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Q1 Please describe your agency's experience with 'focal points'.

The WCAAA has a long history of designating focal points. Currently, we have 12 senior centers designated as focal points. Focal points are promoted in agency publications and are a priority group for our trainings.

Q2 Please describe your agency's role in providing training to senior centers and municipal aging services. Include whether you provide training, how often, participation and topics.

Western area senior centers are invited annually to discuss problems, training needs, etc. with WCAAA's Advisory Council & Board. Most also are members of our 3 provider networks in the western area. Trainings are provided by the WCAAA's CHOICES unit 3-4 times/year depending on changes in benefits/programs; trainings are also available to senior centers and network providers through the WCAAA's CHCP Program. Frequency varies annually but the usual amount is 6/year. Topics vary according to SC needs/requests and changes at the state/federal levels (example: MSP changes, CHCP changes).

Q3 Please describe your agency's experience with funding senior centers and municipal aging services.

The WCAAA has a long history of funding senior centers for chore, transportation, EB programming as well as special programs/events. The State Dept. on Aging also required that 5% of federal social service funds be awarded to senior centers; WCAAA's % was always higher. In FFY 2017, we funded 14 programs that were either awards directly to senior centers or municipalities for operation by senior centers. In the latter situation, senior centers were not independent legal entities capable of receiving awards absent municipal oversight.

Q4 With respect to your Board of Directors and advisory boards, please describe the role and representation of senior center professionals and/or municipal representation.

Due to potential conflict of interest situations, we have relied on past municipal leaders for representation on the WCAAA's BOD and have had three such (retired) First Selectpersons. Our Advisory Council has several SC staff and members of municipal Commissions on Aging. As a reminder, awardees cannot be members of our BOD and towns/senior centers do not wish to eliminate the potential for funding through BOD membership.

#2

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Q1 Please describe your agency's experience with 'focal points'.

Focal points are designated during the process of our Area Plan development. They are recognized for their commitment to the work they do with older individuals and their families.

Q2 Please describe your agency's role in providing training to senior centers and municipal aging services. Include whether you provide training, how often, participation and topics.

One of our Staff members is on the coordinating group for the annual CAMAE Conference. Members of our office have provided training at the conference. Topics normally include Senior Resources 101, Medicare 101, information on Scams and general care giving services.

Q3 Please describe your agency's experience with funding senior centers and municipal aging services.

Currently five out of our 20 contractors are seniors centers. This is a typical mix for us.

Q4 With respect to your Board of Directors and advisory boards, please describe the role and representation of senior center professionals and/or municipal representation.

Currently one of our twelve Board members is from a municipality (senior center director, municipal agent for the elderly, resident services coordinator). Three of our eleven Advisory Council members are senior center directors or municipal human services staff members.

#3

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Q1 Please describe your agency's experience with 'focal points'.

We'll be revising our Focal Point process to dovetail with a new statewide process that was developed for the State Unit on Aging. The process contains a list of services that shall be provided, includes additional optional or niche services and also addresses the issue of collaboration and consortium building.

Q2 Please describe your agency's role in providing training to senior centers and municipal aging services. Include whether you provide training, how often, participation and topics.

NCAAA provides training upon request to senior centers, municipal aging services, and consumers of service. The types of trainings most frequently provided include annual new counselor trainings for the CHOICES program and the Senior Medicare Patrol program. Both these programs also require periodic update trainings. Staff also provides trainings on a variety of chronic disease self-management education programs. These train-the-trainer programs are offered frequently at the municipal level and therefore are well-attended by senior center staff as well as municipal social workers interested in providing the programs as well. CDSME trainings are offered throughout the region usually upon request. Additional updates are required of these programs as well. Not sure if you are interested in things not necessarily considered "trainings" but more presentations on topical items. These are done throughout the region upon request.

Q3 Please describe your agency's experience with funding senior centers and municipal aging services.

NCAAA provides a minimum of 5% of our annual OAA Title IIIB program dollars to programs based in senior centers. This figure is often higher than 5% because we are fortunate to have senior centers with the capacity to apply for and implement grant-funded programs. The same can be said for the municipal aging services sector in NC CT.

Q4 With respect to your Board of Directors and advisory boards, please describe the role and representation of senior center professionals and/or municipal representation.

We have four currently-serving advisory council members that are either employed by or volunteering in senior centers in the region. We will add one more pending approval of a new slate in 2018. These members are precluded from voting on grants-allocation projects that impact their town. We have two board members who are either employed by their town or serve on boards/commissions in their town. Again, these folks must abstain from any votes that impact their areas of cognizance.

#4

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Q1 Please describe your agency's experience with 'focal points'.

Citation from the Older Americans Act: "(21) The term 'focal point' means a facility established to encourage the maximum colocation and coordination of services for older individuals."

According to a publication of the Administration on Aging, U.S. Department of Health and Human Services, under contract 105-89-1012 with the National Council on Aging, a focal point is a highly visible facility where anyone in a community can obtain information and access to aging services. To older adults, it is a well-known, accessible place to turn for information, services, and opportunities. To families, it is a resource to support their efforts in caring for older relatives. A focal point is a visible sign of the community's caring for its older adults. The Department on Aging's 2018-2021 State Plan includes support for senior centers to be designated as Community Focal Points. The Area Agencies on Aging are committed to building the capacity of senior centers so they have access to comprehensive information of the programs and services which support independence and dignity for older adults.

Designation of Community Focal Points (CFP)

As part of the development of the Area Plan, (typically every (four years) the Area Agency on Aging will release a Request for Focal Point Designation. The First Selectman, designee and/or Mayor of the municipality will be asked to provide a letter of support as part of the designation process. The applicant will respond to the criteria listed below to demonstrate how they provide or how they partner with another agency(s) to provide all of the programs and services which embody a comprehensive focal point. Existing Community Focal Points will complete a streamlined application to demonstrate commitment and ongoing competence as a designated CFP. Applications may be reviewed by Area Agency staff, Advisory Council and/or the Board to determine eligibility. The Area Agency may conduct a site visit for new applicants. Designations are approved by the Advisory Council and the Board of Directors as part of the Area Plan approval. An official designation letter shall be presented to the Mayor or First Selectman of the municipality and/or the director of the CFP. Designees are encouraged to publicize the CFP status using local media, social media, websites and newsletters. The Area Agency on Aging agrees to publicize the CFPs on its website and to share information such as trainings and opportunities to network with all CFPs.

Focal Point Criteria

The following programs and services should be offered by the Community Focal Point or the applicant must demonstrate how they partner with another aging network provider to ensure seamless delivery of the program or service. Collaborative agreements between organizations are highly regarded.

- Case management
- Education
- Recreation
- Health and Wellness
- Caregiver support
- Benefits counseling
- Information & Assistance
- Volunteer opportunities
- Transportation

Senior Center Task Force - AAA Survey

- Meal program
- Multi-cultural services
- Translation assistance (if applicable)
- Long Term Services and Supports (referrals and streamlined access)

How focal points are monitored

Annual surveys will be given to all focal point designees. CFP which are also Grantees under the Older Americans Acts and Senior Centers may receive the annual survey as part of an annual site review process or via mail. This process will give CFPs and the Area Agency staff an opportunity to review the success and challenges of the Community Focal Point designation. It is also an opportunity to identify additional learning objectives which may support the CFP staff.

Community Focal Point Renewal

Based on the information collected in the above mentioned surveys and receipt of a Request for Focal Point Designation application or re-application (once every four years), the status of each focal point will be determined. If focal points continue to meet the criteria, their designation will be renewed for an additional four-year period.

Information related to the Community Focal Points in the southwest region can be found on the Agency website, www.swcaa.org

Q2 Please describe your agency's role in providing training to senior centers and municipal aging services. Include whether you provide training, how often, participation and topics.

Training topics include (not an exhaustive list): CHOICES, mandated reporting, the role of the PoA, case conferences, Long Term Services and Supports, Medicaid 101, the financial side of aging, What is Home-Based Care, Understanding Dementia. Training sessions are provided at minimum, 12 times per year, most often repeated in sub-regions.

Q3 Please describe your agency's experience with funding senior centers and municipal aging services.

Senior Centers are always part of the funding mix. Each year is different based on the applications submitted, funding priorities and community decision-makers.

Q4 With respect to your Board of Directors and advisory boards, please describe the role and representation of senior center professionals and/or municipal representation.

Senior Center reps serve on both. Funded center personnel are not allowed to participate on the Board per by-laws (conflict of interest)
