to achieve a more positive outlook on life. Caregivers receive ongoing support and resources that assist them with the responsibilities of care giving.

Executive Summary

A major goal of our office is to protect the safety of senior citizens. Toward this goal, we have established a strong collaboration with the Monmouth County Sheriff's Office and the TRIAD Association. Our offices have partnered to develop programs such as driving safety programs: the "Gold Star Program", "Keeping Your Keys" and "Safe Driving Tips for Seniors". In order to prevent exploitation of the elderly, we have also partnered with the Sheriff's Office and the TRIAD Association on the creation of videos and presentations on topics such as Identity Theft, Fraud against the Elderly, "Safe Surfing for Seniors-Internet Safety" and Telemarketing Scams. The "Project Lifesaver" program utilizes tracking bracelets to locate wandering seniors with Alzheimer's and other dementias.

Another way we are working towards increased safety for seniors and persons with disabilities is through partnering with the Monmouth County Department of Emergency Management, the Monmouth County Sheriff's Office, the Office on Disabilities and other support agencies to develop an emergency preparedness plan for seniors and the disabled community.

As the County Office on Aging, we are proud each year to celebrate senior citizens and their contributions to society through our county senior picnic and our Senior Citizens Juried Art Show.

The Monmouth County Office on Aging was established in May 1975 and was designated as an Area Agency on Aging with the purpose of planning for, receiving and distributing aging funds and resources. As such, the Office on Aging is the main focal point on aging in Monmouth County. It is in a continual process of planning to determine the needs of the elderly in the county (with special emphasis given to the needs of low income, minority and frail elderly as required by the Older Americans Act).

The Office on Aging inventories resources in the county and develops programs for pooling available but untapped resources from both the public and private sectors in order to strengthen existing services or implement new services. It also offers technical assistance to providers of social services for seniors, enters into contracts with agencies in order to strengthen gap-filling and supportive services, and is responsible for monitoring, assisting and evaluating those programs to which it allocates grant funding. The Office on Aging is supported in its endeavors by a vital, talented group of individuals who are appointed to the Advisory Council of the Agency. Individuals 60 years of age or older comprise the majority of this committee.

Executive Summary

Monmouth County has the fifth highest number of senior citizen residents of the twenty-one counties in New Jersey. According to the 2000 Census, Monmouth County's senior population (persons age 60 and over) was 100,503 and growing. The estimated population of persons aged 60 and over for 2003 is 106,774. It is projected that by the year 2006 this population will reach 108,600 and climb to 122,400 by 2010. At that time senior citizens will make up 18.7% of the county population. The fastest growing population of seniors is the 85+ age group. This age group will continue to grow at a tremendous rate.

According to the 2000 Census, 11.8% of Monmouth County senior citizens were minorities. Most were African-American; however, a significant percentage were Hispanic seniors, many of whom speak limited or no English. The 2000 Census also indicates that the fastest growing minority group in the county is the Hispanic population. The 2000 Census reveals that 7.0% of Monmouth County residents aged 60 and over were impoverished and that 13.7% of minority persons aged 60 and over were impoverished while only 5.7% of white persons aged 60 and over were impoverished. According to the 2000 Census, 32.8% of County residents 60 and older reported having a disability. Minority, low income and frail/disabled seniors may have difficulty accessing services available to them; ensuring that these target populations receive the services they need is a mandate of the Older Americans Act.

The changing demographics of the senior population presents many challenges for our Office in meeting the demands for service of the rapidly increasing elderly population. The Area Plan Contract 2007-2009 represents Monmouth County Office on Aging's plan for serving county residents over the age of 60 and their caregivers. Monmouth County has many innovations and initiatives to be executed in order to best meet the needs of our older adults.

Strategic Plan

Trends and Conditions Analysis

GENERAL

Monmouth County is located 47 miles south of New York City, in central New Jersey. Within the County's 472 square miles are 53 municipalities. In general those municipalities that have small land areas or are located on the shore tend to be the older, urbanized areas. In contrast, municipalities that have large land masses or are located within Monmouth County's interior are suburban and rural areas.⁽¹⁾

According to Census 2000, Monmouth County's population has increased by 11.2% from 1990 to 2000, from 553,124 to 615,301. The total population for the state of New Jersey has increased from 7,730,188 in 1990 to 8,414,350 in 2000, a growth of 8.9%. Since 1990, much of the population growth in Monmouth County has taken place in the western part of the county, in municipalities such as Howell (16%), Marlboro (14%), Freehold Township (11%) and Manalapan (11%).⁽²⁾

As of the year 2000, Monmouth County had the fifth largest number of senior citizens of the twenty-one counties in New Jersey. For residents over the age of 60, the growth in Monmouth County from 1990 to 2000 was 5.3%, while for the State of New Jersey the percentage of growth was lower at 3.4%. The 2000 Census shows that there are 100,503 persons age 60 and over residing in Monmouth County. With a total county population of 615,301 persons, seniors represent 16.3% of Monmouth County's population. This percentage is expected to grow steadily as the "Baby Boomer" generation ages. The estimated population of persons aged 60 and over for 2003 is 106,774.⁽³⁾ It is projected that by the year 2006 this population will be 108,600 and will reach up to 122,400 in 2010. At that time senior citizens will make up 18.7% of the county's population.⁽⁴⁾

The fastest growing age group of seniors is the 85+ age group. Between 1990 and 2000 there was a 36.7% increase in this age group in Monmouth County, and this population will continue to grow at a tremendous rate. In the year 2000 there were 9,814 persons age 85 and over residing in Monmouth County. Estimated population of those age 85 and over for 2003 is 10,716.⁽³⁾ This number is projected to jump to 14,000 by the year 2010. The percent of increase in the senior population in the 1990s was most dramatic among those age 75-84 and those 85 and older. It is the seniors in these age groups that will be most in demand of services that will allow them to continue living in the community.⁽⁴⁾

Strategic Plan

Trends and Conditions Analysis

GENERAL (Cont'd.)

Many seniors in Monmouth County live alone. As of the 2000 Census, 24.9% of the county's 60+ population live alone; 34.5% of those 75+ live alone and 37% of those 85+ live alone. As age increases, the percentage of the population made up of females increases. In 2000, 58.2% of Monmouth County seniors were female and 41.8% were male. For the 85+ population these percentages jump to 72.4% female and 27.7% male.⁽⁵⁾

The 2000 Census data indicated that 32.8% of non-institutionalized Monmouth County seniors age 60 and over have a disability. This percentage increases with age. The projected large increase in the 85+ population combined with the mobility and self care limitations of this group clearly demonstrates the growing need for community based services such as home care, assisted living and home delivered meals if nursing home placement is to be prevented. The majority of seniors have indicated the preference to "age in place", remaining in their own homes throughout their later years.

In the year 2000, 7.0% of Monmouth County seniors aged 60 and over were impoverished. Minority seniors have a much greater percentage of impoverishment than the general population. 13.7% of minority adults aged 60 and over had incomes below the poverty level while only 5.7% of white adults aged 60 and over had incomes below the poverty level.⁽³⁾ Low income often plays a large role in reducing access to needed services, especially medical services, home care and housing.

The 2000 Census shows that 89.9% of Monmouth County seniors were white, 6.8% were African American, 2.1% were Asian and 1.2% were of other race or two or more races. 2.3% described themselves as of Hispanic origin. (The U.S. Census defines Hispanic as an ethnic category whose members may be of any race). This is a 64% increase over the percentage of Hispanic seniors in 1990. In 2000, the highest concentrations of African American seniors in Monmouth County resided in Asbury Park, Neptune Township, Red Bank, Long Branch, Freehold Borough, Tinton Falls and Aberdeen Township. The highest concentrations of Hispanic seniors resided in Long Branch, Asbury Park, Red Bank, the Bayshore area towns of Keansburg, Union Beach, Keyport and Atlantic Highlands, as well as the Aberdeen/Matawan area and the Freehold and Howell areas. The highest concentrations of Asian seniors resided in Marlboro, Holmdel, Freehold Township, Howell Township and Middletown.

Major increases in the Hispanic and Asian populations show the growing diversity of populations residing in the County and the need to plan for and provide services in ways that are sensitive to the cultural and lifestyle differences of these varied populations.

Strategic Plan

Trends and Conditions Analysis

GENERAL (Cont'd.)

According to the 2000 Census, Middletown Township had the largest number of senior citizens (11,058), followed by Neptune Township (5,878), Howell Township (5,754), Long Branch (5,128) and Freehold Township (5,075). The first four municipalities all have senior centers that are partially supported by Older Americans Act funding and are key access sites for reaching the senior populations in these municipalities. Freehold Township opened a senior center in 2000, supported by Township and Community Development funds. Other senior centers receiving Older Americans Act funds are located in municipalities with a high percentage of the population made up of seniors: Keyport (19.4% seniors), Red Bank (21.9% seniors) and Asbury Park (14.6% seniors). Many of the small shore towns, although having senior populations small in number, have the highest percentages of their population made up of senior citizens: Deal is comprised of 32.4% seniors; Spring Lake Heights, 35.2% seniors; Sea Girt, 34.2% seniors, Spring Lake, 31.5% seniors; Avon-by-the-Sea, 27.2% seniors; and Monmouth Beach, 25.4% seniors.

Strategic Plan

Trends and Conditions Analysis

NEEDS/PRIORITIES FOR SERVICE

Currently, there are waiting lists in Monmouth County for affordable housing (most subsidized senior housing residences have at least a two year waiting list). There are also waiting lists for home repair services and subsidized adult day care slots. Demand often exceeds capacity for transportation, with the need for medical and assisted transportation on the rise. Monmouth County is also experiencing the national trend of decreasing demand for congregate meals and increasing demand for home delivered meals. There is an occasional waiting list for home delivered meals. Reasons noted by the meals providers included growing demand for meals, the wide spread area of the county and limited ability to recruit volunteers to serve some parts of the county. There are a growing number of disabled persons applying for home delivered meals under limited funding sources that can serve the under 60 disabled population.

According to Office on Aging I&A statistics from January 1, 2006 to May 31, 2006 the majority of requests for Information and Assistance were for the following services, in this order:

1. General Information on senior services
2. Housing
3. Prescription Assistance Programs
4. Adult Social Services (i.e. adult protective services, financial, health-related, housing and family matters).
5. State and Medicaid Waiver Home/Community Care Services
6. Respite Care/Caregiver Support Services
7. Home Health Aide Services
8. Transportation
9. Legal Services
10. Health Insurance Assistance
11. Nutrition
12. Senior Safety (i.e. TRIAD, fraud prevention, emergency response systems)

Strategic Plan

Trends and Conditions Analysis

NEEDS/PRIORITIES FOR SERVICE (Cont'd.)

COUNTY NEEDS ASSESSMENT:

The Monmouth County Office on Aging commissioned Bohse & Associates, Inc. to conduct a county senior needs assessment. The assessment was conducted from November 2, 2005 to February 25, 2006. Survey instruments were constructed for two basic populations: the service providers and the clients. Municipal Coordinators were also included. This is a group of seniors appointed from each municipality by the Mayor to serve on the Office on Aging Municipal Coordinators Council. They attend meetings held by the Office on Aging to provide education as to available services, legislative updates and other information of interest to seniors. The delegate is a liaison between the Mayor of the town they represent and the Office on Aging. The majority of Municipal Coordinators are senior citizens.

Service providers and Municipal Coordinators were provided with mail questionnaires. Clients received mail questionnaires; homebound seniors were interviewed by phone. The response rate from both groups was outstanding.

Top needs identified by senior clients:

Housekeeping
Shopping
Cooking in home
Transportation-mostly individual
Medication Management

These needs are focused on in-home supportive services. Significant concerns were expressed by care receivers regarding “burnout” of their caregivers and the need for caregiver support. Most caregivers surveyed were family members (71%). The care receivers also expressed significant concerns about what would happen to them if something happened to their caregiver.

Service providers felt the most needed services were:

Home Delivered Meals
Preventive health care programs such as screenings and fitness
Medicare and Medicare Part D Counseling
Prescription Assistance
Home Health Aides/Visiting Nurses
Educational programs

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Trends and Conditions Analysis

NEEDS/PRIORITIES FOR SERVICE (Cont'd.)

Municipal Coordinators' consensus on most needed services was:

Counseling in Medicare Part D Choices
Group and Assisted transportation
Wellness programs in physical fitness
Home Delivered Meals
Prescription Assistance
Home Health Aides/Visiting Nurses

Areas of agreement for groups interviewed were the need for:

Identifying and serving more clients over age 75
Home delivered meals
Residential Maintenance services
Transportation (group and individual)
Counseling in Medicare Part D Choices

Strategic Plan

Trends and Conditions Analysis

NEEDS/PRIORITIES FOR SERVICE (Cont'd.)

The following excerpts of “Priority Areas of Concern for Seniors in Monmouth County” are taken from the Local Advisory Board’s “Monmouth County Senior Services Report – 1996” ⁽⁶⁾.

1. Affordable Housing

Affordable housing continues to be of major concern and importance in Monmouth County. All senior affordable housing entities in the county presently have at least two year waiting lists.

2. Transportation

Transportation is the obvious key to access services for many seniors. Although the transportation service continually attempts to reorganize routes to accommodate greater numbers of seniors, the demand exceeds the capability to provide services in some areas. As the number of seniors increases and the senior population ages, the demand for expanded transportation services will increase.

3. Home Care/Case Management/ADL

Requests for assistance in securing home care constitute one of the largest number of calls to the Office on Aging. Early discharges from hospitals, same-day surgeries, and the preference of seniors for remaining in their own homes account for these ever growing statistics. Medicare’s limited coverage for this service, adult Medicaid’s low income and resource eligibility criteria, and the lack of available CCPED slots contribute to making home care an unavailable alternative to institutional care for many seniors. Another factor increasing the need for home care and case management services is the growing numbers of the over 85 population. This group is the fastest growing segment of the senior population. As the senior population lives longer with an increasing number of chronic illnesses, the demand for home care and case management will continue to grow.

Strategic Plan

Trends and Conditions Analysis

NEEDS/PRIORITIES FOR SERVICE (Cont'd.)

4. Nutrition Services

The most significant trend in our aging population is that not only are there ever increasing numbers of seniors but there are larger and larger numbers of seniors living in the community in need of services as basic as meal preparation. Additionally, many times there are waiting lists for home delivered meals. This shift from congregate to home delivered meals will continue to grow as those seniors who attend nutrition sites get older and sicker, and as the age 85 and over population continues to grow. The home delivered meals program is clearly the most cost effective first step in helping seniors remain in the community.

5. Long Term Care Insurance

As a greater percentage of the American population moves into their pre-retirement and retirement years, it is important to plan creatively for their long term care. At the same time that we foresee this explosion in the senior population, we also see the tightening and shrinking of government programs. Long term care insurance and partnerships between public and private sectors offer some creative ways to fund long-term care for the frail seniors of the future. There is a need for education and better understanding of these long term care funding alternatives.

Additionally, "Health Quest", the Monmouth County Community Health assessment project, noted the following among its findings of areas of priority concern for Monmouth County ⁽⁷⁾:

1. Coordination of health promotion and screenings: the cost of health care to Monmouth County residents could be reduced by 40% by reducing health risks in the population. Monmouth County residents report higher risk levels for cardiovascular factors, lower cancer screening rates and lack of participation in mammography and pap test screenings. Monmouth County residents in every age group report a higher rate of sedentary lifestyles than in the nation as a whole.
2. Consumer information on available health care resources: The transition into managed care has increased the need for consumer information. Developing advocacy organizations and expanding training programs for those involved in providing health and social service information and referral may provide timely, accurate and personalized information to their constituencies.

Strategic Plan

Trends and Conditions Analysis

NEEDS/PRIORITIES FOR SERVICE (Cont'd.)

3. Breaks in the continuum of care for the chronically ill: Most County residents in need of chronic care are living at home and rely on family members and friends. The shift towards shorter hospital stays and more outpatient procedures has imposed a greater burden on families and caregivers. Gaps in service are in those areas where there is no third-party reimbursement and where the individuals and families lack the ability to pay for such services themselves. These are typically the services most needed to sustain independent living in the community: affordable adult day care, respite and home health aide services and assisted living.

The Monmouth County United Way Needs Assessment ⁽⁸⁾ published in 1999 singled out target populations as having special needs and challenges that may not impact the general population. These groups are: The disabled, senior citizens, immigrants, minorities, working poor and youth. Senior citizens may fall under a number of other priority groups (disabled, minority, etc.).

A study by the Rutgers University Bureau of Economic Research for the New Jersey Developmental Disabilities Council conducted in July 1992 indicated that approximately 38.9% of persons with disabilities in Monmouth County are age 65 and older. This number will grow as seniors live longer.

According to United Way's Household Survey, 4.1% of the respondents indicated that they had some problem obtaining home care, special transportation, day care and other services for an elderly person. This is the equivalent of approximately 12,712 county residents. Affordability is one of the most pressing concerns for seniors. It reaches across issues such as housing, nutrition and health care.

Strategic Plan

Trends and Conditions Analysis

NEEDS/PRIORITIES FOR SERVICE (Cont'd.)

Transportation is another great area of concern, and demand often exceeds capacity to provide service. Available transportation is often a barrier to accessing needed care. According to the 1998 Community Transportation Plan for Monmouth County, seniors identified the following service needs:

- More service for medical trips
- More service for evenings and weekends
- More access to shopping
- More service to rural parts of the community
- Service to out-of-county medical facilities
- Service to adult day care facilities
- Service for non-emergency ambulance that is affordable
- Service for church and social activities
- Lower cost service
- Improvements in trip travel times and in service frequency
- Improved communications and information

As the senior population increases, this already strained transportation system will be significantly impacted.

The United Way has targeted these older, urbanized centers of Monmouth County as priority areas of service: Asbury Park, Freehold Borough, Keansburg, Long Branch, Neptune and Red Bank. For the most part, survey results showed that these six municipalities perceive their neighborhoods to be experiencing a greater degree of problems than the rest of the county. It is particularly noted that of the Asbury Park survey respondents, 14.3% rated their community as an excellent place to live, 36.7% as good, 28.6% as fair and 20.4% as poor. A high percentage of Asbury Park residents are senior citizens. In 2000, 27.2% of Asbury Park seniors were impoverished.

Strategic Plan

Trends and Conditions Analysis

NEEDS/PRIORITIES FOR SERVICE (Cont'd.)

The United Way summary notes that there is a strong need in the county for overcoming the barriers to service. The lack of transportation, difficulty with language, and the high cost of services can only increase a person's sense of isolation, which translates into a lost sense of community. Services must be made accessible as well as available. There is a need for agencies to reach out into the communities they serve and create more satellite locations in the community. It is noted that in the 1990 census, 8.5% of Monmouth County households (16,863) did not have access to a vehicle. Of those without a vehicle, 3,385 were African-American, 898 were Hispanic, 12,853 were White and 10,133 were age 65 or older.

The trends and conditions concerning senior citizens in our county point to strategic issues that need to be addressed in order to best serve this growing, changing population. We will work towards these issues through use of our Older Americans Act, State and County funds, as well as through other resources available to us (volunteers, partnerships with other agencies, advocacy, etc.).

Strategic Plan

Sources of data

- (1) “Demographic and Economic Profile”, Volume 1, 1993 Monmouth County Planning Board
- (2) “Monmouth County Profile 2001”, Monmouth County Planning Board
- (3) “A Profile of New Jersey Older Adults Aged 60+ Years”, Center for Health Statistics, New Jersey Department of Health and Senior Services, April 2005
- (4) “Monmouth County Profile 2000”, Monmouth County Planning Board
- (5) 2000 U.S. Census, New Jersey
- (6) “Monmouth County Senior Services Report”, 1997, Local Advisory Board #6
- (7) “Monmouth County Baseline Community Health Assessment”, Executive Summary, 1996 Health Quest of Monmouth County
- (8) United Way of Monmouth County Needs Assessment – 1999

Strategic Plan

PRIORITIES

The following areas have been established as PRIORITIES to be addressed by the Monmouth County Office on Aging for the 2007-2009 Area Plan Contract:

1. Make it easier for older people to access services.
2. Provide Care Management to frail elderly in order to help them remain living in the community.
3. Help older people to stay active and healthy.
4. Enhance the safety of older people through emergency preparedness and education on safe driving and fraud against the elderly.
5. Support Families in their efforts to care for loved ones at home and in the community.

2006 Public Hearing

Date: July 21, 2006

Location: Keyport Senior Center

Total Number of Attendees:

of General Public Attended the Public Hearing: 4

of Service Providers Attended the Public Hearing: 19

of Advisory Council Members Attended the Public Hearing: 6

of AAA Staff Attended the Public Hearing: 5

of Other (elected officials etc.) Attended the Public Hearing: 0

Prepared Written Agenda: ☒ Yes ☐ No

Methods Used to Inform Targeted Groups (including a readable newspaper copy of public notice announcing the Public Hearing):

- Public notice placed in the Asbury Park Press and the Newark Star Ledger.
- Notice of Public Hearing included in our newsletter *Senior NewsLines*.
- Local senior centers publicized the hearing in their newsletters.
- Notice of the Public Hearing was presented at our office's Municipal Coordinators' Meeting.

Needs Identified by Attendees:

- Increased transportation services.
- Permanent site for Asbury Park senior center.
- Congregate meals that appeal to "younger" seniors.
- More home-delivered meals volunteers.

**PUBLIC HEARING ON ACTIVITIES/SERVICES CARRIED OUT
UNDER THE MONMOUTH COUNTY OFFICE ON AGING 2007-
2009 AREA PLAN CONTRACT**

The Monmouth County Office on Aging and its Advisory Council will hold a public hearing for the purposes of affording customers the opportunity to obtain information and provide comment on the services provided to senior citizens under the Monmouth County Area Plan Contract with the New Jersey Department of Health and Senior Services.

The hearing will be held on Wednesday, June 21, 2006, at 2:00 p.m. at the Keyport Senior Citizens' Center, 110 Second Street, Keyport, NJ 07735, telephone 732-264-4916.

Information gathered during the public hearing will provide data and insight to the Office on Aging on those issues most in need of advocacy and funding. That information will then be used in the development of the 2007-2009 Monmouth County Area Plan.

Comments in writing will be accepted up to June 20, 2006 as part of the public record of this hearing. Comments should be addressed to John Wanat, Executive Director, Monmouth County Office on Aging, 21 Main & Court Center, PO Box 1255, Freehold, NJ 07728.

The Monmouth County Office on Aging's Area Plan Contract for 2006 will be available for review at the hearing.

Persons requesting additional information are asked to contact the Monmouth County Office on Aging at 1-877-222-3737 or (732) 431-7450.

TARGETING GOALS

1. Identify the number of low-income minority older individuals in the planning and service area ((OOA @ 306(a)(4)(A)(iii)(I); (42 U.S.C. @ 3026(a)(4)(A)(iii)(I)).

Type of Population	# of County Population from Census 2000	% of County Population from Census 2000	Estimated % of County Population Served in Year 2006	Estimated % of County Population that will Be Served in Year 2007
Total County Population 60+	100,503			
African-American 60+	6,807	6.8%	3.2%	3.7%
American Indian 60+	85	.08%	.06%	.06%
Asian 60+	2,133	2.1%	.55%	.70%
Hispanic/Latino 60+	2,293	2.3%	1.0%	1.2%
Poverty (low income) 60+	4,857	5.0%	2.4%	2.6%
Poverty (low income) Minority 60+	1,632	1.7%	1.1%	1.3%

TARGETING GOALS (Cont')

2. Describe the methods used by the Area Agency on Aging in the 2006 calendar year to satisfy the service needs of minority older individuals (OAA § 306(a)(4)(A)(iii) (II); 42 U.S.C.A. § 3026(a)(4)(A)(iii)(II)):

African American	- Providing funding to senior centers that have many African American participants. - Outreach utilizing the Senior Information Vans at locations and events where African American seniors congregate.
American Indian	- We do not have a large population of American Indians in the County, but we have reached some of this population with Information and Assistance services and a few of our grantees have served a number of Native American seniors.
Asian	- Distributing our Office's Senior Newsletter throughout the County. - Working with Howell Senior Center to reach out to the large Russian Kalmuk population in Howell.
Hispanic	- Stationing of Senior Information Vans outside of Hispanic agencies and churches and at ethnic celebrations. One of the vans is equipped with materials in Spanish and the outreach worker is Hispanic. - Placing ads regarding our services and informational articles in a Spanish newspaper, <i>Nosotros</i>, and providing materials in Spanish for health fairs. - Networking by Office on Aging minority outreach worker with key community contacts in the Hispanic community such as churches and the Hispanic Affairs and Resource Center. - Presentations in the Spanish language by the Office on Aging minority outreach worker at churches with many Hispanic congregation members and at Latin American organizations. - Funding of a legal assistance provider with three bilingual (Spanish) staff members. This provider outposts attorneys once a month at Hispanic Affairs and Resource Center.
Poverty Minority Adults (low income)	- We continued to run an ad in a local Hispanic newspaper, <i>Nosotros</i> on a monthly basis. - Continued funding and educational presentations to senior centers which have a large number of low income African American participants. - Outreach to churches with large populations of Hispanic and African American seniors in targeted areas of the county. - Reaching out to seniors in the subsidized senior housing buildings.

3. Describe the extent to which the Area Agency on Aging accomplished its **2006 calendar year** goals of service to **low-income minorities (OAA § 306(a)(4)(A)(iii)(III); 42 U.S.C.A. § 3026(a)(4)(A)(iii)(III))**:

The 2000 Census shows that 1.7% of minority seniors aged 60 and over have incomes below the poverty level. As of half year 2006, nearly all services funded by the AAA reached at least this percentage of impoverished minorities aged 60 and over. The exceptions were Certified Home Health Aide and Respite Care services. The majority of these clients have low incomes but are not impoverished and therefore do not qualify for services under Medicaid. The Title III and S.S.B.G. funding fills the gap for those who need these services but do not qualify for Medicaid or other Waiver funding.

The following services reached the highest percentage of impoverished minority seniors as a percentage of all the seniors provided with the service as of the half year:

<u>SERVICE</u>	<u>% OF TOTAL CLIENTS SERVED THAT WERE IMPOVERISHED MINORITIES</u>
Friendly Visiting	28%
Telephone Reassurance	28%
Legal Assistance	17%
Outreach	16%
Residential Maintenance	16%
State Weekend Home Delivered Meals	15%
Adult Protective Services	15%
Home Delivered Meals	13%
Nutrition Education	9%
Transportation	7%

Most services reached a fair amount of Hispanic seniors, with the exceptions of Friendly Visiting, Adult Protective Services, Weekend/Holiday Home Delivered Meals and Residential Maintenance, as well as Title III E caregiver services. There are cultural as well as language barriers to provision of these services to Hispanic seniors that need to be overcome if this population is to accept these types of services. Many Hispanic seniors socialize in their churches or family gatherings. Since in the Hispanic culture families generally “take care of their own”, it is going to take cultural sensitivity and outreach to help Hispanic caregivers accept caregiver assistance services. This is likely true to some extent for the Asian and African American populations as well.

TARGETING GOALS (Cont'd)

As in the past years, the Title III funded Legal Assistance program continues to be very successful in reaching Hispanic seniors with services (6.3% of legal service clients were Hispanic). Methods utilized by the program include out-posting of an attorney at Hispanic Affairs and Resource Center once a month and having Spanish-speaking attorneys on staff. Our Office on Aging Outreach Program has also been reaching Hispanic seniors due to the work of our Bilingual Outreach worker, distribution of a large resource of literature printed in Spanish and through networking with Hispanic newspapers. There were a number of Hispanic seniors provided with Education this year however this number has been lower than last year due to a vacancy in the Outreach worker position for a few months. 13.2% of Outreach clients were Hispanic. Other services which reached many Hispanic seniors have been: Information and Assistance, Benefits Screening, Physical Health, our office's senior newsletter and Transportation. The Hispanic clients provided with Information and Assistance, Benefits Screening, Outreach, Education and county senior newsletter have all been served directly by our office due to our office's emphasis on outreach to this population. Physical Health in the form of health screenings was provided to Hispanic seniors through the Health Maintenance and Monitoring Program. This agency has been successful in reaching Hispanic seniors with health screening services in the Long Branch senior housing buildings.

Top services to other minority senior populations were:

African American: Telephone Reassurance, Residential Maintenance, Friendly Visiting, Outreach, Physical Health, Certified Home Health Aide, Legal Assistance, Adult Protective Services, Transportation, Home Delivered Meals/Weekend Holiday Home Delivered Meals, Congregate Meals and Nutrition Education.

Asian: Transportation, County Senior Newsletter, Physical Health, Information and Assistance, Legal Assistance and Education.

Native American: Transportation, Residential Maintenance, County Senior Newsletter, Information and Assistance and Physical Health in total there was not a large number of Native Americans served however there is only a small representation of this population in Monmouth County.

TARGETING GOALS (Cont'd)

Regarding goals of reaching targeted seniors established in the Area Plan Contract 2006 Update:

As of the end of August 2006, there are 298 VieBridge Connections (formerly known as TeleCare Connections) registrants receiving Education and Respite services. This is a 180% increase over last year, well exceeding our goal of increasing service by 25%.

Our goals of providing increased outreach, education and physical health services to Hispanic seniors and increased Education to Asian seniors will most likely not be realized this year due a vacancy in our bilingual outreach worker position for a few months. There should be an increase in outreach and education services for the rest of the year, but the goals will still not be met. For 2007, we do project that the 2006 goals will be met. Regarding physical health services, the absence of the outreach worker hindered us in continuing to work on collaborating with one of our health screening providers to increase attendance of Hispanic seniors at screening sites. The vacancy has also affected our goal of reaching more Asian seniors with Education. We had planned to order more educational materials in Mandarin and other Asian languages and network with groups to reach this population. We do have a few senior centers that are seeing an increase in Asian participants at their centers (Manalapan, Howell and Neptune) and these may bring our numbers up somewhat.

PLANNING AND SERVICE AREA DEMOGRAPHICS

Responses to the following questions should be based on **calendar year 2006**.

1. Amount of Title III B (federal) funds expended for the delivery of the following categories of services: **\$564,218**
 Access to services: **(OAA § (306)(a)(2)(A); (42 U.S.C.A. § 3026(a)(2)(A)):** \$434,102
 In-home services: **(OAA § (306)(a)(2)(B); (42 U.S.C.A. § 3026(a)(2)(B)):** \$90,636
 Legal assistance: **(OAA § (306)(a)(2)(C); (42 U.S.C.A. § 3026(a)(2)(C)):** \$39,480

2. For each target group listed below please identify those Title III services determined to be of greatest area of need for that population. This information can be based on feedback from public hearings, results of Information and Assistance calls, identified gaps in services, etc...

Population	Access Service	In-Home Service	Legal Assistance
Frail Adults:	I&A, Outreach, Benefits Screening, Ext. Assessment, Care Management, Transportation./Assisted Transportation	Certified Home Health Aide, Respite Care, Housekeeping, Residential Maint., Friendly Visiting/ Telephone Reassurance	Legal Assistance
Vulnerable Adults	I&A, Benefits Screening, Extended Assessment, Outreach, Care Management, Transportation/Assisted Transportation	Certified Home Health Aide, Housekeeping, Respite Care, Friendly Visiting, Telephone Reassurance, Residential Maintenance	Legal Assistance
African American	I&A, Outreach, Benefits Screening, Transportation	Certified Home Health Aide, Respite Care, Residential Maintenance	Legal Assistance
American Indian	I&A, Outreach, Benefits Screening, Transportation	Certified Home Health Aide, Respite Care, Residential Maintenance	Legal Assistance
Asian	I&A, Outreach, Benefits Screening, Transportation	Certified Home Health Aide, Respite Care, Residential Maintenance	Legal Assistance
Hispanic	I&A, Outreach, Benefits Screening, Transportation, Assisted Transportation	Certified Home Health Aide, Respite Care, Residential Maintenance	Legal Assistance
Poverty Adults (low income)	I&A, Outreach, Benefits Screening, Extended Assessment, Transportation	Certified Home Health Aide, Respite Care, Housekeeping, Residential Maintenance	Legal Assistance
Poverty Minority Adults (low income)	I&A, Outreach, Benefits Screening, Transportation	Certified Home Health Aide, Respite Care, Housekeeping, Residential Maintenance	Legal Assistance

PLANNING AND SERVICE AREA DEMOGRAPHICS

Population	Community Support Services	Nutrition Support
Frail Adults:	Preventive Health Services (Physical Health, Fitness & Health Education), Adult Day Care, Mental Health	Home Delivered Meals, Weekend/Holiday Home Delivered Meals, Nutrition Education
Vulnerable Adults	Adult Protective Services, Preventative Health Services (Physical Health, Fitness and Health Education), Adult Day Care, Mental Health	Home Delivered Meals, Weekend/Holiday Home Delivered Meals, Nutrition Education
African American	Preventive Health Services (Physical Health, Fitness and Health Education)	Congregate and Home Delivered Meals, Nutrition Education
American Indian	Preventive Health Services (Physical Health, Fitness and Health Education), Education	Nutrition Education
Asian	Preventive Health Services (Physical Health, Fitness and Health Education), Education	Nutrition Education
Hispanic	Language Translation and Interpretation, Preventive Health Services (Physical Health, Fitness and Health Education), Education	Nutrition Education
Poverty Adults (low income)	Preventive Health Services (Physical Health, Fitness and Health Education), Dental	Congregate and Home Delivered Meals, Nutrition Education
Poverty Minority Adults (low income)	Preventive Health Services (Physical Health, Fitness and Health Education), Education, Dental.	Congregate and Home Delivered Meals, Nutrition Education

PLANNING AND SERVICE AREA DEMOGRAPHICS (Cont'd.)

3. Describe specific outreach methods to be instituted by the AAA (and service providers) to ensure that the identified services indicated in #2 will be delivered to each target group.

Population	Outreach Methods to be Instituted
Frail Adults:	- Networking with home delivered meals providers to determine whether clients are in need of additional in-home services. - Networking with our funded home care providers to determine whether Home Health Aide/Respite clients and clients in need of in-home health risk assessments are in need of additional information and services. - Care Management of homebound clients: CAP, JACC, CCPED, ASL and GO clients. - Collaboration with Office on Disabilities.
Vulnerable Adults	- Collaboration with minority and faith-based agencies to reach those who are vulnerable due to a language barrier. - Funding of senior centers to provide Friendly Visiting and Telephone Reassurance services to isolated seniors. - Extensive community education by County APS provider on signs of elder abuse. - Networking with agencies that serve this population (i.e., two visiting nurse service providers; home delivered meals providers).
African American	- Stationing of senior information vans outside of agencies and churches with a large number of African American congregants, and at ethnic celebrations such as Black History Month events. - Collaborating with county senior centers with large numbers of African American participants (i.e., Red Bank Senior Center, Neptune Senior Center, Long Branch Senior Center and Asbury Park Senior Center).
American Indian	We do not have a large number of Native American senior citizens in our county (approximately 85 have been identified in the 2000 Census). Those that do reside here are scattered throughout the county. It is hoped that our services are made known to this population through the various means we utilize to reach other senior populations.
Asian	- Stationing of senior information vans outside of minority agencies and churches (i.e., Russian Kalmuk houses of worship) and at ethnic celebrations. - Working with senior centers that have noted an increase in attendance by Asian seniors.
Hispanic	- Stationing of senior information van outside of Hispanic agencies and churches and at ethnic celebrations. One of the vans is equipped with materials in Spanish and the outreach field representative is Hispanic. - Placing advertisements for Office on Aging services in two local Spanish newspapers; providing materials in Spanish at health fairs. - Networking by Office on Aging Hispanic outreach worker with key community contacts in the Hispanic community, especially in churches, to establish connections that will enable her to reach out to the Hispanic senior population. - Presentations in the Spanish language by the Office on Aging Hispanic outreach worker at churches with many Hispanic congregation members.

Poverty Adults (low income)	- Stationing of senior information vans outside of low-income senior housing buildings. - Identification by neighborhood nurses from VNACJ of seniors in need of services at the 60 Senior Wellness sites throughout county where they conduct health screenings. - Working with senior centers that have a large number of low income participants.
Poverty Minority Adults (low income)	- Stationing of senior information vans outside of low-income/subsidized senior housing buildings where a significant percentage of minority seniors reside. - Identification by neighborhood nurses from VNACJ of seniors in need of services at the 60 Senior Wellness sites throughout the county where they conduct health screenings. - Collaboration with faith-based and minority agencies to reach this population.

PLANNING AND SERVICE AREA DEMOGRAPHICS (Cont'd.)

Based on responses to #2 and #3 above, please indicate specific targeting goals for **2007**.

Specific Target Group	Type of Service to be Delivered	Time Frame of Activity	Expected Outcome
Hispanic seniors	Outreach	01/01/07-12/31/07	Increase Outreach services to Hispanic seniors by 10%.
Asian and Russian Kalmuk seniors	Education	01/01/07-12/31/07	Increase Education services to Asian and Russian Kalmuk seniors by 5%.
Hispanic seniors	Physical Health and Education	01/01/07-12/31/07	Increase Physical Health and Education services to Hispanic seniors by 10%.
Caregivers of senior citizens	Education	01/01/07-12/31/07	Increase Education to caregivers through our Viebridge Connections program by 100%.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #1: ACCESS

GOAL 1: To generate and disseminate information on senior services through a coordinated system of well-trained workers.

Objectives/Implementing Strategies progress:

- In 2005, all of our Information and Assistance staff took the exam to become Certified Information and Referral Specialists in Aging after undergoing training to meet the I&A standards of the Alliance of Information and Referral Systems (AIRS). Two members of the I&A staff are now certified and one member is scheduled to retake the exam.
- Monmouth County Office on Aging continued to take a lead role through NJ4A in developing and implementing an “Information and Assistance” web based intake reporting system called “Peer Place” which was implemented in this county on September 1, 2005. This program allows for direct referrals to VieBridge Connections and to Care Management services.
- Monmouth County Office on Aging worked with NJ4A and the New Jersey Department of Health and Senior Services to coordinate and integrate the web-based Information and Assistance system so that it can interface with the 211 Information and Referral system. This goal is still in progress. Office on Aging I&A and Outreach staff attended the 211 training in 2006, as did our Title III providers.

GOAL 2: To publicize the availability of the services of the Office on Aging.

Progress:

- “Gateway to Senior Issues” and “Lasting Lifestyles” television sessions hosted by the Executive Director of the Office on Aging were taped at Brookdale Community College television studio and aired on the Brookdale station as well as Comcast Cable in 2006.
- Monmouth County Office on Aging website remains up-to-date and is linked to the State Caregiver Website. Our Senior Resource Directory is updated annually.
- Feature articles written by Office on Aging staff were published monthly in “The Farmingdale Fanfare” and “Monmouth County Magazine”. We continued to publish articles in a local Hispanic newspaper, *Nosotros*, on a monthly basis. *Nosotros* is a free newsletter distributed in the Freehold area, which has a large Hispanic population.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #1: ACCESS (Cont'd.)

GOAL 3: To conduct Outreach Services in order to provide Information and Assistance to seniors and caregivers that we are not currently reaching with our services.

Implementing Strategies progress:

- We continued use of our Senior Information Vans to conduct Outreach throughout the County.
- We continued to provide organizations and clubs with timely topical presentations on Office on Aging services and programs. From January through the end of September of 2006, our Outreach Field Representatives conducted 109 presentations to senior clubs, senior centers, at senior housing sites and A.A.R.P. groups. The number of seniors reached was approximately 3,365. Topics presented by the Field Representatives included: Fraud against the Elderly, I.D. Theft, Medicare Part D, Safe Driving and health topics such as Signs of a Heart Attack and Falls Prevention. This year presentations were made in 32 out of the 52 municipalities in the county.

GOAL 4: To reach out to Minority Seniors and increase accessibility of Title III Services to this population.

Objective: To network with local faith-based agencies and other providers to offer increased Older Americans Act services to minority seniors.

Progress:

- In 2006, we continued to take a proactive role to help in the transition that many churches will have to make in their effort of catering to the ever growing Hispanic population. Our office has continued to work cooperatively with other service providers such as the Visiting Nurse Association of Central Jersey to reach the minority population. Our direct involvement is essential in order to ensure that the minority population receives various types of health screenings that they would not ordinarily receive. One way that we continued to work cooperatively with other service providers in 2006 was to continue partnering with the VNA of Central Jersey and the American Cancer Society as a member of the Cancer Coalition of Monmouth County. This coalition meets monthly to discuss new ways to outreach to the populations who most need the free screenings and information. We participated in events and distributed information about various types of cancer, such as prostate cancer, that directly impact the Hispanic audience.
- In 2006, we continued to work cooperatively with other providers such as the American Heart Association (AHA) and the American Stroke Association (ASA) to inform target groups of the perils of both diseases. Presentations were given and publications distributed in the native language of the group addressed. The cooperative partnership with these agencies allows the Monmouth County Office on Aging to distribute materials provided by the ASA or the AHA without infringing copyright laws.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #1: ACCESS

GOAL 4: (Cont'd.)

- We have continued a cooperative partnership with a local Hispanic newsletter, *Nosotros*. This partnership has allowed the Office on Aging to advertise its services and pertinent health and other important information to a larger proportion of the target group. Our services are also frequently advertised in another Latino newspaper, *Latinos Unidos*.
- In 2006, *Nosotros* featured an articles on our new bi-lingual Hispanic outreach worker and on services available through our office.
- Hispanic seniors were informed of county Office on Aging functions, such as the Senior Art Show and Senior Picnic through *Nosotros*. Participation in both of these events by Hispanic seniors increased in 2006.
- We continued to help sponsor a community health education program through collaboration and health education ministries. We have collaborated with the American Cancer Coalition as well as with three of the four collaboratives in Monmouth County to educate the community about health issues. The three collaboratives with whom we are directly associated are the Red Bank Resource Center, the Long Branch Concordance and the Asbury Park Coalition. These collaboratives are groups that have been set up to meet the needs of the underserved in their respective towns. The collaboratives have devised methods to measure the impact or the changes that have taken place as a result of our outreach efforts. They report these methods directly to the state.
- We continue to be a key member of Latino coalitions throughout the county and the state such as the Monmouth County Hispanic Chamber of Commerce, the Women in Need Project, The Puerto Rican Action Board and the League of United Latino Active Citizens. Continued memberships and collaborations with these groups help to create an effective coalition that helps to address the needs of the target population.
- We continued to sit on key advisory committees and actively participate in decisions which are made for the underrepresented. Some of these committees are the aforementioned collaboratives. These committees develop strategies that help to address diversity relations, community education, outreach, marketing and public relations.
- We have continued to work with the four hospitals in Monmouth County in their efforts to reach the minority populations. Area hospitals such as Riverview Medical Center have minority health programs, outreach efforts and events that attract a large target audience. A collaborative partnership has helped to reach the target audience and inform them of the services that we provide.
- We have increased the visibility of the agency and the services that it provides to other target groups such as Haitians in the eastern part of the county and Asians in the western part of the county. This outreach effort has been conducted by utilizing all of the resources provided by our cooperative partnerships.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #1: ACCESS

GOAL 4: (Cont'd.)

- We continue the recruitment of care managers, outreach workers and nurses in our agency who are culturally competent and who can speak the languages of those we serve.
- We continued attendance of our bi-lingual outreach worker at Cultural Sensitivity training seminars. The outreach worker is bi-cultural (Hispanic). Besides Hispanic culture, these trainings also include cultural information on African Americans, Asians and Indians. These seminars help outreach workers to better understand these cultures in order to improve outreach and other service provision to these populations. These seminars have provided important information about cultural diversity and cultural competence.
- We have continued our efforts to work with two adult day care centers that have a significant number of Russian senior participants. We have worked with Howell Senior Center, which serves a number of Russian participants. The Asian population is finding the need for more caregiver services as many of them are now experiencing “sandwich generation” stress.
- We have started working with the Haitian community through our collaboration with the Asbury Park Coalition. They serve the Haitian community in the Asbury Park/Neptune area, where there is a significant number of this population. Also, the Mercy Health Center in Asbury Park works with a large number of Haitians and the Outreach Worker networks with this agency.
- We continued to work with the Parish Nursing program in reaching target group seniors. The Parish Nursing program has partnered with the American Heart Association to provide a “Mind, Body and Spirit” program. This program is targeted to minority and culturally diverse groups. Some of the participating Parish nurses are from St. John the Baptist and St. Anthony’s, both of which have a large number of Hispanic senior participants. Also, one of the nurses works with “Iglise Mon Dieu”, a Haitian church, and one with St. Joseph’s in Keyport, which serves a significant number of Hispanic and low income seniors.
- The Executive Director serves on the Ministry to the Aging Steering Committee of the Diocese of Trenton. Membership consists of professionals from agencies in four counties (Monmouth, Ocean, Burlington and Mercer) as well as nurses and senior citizen representatives, social workers and the coordinator to the Ministry to the Aging. In addition, The Executive Director has participated with Parish Liaison Representatives throughout the year as well as with Parish Nurses. The annual Spirituality Education Day for seniors in Monmouth County generally has over 400 seniors in attendance, a significant population of which is minority seniors.
- We continued to encourage increased multi-cultural participation in our County Senior Art Show. In 2006 there were five Hispanic, two African American and four Asian participants.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #1: ACCESS

GOAL 5: To conduct information and referral and outreach in senior centers and organizations outside of our established, funded programs.

Implementing Strategy: Senior Information Van

Progress: Our two Senior Information Vans have continued to travel the roads of the County bringing information on senior services out to the public and making the Office on Aging more recognizable to seniors and their caregivers. The vans have been parked at health fairs, malls, racetracks and senior sites and are manned by Office on Aging Field Representatives. One of the vans is equipped with materials in Spanish and is manned by a Hispanic bi-lingual, bi-cultural Field Representative. The vans are loaded with informational brochures on services, health topics, etc. They are also equipped with VCRs to enable videos on senior information to be played from the vans.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #2: CARE COORDINATION/MANAGEMENT

GOAL 1: Continued administration of enhanced community options programs and expansion of Office on Aging Care Management Services.

Progress:

- We continued to administer the Assisted Living Waiver program, JACC, CAP and some CCPED cases in Monmouth County through our Care Management department. As of the end of September, the department was handling a total of 723 cases.
- Seven of the clients receiving care management are being served under the recently initiated Global Options program which has the goal of setting up supportive services so that persons previously residing in nursing homes are able to return to living in the community. Six of these clients are now living in Assisted Living residences and one in a private home.
- We expanded NJ EASE Care Management Services to those seniors referred through the Senior Citizen Assistance Profile (SCAP) program (referrals by police officers).
- We continue to educate the seniors and professionals in the community about the various Enhanced Community Options waiver programs, and to give the consumer the choice of programs that best meets his/her needs.

GOAL 2: Reorganization of the Care Management Department for increased effectiveness, productivity and quality services.

Progress:

- Care Managers now work in teams of one RN and one MSW covering all cases in geographical areas of Monmouth County.
- The county is divided geographically into five districts, and the teams handle all clients in their district regardless of the program under which they are receiving services.
- All Care Managers have been cross-trained to all programs and to care management of NJ EASE clients.
- Care Managers collaborate closely with the community organizations that provide Title III home health aide services, Adult Protective Services and the Statewide Respite Care Program to ensure seamless service delivery to clients and their caregivers.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #3: WELLNESS AND HEALTH PROMOTION

Objectives progress:

1. Members of the Monmouth County Office on Aging as well as TRIAD participated in the 2006 Arthritis Walk in Point Pleasant in April. Well over 150 seniors attended. The Office feels it is important to support this cause as arthritis affects such a large percentage of senior citizens.
2. We continued to compose at least one article per month in our Office's newsletter that deals with issues that promote well being and/or physical fitness.
3. To promote senior physical fitness programs:

Implementing Strategies progress:

- The Office on Aging continued to encourage our eight Title III funded senior centers to offer Physical Fitness programs to their clientele and to fund Senior Citizens Activities Network to continue to provide Fitness programs. Types of programs funded in 2006 included: walking groups, aerobics, yoga, swimming, tai chi, line dancing, strength training, etc. Fitness programs for seniors with special needs were offered, such as "Sit and Get Fit/PACE" (People with Arthritis Can Exercise). Also, Osteoporosis prevention programs such as "Healthy Bones" and "Bone up Against Osteoporosis" were offered.
- We continued to promote health education and health screening programs by granting Older Americans Act Title III B and D funds to providers of these services. We emphasize reaching target populations with these services.
- We continued to fund health education and screening programs at seven Title III funded senior centers.
- We continued to fund the VNACJ "Preventive Health Program" with Title III D funds. This program provides in-home health risk assessments to homebound seniors.
- Visiting Nurse and Health Service's (VN&HS) "Health Maintenance and Monitoring Program" provided health screenings to over 100 seniors from the target area of Long Branch at easily accessible sites. Most of the sites are located in subsidized senior housing buildings. As of the end of August, 40.0% of clients served were minority seniors; 7.0% of seniors served were Hispanic and 33.0 % African American. This program also offers education on health topics. As of the end of August, a majority of education clients were minorities.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #3: WELLNESS AND HEALTH PROMOTION (Cont'd.)

Progress:

- We continued to work with VN&HS and local churches toward our goal of setting up health screenings for target populations in the Long Branch area at locations where they frequently congregate. As yet we have not been successful in this goal but are still working on this as we feel this is a crucial service for minority seniors.
 - We continued to fund a large countywide screening program with County Public Health funds. This program, provided by VNACJ and known as the "Senior Wellness" program, operates at over 60 sites throughout Monmouth County. As of the end of July, the Senior Wellness Program has conducted 3,327 blood pressure screenings, 3,577 medication reviews, 3,560 cardiovascular assessments and over 30,000 other screenings and/or assessments (i.e., hearing, peripheral arterial disease, edema, respiratory, gastrointestinal) on Monmouth County senior citizens.
4. To continue to publicize the importance of flu and pneumonia vaccinations for seniors.

Progress:

We continued to inform seniors of the importance of these immunizations and their availability through articles in our county senior newsletter, articles in our Title III funded senior centers' newsletters, and through our annual compilation of a list of local vaccination sites. We also continued to fund VNACJ to provide in-home flu and pneumonia shots to vulnerable homebound elderly who are at the greatest risk of death should they contract these illnesses. This program is coordinated annually with our home delivered meals provider so that these homebound seniors are able to receive vaccinations. In 2006, the provider has contracted to provide 174 in-home influenza and/or pneumonia shots.

5. We continued to present information on health education topics in our county senior newsletter as well as at speaking presentations by our outreach field representatives.
6. We continued our cooperative partnership with the American Heart Association and the American Stroke Association, through which our two outreach field representatives have received training to give presentations on Stroke Awareness and Signs of a Heart Attack.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #3: WELLNESS AND HEALTH PROMOTION (Cont'd.)

7. **Progress:** To encourage good nutritional practices in seniors.

We continued to fund nutrition education and nutrition counseling services with Older Americans Act funding and to encourage senior participation in Title III funded congregate and home delivered meals programs. We continued to fund nutrition education and/or screening programs with County Public Health funds through the Senior Wellness program.

- As of the end of July, 1,880 seniors had received nutrition education and/or screening services through the Senior Wellness program.
- Additionally, 1,936 seniors participating in the congregate and home delivered meals programs had received nutrition education from a registered dietitian.
- We continued coordination of the Farmer's Market program for Monmouth County in 2006. We distributed 4,000 vouchers to 1,000 low income seniors at various locations in the County (each senior gets four \$5 vouchers).
- We continued to promote the "Five a Day" fruit and vegetable program through distribution of brochures and health education at nutrition and wellness sites.
- The Office on Aging and the County of Monmouth participated in the national March for Meals campaign for the fifth year on March 22, 2006. The March for Meals campaign is designed to promote public awareness of the need for additional funding for home-delivered meals programs. This year's event kicked off from the Neptune senior center. A new concept this year was to add "Mayors for Meals" into the awareness campaign. Local mayors were invited to help deliver meals in their municipalities. There was a good participation, and this helped to demonstrate the need and importance of this program directly to the Mayors.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #4: **ADVOCACY/PROMOTION**

GOAL #1 To aid in the prevention of exploitation of the elderly.

Objective: To continue participation with TRIAD and other law enforcement agencies in developing and promoting educational programs for seniors.

Progress:

- New instructional programs were developed in partnership with the Sheriff's Department. These programs are "Telemarketing Fraud 101 for Seniors" and "Keeping Your Keys", a driver safety program. These programs are being presented at senior centers and clubs throughout the County.
- Office on Aging continued to work with the NJ State TRIAD Officers Association to promote better use of the State TRIAD web page on which seniors can get information on law enforcement, scams against seniors and other safety topics.
- Office on Aging staff and Advisory Council members will attend the sixth annual "TRIAD University" program in October of 2006. This is a one day training session bringing together law enforcement, Offices on Aging and medical and social service practitioners dealing with the elderly for a day of workshops on contemporary senior initiatives. Topics are to include Project Lifesaver, Medicare Fraud, Waste and Abuse, Telemarketing Fraud and others. The Telemarketing Fraud program will be presented by a police Chief and Office on Aging Field Representative.
- We continued to provide various presentations on senior safety issues at county senior centers, clubs and housing sites in 2006.
- We continued our partnership with the Sheriff's Office to publicize and administer the "Project Lifesaver" program, as described under "Caregiver Support".
- We worked collaboratively with the NJ TRIAD Association to hold a very successful TRIAD picnic that catered to seniors, police officers and various senior service providers. There were over 100 attendees. This picnic allowed us to recognize and honor those seniors and law enforcement members who have achieved and continue to achieve the overall goal of senior safety.
- There was also a TRIAD Luncheon at which the Executive Director of the Office on Aging received the "Person of the Year" award.
- We partnered with the AARP Consumer Fraud Unit. This partnership has provided us with materials such as the 2004/2005 AARP Consumer Fraud Kit which contains videos, presentations, worksheets and interactive activities that can be presented to seniors regarding issues of consumer fraud, identity theft, "phishing", protecting your rights, etc.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #4: ADVOCACY/PROMOTION

GOAL #1

Progress: (Cont'd.)

- We continued to work with the Monmouth County Sheriff's Office on the Senior ID program. Seniors providing proper documentation are photographed and given a "Senior ID card" which can be utilized as an alternate form of identification in some cases should a senior not have a driver's license.
- We continued to conduct a cell phone drive to provide needy seniors with cell phones which they can use only to call 911 in case of emergency. We have been extremely successful with this program. Through September of 2006, we have collected and distributed well over 386 cell phones.

GOAL 2: To participate with TRIAD and other law enforcement agencies in developing safe driving programs for seniors.

Implementing Strategy: To develop Safe Mobility programs.

- The Gold Star Program is a partnership between the Sheriff's Office and the Office on Aging. Seniors can get a "gold star" sticker from the Sheriff's Office which they will affix to the back of their vehicle. Should they be involved in a motor vehicle accident, the Gold Star lets the police know that the glove compartment of the car will contain vital information about the senior which will aid the senior should the accident be serious or life-threatening. As of the end of September of 2006, one of our Outreach Field Representatives has presented 10 seminars on the Gold Star Program to 295 senior citizens throughout Monmouth County.

- Senior driving safety initiative program:

Progress: The program is a collaboration between the State Department of Transportation, NJ Division of Health and Senior Services, Highway Traffic Safety, AARP, Motor Vehicle Commission and County police. The program is known as "NJ Seniors – A Driving Force for Health and Safety". The goal of the program is to improve mobility, safety and health. This project involves making recommendations for safety improvements to an intersection in the County that has been identified as the most dangerous for senior citizens. The intersection being targeted in this effort is in Asbury Park. This project has been delayed but work is being started as of the fall of 2006.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #4: ADVOCACY/PROMOTION (Cont'd.)

GOAL 3: To promote the importance of and celebrate the achievements of senior citizens in our county.

Implementing Strategy:

To sponsor events celebrating seniors and to publicize their contributions to society.

Progress:

2006 accomplishments included our annual Monmouth County Senior Citizens Juried Art Show and annual Senior Picnic. We had 93 seniors participate in the Art Show this year, and sixteen of those went on to the state competition. Of those sixteen, seven placed in their respective categories. Our county Art Show was featured in the *Asbury Park Press* and a local newspaper, the *News Transcript*. There was an article in the *Lifestyle* section of the *Asbury Park Press* on June 29, 2006, and a feature article with front-page photo and coverage in the July 12, 2006, *Plus Fifty* section of the *Press*. Our Senior Picnic drew over 400 participants this year.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #5: BROADEN PARTNERSHIPS TO PROVIDE EXPANDED SERVICES TO SENIORS AND THEIR CAREGIVERS.

Objectives Progress:

- We continued to develop partnerships with other agencies to better serve our Monmouth County seniors. This includes our county Office on Disabilities, which relocated into our building on September 1, 2005.
- We have not yet been able to implement collaboration with the County Office on Disabilities, Human Services, Home Depot and Lowes to provide more ramps for those in need. However, the relocation of the Office on Disabilities into our building will help to facilitate this collaboration.
- We continued to work with agencies providing services to persons with disabilities in our county. We continued to administer county public health grants with two agencies serving persons with disabilities. One is MOCEANS Center for Independent Living which provides personal assistance services. The other is New York Service for the Handicapped's Camp Oakhurst. Camp Oakhurst is a sleepover camp for persons with disabilities which allows the participant an opportunity for socialization and also gives the caregiver a respite period.
- Three members of our staff are members of committees on the New Jersey State Aging and Disability Resource program.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #6: CAREGIVER SUPPORT

GOAL: To provide services to caregivers of frail elderly and their care receivers that will ease the burden on the caregiver, enabling the caregiver to continue in their crucial role.

Objective: To identify caregivers and link them with available services.

Implementing Strategy: Making the Link

The goals of this program are to promote within the medical community the concept that care giving can present a health risk, to increase awareness among physicians of the important health care role played by family caregivers, and to enhance ability of physicians to connect caregivers with services provided by the aging network to help decrease their stress.

Progress:

- This year our staff person responsible for this program met with 55 medical professionals, some who are already participating in the program and some new recruits. Types of medical personnel participating in the program include cardiologists, family practitioners, ophthalmologists, rheumatologists, chiropractors, emergency nurses, clinic directors and many others. The Emergency Departments of all hospitals in the county are also participating.
- We continued to recruit physicians to participate in this program.
- We continued to reach out to emergency department administrators in all County hospitals to place brochures and posters in Emergency Departments.
- We continued to reinforce the importance of the caregiver self-assessment and tip sheet to help caregivers assess how the caregiving role is affecting them and their health.

Objective: Caregiver Awareness Campaign

Progress:

- Executive Director presented many caregiver topics on his “Lasting Lifestyles” cable television show.
- We continued to distribute “Working Caregiver” compact discs to human resource departments as well as Chambers of Commerce, Rotary Clubs and other local organizations.
- Office Field Representative has spoken at employer retiree meetings on caregiver issues.
- We have continued to distribute “Are you a Caregiver?” brochures throughout the county.
- We have continued to promote the State Caregiver NJ website as well as publicizing caregiver services available through our office.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue #6: CAREGIVER SUPPORT

Progress: (Cont'd..)

- We have continued to publish articles in our “Senior Newslines” as well as in local papers promoting caregiver awareness.
- We have continued to participate in the NJ Caring for Caregivers program by partnering with other local agencies to provide the specified services. We have a collaborative relationship with Family and Children’s Service, our county’s State Wide Respite program provider.

Objective: To provide a safety feature for elderly persons with Alzheimer’s and their caregivers

Implementing strategy: PROJECT LIFESAVER

A collaborative program of the Monmouth County Sheriff’s Office and the Monmouth County Office on Aging, the mission is to “use state of the art technology in assisting those who care for victims of Alzheimer’s and other Related Mental Dysfunction Disorders, and victims who become lost”.

Progress:

- To date, the Office on Aging has provided free tracking bracelets to 44 families in need in Monmouth County. The Office on Aging and Sheriff’s Office determine the appropriate recipients based on the medical need of the applicants. We have ordered more bracelets for distribution in 2006 and 2007.
- Those people with the device who have wandered have all been located by the Sheriff’s officers within 30 minutes of being reported lost. The Lifesaver bracelets have been instrumental in relieving the stress levels of caregivers of persons wearing the bracelet.
- There has been a major focus on publicizing the availability of this service which is extremely important for both seniors with Alzheimer’s or other dementia and their caregivers.

IMPLEMENTING STRATEGIES

2006 STATUS UPDATE

Strategic Issue # 6: CAREGIVER SUPPORT (Cont'd.)

Goal: To continue our initiative program, VIEBRIDGE CONNECTIONS, that uses technology to improve the continuity of care provided to the elderly and their caregivers.

Objectives progress:

- We hosted an Open House to launch VieBridge Connections as a free web-based membership program in May of 2006. There was a large attendance and press coverage. Membership has grown steadily each month since the Open House. Presentations are also being made throughout the county to introduce this program to an increased audience. The program is also publicized on the Office on Aging cable television show, "Lasting Lifestyles".
- We continued to expand and update the modules, tools, and resources available within VieBridge Connections based on current research and development and the assessed needs and desires of the caregivers and care receivers.
- We continued to provide education and tools that promote self-directed monitoring of key health indicators such as blood pressure, weight and blood glucose levels.
- We continued to provide supportive services to caregivers that will assist them with the responsibilities of caregiving, thus enabling them to continue in their caregiving role.
- We continued work on implementing a disease management pathway that will provide education to the caregiver and care receiver that encourages self-directed care and improves overall health and well-being.
- We continued to maintain a virtual community concept that holistically supports the caregiver and care receiver.
- We have partnered and networked with other agencies to increase the client census and to expand VieBridge Connections to other settings of care.

Area Agency on Aging Strategic Priorities

PRIORITY 1: Make it easier for older people to access services

The most important first resource for seniors is information on what is available to assist them and how to access services. We continually seek to raise the quality and effectiveness of our Information and Assistance program, including the training of our Information and Assistance Specialists and the updating of information we provide to the public.

GOAL 1: Expansion of information and assistance services available to the aging, disabled and caregiver communities.

STRATEGIES: SENIOR CITIZENS

1. Produce a minimum of eight sessions of “Lasting Lifestyles” television shows hosted by the Executive Director of the Office on Aging on Brookdale TV/Comcast Cable. These shows will be on issues of interest to senior citizens and caregivers such as health, safety and caregiver resources.
2. Continue to publish our office’s senior newsletter *Senior Newslines* on a monthly basis. The *Newslines* contains articles on topics of special interest and concern for senior citizens and caregivers.
3. Update and expand our County Senior Resource Directory and our Monmouth County Office on Aging website.
4. Continue to publish feature articles on aging issues in local newspapers including *Farmingdale FanFare*, *Monmouth Magazine* and a Hispanic newspaper, *Nosotros*.
5. Deliver specific outreach and education to encourage senior citizens and caregivers to register and participate within the VieBridge Connections web-based support program.
6. Utilize Monmouth County Office on Aging Outreach vans to reach senior citizens and caregivers in order to provide Information and Assistance to those that we are not currently reaching with our services.

Area Agency on Aging Strategic Priorities

PRIORITY 1: Make it easier for older people to access services

GOAL 1, STRATEGIES: (Cont'd.)

7. Provide organizations and clubs with timely topical presentations on Office on Aging services and programs (i.e., Project Lifesaver, Gold Star Program, Senior Safety, Overview of senior services in Monmouth County, etc.).
8. Explore the possibilities of establishing/expanding TV and web-based programming in an off-campus TV Studio in partnership with Brookdale Community College in order to reach a wider range of the senior and caregiver populations.

PERFORMANCE MEASURES:

- Segments of Lasting Lifestyles TV shows and *Senior Newslines* articles on senior and caregiving issues.
- Resource Directory and web site.
- Membership of VieBridge Connections program.
- Speaking engagements.
- Representation of Office on Aging in the media.

PERSONS WITH DISABILITIES:

The Monmouth County Office on Disabilities relocated to the Office on Aging building on September 1, 2005. This will greatly increase collaboration with the Disabilities Office in order to better serve the aging and disabled populations. We are also working to support expansion of staff for the Office on Disabilities, in order to foster more I&A and outreach services from the office. Three members of our staff are members of subcommittees for the State of New Jersey Aging and Disability Resource program.

Area Agency on Aging Strategic Priorities

PRIORITY 1: Make it easier for older people to access services

GOAL 1, STRATEGIES: (Cont'd.)

1. Publish articles on specific disabilities and resources for persons with disabilities in our Monmouth County Office on Aging newsletter, *Senior Newslines*.
2. Deliver specific outreach and education to the disabled population to encourage them to register and participate within the VieBridge Connections web-based support program.
3. Develop a resource center within the VieBridge Connections Program specifically focused on the disabled population.
4. Utilize Monmouth County Office on Aging "Outreach Vans" to reach this population. Provide literature and presentations on specific disabilities and resources for persons with disabilities.
5. Explore the possibilities of establishing/expanding TV and web-based programming in an off-campus TV Studio in partnership with Brookdale Community College in order to reach a wider range of the disabled community.
6. Continue to develop partnerships with other agencies to better reach and serve Monmouth County residents with disabilities. Examples of agencies include our County Office on Disabilities and MOCEANS Center for Independent Living.

PERFORMANCE MEASURES

- Segments of Lasting Lifestyles TV shows and *Senior Newslines* articles on disabilities topics.
- Resource Directory and web site.
- Membership of VieBridge Connections program.
- Speaking engagements.
- Partnerships with agencies serving persons with disabilities.

Area Agency on Aging Strategic Priorities

PRIORITY 1: Make it easier for older people to access services

GOAL 2: To generate and disseminate information on senior services through a coordinated system of well-trained workers.

STRATEGIES:

- Two of our Information and Assistance staff have become certified as Information and Referral Specialists in Aging after undergoing training to meet the I&A standards of the Alliance of Information and Referral Systems (AIRS). Our third I&A worker will be taking the test in the fall of 2006.
- Monmouth County Office on Aging I&A staff will continue to use the “Information and Assistance” web based intake reporting system called “Peer Place” which was implemented in this county on September 1, 2005. This program allows for direct referrals to VieBridge Connections and to Care Management services.
- Continue to work with NJ4A and the New Jersey Department of Health and Senior Services to coordinate and integrate the web-based Information and Assistance system so that it can interface with the 211 Information and Referral system.
- Continue the recruitment of care managers, outreach workers and nurses in our agency who are culturally competent and who can speak the languages of those we serve.
- Continued attendance of our bi-lingual outreach worker at Cultural Sensitivity training seminars. The outreach worker is bi-cultural (Hispanic) and was hired to outreach to minority populations. Besides Hispanic culture, these trainings include cultural information on African Americans, Asians and Native Americans. These seminars help outreach workers to better understand these cultures in order to improve outreach and other service provision to these populations. These seminars provide important information about cultural diversity and cultural sensitivity.
- Continued assistance for seniors applying for or switching Medicare Part D prescription plans. In 2006 we were able to hire two temporary workers through a National Association of Area Agencies on Aging grant. Their role was to provide counseling and enrollment assistance in our office as well at other community locations. They were also available for home visitation if needed.

PERFORMANCE MEASURE

Trainings and workshops attended by I&A workers.

Area Agency on Aging Strategic Priorities

PRIORITY 1: Make it easier for older people to access services

GOAL 3: Reach out to minority seniors and increase accessibility of Title III services to this population.

Specific Outreach to Hispanic seniors:

The recent population and stratification trends in Monmouth County evidence the need for tailor-made outreach services that are amenable to the Hispanic population. Culturally, the Hispanic senior citizen population is cohesive and primarily congregates at private family gatherings and at church related social functions. The Monmouth County Office on Aging recognizes this cultural factor and has integrated with various churches throughout the county. Many of the churches that have established a cooperative partnership with the Monmouth County Office on Aging are Hispanic congregations that are solely maintained by the Hispanic community. Examples of these churches are St. John the Baptist in Long Branch and the Spanish Assembly of God in Long Branch. Other congregations such as St. Rose of Lima in Freehold and St. Mark's of Brielle cater primarily to the non-Hispanic parishioner but have special Spanish services and host social gatherings for Hispanics. The Monmouth County Office on Aging has worked with both types of congregations to ensure that services are well-publicized.

STRATEGIES:

- Continue to be a key member of Latino coalitions throughout the county and the state such as the Monmouth County Hispanic Chamber of Commerce, the Women in Need Project, the Puerto Rican Action Board and the League of United Latino Active Citizens. Membership in and collaborations with these groups will help to maintain an effective coalition that helps to address the needs of the target population.

Outreach to all Minority Seniors:

- Continue to work cooperatively with various health providers such as Visiting Nurse Association, the American Cancer Society, American Heart Association, American Stroke Association, hospitals, clinics and parish nursing programs to reach minority seniors and ensure that they are receiving needed health screenings and services as detailed under PRIORITY 3.

Area Agency on Aging Strategic Priorities

PRIORITY 1: Make it easier for older people to access services

GOAL 3, STRATEGIES: (Cont'd.)

- Sit on key advisory committees and actively participate in decisions which are made for the underrepresented. These committees develop strategies that help to address diversity relations, community education, outreach, marketing and public relations.
- The Executive Director of the Office on Aging will continue to serve on the Ministry to the Aging Steering Committee of the Diocese of Trenton. Membership consists of professionals from agencies in four counties (Monmouth, Ocean, Burlington and Mercer) as well as nurses and senior citizen representatives, social workers and the Coordinator of the Ministry to the Aging. The Executive Director also works with Parish Liaison Representatives and Parish Nurses.
- Work with the Haitian community through our collaboration with the Asbury Park Coalition. They serve the Haitian community in the Asbury Park/Neptune area, where there is a significant number of this population. Also, the Mercy Health Center in Asbury Park works with a large number of Haitians and the Outreach Worker will continue to network with this agency.
- Continue to outreach to the Brazilian population in areas such as Long Branch and Bradley Beach by utilizing all the resources provided by our cooperative partnerships.
- Work with two adult day care centers that have a significant number of Russian participants.
- Continue to work with Howell Senior Center to reach out to the large number of Russian Kalmuk residents that live in Howell Township.
- Attend multicultural events with the Information Van such as Russian Day and Slovak Day at the PNC Arts Center.

Area Agency on Aging Strategic Priorities

PRIORITY 1: Make it easier for older people to access services

GOAL 3, STRATEGIES: (Cont'd.)

PERFORMANCE MEASURES

- Participation in coalitions and advisory boards of minority organizations or other organizations that are attempting to reach the minority senior population.
- Increased provision of Title III services to minority populations as well as use of other community services by these populations.

Office on Aging will also continue to encourage increased multi-cultural participation in our County Senior Art Show and Senior Picnic.

Area Agency on Aging Strategic Priorities

PRIORITY 2: Provide Care Management to the frail elderly in order to help them remain living in the community.

TRENDS AND CONDITIONS

The Home and Community-based Services 2004 report by the National Association of Area Agencies on Aging ⁽⁹⁾ notes the following regarding long term care services:

Long term care options are limited and can be costly unless home and community-based services are available. Medicare does not cover long term care services. The annual cost of care in a nursing home ranges between \$45,000 to more than \$110,000. Current long term care insurance is cost-prohibitive for older Americans with modest incomes and benefits are limited in scope and duration. Before individuals can qualify for Medicaid, the largest government-funded long term care program, many are required to "spend down" their assets. The most preferred form of long term care is provided through home and community-based services, such as home-delivered meals, homemaker services, and respite care that enable people to remain independent in their own homes and communities.

Despite strong evidence that individuals prefer home and community-based services, Medicaid's basic long term care entitlement is still directed to covering the cost of nursing home care. During the last several years Medicaid funding for home and community-based services has increased. However, Medicaid long-term care expenditures are still predominantly institutional. More than 70% of Medicaid's spending for long term care continues to go to nursing homes, even though it costs considerably less to provide care for someone in their own home or community.

The National Family Caregiver Support Program, enacted in 2000 and administered by AAAs at the local level, was a first step toward acknowledging the valuable role of caregivers of older adults and persons with disabilities and their need for community-based support. These program funds enable local communities to connect families with information on caregiver resources and local services, to provide counseling, training and peer support for caregivers, and to provide services needed by older adults and their families, such as respite care, in-home services and adult day care.

For those seniors and their caregivers who need more than information and short-term assistance in order to remain living independently, our goal for the Care Management department is to enable as many seniors as possible to live in the community by providing the assistance of our care managers. Care managers assess the needs of the senior, develop a plan of supportive services with the senior's input and arrange for the services to be delivered.

Area Agency on Aging Strategic Priorities

PRIORITY 2: Provide Care Management to the frail elderly in order to help them remain living in the community.

GOAL: Work toward the goal of enabling the frail elderly to remain living in the community through continued administration of enhanced community options programs as well as expansion of Office on Aging Care Management services.

STRATEGIES:

- Continue to administer the Assisted Living Waiver program, JACC, CAP and a number of CCPED slots in Monmouth County.
- Continue to manage increased “Global Options” clients as more frail elderly individuals have the opportunity to receive community care so that those who choose to can be discharged from nursing homes and return to live in the community setting of their choice. The hope is that the number of G.O. clients will greatly increase. This will work towards reducing institutionalization and demonstrating the cost effectiveness of people remaining in the community.
- Continue to educate the seniors and professionals in the community about the various Enhanced Community Options waiver programs, and to give the consumer the choice of programs that best meets his/her needs.
- Expand the staff of the Care Management Services program as the number of clients expands.
- Care Managers will continue to work in teams of one RN and one MSW covering all cases in geographical areas of Monmouth County. The county is divided geographically into five districts, and the teams will continue to handle all clients in their district regardless of the program under which they are receiving services.
- All Care Managers have been cross-trained to all programs and to care management of NJ EASE clients.
- Care Managers will continue to collaborate closely with community organizations that receive Title III funding for supportive services, with Adult Protective Services and with the Statewide Respite Care Program to ensure seamless service delivery to clients and their caregivers.
- The new “Information and Assistance” web based intake reporting system called “Peer Place” which was implemented in this county on September 1, 2005, will allow for direct referrals to our Care Management department.
- Integration of Care Management technology with our existing I&A software technology will result in better support, tracking and reporting.

Area Agency on Aging Strategic Priorities

PRIORITY 2: Provide Care Management to the frail elderly in order to help them remain living in the community. (Cont'd.)

STRATEGIES: (Cont'd.)

In 2007 the Office on Aging will begin utilizing Title III funding to support a service it has never funded in the past: Housekeeping. We have funded certified home health aide (CHHA) services for many years, however it was noted by our Care Managers as well as our Title III CHHA provider that many clients do not need the full range of personal care that only a CHHA can provide. A large number of seniors are in need of services such as light or heavy housecleaning (i.e. laundry, dusting, cleaning, meal preparation) that can be provided by non-professional staff. This service is not as costly to provide as the CHHA service.

PERFORMANCE MEASURES

- Number of clients served by the Care Management Department.
- Particular emphasis on the number of clients able to return to the community through the Global Options program.

Area Agency on Aging Strategic Priorities

PRIORITY 3: Help older people to stay active and healthy

The goal for Wellness and Health Promotion is to promote and sponsor activities that help encourage healthy aging. As people live longer, we want them not only to have a longer quantity of life but a better quality of life as well. These activities are part of the Outreach, Care Management and VieBridge Connections programs of the Office on Aging as well as services provided by our grantees.

TRENDS AND CONDITIONS

Healthy People 2010, the federal strategy for improving the nation's health during the next decade, emphasizes the importance of community-based programs for older adults that will "postpone or prevent disease and disability, maintain and improve health status, prevent unnecessary hospitalizations, contain costs and enhance independence and quality of life."⁽¹⁰⁾ The objectives for older adults in Healthy People 2010 include meeting the needs of the elderly through medication and nutrition counseling, education and follow-up.

According to the 2003 Centers for Disease Control and Prevention (CDC) report, "Healthy Aging for Older Adults", nine out of ten adults over the age of 65 go without appropriate health care screenings. Screening tests can catch conditions or diseases in their early stages, when they are more easily treated, and substantially reduce the impact of illnesses such as heart disease, hypertension, cancer, or diabetes. In addition, the results may help identify potential risk factors for disease that can be managed with simple lifestyle changes.⁽¹¹⁾

The Administration on Aging (AoA) website⁽¹²⁾ "Healthy Lifestyles" section notes that exercise and good nutrition play important roles in healthy aging. It advises that many factors contribute to a lack of nutritional health in older people. Eating too much or too little, eating alone, taking medications, suffering from chronic diseases or conditions, financial difficulties, and needing assistance with care are just a few examples of factors that can affect eating habits. Whether someone is a caregiver or an older American, it is important to eat foods rich in nutrients and reduce intake of empty calories.

The AoA also advises that inactivity often increases with age. Surveys show that by age 75, one in three men and one in two women are not physically active. Research indicates that the continuing epidemic in obesity among all ages can significantly reduce length of life, yet few older adults engage in recommended levels of physical activity and significant numbers do not engage in any physical activity at all. Nationally, New Jersey ranks 8th in the number of obese older adults (16.3%). Physical activity can help older adults prolong their independence and improve their quality of life. It can also improve mood and relieve depression. Staying physically active on a regular, permanent basis can help prevent or delay certain diseases (such as some types of cancer, heart disease, or diabetes) and disabilities as people grow older. Regular exercise can even improve management of some diseases and disabilities in older people.

Area Agency on Aging Strategic Priorities

PRIORITY 3 Help older people to stay active and healthy

Trends and Conditions (Cont'd.)

Pneumonia and influenza together constitute the fifth leading cause of death among New Jersey residents; almost 90% of these deaths occur in persons aged 65 and over. This is especially true among the black non-Hispanic population, among which there has been a low rate of pneumonia vaccinations. An influenza vaccine can prevent up to 60% of hospitalizations and 80% of influenza-related complications among the elderly.

The N.J. Division of Senior Affairs State Strategic Plan on Aging, October 1, 2002 to September 30, 2005 states under Strategic Issue # 2-Older Adult Health and Wellness: "With the growth in the aging population and life expectancy, the need for programs to promote wellness and manage chronic conditions becomes a critical issue for us to address". It further states that "Diversity in health status of seniors requires that the Department of Health and Senior Services develop programs to address the health status of people who are well and living actively and independently in the community, people experiencing some physical limitations due to chronic disease and people with significant physical conditions/limitations due to established illnesses and/or chronic disease(s). NJDHSS feels that education and screening play a vital role not only in promoting health and preventing disease, but also in managing and coping with disease so that those with chronic diseases can maintain as much independence as possible.

The CDC notes in "Trends in Causes of Death Among the Elderly" ⁽¹³⁾ that for those born in the second half of the 20th century, chronic diseases replaced acute infections as the major causes of death. Older Americans can expect to live longer than ever before. Under existing conditions, women who live to age 65 can expect to live about 19 years longer, men about 16 years longer. Whether the added years at the end of the life cycle are healthy, enjoyable, and productive depends, in part, upon preventing and controlling a number of chronic diseases and conditions.

Heart disease and cancer have been the two leading causes of death among persons 65 years of age and older for the past two decades. Over one-third of all deaths are due to heart disease, and cancer accounted for about one-fifth of all deaths. Other major leading causes of death among the elderly include Alzheimer's disease and renal diseases. Chronic diseases affecting a large number of persons age 65 and older include stroke, chronic obstructive pulmonary diseases (COPD), diabetes and pneumonia and influenza. For heart disease, advances in prevention and treatment offer the hope that death rates will continue to decline. Adopting healthy lifestyles (such as reasonable physical activity, a balanced diet, and stable lean body weight) that are known to reduce risk factors for heart disease should reduce the onset of circulatory problems. The multi-pronged approach of public health education, screening, and early intervention and treatment of disease could yield positive results.

Area Agency on Aging Strategic Priorities

PRIORITY 3 Help older people to stay active and healthy

GOAL: To promote active, healthy lifestyles for older adults including fitness activities, health education and screenings

OBJECTIVE 1: Promote senior physical fitness programs:

STRATEGY:

Continue to use Title III funds to support eight senior centers in offering Physical Fitness programs to their clientele, and encourage centers to offer all levels of fitness programs. Examples of programs currently offered are: Yoga, Tai Chi, line dancing, cardio workout, walking, Project Healthy Bones (exercise and education program for people with or at risk of osteoporosis), AFAP-Arthritis Quality of Life Program (formerly known as PACE-People with Arthritis Can Exercise), Tai Chi for People with Arthritis and Sit and Get Fit. A wide range of programs enables seniors to find the type of exercise that will most benefit them.

PERFORMANCE MEASURES: Senior participation in physical fitness programs.

OBJECTIVE 2: Promote health education and health screening programs by continuing to support these programs with Title III B and D funds. We will emphasize reaching the target populations with these services.

STRATEGIES:

- Continue to fund health education and screening programs at seven Title III funded senior centers.
- Continue to fund the VNACJ “Preventive Health Program” with Title III D funding which provides “in-home health risk assessments” to homebound seniors.
- Continue to fund Visiting Nurse and Health Service’s “Health Maintenance and Monitoring Program” which provides health screenings each year to almost 200 seniors from the target area of Long Branch at easily accessible sites. The majority of the sites are in subsidized senior housing buildings. Many low income minorities are reached with this service. We also fund this provider for health education programs. A large percentage of the seniors provided with this service are also low income minorities.
- Continue to present information on health education topics in our county senior newsletter as well as through educational presentations by our field representatives.

Area Agency on Aging Strategic Priorities

PRIORITY 3 Help older people to stay active and healthy

OBJECTIVE 2, STRATEGIES: (Cont'd.)

- Publish at least one article per month in our Office's monthly newsletter that deals with issues that promote well being and/or physical fitness.
- Continue to work cooperatively with Visiting Nurse and Health Services and local churches in Long Branch toward the goal of setting up health screening sessions for Spanish-speaking seniors.
- Continue to utilize County Public Health funds to support a large countywide health screening and education program: Visiting Nurse Association of Central Jersey's "Senior Wellness" program, which operates at over 60 sites throughout Monmouth County.

Objectives of the Senior Wellness program for 2007 include providing a minimum of:

- 5,000 cardiovascular assessments
- 2,500 medication review and counseling sessions
- 2,500 nutrition counseling sessions
- 2,000 psychological, emotional or social counseling sessions

Thousands of other screenings and/or assessments (i.e., hearing, peripheral arterial disease, edema, respiratory) will also be conducted by this program in 2007.

PERFORMANCE MEASURES

- Number and types of Senior Wellness screenings performed.
- Number of clients served with other health education and screening programs.
- Number of health-related educational presentations by Office on Aging outreach workers as well as number of health-related articles in our county senior newsletter.

Area Agency on Aging Strategic Priorities

PRIORITY 3 Help older people to stay active and healthy

OBJECTIVE 3: Continue to publicize the importance of influenza and pneumonia vaccinations for seniors.

STRATEGIES:

- Articles in our county senior newsletter.
- Articles in our Title III funded senior centers' newsletters.
- Annual compilation of a list of local vaccination sites for those who call our office as well as listings in our county senior newsletter.
- Funding of VNACJ with Title III D funds to provide in-home flu and pneumonia shots to vulnerable homebound elderly who are at the greatest risk of death should they contract these illnesses. This program is coordinated with our home delivered meals program provider so that these homebound seniors are able to receive vaccinations.

PERFORMANCE MEASURES

- List of flu shot clinics and dates for distribution.
- Articles in our county senior newsletter on importance of influenza and pneumonia vaccinations for seniors.

OBJECTIVE 4: To encourage good nutritional practices in seniors.

STRATEGIES:

- Continue to fund nutrition education and nutrition counseling services with Older Americans Act funding.
- Continue to fund nutrition education and/or screening programs with County Public Health funds through the Senior Wellness program. The Senior Wellness program has begun to stress the dire consequences of the country's obesity epidemic among all ages.
- Continue participation in the Farmer's Market program. In 2007, we hope to expand the reach of this program in our county. We will make special efforts to reach the Bayshore area of the county, specifically the Keansburg/Union Beach area, which was not served in 2006. A new distribution center is also being added: a food pantry known as CHANT, which is in Neptune, a target area for low income and minority seniors.
- Continue to promote the "Five a Day" fruit and vegetable program through distribution of brochures and health education at nutrition and wellness sites.

Area Agency on Aging Strategic Priorities

PRIORITY 3 Help older people to stay active and healthy

OBJECTIVE 4 (Cont'd.)

Title III Nutrition Program:

- Continue to encourage senior participation in Title III funded congregate and home delivered meals programs.
- Continue to establish new directions for senior nutrition emphasizing a variety of food selections such as salad bars, fresh food alternatives, flexible menus, breakfast/brunch and new dining atmospheres.
- Re-open a congregate nutrition site in Long Branch, a target area for low income and minority seniors.
- Explore the possibility of a satellite nutrition site in Long Branch which will serve the Hispanic senior population by offering culturally desirable meals.
- Increase attendance at the Western Monmouth Kosher congregate site.
- Determine whether Asbury Park would benefit from an additional nutrition site on the opposite side of the City from the current site.

PERFORMANCE MEASURES

- Number of seniors provided with nutrition education and counseling.
- Participation in the Farmer's Market program and number of seniors in the Keansburg/Union Beach area receiving vouchers.
- Changes in meal options.
- Changes in and additions of some congregate nutrition sites.

Area Agency on Aging Strategic Priorities

PRIORITY 3 Help older people to stay active and healthy

OBJECTIVE 5: Collaborate with various organizations to encourage minority and low income seniors to participate in health education and screening programs.

- Continue to work cooperatively with other health service providers to reach the minority population. Our direct involvement is essential in order to ensure that the minority population receives various types of health screenings that they would not ordinarily receive.
- Partner with Visiting Nurse Association of Central Jersey and the American Cancer Society as a member of the Cancer Coalition of Monmouth County. This coalition meets monthly to discuss new ways to outreach to the populations who most need the free screenings and information. We will participate in events and distribute information about various types of cancer that have a high incidence in minority seniors.
- Work cooperatively with the American Heart Association (AHA) and the American Stroke Association (ASA) to inform target groups of the perils of both diseases. Presentations can be given and publications distributed in the native language of the group addressed.
- Continue to work with the four hospitals in Monmouth County in their efforts to reach minority populations.
- Continue collaborating with the Parish Nursing program in reaching target group seniors. The Parish Nursing program has partnered with the American Heart Association to provide a “Mind, Body and Spirit” program. This program is targeted to minority and culturally diverse groups. Some of the participating Parish nurses are from St. John the Baptist and St. Anthony’s, both of which have a large number of Hispanic senior participants. Also, one of the nurses works with “Iglise Mon Dieu”, a Haitian church, and one with St. Joseph’s in Keyport, which serves a significant number of Hispanic and low income seniors.

PERFORMANCE MEASURES

- Number of minority seniors served with health education and screening programs.
- Participation in coalitions and on Boards of organizations dedicated to increasing minority senior participation in health and wellness programs.

Area Agency on Aging Strategic Priorities

PRIORITY 3 Help older people to stay active and healthy

OBJECTIVE 6: Focus on Wellness Self Management.

VieBridge Connections is a web based service designed to help individuals and families with the self-management of chronic conditions. It aids the user to become more knowledgeable about their health and ways to live with chronic conditions. It contains essential tools for disease self-management including risk screens, goal setting, ways to monitor key conditions and many ways to learn more about specific conditions and how to manage them. This is accomplished by providing: convenient access to professionals online, disease resource centers with tips and guides, latest research on specific conditions, extensive articles and links, an unsurpassed video library and information about what informal caregivers are doing to be successful. The program also provides preventive health resources for medication management, nutrition, diet and weight management, fitness and exercise, self monitoring of vital signs or those of a loved one and setting and tracking goals.

STRATEGIES:

Medication Management:

The VieBridge Connections web site contains a comprehensive medications inventory including both prescription and over the counter medications, medications reminders (online), medications look-up and profiling, consumer education materials on proper use of prescription drugs, OTC medications, easy to use reference guides so that consumers can learn more about available medications and become more adept at medications management, refill notices, access to online pharmacies, as well as up-to-date information on prescription benefits programs, including Medicare Part D.

Nutrition, diet and weight management:

The VieBridge site contains a multitude of resources to aid in self-management of nutrition, diet and weight management including information on dietary guidelines, using the new Food Pyramid, a Food Nutrient Profiler, weight management sources, healthy eating sources, a menu planner, a food diary and a fitness diary.

Area Agency on Aging Strategic Priorities

PRIORITY 3 Help older people to stay active and healthy

OBJECTIVE 6, STRATEGIES: (Cont'd.)

Self monitoring of vital signs:

VieBridge Connections offers tools such as a BMI Calculator Body Fat Estimator, Basal Metabolism Calculator, Target Heart Rate Calculator.

Easy access to health resources:

The VieBridge Connections site contains a video on demand library and links to resources on conditions such as Alzheimer's Disease, dementia, depression, cancer, diabetes, congestive heart failure, Parkinson's Disease, respiratory conditions and any other illness a user wishes to research.

PERFORMANCE MEASURES

Increased membership in the VieBridge Connections program.

Area Agency on Aging Strategic Priorities

PRIORITY 4: Enhance the safety of older people through emergency preparedness and education on safe driving and fraud against the elderly.

Our goal is to empower seniors to help them protect themselves from exploitation and to aid them in emergency preparedness.

GOAL 1: Establish an emergency preparedness plan for seniors and persons with disabilities.

Disasters are an overwhelming challenge for anyone, but they present greater challenges for people who face mobility, health or age-related challenges. Additional considerations are needed when preparing for an emergency. Having a plan in place will help alleviate anxiety, confusion and feelings of vulnerability in the event of an emergency. During an emergency, persons with disabilities may require (1) additional assistance with evacuation and (2) additional assistance using transportation to get to a safe place. Planning is needed for pre-disaster, disaster duration, aftermath and recovery stages.

STRATEGY:

Partnering with the Monmouth County Department of Emergency Management, the Monmouth County Sheriff's Office, the Office on Disabilities and other support agencies, we will develop emergency plans and services for seniors and the disabled community that include:

1. Creating a Special Needs Registration Form:

Development of a form which would list vital information such as name, address, emergency contact, physician, pharmacy, medications and any special needs a person may have. These needs may include assistance to care for self such as a special diet, special medical care (dialysis), special equipment needed (i.e. oxygen, lift chair), etc.

2. Identifying seniors and persons with disabilities with special needs in order to reach out to them in case of emergency:

Development of a plan to identify seniors with special needs and persons with disabilities by working with organizations such as senior centers, clubs and housing sites, faith based groups, SCAT county special transportation, pharmacies, Meals on Wheels, Visiting Nurse Association and organizations which serve or are access points for persons with disabilities.

Development of a community-wide map highlighting neighborhoods with a high concentration of older people.

3. Coordinating with Transit systems to plan for evacuation assistance for the above populations.

Area Agency on Aging Strategic Priorities

PRIORITY 4: Enhance the safety of older people

GOAL 1 (cont'd)

4. Conducting a multi-media campaign to educate seniors, the disabled community, caregivers and the community-at-large on “Emergency Readiness Plans”. This will include but is not limited to: Office on Aging “Lasting Lifestyles” cable television show, OOA senior newsletter and local media.
5. Explore avenues for partnerships for funding opportunities to assist us in our Emergency Readiness projects.

PERFORMANCE MEASURES:

- Creation of a Special Needs Registration Form.
- Development of a plan to identify seniors with special needs and persons with disabilities, culminating in development of a community-wide map highlighting neighborhoods with a high concentration of older people.
- Launch of a multi-media campaign to educate seniors, the disabled community, caregivers and the community-at-large about “Emergency Readiness Plans”.

Area Agency on Aging Strategic Priorities

PRIORITY 4: Enhance the safety of older people

GOAL 2: Prevention of exploitation of the elderly.

Objective 1: Continue participation with TRIAD and other law enforcement agencies in developing and promoting educational programs to protect seniors against scams.

