



MONROE COUNTY

Human Services Committee

November 23, 2021 5:30 PM

AGENDA

A. ROLL CALL

B. SUSPENSION OF THE RULES

Be It Moved, that Article II, Section 545-6 of the Rules of the Monroe County Legislature, be, and hereby is suspended and modified by prohibiting public in-person access to the Committee Meeting in favor of video viewing or listening to, and recording and later transcription of such proceeding.

C. PUBLIC FORUM

D. PRESENTATION

Robert Franklin, Chief Financial Officer, Proposed 2022 Monroe County Budget, as it pertains to the Human Services Committee

E. APPROVAL OF MINUTES

October 26, 2021

F. NEW BUSINESS

21-0442

Authorize the Submission of an Amendment to the 2021 Annual Action Plan for the Home Investment Partnerships-American Rescue Plan Program to the United States Department of Housing and Urban Development and Authorize Acceptance of an American Rescue Plan Grant for the Home Investment Partnerships Program - County Executive Adam J. Bello

21-0444

Amend Resolution 250 of 2021 to Accept Additional Funding from the New York State Office of Children and Family Services and to Extend the Time Period for the 2021 Safe Summer Youth Engagement Program and Authorize a Contract with the Center for Teen Empowerment, Inc. - County Executive Adam J. Bello

21-0445

Acceptance of a Grant from the Children's Bureau, an Office of the Administration for Children and Families, through a Subcontract with the University of Maryland, Baltimore for Improving Systems and Implementing Interventions to Support Lasting Reunification of Families - County Executive Adam J. Bello

21-0446

Authorize Contracts for the Provision of Mental Health, Developmental Disability, and Alcoholism and Substance Abuse Services in 2022 for the Monroe County Office of Mental Health - County Executive Adam J. Bello

21-0447

Authorize Professional Services Contracts for the Monroe County Office of Mental Health, Socio-Legal Center - County executive Adam J. Bello

21-0448

Authorization to Contract for Monroe County Office for the Aging Programs in 2022-2023 - County Executive Adam J. Bello

21-0449

Authorize a Contract with Crothall Healthcare, Inc. for Management of Plant Operations and Maintenance, Biomedical, Environmental, and Laundry Services at Monroe Community Hospital - County Executive Adam J. Bello

21-0450

Amend Resolution 411 of 2020 to Amend and Increase the Contract with Nurse-Family Partnership (National Service Office) for Support of the Nurse-Family Partnership Program - County Executive Adam J. Bello

21-0451

Authorize a Contract with Nurse-Family Partnership (National Service Office) for Support of the Nurse-Family Partnership Program - County Executive Adam J.

Bello

21-0452

Acceptance of a Grant from Health Research, Inc. for the Overdose Data to Action Program (Office of the Medical Examiner's Forensic Toxicology Laboratory) - County Executive Adam J. Bello

21-0453

Acceptance of a Grant from the New York State Governor's Traffic Safety Committee for the Comprehensive Toxicology Testing in Driving Under the Influence and Driving Under the Influence of Drugs Program (Office of the Medical Examiner) - County Executive Adam J. Bello

21-0454

Authorize a Contract with Rochester General Hospital to Provide Human Post-exposure Rabies Prophylaxis Services for the Monroe County Department of Public Health - County Executive Adam J. Bello

21-0455

Authorize a Contract with Finger Lakes Health Systems Agency d/b/a Common Ground Health for Regional Health Planning Services - County Executive Adam J. Bello

21-0456

Authorize a Contract with the University of Rochester for the Monroe County Department of Public Health Sexually Transmitted Disease Program and Other Nursing Services Division Programs - County Executive Adam J. Bello

21-0457

Authorize Contracts to Provide Nursing and Health Care Provider Services for the Monroe County Department of Public Health - County Executive Adam J. Bello

21-0461

Acceptance of a Grant from the Office of Temporary and Disability Assistance for Home Energy Assistance Program District Administrative Allocations - County Executive Adam J. Bello

21-0464

Amend Resolution 294 of 2020 to Amend and Increase the Contracts for the Provision of Forensic Pathology Services to the Monroe County Office of the Medical Examiner - County Executive Adam J. Bello

21-0465

Acceptance of the Round 3 Coronavirus Emergency Support Grant from the Mother Cabrini Health Foundation, through the Foundation for Long Term Care, to support COVID-related Expenses at Monroe Community Hospital - County Executive Adam J. Bello

21-0472

Amend Resolution 412 of 2020 to Amend and Increase the Contract with Rochester Regional Health, through its Rochester General Hospital Permitted Laboratories, to Provide Clinical Laboratory Services for the Monroe County Department of Public Health - As a Matter of Importance - County Executive Adam J. Bello

21-0475

Adopting Policies to Address Racial Inequities in Monroe County - As a Matter of Importance - County Legislators Calvin Lee, Jr., Vincent Felder, Sabrina LaMar, Frank Keophetlasy, Ernest Flagler-Mitchell

G. OTHER MATTERS

H. ADJOURNMENT

The next meeting of the Human Services Committee will be announced.



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Description File Name

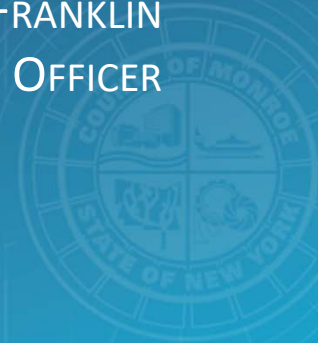
- ▣ Presentation 2022_Human_Services_Committee.pdf

2022 Budget Presentation to the Human Services Committee

ADAM J. BELLO
MONROE COUNTY EXECUTIVE

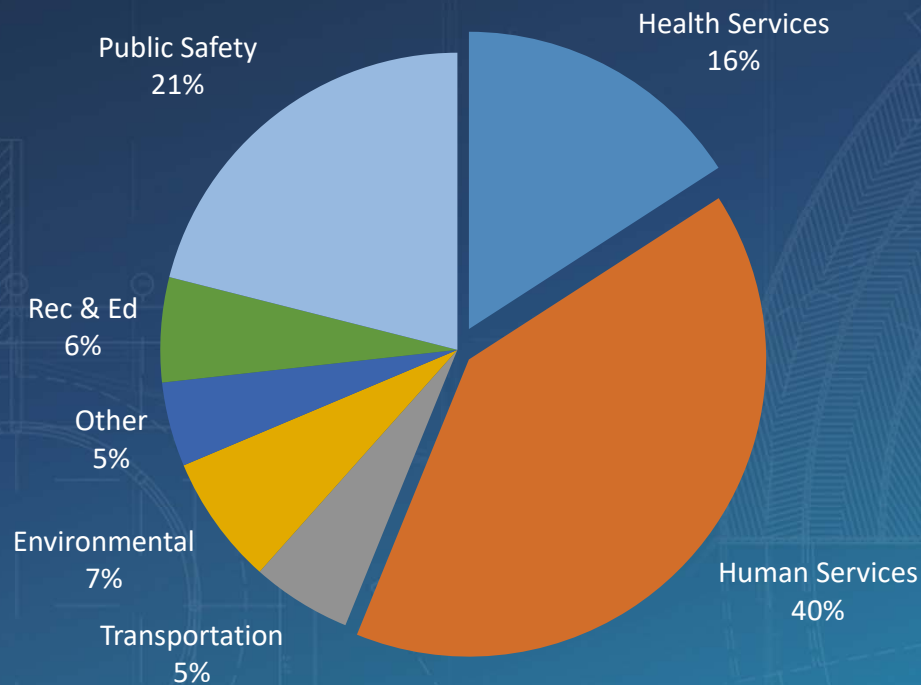
November 23, 2021

ROBERT FRANKLIN
CHIEF FINANCIAL OFFICER



Budgeted Health & Human Services Spending

Total Budgeted Spending = \$1,279,920,081



November 23, 2021

Health & Human Services Appropriations

in millions

	<u>2021 Adopted</u>	<u>2021 Amended</u>	<u>2022 Proposed</u>
Dept of Human Services	\$ 538.5	\$ 542.3	\$ 562.1
Dept of Public Health	\$ 63.2	\$ 103.7	\$ 68.4
Monroe Community Hospital	\$ 86.3	\$ 89.3	\$ 86.9
Veterans Service Agency	\$ 1.0	\$ 1.3	\$ 1.3
	<u>\$ 689.0</u>	<u>\$ 736.6</u>	<u>\$ 718.7</u>

November 23, 2021

Department of Human Services

in millions

	2021 <u>Adopted</u>	2021 <u>Amended</u>	2022 <u>Proposed</u>
Social Services	\$ 482.3	\$ 481.3	\$ 502.2
Office of Mental Health	\$ 45.5	\$ 46.7	\$ 47.9
Office for the Aging	\$ 9.4	\$ 12.9	\$ 10.3
Youth Bureau	\$ 1.3	\$ 1.4	\$ 1.7
Total Appropriations	\$ 538.5	\$ 542.3	\$ 562.1
Revenues	\$ 273.4	\$ 277.3	\$ 291.4
Net County Support	\$ 265.1	\$ 265.0	\$ 270.7

November 23, 2021

Department of Public Health

	2021 Adopted	2021 Amended	2022 Proposed
Admin & Special Services	\$ 4,856,668	\$ 40,068,643	\$ 6,769,669
Nursing Services	\$ 3,301,213	\$ 4,755,753	\$ 3,621,219
Maternal & Child Health Services	\$ 1,780,854	\$ 4,101,418	\$ 1,674,474
Medical Examiner's Office	\$ 4,838,153	\$ 4,866,959	\$ 5,029,842
Environmental Health	\$ 3,689,780	\$ 4,886,980	\$ 3,609,624
Special Children's Services	\$ 44,012,438	\$ 44,093,954	\$ 46,884,680
Epidemiology & Disease Control	\$ 757,031	\$ 929,031	\$ 838,445
Total Appropriations	\$ 63,236,137	\$ 103,702,738	\$ 68,427,953
Revenues	\$ 30,849,104	\$ 71,315,705	\$ 33,092,950
Net County Support	\$ 32,387,033	\$ 32,387,033	\$ 35,335,003

November 23, 2021

Monroe Community Hospital

	2021 <u>Adopted</u>	2021 <u>Amended</u>	2022 <u>Proposed</u>
Patient Revenue	\$ 65,690,545	\$ 65,690,545	\$ 62,507,345
Medicaid Upper Payment Limit	\$ 14,332,830	\$ 14,332,830	\$ 13,181,032
Other Revenues	\$ 2,791,906	\$ 2,791,906	\$ 3,180,051
Federal Aid (CARES Act)	\$ 0	\$ 3,000,000	\$ 0
 Total Revenues	 \$ 82,815,281	 \$ 85,815,281	 \$ 78,868,428
 Appropriations	 \$ 86,315,281	 \$ 89,315,281	 \$ 86,868,428
 Net County Support	 \$ 3,500,000	 \$ 3,500,000	 \$ 8,000,000

November 23, 2021

Veterans Service Agency

	<u>2021 Adopted</u>	<u>2021 Amended</u>	<u>2022 Proposed</u>
Appropriations	\$ 1,044,799	\$ 1,312,245	\$ 1,283,721
Revenues	<u>\$ 386,259</u>	<u>\$ 386,259</u>	<u>\$ 386,652</u>
Net County Support	\$ 658,540	\$ 925,986	\$ 897,069

November 23, 2021



ATTACHMENTS:

Description File Name

- ▣ October 26, 2021 10.26.21_Human_Services_Draft_Minutes.pdf

Summary of Minutes

HUMAN SERVICES COMMITTEE

October 26, 2021

5:30 p.m.

Chairwoman Taylor called the meeting to order at 5:30 p.m.

MEMBERS PRESENT: Kathleen A. Taylor (Chair), George J. Hebert (Vice Chair), Brian Marianetti, Tracy DiFlorio, Linda Hasman, Michael Yudelson, Calvin Lee, Robert Colby

MEMBERS ABSENT: Calvin Lee (Excused)

OTHER LEGISLATORS PRESENT: Dr. Joe Carbone, Sean M. Delehanty, Jackie Smith, Joseph Morelle, Jr., Joshua Bauroth, John Baynes, Rachel Barnhart

ADMINISTRATION PRESENT: Jeff McCann (Deputy County Executive), Corinda Crossdale (Deputy County Executive – HHS), Don Crumb (Law), Robert Franklin (CFO), Michael Garland (DES Director), John Bringewatt (County Attorney), Laura Smith (Chief Deputy County Attorney), Steve Newcomb (Office for the Aging), Rich Tantalo (Public Safety Director), Brent Whitfield (Rochester-Monroe County Youth Bureau Director), Thalia Wright (DHS Commissioner), