

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2019

Organization's Name: Age Well  
Address: 76 Pearl St, Suite 201  
City, State, Zip: Essex Junction, VT 05452  
Website address: www.agewellvt.org

A. GENERAL INFORMATION

1. Program Name: Support and Services for Seniors
2. Contact Person/Title: Madeline Graham, Associate Director of Development & Communications  
Telephone Number: 802-662-5270  
E-mail address: mgraham@agewellvt.org
3. Total number of individuals served in the last complete fiscal year by this program: 10,145
4. Total number of the above individuals who are Town residents: 103  
Please attach any documentation that supports this number.  
  
Percent of people served who are Town residents: 1%
5. Amount of Request: \$2,000
6. Total Program Budget: \$6,669,771 Percent of total program budget you are requesting from the Town of Richmond: .03%
7. Please state or attach the mission of your agency: To provide the support and guidance that inspires our community to embrace aging with confidence.
8. Will the funding be used to:  
 Maintain an existing program  Expand an Existing Program  
 Start a new program
9. Has your organization received funds from the Town in the past for this or a similar program? Yes

If yes, please answer the following:

- a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase. No, same amount as last year's request.
- b. Were any conditions or restrictions placed on the funds by the Selectboard? No  
If yes, describe how those conditions or restrictions have been met.

## B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond?

In FY 2018 (10/1/17-9/30/18) Age Well served 103 Richmond residents with the necessary support to manage their daily living needs, with the goal of keeping them active, healthy and independent. Our wide array of programs enhance quality of life and improve health outcomes. Access to food, transportation and services can be particularly challenging in a rural town like Richmond where we find the needs to be even greater.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence.

We estimate we will serve 108 next fiscal year, up from 103 in the previous year. As Vermont's aging population continues to expand so will the need for our services. Our programs and services are provided to those 60 years and older\* and their caregivers in our four county service area: Addison, Chittenden, Franklin and Grand Isle counties.

\*We do serve individuals under 60 years of age who qualify as Vermont Center on Independent Living (VCIL) recipients as they qualify for a variety of our services.

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program?

Describe the steps you take to make the project known to the public, and make the program accessible and inclusive? \_\_\_\_\_

Those provided services through Age Well will have increased access to healthy meals, in-home care, and community resources enabling them to remain healthier and more independent.

- 84% say our services help them eat healthier
- 87% say it makes them feel more safe and secure
- 92% say it enables them to remain living at home. 88% of clients say that their Case Manager has helped them to obtain services to help with their care needs (Choices for Care, Senior Companion, Home Modification, Equipment, Meals on Wheels, Homemaker, and Adult Day Services).
- 87% of clients say that the assistance their Case Manager has helped to improve their quality of life.

Age Well has an extensive marketing platform that utilizes earned, social, and paid media campaigns to reach potential clients and their caregivers.

For a more thorough description, please see pages 45 through 49 of our attached Area Plan for detailed information.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) \_\_\_\_\_

Town funds will help defray costs to provide services to residents of Richmond. For example, Care & Service Coordination costs \$73.64 per hour; Meals on Wheels costs \$6.50 per meal; and Community meals cost \$5.00 per meal.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost? \_\_\_\_\_

Age Well submits town funding requests to the 50+ towns across four counties to help support Age Well's offerings in their town. The amount requested varies depending on the numbers of residents served from the specific towns between \$600 and \$5,500. Age Well's diversified developed initiatives help ensure that we avoid waitlists and continue the extensive suite of services to each and every resident.

### C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. \_\_\_

Since 1974, we have been part of Vermont's Area Agencies on Aging, coordinating services and care for Addison, Chittenden, Franklin and Grand Isle Counties. Our Nutrition Coordinator was recently awarded Vermont Dietitian of the Year and was appointed as a Dietitian Advisor to the Secretary of State of Vermont. Many of our staff have been with the organization for an extended period of time. As the largest and oldest Agency on Aging in the state, we are on the forefront in leading the way for our aging population.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection). \_\_\_\_\_

- Client satisfaction surveys are sent quarterly
- We currently use ServTracker, Penelope, SAMS, and Refer databases to track, monitor, and analyze services provided
- As a OneCare affiliate, we also benefit from use of PatientPing to help us monitor client health outcomes

Please see pages 21 through 35 of our attached Area Plan for full details on assessments.

3. Summarize or attach program and or service assessments conducted in the past two years. \_\_\_\_\_

Please see pages 21 through 35 of our attached Area Plan for full details on assessments.

4. Does your organization have a strategic plan and a strategic planning process in place? \_\_Yes\_\_\_\_\_ If yes, please attach your plan.

The strategic plan should include a mission statement, goals, action steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? \_\_\_\_\_11\_\_\_\_\_

How many meetings were held by the board last year? \_\_\_\_\_7\_\_\_\_\_

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant Madeline Graham Date 12/28/18

Madeline Graham Associate Director of  
Print Name of Applicant and Title  
Development +  
Communications