TRENDS AND CONDITIONS:

According to the Federal Bureau of Investigation (FBI) web-site article "Fraud Target: Senior Citizens"⁽¹⁴⁾ it is noted that it has been the experience of the FBI that the elderly are targeted for fraud for several reasons:

- 1) Older American citizens are most likely to have a "nest egg," own their home and/or have excellent credit. The fraudster will focus his/her efforts on the segment of the population most likely to be in a financial position to buy something.
- 2) Individuals who grew up in the 1930s, 1940s, and 1950s were generally raised to be polite and trusting. The con-man will exploit these traits knowing that it is often difficult for these individuals to say "no" or just hang up the phone.
- 3) Older Americans are less likely to report a fraud because they don't know who to report it to, are too ashamed at having been scammed, or do not know they have been scammed. In some cases, an elderly victim may not report the crime because he or she is concerned that relatives may come to the conclusion that the victim no longer has the mental capacity to take care of his or her own financial affairs.
- 4) When an elderly victim does report the crime, they often make poor witnesses. The con-man knows the effects of age on memory and is counting on the fact that the elderly victim will not be able to supply enough detailed information to the authorities. The victims' realization that they have been victimized may take weeks or, more likely, months after contact with the con-man. This extended time frame makes remembering the details of the fraud difficult.
- 5) When it comes to products that promise increased cognitive function, virility, physical conditioning, anti-cancer properties and so on, older Americans make up the segment of the population most concerned about these issues.

Area Agency on Aging Strategic Priorities

PRIORITY 4: Enhance the safety of older people

TRENDS AND CONDITIONS: (Cont'd.)

According to the 2003 Telemarketing Fraud Report prepared by the National Consumers League National Fraud Information Center, in 2003 34% of Telemarketing Fraud victims were persons age 60 and over. The steepest rise in victims between 2002 and 2003 was in the 70+ age group. Top complaints for victims ages 60 and older were prizes/sweepstakes (66%); lotteries/lottery clubs (59%) and magazine sales scams (52%)⁽¹⁵⁾.

The Monmouth County Office on Aging has been partnering with the Monmouth County Sheriff's Department for years on many programs to protect and inform seniors of scams so that they can avoid becoming victims.

STRATEGIES:

- Promote new joint projects with the Sheriff's Office such as "Telemarketing Fraud 101 for Seniors". The Kick-off for this program was held at the Howell Senior Center on Sept 22, 2006. Presentations will be made across the county in the remainder of 2006 and in 2007.
- Continue to promote use of the State TRIAD web site on which seniors can obtain information on law enforcement and scams against seniors.
- Continue to actively participate in TRIAD University each fall. This is a statewide conference which highlights successful programs of Offices on Aging, seniors and law enforcement working together to make life safer for all concerned. Attendees are representatives of each of these groups, including Office on Aging Advisory Council members.
- Continue to provide presentations at local senior centers and clubs on various safety issues.
- Along with the Monmouth County Sheriff's Office, continue to run the Project Lifesaver program(see Priority 5, Goal 3 for information on this program) and promote the program throughout the County through ads and speaking engagements by Sheriff's Officers and one of our Office's outreach workers.
- Continue to partner with the Sheriff's Office to distribute "Refrigerator Cards". These cards are placed on a senior's refrigerator and contain information on emergency contacts, medications taken and medical conditions of the senior. This is a tool to aid law enforcement and emergency personnel to better assist a senior victim in case of an emergency in the senior's home.

PERFORMANCE MEASURES:

- Number of presentations by Office on Aging outreach workers on senior safety topics.
- Participation of staff and Advisory Council members in TRIAD University.

Area Agency on Aging Strategic Priorities

PRIORITY 4: Enhance the safety of older people

GOAL 3: To participate with TRIAD and other law enforcement agencies in developing safe driving programs for seniors.

TRENDS AND CONDITIONS:

SAFE MOBILITY ISSUES FOR OLDER PEOPLE

The following excerpt is taken from the **Safe Mobility for Older People Notebook**, a Research Product of the National Highway Traffic Safety Administration Model Driver Screening and Evaluation Program⁽¹⁶⁾:

Mobility is central to quality of life. There is a well-established link between restricted mobility among older persons and the onset or acceleration of diverse physical and mental health problems. Costs to society to provide care for seniors who lose their mobility also rise dramatically. The goals of a U.S. D.O.T Policy Initiative, "Safe Mobility for Life" are to help seniors preserve independent functioning and to retain the dignity and self-esteem that result from providing for one's own mobility needs as long as it is possible to do so without unacceptable risk to oneself or to others.

In our society personal mobility, to an overwhelming degree, is tied to the ability to drive a car. People who drive automobiles can exercise the freedom to choose where to work, live, and recreate; their social needs and maintenance requirements can be self-fulfilled; and they can travel virtually at any time they desire. These attributes of a contemporary lifestyle, and the means most often used to attain them, are perceived to be among the basic rights of every adult.

As people age, however, their ability to safely drive a car may be compromised by a variety of functional impairments. The functional abilities at issue include vision, attention, perceptual skills, memory, decision making, reaction time and different aspects of physical fitness and performance. With increasing age, the occurrence of disease and pathology are more common and, even in their absence, declines in functional abilities are to be expected as a normal consequence of aging. There is an accumulating body of evidence to show that impairments in one or more areas of functional capability significantly increase a driver's risk of a crash. And because of their higher vulnerability, older persons involved in an automobile crash are more likely than their younger counterparts to be seriously injured or killed. The leading cause of accidental death for older persons is a car crash.

Area Agency on Aging Strategic Priorities

PRIORITY 4: Enhance the safety of older people

GOAL 3: To participate with TRIAD and other law enforcement agencies in developing safe driving programs for seniors.

TRENDS AND CONDITIONS:

SAFE MOBILITY ISSUES FOR OLDER PEOPLE (Cont'd.)

The changing demographics in our society underscore the consequences of age-related driving impairments as an emerging public health issue. The population over age 65 will grow by 60% in the next 20 years. During the decade from 2020 to 2030, the proportion of Americans over the age of 65 will increase to more than 1 in 5. The development of screening procedures for license renewal and regulatory control that are fair, accurate, and which can be administered cost-effectively is therefore a clear priority.

Improved practices for assessing drivers' abilities and driving skills are overdue. Through the decade of the 1990s and beyond, as people age 85 and older have emerged as the fastest growing segment of our driving population, the driving task itself has become characterized by ever-growing traffic volumes and congestion, plus novel highway features and vehicle technologies that demand greater attention by the driver. Most seniors are as capable of driving safely as their younger counterparts, and when they become aware that they have a problem they typically act responsibly by limiting or modifying their driving habits. Still, some diminished functional capabilities are more difficult to detect or may be denied; and the margin for 'human error' in many driving situations has become vanishingly small. Thus the payback for more accurate prediction of who is at greatest risk of causing a crash is substantial – both for the individual and for society.

Providing tools for self-evaluation by older drivers, and for screenings in various health care and social service settings in the community, is strongly emphasized in the *Notebook*.

Area Agency on Aging Strategic Priorities

PRIORITY 4: Enhance the safety of older people

GOAL 3: To participate with TRIAD and other law enforcement agencies in developing safe driving programs for seniors.

TRENDS AND CONDITIONS:

SAFE MOBILITY ISSUES FOR OLDER PEOPLE (Cont'd.)

I.A. IDENTIFY OLDER PEOPLE WHO ARE AT HIGH RISK OF CRASHES

I.A.1. Epidemiology

- (a) Dementia
- (b) Cataracts
- (c) Diabetes and Associated Conditions
- (d) Glaucoma
- (e) Foot Abnormalities
- (f) Falls
- (g) Cardiac (and Cardiopulmonary) Conditions
- (h) Feet or Legs Cold on Exposure to Cold
- (i) Bursitis
- (j) Renal Disease
- (k) Seizure Disorders
- (l) Back Pain

Area Agency on Aging Strategic Priorities

PRIORITY 4, GOAL 3 (Cont'd.)

STRATEGIES:

- The Gold Star Program is a partnership between the Sheriff's Office and the Office on Aging. Seniors can get a "gold star" sticker from the Sheriff's Office which they will affix to the back of their vehicle. Should they be involved in a motor vehicle accident, the police will immediately know that the vehicle with the gold star belongs to a senior. They will also know that the glove compartment of the car will contain the senior's photo I.D., fingerprints, list of medications taken and any health problems they may have as well as emergency contacts. This will be vital in aiding the senior should the accident be serious or life-threatening. The Sheriff's Office and Office on Aging outreach worker will be promoting this program throughout the County. From the introduction of the program through the end of September of 2006, one of our Outreach Field Representatives has presented 44 seminars on the Gold Star Program to over 1,645 senior citizens throughout Monmouth County
- Presentation to seniors throughout the county of "Keeping Your Keys", a project developed in conjunction with the Sheriff's Office, designed to educate and train older adults in basic concepts of safe mobility. It offers suggestions to help reduce the possibility of a motor vehicle accident, points out a number of useful tips that will allow a senior to retain their driving independence and offers a test on which seniors can perform self-awareness assessments of their driving abilities.
- Continue to participate in a pilot senior driving safety initiative program with the State Department of Transportation, NJ Division of Health and Senior Services, Highway Traffic Safety, AARP, Motor Vehicle Commission and County police. The goal of the program is to improve mobility, safety and health.
- Steps which will be taken are:
 - The DOT has located one intersection in the County deemed to be the most dangerous for senior citizens. The intersection being targeted in this effort is in Asbury Park.
 - The DOT will conduct a thorough safety audit of the intersection.
 - Information is shared with a safety impact team composed of all program partners and includes seniors and community member participants.
 - The team visits the intersections and makes recommendations for proposed safety enhancements (not major reconstruction, but re-striping, curb cuts, timing of lights, etc.)
 - The final proposal and plan for safety will be presented at a senior community health and safety fair in the presence of local dignitaries in 2007.

PERFORMANCE MEASURES

- Number of presentations by Office on Aging outreach workers on safe driving programs.
- Outcome of intersection study.

Area Agency on Aging Strategic Priorities

PRIORITY 5: Support Families in their efforts to care for loved ones at home and in the community

Our goal is to support the growing number of caregivers of frail elderly so that they can continue to provide care and still maintain a good quality of life for themselves. Caregivers are spouses, children, grandchildren, or other close relatives or friends of the care recipient and who have a wide variety of needs. Assistance for caregivers begins with the first call to the Office on Aging and continues throughout the caregiving process.

Trends and Conditions:

CAREGIVERS

The Family Caregiving Fact Sheet, Administration on Aging, U.S. Department of Health and Human Services⁽¹⁷⁾ provides the following information about caregivers: Informal caregivers are unpaid individuals, such as family members, who provide care. These can be primary or secondary caregivers, full time or part time, and can live with the person receiving care or live separately. Estimates vary according to definition, but nearly one out of every four U.S. households (23% or 22.4 million households) is involved in caregiving to persons aged 50 or older. An estimated 12.8 million Americans of all ages need assistance from others to carry out activities of daily living (eating, dressing, bathing). Of those, about 57% are aged 65 and older (7.3 million). 85% of all home care is provided by family or friends. 71% of all long-term care is provided in the community. Only 14% of home care is rendered by paid providers. About 76% to 80% of caregiving costs for disabled older adults at home is attributed to unpaid labor by family members. Research findings suggest that unpaid caregiver support saves the American tax payers \$33.3 billion in the cost of caring for persons with Alzheimer's alone.

About two-thirds of caregivers help aging parents or others over age 65. About 70% of all caregivers are married; however, female caregivers are twice as likely as their male counterparts to be widowed. The average age of a caregiver is 57 years old; however, one quarter are between 65 and 75 years of age and another 10% are age 75 and older. Approximately 72% of caregivers are female. In a national sample of caregivers who live with their care recipient, spouses accounted for about 62% of primary caregivers while adult children comprised 26%. Secondary caregivers were more likely to be adult children (46%) than spouses (16%). Research suggests that for African American and Latino families, adult children comprise about 75% of caregivers compared to 40% to 60% in white families.

Area Agency on Aging Strategic Priorities

PRIORITY 5: Support Families in their efforts to care for loved ones at home and in the community

Trends and Conditions (Cont'd)

An estimated 14.4 million full and part-time workers are balancing caregiving and job responsibilities. Between 7.4% to 11.8% of the workforce is involved in providing care for an older person. Many caregivers have quit their jobs or lost time from work due to caregiving responsibilities. Between 20% to 40% of caregivers have children under age 18 to care for in addition to their disabled relatives.

The majority of caregivers provide unpaid assistance for one to four years; 20% provide care for five years or longer. 80% of caregivers provide unpaid assistance seven days a week. On average, caregivers provide personal care assistance and household maintenance chores for 12 hours per week. 28% give care for eight hours or less, while 36% help for 21 hours or more. 11% provide “constant” care. About 66% of caregivers assist older persons with activities of daily living (ADL) such as bathing or dressing. Of

these, approximately 68% assist with one or more ADL, about 19% assist with one ADL, 15% with two ADLs and 33% assist with three or more ADLs.

16% of caregivers indicate that their health has worsened since becoming a caregiver. Caregivers are more likely than other persons of the same age to report themselves as in poor health, and they are significantly less likely than other persons to report that their health is good or excellent. Working caregivers are especially prone to headaches, weight changes, frequent anxiety, and depression. 60% report physical strain as a result of caregiving.

Up to half of primary caregivers caring for someone with Alzheimer’s develop significant psychological distress. Studies show that among caregivers, an estimated 46% are clinically depressed. Approximately 49% of female caregivers and 31% of male caregivers experience depression as a result of caregiving. Among spouse caregivers, 21-25% of husbands and 50-52% of wives are depressed. Caregivers use prescription drugs for depression, anxiety and insomnia two to three times as often as the rest of the population.

About one-half of primary caregivers provide care with no outside assistance whatsoever. Contrary to popular belief, only an estimated 10% to 20% of family caregivers use formal support services through public or private agencies. Support services for caregivers, including counseling, information and ongoing support, have been shown to deter institutionalization of care recipients with moderate dementia by nearly a year.

Area Agency on Aging Strategic Priorities

PRIORITY 5: Support Families in their efforts to care for loved ones at home and in the community

Trends and Conditions (Cont'd)

The New Jersey foundation for Aging makes the following policy recommendations for serving caregivers in an Executive Summary from a Policy Paper⁽¹⁸⁾ published January 2003:

1. Public Awareness and Advocacy:
 - Improve the public's understanding of the role family caregivers provide within the healthcare network.
 - Improve the understanding within the workplace of the role of family caregivers.
 - Improve the public's understanding and recognition of and the need for assistance for grandparents who are raising grandchildren.
 - Establish statewide and county based task forces focusing on public understanding and education on the needs of caregivers including the professional network but also giving significant weight to participation from family caregivers.
 - Improve the public's understanding of the availability of caregiver services within the community.
 - Development of marketing materials that address ethnic diversity.
 - Increased outreach efforts.
 - Advocate for increased financial support for the formalized network of care as well as caregiver options and supportive services.
2. Seek to improve the current service delivery system by:
 - Increasing the services available within the community setting.
 - Increasing multidisciplinary approaches to service provision.
 - Increasing accessible settings to reduce barriers to caregivers.
 - Considering a priority system response to serve the "vulnerable" caregiver.
 - Advocate for increased funding for caregiver services including respite, at home case management and mental health, supportive services like caregiver call lines, at home learning modules, facilitated self-help groups, laundry services, grocery and meal delivery and subsidized escorted transportation.

Area Agency on Aging Strategic Priorities

PRIORITY 5: Support Families in their efforts to care for loved ones at home and in the community

GOAL 1: To promote awareness of the caregiver role as well as awareness of available supportive services which can help ease the burden of the caregiver role.

STRATEGIES: Continuation of the following methods of public awareness:

- Airing information on caregiver issues on our cable TV show “Lasting Lifestyles” on Brookdale Community College TV and Comcast Cable.
- Extensive articles, videos, web-links and a multitude of other resources for caregivers on our VieBridge Connections web-site (see details in Goal 3).
- Publishing articles in our *Senior Newslines* as well as in local newspapers promoting caregiver awareness.
- Distributing “Working Caregiver” compact discs to human resource departments as well as Chambers of Commerce, Rotary clubs and other local organizations.
- Speaking at employer retiree meetings on caregiver issues.
- Distributing “Are You a Caregiver?” brochures throughout the County and promoting the State Caregiver NJ website as well as publicizing caregiver services available through our office.

PERFORMANCE MEASURES:

- Lasting Lifestyle show and Office on Aging senior newsletter topics on caregiver issues and support.
- Increased VieBridge Connections membership

Area Agency on Aging Strategic Priorities

PRIORITY 5: Support Families in their efforts to care for loved ones at home and in the community

GOAL 2: Provide services to caregivers of frail elderly and their care receivers that will ease the burden on the caregiver, enabling the caregiver to continue in their crucial role.

Objective 1: To identify caregivers and link them with available services:

Continuation of the Making the Link program

This project is designed to bring together the aging network and health care providers to benefit family caregivers. It is designed to strengthen the ability of aging programs to serve family caregivers through a local, state and national campaign that directly involves physicians in identifying caregivers and referring them to National Family Caregiver Support service programs, in this case the Monmouth County Office on Aging. The goals of the *Making the Link* program are to promote within the medical community the concept that caregiving can present a health risk, to increase awareness among physicians of the important health care role played by family caregivers, and to enhance ability of physicians to connect caregivers with services provided by the aging network to help decrease their stress.

STRATEGIES:

- Reaching out to physicians not currently participating and encouraging them to join this program.
- Revisiting participating physicians with website flyers, so that they can be linked to the Office on Aging website where there is a complete County, State and Federal resource directory with links to various other resource sites.
- Reinforcing the importance of the caregiver self-assessment and tip sheet to help caregivers assess how the caregiving role is affecting them and their health.

PERFORMANCE MEASURE:

Number of medical professionals participating in the Making the Link program.

Area Agency on Aging Strategic Priorities

PRIORITY 5: Support Families in their efforts to care for loved ones at home and in the community

GOAL 2: (Cont'd.)

Objective 2: To provide a safety feature for elderly at risk of wandering.

Continuation of the Project Lifesaver program

Project Lifesaver provides a safety feature for elderly with Alzheimer's Disease. It is a collaborative program of the Monmouth County Sheriff's Office and the Monmouth County Office on Aging. The mission is to "use state of the art technology in assisting those who care for victims of Alzheimer's and other related mental dysfunction disorders and victims who become lost". Project Lifesaver consists of a bracelet with a radio-tracking device that allows Sheriff's officers to locate the wearer in the event that the person becomes lost. Representatives of the Sheriff's Office visit participants on a regular basis to check the equipment and change the batteries. Hundreds of rescues have already taken place across the country with use of Project Lifesaver, and the average rescue time is under 30 minutes.

To date the Office on Aging has provided 44 free tracking bracelets to families in need in Monmouth County. The Office on Aging and Sheriff's Office determine the appropriate recipients based on the medical need of the applicants. We have ordered more bracelets for continued distribution.

PERFORMANCE MEASURE

Increase in number of elderly utilizing the Project Lifesaver program.

Area Agency on Aging Strategic Priorities

PRIORITY 5: Support Families in their efforts to care for loved ones at home and in the community

GOAL 3: To continue our initiative program, VieBridge Connections, which offers ways to use technology to improve the quality of life of both the caregiver and care receiver as well as easing caregiver stress and, in some cases, isolation. The program improves continuity of care and encourages self direction of care for caregivers and care receivers through the use of this technology.

VIEBRIDGE CONNECTIONS

VieBridge Connections (VBC) is an interactive web based program that takes a holistic approach to meeting the multiple needs of caregivers, elderly and disabled. The integrated solutions span both health and social services. They are designed so they can be used by the elderly, disabled, caregiver, and the professionals involved in their care. VieBridge Connections promotes wellness behaviors and represents opportunities for education, support and socialization that empower individuals to actively participate in their care.

Specific modules within the VieBridge Connections system address self management via medication management, nutrition, fitness, smart living and recreational needs. There are resources that can ease certain tasks of daily living such as meal planning, grocery shopping, bill paying and prescription refills. The production of Lasting Lifestyle's Talk Show segments along with the Video on Demand Library supports health education, caregiver training, relaxation and lifelong learning. VieBridge Connections' virtual community environment promotes independence, communication and a connection to community, locally and at a distance.

VieBridge Connections can be customized to meet the needs of individual and family users. The use of this web-based support technology works to achieve a more positive outlook on life. Caregivers receive ongoing support and resources that assist them with the responsibilities of care giving. VieBridge Connections provides a vehicle to take traditional service delivery to a new level of responsiveness where the Caregiver, Disabled and the Professional have the tools and resources needed to improve self management and continuity of care.

Area Agency on Aging Strategic Priorities

PRIORITY 5: Support Families in their efforts to care for loved ones at home and in the community

GOAL 3: VIEBRIDGE CONNECTIONS (Cont'd.)

To provide community outreach, education and access to local resources and professionals for our County residents via the following:

1. Production of 216 Lasting Lifestyle Talk Show Segments for distribution to VieBridge Connections Website and Local Cable Television.
2. On-going outreach will be implemented to ensure continued Public Service Announcements remain in place. VieBridge Connections will be presented to Monmouth County Employers/Business Communities. Presentations will take place within Local Communities and Businesses to deliver orientation of the program with discussion forums. There will be continued Press Coverage and networking to Professional and Civic Organizations within Monmouth County, as well as demonstrations of VieBridge Connections at conferences and expos.
3. Continued distribution of program materials throughout the County Library system, Municipalities, Congregations, Grantees, Senior Centers, Nutrition Sites, Support Groups, Senior Clubs, Professionals, Community Organizations and County Agencies.
4. Development of a Resource Center within the VieBridge Connections Program specifically focused on the disabled population.
5. Delivery of specific Outreach and Education to the disabled population for registration and participation within the VieBridge Connections web-based support program.

PERFORMANCE MEASURES

- Marketing efforts
- Increased membership in VieBridge Connections.

Area Agency on Aging Strategic Priorities

SOURCES OF DATA

(Continued numbering from TRENDS AND CONDITIONS ANALYSIS SECTION)

- (9) National Association of Area Agencies on Aging, 2004, “Home and Community-Based Services 2004”, www.n4a.org/hacbservices2004.cfm
- (10) Healthy People 2010
- (11) 2003, “Healthy Aging for Older Adults”, Centers for Disease Control and Prevention (CDC) www.cdc.gov/
- (12) Administration on Aging, “Healthy Lifestyles”, www.aoa.dhhs.gov
- (13) Trends in Causes of Death Among the Elderly”, Centers for Disease Control and Prevention (CDC), www.cdc.gov/
- (14) “Fraud Target: Senior Citizens”, Federal Bureau of Investigation, www.fbi.gov/majcases/fraud/seniorsfam.htm.
- (15) 2003 Telemarketing Fraud Report, January 2004, National Consumers League-National Fraud Information Center, www.fraud.org/telemarketing/03telereport.htm.
- (16) April 1999, “Safe Mobility for Older People”, National Highway Traffic Safety Administration, www.nhtsa.dot.gov/people/injury/olddrive/safe/index.htm
- (17) Family Caregiving Fact Sheet, Administration on Aging, U.S. Department of Health and Human Services - web site www.aoa.dhhs.gov
- (18) Helping Caregivers to Care: In Search of Public Policy to Support Family Caregivers, Executive Summary from a Policy Paper from the New Jersey Foundation for Aging, January 2003 www.njfoundationforaging.org/

MONMOUTH COUNTY

Service Delivery System AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
LONG BRANCH SENIOR CENTER		CITY OF LONG BRANCH 85 SECOND AVENUE LONG BRANCH, NJ 07740	AP, NJE	001	\$21,000	TITLE IIIB
					\$0	State
					\$4,000	State COLA
					\$221,385	Local Public
					\$0	Local Private
					\$100	Participant
					\$0	Other
					\$0	USDA
					\$246,485	Total
INFORMATION & ASSISTANCE	101				40,000	
BENEFITS SCREENING	102				25,000	
TRANSPORTATION	106				25,000	
TELEPHONE REASSURANCE	210				20,000	
PHYSICAL HEALTH	326				11,485	
PHYSICAL FITNESS	330				45,000	
EDUCATION	331				35,000	
SOCIALIZATION/RECREATION	333				45,000	
				Total:	246,485	
ASBURY PARK SENIOR CENTER		CITY OF ASBURY PARK One Municipal Plaza ASBURY PARK, NJ 07712	AP, NJE	002	\$27,320	TITLE III B
					\$0	State
					\$4,000	State COLA
					\$107,093	Local Public
					\$0	Local Private
					\$200	Participant
					\$0	Other
					\$0	USDA
					\$138,613	Total
INFORMATION & ASSISTANCE	101				56,500	
	0				0	
TRANSPORTATION	106				56,500	
FRIENDLY VISITING	209				9,415	
PHYSICAL HEALTH	326				5,651	
PHYSICAL FITNESS	330				1,544	
EDUCATION	331				904	
SOCIALIZATION/RECREATION	333				6,592	
				Total:	138,613	

MONMOUTH COUNTY
Service Delivery System
AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
ADMINISTRATION		COUNTY OF MONMOUTH 21 MAIN & COURT CENTER FREEHOLD, NJ 07728 Director: JOHN A WANAT Phone: 732-431-7450 Fax: 732-303-7649	NP, NJE, S	003	\$198,903 TITLE III ADMINISTRATION \$0 State \$0 State COLA \$327,834 Local Public \$0 Local Private \$0 Participant \$0 Other \$0 USDA \$526,737 Total	
ADMINISTRATION	099			Total:	<u>526,737</u> 526,737	

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ADMINISTRATION		COUNTY OF MONMOUTH 21 MAIN & COURT CENTER FREEHOLD, NJ 07728 Director: JOHN A WANAT Phone: 732-431-7450 Fax: 732-303-7649	NP, NJE, S	003	\$20,115 SSBG-ADMIN \$0 State \$0 State COLA \$0 Local Public \$0 Local Private \$0 Participant \$0 Other \$0 USDA \$20,115 Total	
ADMINISTRATION	099			Total:	<u>20,115</u> 20,115	

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MONMOUTH COUNTY
Service Delivery System
AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
ADMINISTRATION		COUNTY OF MONMOUTH 21 MAIN & COURT CENTER FREEHOLD, NJ 07728 Director: JOHN A WANAT Phone: 732-431-7450 Fax: 732-303-7649	P, NJE, S	003	\$23,810 CMQA \$0 State \$0 State COLA \$0 Local Public \$0 Local Private \$0 Participant \$0 Other \$0 USDA Total: \$23,810	
ADMINISTRATION	099			Total:	23,810 23,810	
INFORMATION AND ASSISTANCE		COUNTY OF MONMOUTH 21 MAIN & COURT CENTER FREEHOLD, NJ 07728 Director: JOHN A. WANAT Phone: 732-431-7450 Fax: 732-303-7649	P, NJE, S	021	\$184,112 TITLE IIIB \$631 State \$163,636 State COLA \$27,857 Local Public \$0 Local Private \$100 Participant Other \$0 USDA Total: \$376,336	
INFORMATION & ASSISTANCE	101			Total:	212,269	
BENEFITS SCREENING	102				48,860	
OUTREACH	104				15,144	
NEWSLETTER	108				9,748	
EDUCATION	331			Total:	90,315 376,336	

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MONMOUTH COUNTY
Service Delivery System
AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
INFORMATION AND ASSISTANCE		COUNTY OF MONMOUTH 21 MAIN & COURT CENTER FREEHOLD, NJ 07728 Director: JOHN A. WANAT Phone: 732-431-7450 Fax: 732-303-7649	AP, NJE, S	021	\$86,631 TITLE III E \$0 State \$0 State COLA \$11,119 Local Public \$0 Local Private \$100 Participant \$0 Other \$0 USDA \$97,850 Total	
BENEFITS SCREENING	702			Total:	22,705	
CARE MANAGEMENT	705				8,016	
PUBLIC AWARENESS	502				12,401	
INFORMATION & ASSISTANCE	701			Total:	54,728	
					97,850	

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VIEBRIDGE CONNECTIONS		COUNTY OF MONMOUTH 21 MAIN & COURT CENTER FREEHOLD, NJ 07728 Director: JOHN A. WANAT Phone: 732-431-7450 Fax: 732-303-7649	AP, NJE, S	088	\$168,902 TITLE III E \$86,390 State \$6,888 State COLA \$13,703 Local Public \$0 Local Private \$100 Participant \$0 Other \$0 USDA \$275,983 Total	
EDUCATION	731			Total:	275,983	
	0				0	
	0				0	
	0			Total:	0	
					275,983	

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MONMOUTH COUNTY
Service Delivery System
AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
VIEBRIDGE CONNECTIONS		COUNTY OF MONMOUTH 21 MAIN & COURT CENTER FREEHOLD, NJ 07728 Director: JOHN A. WANAT Phone: 732-431-7450 Fax: 732-303-7649	AP, NJE, S	088	\$9,356 Medication Management Title D \$495 State \$0 State COLA \$0 Local Public \$0 Local Private \$100 Participant \$0 Other \$0 USDA \$9,951 Total	
EDUCATION	331			Total:	9,951 9,951	9,951
SCAT (Special Citizen Area Transportation)		MON. CO. DIV. OF TRANSPORTATION 250 CENTER STREET FREEHOLD, NJ 07728 Director: HENRY NICHOLSON Phone: 732-431-6480 Fax: 732-845-2028	0	006	\$183,486 TITLE III B \$21,173 State \$36,668 State COLA \$216,556 Local Public Local Private \$3,000 Participant \$88,557 Other \$0 USDA \$549,440 Total	
TRANSPORTATION	106			Total:	549,440 549,440	

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MONMOUTH COUNTY

Service Delivery System AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
HOWELL SENIOR CENTER		TOWNSHIP OF HOWELL PO BOX 580, PREVENTORIUM ROAD HOWELL, NJ 07731 Director: CAROL ZUR Phone: 732-938-4500 EXT 2550 Fax: 732-919-7240	AP, NJE	011	\$23,500 TITLE IIIB \$0 State \$4,000 State COLA \$236,611 Local Public \$0 Local Private \$100 Participant \$0 Other \$0 USDA \$264,211 Total	
INFORMATION & ASSISTANCE	101			Total:	45,143	
BENEFITS SCREENING	102				32,857	
EXTENDED ASSESSMENT	103				20,857	
TRANSPORTATION	106				79,685	
PHYSICAL HEALTH	326				22,462	
PHYSICAL FITNESS	330				11,143	
EDUCATION	331				9,286	
SOCIALIZATION/RECREATION	333			Total:	42,778	
					264,211	
RED BANK SENIOR CENTER		BOROUGH OF RED BANK 80 SHREWSBURY AVENUE RED BANK, NJ 07701 Director: ALFREDA TERRY Phone: 732-747-5204 Fax: 732-747-3003	AP, NJE	012	\$29,312 TITLE III B \$0 State \$4,000 State COLA \$208,846 Local Public \$0 Local Private \$50 Participant \$0 Other \$0 USDA \$242,208 Total	
INFORMATION & ASSISTANCE	101			Total:	61,323	
TRANSPORTATION	106				71,758	
PHYSICAL HEALTH	326				19,190	
PHYSICAL FITNESS	330				14,390	
EDUCATION	331				14,937	
SOCIALIZATION/RECREATION	333			Total:	60,610	
					242,208	

MONMOUTH COUNTY

Service Delivery System AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
NEPTUNE SENIOR CENTER		TOWNSHIP OF NEPTUNE 1825 CORLIES AVENUE NEPTUNE, NJ 07753 Director: ROSEMARY GRAY Phone: 732-988-8855 Fax: 732-988-6626	AP, NJE	013	\$21,000 TITLE III B \$0 State \$4,000 State COLA \$138,000 Local Public \$0 Local Private \$500 Participant \$0 Other \$0 USDA Total: \$163,500	
INFORMATION & ASSISTANCE	101				28,000	
BENEFITS SCREENING	102				16,000	
EXTENDED ASSESSMENT	103				10,000	
TRANSPORTATION	106				37,000	
TELEPHONE REASSURANCE	210				7,000	
PHYSICAL HEALTH	326				12,000	
PHYSICAL FITNESS	330				10,000	
EDUCATION	331				22,000	
SOCIALIZATION/RECREATION	333				21,500	
				Total:	163,500	

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MIDDLETOWN SENIOR CENTER		TOWNSHIP OF MIDDLETOWN CROYDEN HALL, LEONARDVILLE RD MIDDLETOWN, NJ 07748 Director: Patrice Nugent Phone: 732-615-2265 Fax: 732-872-8706	AP, NJE	014	\$28,500 TITLE IIIB \$0 State \$4,000 State COLA \$293,034 Local Public \$0 Local Private \$100 Participant \$0 Other \$0 USDA Total: \$325,634	
INFORMATION & ASSISTANCE	101				102,249	
BENEFITS SCREENING	102				30,935	
TRANSPORTATION	106				85,967	
FRIENDLY VISITING	209				12,048	
PHYSICAL HEALTH	326				8,792	
PHYSICAL FITNESS	330				17,259	
EDUCATION	331				14,654	
SOCIALIZATION/RECREATION	333				53,730	
				Total:	325,634	

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MONMOUTH COUNTY

**Service Delivery System
AAA Funded Programs**

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
HEALTH MAINTENANCE AND MONITORING		VISITING NURSE AND HEALTH SERV\	AP	016	\$7,304	TITLE III B
		111 UNION AVENUE			\$0	State
		LONG BRANCH, NJ			\$0	State COLA
		07740			\$3,324	Local Public
		Director: LU ARCHEVAL			\$0	Local Private
		Phone: 732-229-0816			\$140	Participant
		Fax: 908-352-3089			\$0	Other
				Total:	\$0	USDA
					\$10,768	Total
PHYSICAL HEALTH EDUCATION	326				9,476	
	331				1,292	
				Total:	10,768	
CERTIFIED HOME HEALTH AIDE		FAMILY & CHILDREN'S SERVICE	SI	007	\$86,395	TITLE III B
		191 Bath Avenue			\$47,657	State
		Long Branch, NJ			\$0	
		07740			\$0	
		Director: Mary Alexis Barry			\$28,798	Local Private
		Phone: 732-222-9111			\$500	Participant
		Fax:			\$0	Other
					\$0	USDA
				Total:	\$163,350	Total
CERTIFIED HOME HEALTH AIDE RESPITE CARE	213				80,844	
	215				32,541	
				Total:	163,350	

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MONMOUTH COUNTY
Service Delivery System
AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
SSBG CERTIFIED HOME HEALTH AIDE		FAMILY & CHILDREN'S SERVICE 191 Bath Avenue Long Branch, NJ 07740 Director: Mary Alexis Barry Phone: 732-222-9111 Fax:	SI	007	\$507,553 SSBG \$0 State \$0 State COLA \$117,854 Local Public \$51,330 Local Private \$2,500 Participant \$0 Other \$0 USDA \$679,237 Total	
				Total:		
CERTIFIED HOME HEALTH AIDE RESPITE CARE	213 215				427,493 47,973 679,237	
				Total:		

MONMOUTH COUNTY

**Service Delivery System
AAA Funded Programs**

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
ADULT PROTECTIVE SERVICES		FAMILY & CHILDREN'S SERVICE 191 Bath Avenue Long Branch, NJ 07740 Director: ANGELA THOMAS Phone: 732-222-9191 Fax:	0	023	\$11,077 TITLE III B \$15,600 State \$0 State COLA \$0 Local Public \$0 Local Private \$0 Participant \$0 Other \$0 USDA Total: \$26,677	
ADULT PROTECTIVE SERVICES	324			Total:	<u>26,677</u> 26,677	

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ADULT PROTECTIVE SERVICES		FAMILY & CHILDREN'S SERVICE 191 Bath Avenue Long Branch, NJ 07740 Director: ANGELA THOMAS Phone: 732-222-9191 Fax:	0	023	\$67,999 SSBG \$0 State \$0 State COLA \$0 Local Public \$0 Local Private \$0 Participant \$0 Other \$0 USDA Total: \$67,999	
CERTIFIED HOME HEALTH AIDE ADULT PROTECTIVE SERVICES	213 324			Total:	<u>39,537</u> <u>28,462</u> 67,999	

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MONMOUTH COUNTY
Service Delivery System
AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
ADULT PROTECTIVE SERVICES		FAMILY & CHILDREN'S SERVICE 191 Bath Avenue Long Branch, NJ 07740 Director: ANGELA THOMAS Phone: 732-222-9191 Fax:	0	023	\$245,931 APS \$0 State \$0 State COLA \$0 Local Public \$0 Local Private \$0 Participant \$0 Other \$0 USDA Total: \$245,931	
VISITING NURSE	214				1,170	
ADULT PROTECTIVE SERVICES	324				244,761	
				Total:	245,931	

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LEGAL ASSISTANCE		OCEAN-MONMOUTH LEGAL SERVIC 25-13 BROAD ST. FREEHOLD, NJ 07728 Director: HAROLD CREACY Phone: 732-866-0020 Fax:	0	066	\$39,480 TITLE IIIB \$4,500 State \$0 State COLA \$0 Local Public \$32,554 Local Private \$50 Participant \$0 Other \$0 USDA Total: \$76,584	
LEGAL ASSISTANCE	325				76,584	
				Total:	76,584	

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MONMOUTH COUNTY
Service Delivery System
AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
KEYPORT SENIOR CENTER		BOROUGH OF KEYPORT 110 SECOND STREET KEYPORT, NJ 07735 Director: WENDY TOOKER Phone: 732-264-4916 Fax:	AP, NJE	067	\$28,500 TITLE III B \$0 State \$7,500 State COLA \$52,230 Local Public \$0 Local Private \$100 Participant \$0 Other \$0 USDA \$88,330 Total	
INFORMATION & ASSISTANCE	101			Total:		
PHYSICAL HEALTH	326				7,950	
PHYSICAL FITNESS	330				5,830	
EDUCATION	331				26,450	
SOCIALIZATION/RECREATION	333				14,690	
				Total:	33,410	
					88,330	

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MANALAPAN SENIOR CENTER		MANALAPAN TOWNSHIP 211 FREEHOLD ROAD MANALAPAN 07726 Director: ELAINE McNAMARA Phone: 732-446-8401 Fax:	AP, NJE	086	\$20,000 TITLE II B \$0 State \$0 State COLA \$17,666 Local Public \$0 Local Private \$100 Participant \$0 Other \$0 USDA \$37,766 Total	
INFORMATION & ASSISTANCE	101			Total:		
PHYSICAL FITNESS	330				31,966	
EDUCATION	331				3,000	
				Total:	2,800	
					37,766	

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MONMOUTH COUNTY

**Service Delivery System
AAA Funded Programs**

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
ARC RESIDENTIAL MAINTENANCE SERVICES	211	ARC-MONMOUTH UNIT 1158 WAYSIDE ROAD TINTON FALLS 07712 Director: MARY E. SCOTT Phone: 732-493-1919 Fax: 0	0	073	\$15,000 SHTP \$0 State \$0 State COLA \$0 Local Public \$1,500 Local Private \$150 Participant \$0 Other \$0 USDA Total: \$16,650	
RESIDENTIAL MAINTENANCE	211			Total:	<u>16,650</u> 16,650	

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MCDSS HOME REPAIR/SECURITY		MCDSS COUNTY OF MONMOUTH BOX 3000 FREEHOLD, NJ 07728 Director: PATRICK O'CONNOR Phone: 732-431-7999 Fax: 0	0	074	\$56,660 SHTP \$0 State \$0 State COLA \$12,282 Local Public \$0 Local Private \$350 Participant \$0 Other \$0 USDA Total: \$69,292	
RESIDENTIAL MAINTENANCE	211			Total:	<u>69,292</u> 69,292	

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MONMOUTH COUNTY

**Service Delivery System
AAA Funded Programs**

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
MCDSS HOME REPAIR/SECURITY		MCDSS COUNTY OF MONMOUTH BOX 3000 FREEHOLD, NJ 07728 Director: PATRICK O'CONNOR Phone: 732-431-7999 Fax: 0	0	074	\$3,637 TITLE III E \$0 State \$0 State COLA \$1,212 Local Public \$0 Local Private \$250 Participant \$0 Other \$0 USDA \$5,099 Total	
RESIDENTIAL MAINTENANCE	711			Total:	5,099 5,099	

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PREVENTIVE HEALTH SERVICES		VNA OF CENTRAL JERSEY 141 BODMAN PLACE RED BANK, NJ 07701 Director: Theresa Beck Phone: 732-224-6948 Fax: 732-774-0313	0	069	\$26,837 TITLE III D \$0 State \$0 State COLA \$0 Local Public \$0 Local Private \$300 Participant \$0 Other \$0 USDA \$27,137 Total	
PHYSICAL HEALTH	326			Total:	27,137 27,137	

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MONMOUTH COUNTY

Service Delivery System AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
MONMOUTH COUNTY NUTRITION PROGRAM						
		INTERFAITH NEIGHBORS, INC. 810 FOURTH AVENUE ASBURY PARK, NJ 07712 Director: JOSEPH MARMORA Phone: 732-775-5155 Fax: 732-775-5422	AP	60	\$448,846 TITLE III C-1 \$0 State \$0 State COLA \$13,565 Local Public \$194,000 Local Private \$120,500 Participant \$11,660 Other \$33,768 USDA \$822,339 Total	
		Asbury Towers, Asbury Park		Total:		
CONGREGATE MEALS	435	Bayshore Senior Center, Keansburg			821,099	
NUTRITION EDUCATION	438	Howell Senior Center, Howell			1,150	
NUTRITION COUNSELING	439	Keyport Senior Center, Keyport			90	
	0	McGrath Towers, Keansburg			0	
	0	Middletown, Senior Center, Middletown			0	
	0	Millstone Nutrition Site, Millstone			0	
	0	Neptune Senior Center, Neptune			0	
	0	Red Bank Senior Center, Red Bank			0	
	0				0	
	0				0	
	0			Total:	822,339	

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MONMOUTH COUNTY NUTRITION PROGRAM						
		INTERFAITH NEIGHBORS, INC. 810 FOURTH AVENUE ASBURY PARK, NJ 07712 Director: JOSEPH MARMORA Phone: 732-775-5155 Fax: 732-775-5422	AP	60	\$226,405 TITLE III C-2 \$0 State \$12,016 State COLA \$175,246 Local Public \$219,000 Local Private \$173,182 Participant \$20,637 Other \$154,224 USDA \$980,710 Total	
				Total:		
HOME DELIVERED MEALS	436				980,565	
NUTRITION EDUCATION	438				115	
NUTRITION COUNSELING	439				30	
				Total:	980,710	

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MONMOUTH COUNTY
Service Delivery System
AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
MONMOUTH COUNTY NUTRITION PROGRAM		INTERFAITH NEIGHBORS, INC. 810 FOURTH AVENUE ASBURY PARK, NJ 07712 Director: JOSEPH MARMORA Phone: 732-775-5155 Fax: 732-775-5422	AP	60	\$60,782 SWHDM \$0 State \$2,860 State COLA \$32,952 Local Public \$0 Local Private \$2,264 Participant \$0 Other \$7,793 USDA \$106,651 Total	
WEEKEND HOME DEL. MEALS	437			Total:	<u>106,651</u> 106,651	

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MONMOUTH COUNTY NUTRITION PROGRAM		INTERFAITH NEIGHBORS, INC. 810 FOURTH AVENUE ASBURY PARK, NJ 07712 Director: JOSEPH MARMORA Phone: 732-775-5155 Fax: 732-775-5422	AP	60	\$140,951 SSBG \$0 State \$0 State COLA \$35,222 Local Public \$0 Local Private \$26,300 Participant \$100 Other \$28,573 USDA \$231,146 Total	
HOME DELIVERED MEALS	436			Total:	<u>231,001</u> 231,001	
NUTRITION EDUCATION	438				115	
NUTRITION COUNSELING	439			Total:	<u>30</u> 231,146	

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MONMOUTH COUNTY

**Service Delivery System
AAA Funded Programs**

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
MONMOUTH COUNTY NUTRITION PROGRAM		INTERFAITH NEIGHBORS, INC. 810 FOURTH AVENUE ASBURY PARK, NJ 07712 Director: JOSEPH MARMORA Phone: 732-775-5155 Fax: 732-775-5422	AP	063	\$39,102 PEER GROUP NON-APC FUNDS \$0 State \$0 State COLA \$0 Local Public \$0 Local Private \$786 Participant \$0 Other \$10,390 USDA \$50,278 Total	
HOME DELIVERED MEALS	436			Total:	50,278 50,278	

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KOSHER NUTRITION PROGRAM		JEWISH COMMUNITY CENTER 100 GRANT STREET DEAL, NJ 07723 Director: JESS LEVY Phone: 732-531-9100 Fax: 732-531-4718	AP	079	\$48,371 TITLE III C-1 \$0 State \$0 State COLA \$0 Local Public \$10,000 Local Private \$17,825 Participant \$0 Other \$5,195 USDA \$81,391 Total	
CONGREGATE MEALS	435			Total:	80,815	
NUTRITION EDUCATION	438	Jewish Community Center , Deal			432	
NUTRITION COUNSELING	439	Marlboro Nutrition Site, Marlboro			144	
				Total:	81,391	

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MONMOUTH COUNTY
Service Delivery System
AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
KOSHER NUTRITION PROGRAM		JEWISH COMMUNITY CENTER 100 GRANT STREET DEAL, NJ 07723 Director: JESS LEVY Phone: 732-531-9100 Fax: 732-531-4718	AP	079	\$60,157	TITLE III C-2
					\$0	State
					\$0	State COLA
					\$0	Local Public
					\$15,200	Local Private
					\$15,500	Participant
					\$9,019	Other
					\$7,793	USDA
				Total:	\$107,669	Total
HOME DELIVERED MEALS	436				107,045	
NUTRITION EDUCATION	438				468	
NUTRITION COUNSELING	439				156	
				Total:	107,669	

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Area Agency Budget Plan 2007 Budget Page 1

Area Agency Budget Plan
Older Americans Act Funds

County: **MONMOUTH**

Funding Sources	OAA	TITLE III B	TITLE III C1	TITLE III C2	TITLE D	Title III D Med Mgmt E	TITLE E	FUND TOTALS
New Funds		\$641,984	\$682,105	\$340,783	\$26,837	\$9,356	\$287,966	\$1,989,031
Administrative	\$198,903	(\$65,595)	(\$69,693)	(\$34,819)			(\$28,796)	\$0
Allocation Transfer		\$134,597	(\$115,195)	(\$19,402)				\$0
New Allocation	\$198,903	\$710,986	\$497,217	\$286,562	\$26,837	\$9,356	\$259,170	\$1,989,031
2006 Carry Over		\$0	\$0	\$0	\$0	\$0	\$0	\$0
State Match		\$89,561	\$0	\$0	\$0	\$495	\$86,390	\$176,446
State Match C/O		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Local Public	\$327,834	\$1,522,602	\$13,565	\$175,246	\$0	\$0	\$26,034	\$2,065,281
Local Private	\$0	\$61,352	\$204,000	\$234,200	\$0	\$0	\$0	\$499,552
Income Client		\$5,040	\$138,325	\$188,682	\$300	\$100	\$450	\$332,897
Income Other		\$88,557	\$11,660	\$29,656	\$0	\$0	\$0	\$129,873
State COLA		\$231,804	\$0	\$12,016	\$0	\$0	\$6,888	\$250,708
USDA			\$38,963	\$162,017				\$200,980
Allocation Total	\$526,737	\$2,709,902	\$903,730	\$1,088,379	\$27,137	\$9,951	\$378,932	\$5,644,768

County: MONMOUTH

Funds from Other Sources:	\$3,311,193
Total Funds Needed:	\$7,178,551

**Department of Health and Senior Services
Division of Aging and Community Services
Service Code Summary**

Service Code	Taxonomy Service Name
099	Administration
101	Information & Assistance
102	Benefits Screening
103	Extended Assessment
104	Outreach
105	Care Management
106	Transportation
107	Assisted Transportation
108	Newsletter
209	Friendly Visiting
210	Telephone Reassurance
211	Residential Maintenance
213	Certified Home Health Aide
214	Visiting Nurse
215	Respite Care
324	Adult Protective Services
325	Legal Assistance
326	Physical Health
330	Physical Fitness
331	Education
333	Socialization/Recreation
435	Congregate Meals
436	Home Delivered Meals
437	State Weekend HDM
438	Nutrition Education
439	Nutrition Counseling
7xx	Caregiver
701	Information & Assistance
702	Benefits Screening
704	Outreach
705	Care Management
711	Residential Maintenance
713	Certified Home Health Aide
715	Respite Care
731	Education

**New Jersey Department of Health and Senior Services
Division of Aging and Community Services
Area Plan Contract Checks**

County: **MONMOUTH**

Administrative Checks	
Title III A-D	ok
Title III E	ok
Total Title III	ok
SHTP	ok
SSBG	ok

Transfer Check	
Between	
C1 to C2	ok
C2 to C1	ok
B to C	ok
C to B	ok

MOE/Match Check	
Title III MOE	ok
SHTP Match(10%)	ok
SSBG Match(25%)	ok
SWHDM Match(25%)	ok

MOE Required

\$2,506,638 (Enter MOE Requirement Here)

Funding Source	Allocated Per Policy Memo	Allocation Check
III B	\$641,984	OK
III C1	\$682,105	OK
III C2	\$340,783	OK
III D	\$26,837	OK
III D Med Mgt	\$9,356	OK
III E	\$287,966	OK
State Match	\$176,446	OK
SHTP	\$71,660	OK
SSBG	\$736,618	OK
SWHDM	\$60,782	OK
SHDM	\$0	OK
CMQA	\$23,810	OK
APS	\$245,931	OK
SHIP	\$0	OK
Health Ease	\$0	OK
OPEN	\$0	OK
USDA	\$249,047	OK
COLA	\$286,021	OK
SHIP SUPP	\$0	OK
OPEN	\$0	OK
OPEN	\$0	OK
Medicaid Match	\$28,012	OK
OPEN	\$0	OK

Service	Total Dollars	% of B
Access(10%)	\$406,687	63.35%
In Home(10%)	\$91,908	14.32%
Legal Assistance(5%)	\$39,480	6.15%

New Service and New Service Provider Table

- Please complete the table below for **new services and/or new provider**. Write “N/A” in the first column below if it is not applicable.
- A new taxonomy service indicates a service that was not included in the 2006 Area Plan Contract. This new service may be provided by an existing service provider or a new service provider. This table also lists new service providers.

New Taxonomy Service and Taxonomy Code	Service Provider (Please indicate with a * if a new provider)	Budgeted Funds	
		Budgeted Funds Title III (B, C, D, E) only	Total All Budgeted Funds Including Title III
Housekeeping 212	Family & Children’s Service	\$40,366	\$49,965

Minority Service Provider Table

Please complete the table below. Write "N/A" in the first column below if it is not applicable.

Name of the Minority Provider	Taxonomy Service and Taxonomy Code	Budgeted Funds	
		Budgeted Funds Title III (B, C, D, E) only	Total All Budgeted Funds Including Title III
N/A			

Waiver Table Service Providers for the Area Plan Contract

Please complete the table below. Write "N/A" in any column if it is not applicable.

Type	Direct Service Waiver	Proprietary Contract Waiver	Priority Service Waiver
Service Provider Name	Monmouth County Office on Aging VieBridge Connections		
Taxonomy Service/code	Caregiver Education - 732		
Service Provider Name	Monmouth County Office on Aging Medication Management		
Taxonomy Service/code	Education - 331		
Service Provider Name	Monmouth County Office on Aging Education Presentations		
Taxonomy Service/code	Education - 331		
Service Provider Name			
Taxonomy Service/code			

WAIVER REQUEST

Area Agency on Aging:	<u>MONMOUTH COUNTY</u>
Area Agency Director:	<u>JOHN A. WANAT</u>
Submission Date:	<u>OCTOBER 15, 2006</u>
Area Plan Contract Period:	<u>JANUARY 1, 2007 –DECEMBER 31, 2009</u>

TYPE OF WAIVER REQUEST

X 1. Direct Service Provision Waiver Request:

X III B Service: Service Name: **EDUCATION**

_____ III C Meal Program (s): _____ III C-1 _____ III C-2

_____ III E National Family Caregiver Support Program:

Service Name: _____

III DService: Service Name: _____

2. Priority Service Waiver Request: (attach copy of public notice & record of public hearing)

Access Services

Home Services

_____ Legal Assistance

3. Proprietary Contract Waiver Request:

Provider Name:

Service (s) To Be Provided: _____

4. Other:

Describe: _____

WAIVER JUSTIFICATION

1) Need for the service in the planning and service area:

With over 110,000 seniors (as well as tens of thousands of caregivers) throughout the County, the need for education on topics such as health, safety, caregiver support and services available to these populations is widespread. Education can help seniors, caregivers and persons with disabilities to maintain and enhance their quality of life.

Topics Office on Aging outreach workers present which we feel are of extreme importance are health topics such as: Senior Exercise, Stroke Awareness, Signs of a Heart Attack, Depression, Arthritis, Aging Eyes and Falls Prevention. Safety topics presented include: Identify Theft, Fraud against the Elderly, Telemarketing Scams and Internet safety. Most of our safety topics have been developed in partnership with the Monmouth County Sheriff's Office. We have recently added safe driving education. "Keeping Your Keys" and "Driving Tips for Seniors" are two of the programs we present on this subject. Office on Aging has a bilingual (Spanish-speaking) outreach worker who can make presentations in Spanish.

2) What is the current supply of the service in the planning and service area?

At the present time, education is provided by local senior centers, SCAN Learning Center and health organizations such as hospitals and the Visiting Nurse Association. These other providers are not able to reach the number of seniors and caregivers and provide the number of different topics that our office has been able to attain through our presentations. These agencies also do not have the ability to provide presentations in the Spanish language, as the Monmouth County Office on Aging does.

3) What is the difference between supply and need for the service in the planning and service area?

The need for the education service is widespread as far as people to be reached, topics to be presented and need for presentations for non-English-speaking populations. Supply cannot meet the need however more people can be served by an agency that can reach county-wide.

4) What efforts have been made to acquire additional services from those available suppliers of the service, in order to meet the unmet need?

Monmouth County Office on Aging put out an RFP which included the education service. The only agencies that applied to provide education were the eight senior centers we currently fund as well as SCAN Learning Center. The local senior centers are limited in reach to the people residing in their municipalities and slightly beyond. SCAN provides educational classes on topics such as computers, play writing and some health and financial topics but this agency has not demonstrated ability to reach the targeted populations.

5) Based upon the analysis of need and efforts to obtain a service provider(s), what is the remaining unmet need for the service which the AAA must attempt to meet?

There is a great unmet need for presentations throughout the county on a wide variety of topics to improve the safety, health and quality of life of senior citizens and caregivers. The Office on Aging is in the best position to provide this service throughout the county. The OOA also has a bilingual (Spanish speaking) outreach worker to conduct presentations to Hispanic groups.

WAIVER SIGNATURE PAGE

A waiver of an **Area Plan Contract** requirement is hereby submitted.

Date

Area Agency on Aging Director Signature

The Governing Body of the Area Agency on Aging has reviewed and approved the **“Waiver Request.”**

Date

County Executive/Freeholder Signature

The Area Agency on Aging Advisory Council has had the opportunity to review and comment on the **“Waiver Request.”**

Date

AAA Advisory Council Chairperson Signature

WAIVER REQUEST

Area Agency on Aging: MONMOUTH COUNTY
Area Agency Director: JOHN A. WANAT
Submission Date: OCTOBER 15, 2006
Area Plan Contract Period: JANUARY 1, 2007 –DECEMBER 31, 2009

TYPE OF WAIVER REQUEST

X **1. Direct Service Provision Waiver Request:**

___ III B Service: Service Name: _____

___ III C Meal Program (s): ___ III C-1 ___ III C-2

X **III E National Family Caregiver Support Program:**

Service Name: **EDUCATION**

___ III DService: Service Name: _____

___ **2. Priority Service Waiver Request:** (attach copy of public notice & record of public hearing)

___ Access Services

___ Home Services

___ Legal Assistance

___ **3. Proprietary Contract Waiver Request:**

Provider Name: _____

Service (s) To Be Provided: _____

___ **4. Other:**

Describe: _____

WAIVER JUSTIFICATION

Monmouth County Office on Aging is requesting a waiver to continue to provide the direct service of Education under its Title III E funded Caregiver Support program, VieBridge Connections. Our office was granted a waiver by the Department of Health and Senior Services, Division of Aging and Community Services, to provide this service under Area Plan Contract 2004-2006, and we would like to request permission to continue to provide this service under Area Plan Contract 2007-2009.

In 2001 and 2002 we purchased the technology and consulting expertise needed to set up and develop this program from VieBridge, Inc. The system has been up and running since that time, with on-going technical support from VieBridge Inc. The VieBridge Connections program provides unique services through use of innovative technology which only the Monmouth County Office on Aging is able to provide to its County caregivers and senior citizens at this time.

VieBridge Connections (VBC) is an interactive web based program that takes a holistic approach to meeting the multiple needs of caregivers, elderly and disabled. The integrated solutions span both health and social services. They are designed so they can be used by the elderly, disabled, caregiver, and the professionals involved in their care. VieBridge Connections promotes wellness behaviors and represents opportunities for education, support and socialization that empower individuals to actively participate in their care.

The Lifestyle Support portion of this program focuses on providing support, information and education to family caregivers. The approach of the program is a self-directed support system, allowing caregivers to choose the types of information that will be of best use to them. Education, caregiver support and information are provided through video links and taped programs. VieBridge Connections also contains an extensive “video on demand” library, as well as links to various helpful websites, extensive nutrition information, member news, personal calendars and reminders, health topics stressing disease management, etc.

The production of “Lasting Lifestyle’s” Talk Show segments along with the Video on Demand Library supports health education, caregiver training, relaxation and lifelong learning. VieBridge Connections’ virtual community environment promotes independence, communication and a connection to community, locally and at a distance.

VieBridge Connections can be customized to meet the needs of individual and family users. The use of this web-based support technology works to achieve a more positive outlook on life. Caregivers receive ongoing support and resources that assist them with the responsibilities of caregiving. VieBridge Connections provides a vehicle to take traditional service delivery to a new level of responsiveness where the caregiver, elderly and disabled persons as well as the professional have the tools and resources needed to improve self management and continuity of care.

We feel this waiver is warranted under Circumstance One as noted in Policy Memo 91-9, III-4:

Circumstance 1: It may be necessary to assure an adequate supply of such services:

1) Need for the service in the planning and service area:

We believe that disease self management is the single most important piece necessary to contain health care costs presently and in the future. This skill is vitally necessary for seniors, disabled individuals and in the case of those who cannot provide this for themselves, their caregivers.

To truly impact the number of institutionalizations among the elderly and disabled, understanding chronic conditions as well as the interactions of multiple medications and diet must be learned and understood by all involved in the individual's care.

We need to reach large numbers of informal caregivers to maximize the impact of this program. We believe that this can be best accomplished using the World Wide Web. The use of web based technology to educate and inform is endless and becomes more and more cost effective as a service as larger and larger groups of individuals participate in the program.

2) What is the current supply of the service in the planning and service area?

At the present time consistent, continuous self management and monitoring of vital signs and education in regard to chronic conditions, an ability to interact with other homebound individuals, family and friends is not available in one neat service package or available at all.

3) What is the difference between supply and need for the service in the planning and service area?

An alternate service does not exist in our county and the need to educate and motivate seniors, the disabled and caregivers is endless.

4) What efforts have been made to acquire additional services from those available suppliers of the service, in order to meet the unmet need?

No other program provides this service in our county at this time. The County has a proprietary contract with the vendor, VieBridge Inc., as it has determined that no other contractor is able to provide this service.

5) Based upon the analysis of need and efforts to obtain a service provider(s), what is the remaining unmet need for the service which the AAA must attempt to meet?

There are thousands of caregivers and seniors in crucial need of this service to improve the quality of life of the caregiver and care receiver. We will continue to market VieBridge Connections to Monmouth County residents in a multitude of ways to reach these populations:

Production of 216 Lasting Lifestyle Talk Show Segments for distribution to VieBridge Connections Website and Local Cable Television; public service announcements and press coverage; presentations to Monmouth County Employers/Business Communities; networking to professional and civic organizations within Monmouth County, as well as demonstrations of Viebridge Connections at conferences and expos; continued distribution of program materials throughout the County Library system, municipalities, congregations, grantees, senior centers, nutrition sites, support groups, senior clubs, professionals, community organizations and County agencies; delivery of specific Outreach and Education to the disabled population for registration and participation within the Viebridge Connections web-based support program.

Through use of videos, articles, web links and “Ask an Expert” services, VieBridge Connections offers a wide array of methods to inform and empower the caregiver. Categories of caregiver education and support include but are not limited to: a Caregiving stress quiz, Caregiver Basics, Caregiver Types, Caregiver Rights, Practical Advice, Hiring an Aide, Assistive Devices, Caregiver Stress, Grand parenting and National and Local caregiver resources. There is a multitude of topics of special assistance to working caregivers and long distance caregivers. A tour of the website will show the breadth of educational resources available. The site address is www.viebridgeconnections.net.

WAIVER SIGNATURE PAGE

A waiver of an **Area Plan Contract** requirement is hereby submitted.

Date

Area Agency on Aging Director Signature

The Governing Body of the Area Agency on Aging has reviewed and approved the **“Waiver Request.”**

Date

County Executive/Freeholder Signature

The Area Agency on Aging Advisory Council has had the opportunity to review and comment on the **“Waiver Request.”**

Date

AAA Advisory Council Chairperson Signature

WAIVER REQUEST

Area Agency on Aging:	<u>MONMOUTH COUNTY</u>
Area Agency Director:	<u>JOHN A. WANAT</u>
Submission Date:	<u>OCTOBER 15, 2006</u>
Area Plan Contract Period:	JANUARY 1, 2007 –DECEMBER 31, 2009

TYPE OF WAIVER REQUEST

X 1. Direct Service Provision Waiver Request:

III B Service: Service Name:

III C Meal Program (s):	III C-1	III C-2
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III E National Family Caregiver Support Program:

Service Name:

X III D Service: Service Name: **EDUCATION**

2. Priority Service Waiver Request: (attach copy of public notice & record of public hearing)

Access Services

Home Services

Legal Assistance

3. Proprietary Contract Waiver Request:

Provider Name:

Service (s) To Be Provided:

4. Other:

Describe:

WAIVER JUSTIFICATION

Monmouth County Office on Aging is requesting a waiver to continue to provide the direct service of Education under its Title III D Medication Management program, which is part of the Office's VieBridge Connections program. Our office was granted a waiver by the Department of Health and Senior Services, Division of Aging and Community Services, to provide this service under Area Plan Contract 2004-2006, and we would like to request permission to continue to provide this service under Area Plan Contract 2007-2009.

In 2001 and 2002 we purchased the technology and consulting expertise needed to set up and develop this program from VieBridge, Inc. The VieBridge Connections program provides unique services through use of innovative technology which only the Monmouth County Office on Aging is able to provide to its County caregivers, senior citizens and persons with disabilities at this time.

VieBridge Connections (VBC) is an interactive web based program that takes a holistic approach to meeting the multiple needs of caregivers, elderly and disabled. The integrated solutions span both health and social services. They are designed so they can be used by the elderly, disabled, caregiver, and the professional as a self-directed support system.

The approach of the program is to allow users to choose the types of information that will be of best use to them. An extensive "video on demand" library, as well as links to various helpful websites, nutrition information, medication reminders and health topics stressing disease management enable this self-directed approach.

Medication Management on VieBridge Connections:

For clients taking several medications a day, it is easy to lose track of the schedule and how they should be taken. The VieBridge Connections medications module lessens the burden through features such as:

A comprehensive medications inventory including both prescription and over the counter medications, medications reminders (online), medications look-up and profiling, consumer education materials on proper use of prescription drugs, OTC medications, easy to use reference guides so that consumers can learn more about available medications and become more adept at medications management, refill notices, access to online pharmacies, as well as up-to-date information on prescription benefits programs, including Medicare Part D.

We feel the Waiver is justified as per Circumstance 1 in Policy Memo 91-9, III-4.

Circumstance 1: It may be necessary to assure an adequate supply of such services:

1. Need for the service in the planning and service area:

Medication Management, screening and education for the elderly has been determined to be a priority issue statewide. These services are important in preventing incorrect medicating and adverse drug reactions. Medication problems can lead to falls, confusion, physical illness, and in the worst case scenario, death. Our VieBridge Connections program provides tools for medication management as a crucial part of a person's self-directed care.

We need to reach large numbers of seniors, persons with disabilities and informal caregivers. We believe that this can be best accomplished using the World Wide Web. We believe that disease self management is the single most important piece necessary to contain health care costs presently and in the future. This skill is vitally necessary for seniors, disabled individuals and in the case of those who cannot provide this for themselves, their caregivers.

To truly impact the number of institutionalizations among the elderly and disabled, understanding chronic conditions and the interactions of multiple medications and diet must be learned and understood by all involved in the individual's care.

2. What is the current supply of the service in the planning and service area?

At the present time consistent, continuous education on self management of medications is not available in the county. Occasional "brown bag" sessions are offered by health screening and education programs. Participants are asked to bring in all of their medications in a brown bag and a nurse will review the medications to see if the senior is taking the medications properly and whether any of the medications may have adverse interactions. However, this is done at most once a month. People need to be able to track their medications and obtain information about their medicines as often as needed. VieBridge Connections gives the consumer this ability.

3. What is the difference between supply and need for the service in the planning and service area?

As noted above, the self-management approach of medication management does not currently exist in our county aside from that which is provided through VieBridge Connections. The need to educate and empower seniors, the disabled and caregivers through this self-directed approach is widespread and crucial.

4. What efforts have been made to acquire additional services from those available suppliers of the service, in order to meet the unmet need?

No other provider can offer this service in our county at this time. The county has a proprietary contract with the vendor as it has determined that no other contractor can provide this service.

5. Based upon the analysis of need and efforts to obtain a service provider(s), what is the remaining unmet need for the service which the AAA must attempt to meet?

The remaining unmet need for self-directed medication management and education is great. The widest-ranging manner to approach this need is through the VieBridge Connections program.

The use of web based technology to educate and inform is endless and becomes more and more cost effective as a service as larger and larger groups of individuals participate in the program.

WAIVER SIGNATURE PAGE

A waiver of an **Area Plan Contract** requirement is hereby submitted.

_____ Date	_____ Area Agency on Aging Director Signature
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The Governing Body of the Area Agency on Aging has reviewed and approved the **“Waiver Request.”**

_____ Date	_____ County Executive/Freeholder Signature
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The Area Agency on Aging Advisory Council has had the opportunity to review and comment on the **“Waiver Request.”**

_____ Date	_____ AAA Advisory Council Chairperson Signature
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NAPIS Requirements

Profile of Community Focal Points and Seniors Centers

Question	Number
1. Total number of focal points designated under OAA § 306 (a)(3)(A) (42 U.S.C.A. § 3026(a)(3)(A)) in operation in the past year.	17
2. Of the total number of focal points in number 1 above, provide the number that were senior centers.	9
3. Total number of senior centers currently operating in your county.	13
4. Total number of senior centers in number 3 above receiving funds pursuant to the Older Americans Act of 1965, as amended (42 U.S.C.A. §§ 3001 et seq., as amended).	8

Staffing Profile

AAA Personnel Categories	# of FTEs	# of Minority FTEs	# of FTEs Paid with OAA Funds
1. Agency Executive/Management Staff	6	0	2
2. Other Paid Professional Staff (by functional responsibility)			
A. Planning	1	0	1
B. Development	0	0	0
C. Administration	2	0	2
D. Service Delivery	1	0	1
E. Access/Care Coordination	16	1	6
F. Other	0	0	0
3. Clerical/Support Staff	6	1	4
4. Volunteers	10	0	
5. Total AAA Staff	42	2	16

Functional Responsibilities:

- A. **Planning** - Includes needs assessment, plan development, budgeting/resource analysis, service inventories, standards development and policy analysis.
- B. **Development** - Includes public education, resource development, training and education, research and development, and legislative activities.
- C. **Administration** - Includes bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.
- D. **Service Delivery** - Includes those activities associated with the direct provision of a service, which meets the needs of an individual older person and/or caregiver.
- E. **Access/Care Coordination** – Includes outreach, screening, assessment, care management and I & R.

Notification of Fund Availability

1. Provide a list the methods used by the AAA in 2006 to announce the availability of Older Americans Act and other Area Plan Contact funds to all potential service providers. Pursuant to PM 2001-13, III-12 issued by the State Unit on Aging: "An official public notice must be placed to advertise the availability of grant funds at least 30 days prior to the date established for submission of competitive proposals."

Please be specific: state when and in which newspapers notices appeared; identify the number of RFP packages sent to agencies; list any information meetings held, etc.

Date Notice Published	Name of the Newspaper Published	# of RFP Packages Distributed		
		Existing Provider	New Provider	Minority Provider
June 26, 2006	Asbury Park Press, Newark Star Ledger	33	7	0

RFP Information Meeting

Meeting Date	# of Provider Attendees	Comment
July 7, 2006	12	Agenda was distributed. Meeting presented an overview of APC 2007-2009, information on competitive contracting and review of RFP. This was followed by a question and answer session.

2. Attach a **readable** copy of the public notice announcing the availability of OAA and State funds as it appeared in the newspaper 2006.

MONMOUTH COUNTY

Notice is hereby given that the Monmouth County Office on Aging is accepting sealed proposals for the period commencing January 1, 2007, with two (2) one year renewable options at the discretion of the county subject to the availability of funds and to the continuing satisfactory performance by the provider of service for Older Americans Act, State Weekend Home Delivered Meals and Safe Housing and Transportation programs serving Monmouth County residents 60 years of age and older as well as Social Service Block Grant programs serving elderly and disabled Monmouth County Residents.

For the 2007-2009 Area Plan, the following services have been established as priorities:

- a.) Access Services: Information and Assistance, Outreach, Benefits Screening, Extended Assessment, Care Management, Transportation and Assisted Transportation.
- b.) Home Support Services: Residential Maintenance, Housekeeping/Homemaker (Home Based Support Care), Certified Home Health Aide, Respite Care, Telephone Reassurance and Friendly Visiting.
- c.) Community Services: Legal Assistance, Education, Physical Health and Physical Fitness.
- d.) Nutrition Services: Congregate and Home Delivered meals.

Proposals will be evaluated and contracts will be let under the competitive contracting provisions of the Local Public Contracts Law and related regulations. Proposal packets will be available on and after June 26, 2006, at the Monmouth County Office on Aging, 21 Main & Court Center, P.O. Box 1255, Freehold NJ, 07728-1255, during regular business hours of 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding holidays. Potential applicants may request a Proposal packet in writing, in person, by calling the Office on Aging at 1-877-222-3737 or 732 431-7450, or by going to the Office on Aging website (<http://www.co.monmouth.nj.us/aging/>), bottom of screen.

A Technical Assistance meeting for applicants is scheduled for July 7, 2006, at 10:00 a.m. in the Office on Aging, 21 Main & Court Center, Freehold, NJ.

Sealed Proposals are due back to the Monmouth County Office on Aging no later than 12:00 p.m., July 26, 2006. Proposals will be opened and contents publicly announced at the Monmouth County Office on Aging, 21 Main & Court Center, Freehold, NJ, at 3:30 p.m. on July 27, 2006.

The resulting contracts for Older Americans Act, State Weekend Home Delivered Meals, Safe Housing and Transportation, and Social Service Block Grant funding will be for a one-year period commencing January 1, 2007, with two (2) one-year renewable options at the discretion of the county subject to the availability of funds and to the continuing satisfactory performance by the provider of service.

“The selected provider(s) must comply with requirements of *N.J.S.A. 10:5-31, et seq. (N.J.A.C. 17:27)* (Equal Employment Opportunity).”

Supplemental Provisions

A. Contract Compliance:

Grant funding based on the Area Plan Contract shall be awarded in compliance with the contracting policy memorandum issued by the State Unit on Aging (PM 2001-13, III –12).

The State Unit on Aging will conduct on-site monitoring visits and review final program and fiscal reports to assure contract compliance. Written notification will be issued to the AAA in the event that they or their sub-grantee are not in compliance with the requirements set forth in the Area Plan Contract. Non-compliance may result in budget reductions, withholding of payments and/or termination of contract, and may impact upon the AAA's eligibility for subsequent continuation of funding under this grant program.

Per Policy Memorandum 2006-1, III-1, issued by the State Unit on Aging:

- AAAs shall conduct **one** on-site programmatic and **one** fiscal monitoring visit for each program funded in the Area Plan Contract.
- The Division of Aging and Community Services' (State Unit on Aging) Adult Protective Services Coordinator and staff will continue to monitor and assess the programmatic component of the Adult Protective Services Program. Monitoring staff from the AAA is encouraged to participate with state Adult Protective Services staff.
- Nutrition providers funded under the Area Plan will be monitored a minimum of **twice per contract year**. One visit will specifically address the Congregate Nutrition Program; the other visit will focus on the performance Home Delivered Nutrition Program.
- AAAs will be required to conduct a minimum of **four** service provider meetings.
- Each AAA is responsible for ensuring that all grantees funded under the Area Plan Contract attend these group meetings.

Any AAA operating under an approved direct service waiver should ensure the quality control aspects of programmatic and fiscal performance.

B. Annual Contract Funding:

The AAA in receipt of a grant award pursuant to their Area Plan Contract recognizes and agrees that funding during the term of the Area Plan Contract is expressly contingent upon the availability of funds to the State Unit on Aging. This includes funding appropriated by the State Legislature from Federal, State or other applicable revenue sources. The State Unit on Aging shall not be held liable for any breach of this agreement, which is based on the Area Plan Contract and Grant Award, because of the absence of available funding appropriations. Additionally, the AAA in receipt of a grant award shall not anticipate future

funding from the State Unit on Aging beyond the duration of the period set forth in this agreement, which is based on the Area Plan Contract and Grant Award, and in no event shall this agreement be construed as a commitment by the State Unit on Aging to expend funds beyond the termination date set forth herein. Furthermore, the AAA in receipt of a grant award understands and agrees that this agreement shall be amended annually to reflect updated program information and funding levels.

C. Area Plan Contract Revision and Modification:

Revision to the Area Plan Contract must be requested in writing approximately 45 days prior to the date the change is anticipated to take effect and approved by the State Unit on Aging (per PM 91-10, III-5, Revision of Programmatic Amendment Process).

Revisions to the Area Plan Contract may be required based upon (1) availability of the additional funds, (2) change in sub-contracts, (3) administrative transfers, (4) allocations transfer between Title III B, C1 and C2, and (5) change in projective carry over.

The State Unit on Aging, may, at its option, establish policy to restrict transfers of funds among the predetermined allocations within the Area Plan Contract.

Any Area Plan Contract revision is with the prior approval of the State Unit on Aging. The due date for the completed initial **Integrated Program Summary (IPS) form** for each sub-grantee is **February 1** of each year of the three-year Area Plan Contract. The due date for **“To Be Determined”** providers listed in the current Area Plan Contract is **April 1** of each year of the three-year Area Plan Contract. The due dates for **IPS revisions** are provided in the “Financial and Program Performance Reporting” section below. The State Unit on Aging will not accept IPS revisions and Area Plan Contract program amendments after **November 15** of each year of the three-year Area Plan Contract.

D. Financial and Program Performance Reporting:

The Administration on Aging revised reporting requirements are required for all data collected by State Agencies on Aging (in New Jersey the State Agency is referred to as the State Unit on Aging), Area Agencies on Aging, and all AAA service providers. Be advised that the revised National Aging Program Information System (NAPIS) reporting requirements are mandated for all Area Plan Contract services and all AAA service providers in Federal Fiscal Year (FFY) 2007. Any client data collected by AAAs for FFY 2006 will advance the implementation of this process. At the present time, AAAs will not be required to send detailed client data to the State Unit on Aging. It is recommended that this data be retained at the AAA until the implementation of the official revised NAPIS reporting begins on October 1, 2006, which is the first day of FFY 2007.

1. Each AAA in receipt of a grant award pursuant to their Area Plan Contract shall submit an Integrated Program Summary (IPS) form, which must include the program’s line

item budget, funding source and service projections for each sub-grantee, no later than **February 1** of each year of the three-year Area Plan Contract.

2. **IPS Revisions.** AAAs must submit all revisions to an IPS to the State Unit on Aging for review and processing in accordance with the schedule below. The State Unit on Aging will not accept an IPS revision after November 15 of each year of the three-year Area Plan Contract.
 - (a) AAAs must submit any IPS revisions for the Mid-year Allocation of Area Plan Contract Funds, pursuant to the applicable Policy Memorandum issued by the State Unit on Aging.
 - (b) AAAs must submit any IPS revisions for the Final Obligation and Allocation of Funds, pursuant to the applicable Policy Memorandum issued by the State Unit on Aging no later than November 15 of each year of the three-year Area Plan Contract.
3. Financial and program reports are due quarterly by the **15th day of the month** following the end of the quarter, as specified in Policy Memorandum 99-2, III-2 issued by the State Unit on Aging. Revisions to quarterly financial and program reports must be submitted to the State Unit on Aging by the deadline for the next quarter's reports. Written requests for extensions must be submitted prior to the deadline. The State Unit on Aging will withhold advance payments until quarterly financial and program reports are received.
4. The program name, program code, service code(s), units of service, and clients served for each sub-grantee must be consistent in fiscal reports, program reports and contractual agreements. Additionally, the AAA in receipt of a grant award pursuant to their Area Plan Contract will assure that each sub-grantee employs acceptable procedures for counting and evaluating quality of units delivered and for identifying and counting new clients as well as reviewing for accuracy in each category in all reports submitted by each sub-grantee.

E. Fiscal Reports:

For each reporting period a narrative should be provided explaining any substantial deviation from anticipated and/or approved expenditures.

Fiscal reports will be due as follows:

Report	Reporting Period	Due Date
1 st Quarter	January 1 - March 31	April 15
2 nd Quarter	April 1 - June 30	July 15
3 rd Quarter	July 1 - September 30	October 15
4 th Quarter	October 1 - December 31	January 15
Final Close-out	January 1 - December 31	January 31

Area Plan Contract Reporting System Reports should agree with the Final Consolidated Analysis Report.

Failure to submit reports accurately and in a timely manner may result in withholding of future payments by the State Unit on Aging.

F. Program Income:

Each Area Agency on Aging in receipt of a grant award pursuant to their Area Plan Contract shall use all program income earned during the period in which it is collected to offset program costs. The purpose of using program income to offset program costs during the period in which such income is earned is to determine the net costs on which the Area Plan Contract payments shall be based.

G. Close-Out Requirements:

1. The AAA in receipt of a grant award pursuant to their Area Plan Contract shall provide Area Plan Contract Program Reports and Area Plan Grant Balances, (QPR-A and QPR-B, respectively) in accordance with instructions issued by the State Unit on Aging (Currently Policy Memorandum 2005-13, III-7, "2005 Close-out Procedures" dated December 29, 2005). Failure to submit close-out reports will result in suspension of current Area Plan Contract payments.
2. The AAA in receipt of a grant award pursuant to their Area Plan Contract must submit a written request for an extension prior to the deadline established by the Policy Memorandum 2005-13, III-7 reference in Section G1 of the Supplemental Provisions above. An extension to submit close-out reports may be granted by the State Unit on Aging.
3. The AAA in receipt of a grant award pursuant to their Area Plan Contract agrees to comply with any close-out findings and recommendations to assure timely and appropriate resolution.

H. Unexpended Fund Balances:

Accrued expenditures must be liquidated within thirty (30) days after the close of the contract period. Unexpended funds up to eight percent (8%) of the current year Title III and State Match allocations are to be used in the subsequent fiscal year on a “first-in - first-out” basis. Unexpended funds in excess of eight percent (8%) may be reclaimed by the State Unit on Aging for redistribution (see most recent close-out letter). As per yearly close-out letters, all unexpended state funds with the exception of Title III state matching funds are eligible for recovery by the State Unit on Aging upon completion of the close out and payment reconciliation.

I. Record Retention:

1. All financial records, supporting documents, statistical records, and all other records pertinent to this grant award shall be retained for a period of **three years** from the acceptance of the final expenditure report.
2. Fiscal monitoring and evaluation reports, documentation of technical assistance visits, and correspondence related to visits shall be retained for a period of **three years** from the acceptance of the final expenditure report.
3. Client records shall be retained by the service provider agency for a period of **three years** from the close of the case.

J. Subcontract Requirements:

In accepting this contract, the Recipient shall include the following provisions in sub-contracts, with any subcontractor or third party, that utilize Area Plan funding under this contract.

1. An AAA subcontractor, or third party, utilizing Area Plan funding shall comply with all federal, State, and local laws related to the Older Americans Act.
2. Funds provided under this contract shall not be utilized in a manner, which would contravene the Establishment Clause of the First Amendment of the United States Constitution. Specifically, these conditions are as follows:
 - a) In no event shall the provision of the services to be funded under this agreement be conditioned upon attendance at or participation in religious programs, services, or activities;
 - b) Any services to be provided under this agreement shall be essentially secular in nature and scope and in no event shall there be any religious services, counseling, proselytizing, instruction, or

other religious influence undertaken in connection with the provision of such services; and

- c) Funds provided under this contract shall not be used for the construction, rehabilitation, or restoration of any facility owned by a religious organization and used, now or in the future, for any religious activity or purpose.
3. **OAA § 306(a)(4)(A)(ii)(I);** 42 U.S.C.A. § 3026(a)(4)(A)(ii)(I): *provider will 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.*
 4. **OAA § 306(a)(4)(A)(ii)(II);** 42 U.S.C.A. § 3026(a)(4)(A)(ii)(II): *provider will 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.*
 5. **OAA § 306(a)(4)(A)(ii)(III);** 42 U.S.C.A. § 3026 (a)(4)(A)(ii)(III): *provider will meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in the planning and service area.*
 6. **OAA §§ 306(a)(3)(A)-(B);** 42 U.S.C.A. §§ 3026 (a)(3)(A)-(B): Identify, when feasible, a focal point for comprehensive service delivery.
 7. Each agreement made with a nongovernmental entity shall include the assurance that all sources and expenditure of funds such agency receives or expends to provide services to older individuals will be disclosed to the State Unit on Aging or the Commissioner for the Department of Health and Senior Services upon request.

Laws, Rules, Regulations and Policies

A. Federal Laws, Rules and Regulations:

In accepting this contract, the Recipient shall comply with the following:

1. The Older Americans Act of 1965, as amended, (42 U.S.C.A. §§ 3001 et seq., as amended) and 45 C.F.R. Part 1321, which implements the Act. Pursuant to 42 U.S.C.A. § 3026, each area agency on aging shall develop an area plan for its planning and service area. The following is a description of key components of an area plan, however, each Area Agency on Aging is responsible for reviewing and complying with the provisions in the Older Americans Act of 1965, as amended, and 45 C.F.R. Part 1321.
 - a) **OAA § 306(a)(6)(E)(i)-(ii)**; 42 U.S.C.A. §§ 3026(a)(6)(E)(i)-(ii):
the area agency on aging will establish effective and efficient procedures for coordination of (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and (ii) entities conducting other Federal programs for older individuals at the local level;
 - b) **OAA § 306(a)(6)(D)**; 42 U.S.C.A. § 3026(a)(6)(D):
the area agency on aging will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
 - c) **OAA § 306(a)(7)(A)-(C)**; see, 42 U.S.C.A. §§ 3026(a)(7)(A)-(C):
the area agency on aging will facilitate the coordination of community-based, long-term care services designed to enable older individuals to remain in their homes, by means including – (A) development of case management services as a component of long-term care services, consistent with the requirements of [OAA § 306(a)(8) (42 U.S.C.A. 3026(a)(8))]; (B) involvement of long-term care providers in the coordination of such services; and (C) increasing community awareness of and involvement in addressing the needs of residents of long-term care facilities;
 - d) **OAA § 306(a)(14)**; 42 U.S.C.A. § 3026(a)(14):
provide assurances that funds received under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] 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];
 - e) **OAA § 306(a)(15)**; 42 U.S.C.A. § 3026(a)(15):

provide assurances that preference in receiving services under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] 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];

- f) **OAA § 306(a)(13)(A)-(E);** 42 U.S.C.A. §§ 3026(a)(13)(A)-(E):
provide assurances that the area agency on aging will (A) maintain the integrity and public purpose of services provided, and service providers, under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] in all contractual and commercial relationships; (B) disclose to the State Unit on Aging -- (i) 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 (ii) the nature of such contract or such relationship; (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] by such agency has not resulted and will not result from such contract or such relationship; and (D) demonstrate that the quantity or quality of the services to be provided under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] by such agency will be enhanced as a result of such contract or such relationship; and (E) on the request of 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;
- g) **OAA § 306(a)(4)(C);** 42 U.S.C.A. § 3026(a)(4)(C):
contain an 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;
- h) **OAA § 306(a)(10);** 42 U.S.C.A. § 3026(a)(10):
provide a grievance procedure for older individuals who are dissatisfied with or denied services funded under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)];
- i) **OAA § 306(a)(2)(A)-(C);** 42 U.S.C.A. §§ 3026(a)(2)(A)-(C):
provide assurances that an adequate proportion, as required under section 3027(a)(2) of [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)], of the amount allotted for [Title III B funds (42 U.S.C.A. § 3030d)] 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;
 - **OAA § 307(a)(2);** 42 U.S.C.A. § 3027(a)(2):

The plan shall provide that the State agency will – (A) evaluate, using uniform procedures described in [OAA § 202(a)(26) (42 U.S.C.A. § 3012(a)(26)), as amended in 2000 (formerly, OAA § 202(a)(29) (42 U.S.C.A. § 3012(a)(29))], the need for supportive services (including legal assistance pursuant [OAA § 307(a)(11); (42 U.S.C.A. § 3027(a)(11))], information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State.

- **OAA § 307(a)(11); 42 U.S.C.A. §§ 3027(a)(11)(A)-(E):**

The plan shall provide that with respect to legal assistance – (A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this [Title], including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this [Title] on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services;

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

- j) **OAA §306(a)(4)(A)(i)**; 42 U.S.C.A. § 3026(a)(4)(A)(i):
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;
- k) **OAA 306(a)(4)(B)**; 42 U.S.C.A. §§ 3026(a)(4)(B)(i)-(ii):
provide assurances that the area agency on aging will use outreach efforts that will -- (i) identify individuals eligible for assistance under this Act, with special emphasis on -- (I) older individuals residing in rural areas; (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); (IV) older individuals with severe disabilities; (V) older individuals with limited English-speaking ability; and (VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and (ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance;
- l) **OAA § 306(a)(6)(C)**; 42 U.S.C.A. §§ 3026(a)(6)(C)(i)-(ii):
the area agency on aging will - -
(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families; and
(ii) if possible regarding the provision of services under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)], enter into arrangement and coordinate with organizations that have a proven record of providing services to older individuals that -- (I) were officially designated as community action agencies or community action programs under Section 210 of the Economic Opportunity Act of 1964 (42 U.S.C.A. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 9910 of the Community Services Block Grant Act (42 U.S.C.A. § 9910);.
- m) **OAA § 306(a)(6)(F)**; 42 U.S.C.A. § 3026(a)(6)(F):
the area agency on aging will coordinate any mental health services provided with funds expended by the area agency on aging for part B of [Title III of the Older Americans Act (42 USCS § 3030d)] with the mental health services provided by community health centers and other public and private nonprofit agencies and organizations;
- n) **OAA § 306(a)(11)(A)-(C)**; 42 U.S.C.A. §§ 3026(a)(11)(A)-(C):

provide information and assurances concerning services to older individuals who are Native Americans, including -- (A) information concerning whether there is a significant populations of older Native Americans in the planning and services 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 [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)]; (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] with services provided under [Title VI of the Older Americans Act (42 U.S.C.A. §§ 3057- 3057a et seq.)]; 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;

- o) **OAA § 306(a)(8)(A)-(C);** 42 U.S.C.A. §§ 3026(a)(8)(A)-(C):
provide that case management services provided under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] through the area agency on aging will -- (A) not duplicate case management services provided through other Federal and State programs; (B) be coordinated with services described in subparagraph (A); and (C) be provided by a public agency or a nonprofit agency that -- (i) gives each older individual seeking services under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] a list of agencies that provide similar services within the jurisdiction of the area agency on aging; (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement; (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or (iv) is located in a rural area and obtains waiver of the requirement described in clauses (i) through (iii);
- p) **OAA § 306(c);** 42 U.S.C.A. §§ 3026(c)(1)-(2):
Transportation services; funds. (1) . . . an area agency on aging . . . may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act [42 U.S.C.A. §§ 1396 et seq. and 1397 et seq.] for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts . . . (2) In accordance with [such] an agreement, funds appropriated under the Older Americans Act may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act [42 U.S.C.A. 1396 et seq. and 1397 et seq.].

2. **45 C.F.R. Part 74** stipulates the uniform fiscal requirements for Department of Human Services grants.

3. **45 C.F.R. § 1321.25:** *The area agency on aging shall not delegate to another agency the authority to award or administer funds - Older Americans Act funds – under [45 C.F.R. Part 1321].*
4. **45 C.F.R. § 1321.51:** *The area agency has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.*
5. **45 C.F.R. § 1321.53(a):** *The area agency on aging shall be the leader relative to all aging issues on behalf of older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State Agency [State Unit on Aging], a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community based care systems in, or serving each community in the planning and service area.*
6. **45 C.F.R. § 1321.65:** *Each area agency on aging shall assure that providers of services shall (a) provide the area agency, in a timely manner, with statistical and other information which the area agency requires in order to meet its planning, coordination, evaluation and reporting requirements established by the State under § 1321.13.*
7. **Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C.A. § 794) and 45 C.F.R. Part 84:** *Generally, no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives Federal financial assistance. (45 C.F.R. § 84.4(a))*
8. **The Hatch Act, as amended, (5 U.S.C.A. §§ 1501-1508):** *Restricts the political activity of executive branch state and local employees who are principally employed in connection with programs financed in whole or in part by loans or grants made by the United States or a federal agency. (http://www.osc.gov/ha_state.htm)*
9. *The area agency on aging must develop and implement a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner in accordance with The Civil Rights Act of 1964, as amended.*

B. State Laws, Rules, and Regulations:

In accepting this contract, the Recipient shall comply with the following:

1. **N.J.S.A. § 40:23-6.44:** *the State Unit on Aging has the authority to promulgate rules and policies for, at a minimum, the proper control and management of activities of the county offices on aging, for the certification of person to hold the position of executive director and for the administration of grant fund available for the purpose of this act.*

2. **N.J.S.A. § 40:23-6.41:** *The board of chosen freeholders shall appoint an executive director, who shall be a person qualified by training and experience to direct the work of such office, to administer the work of the county office on aging.* The Executive Director should be a full-time qualified professional.
3. **N.J.S.A. §§ 40A:9-22 et seq.:** Each AAA shall have written policies and procedures addressing ethics (i.e., conflicts of interest), in accordance with N.J.S.A. § 40A:9-22 et seq. The purpose of such policies and procedures is to prevent the personal interests of staff members, officers or Governing Board members from: a) interfering with the performance of their responsibilities to the provider agency and its clients; or b) resulting in personal, financial professional and/or political gain on the part of such persons at the expense of the provider agency's and/or clients' interest.
4. **N.J.S.A. §§ 45:17A et seq.:** The Area Agency on Aging shall obtain documentation confirming that each nonprofit organization (see definition of charitable organization at N.J.S.A. § 45:17A-20) subgrantee (subcontractor/third-party) is registered with the Attorney General in accordance with the Charities Registration and Investigation Act (N.J.S.A. §§ 45:17A et seq.) prior to that subgrantee receiving Older Americans Act funds.

C. State Unit on Aging's (Division of Aging and Community Services') Policies

The Area Agency on Aging in receipt of a grant award pursuant to their Area Plan Contract, in accepting this grant award, agrees to comply with any and all policies and procedures promulgated by the State Unit on Aging (New Jersey Department of Health and Senior Services, Division of Aging and Community Services). All activities of an Area Agency on Aging, whether funded by public or private funds, must conform with applicable federal and State regulations, rules, and policies.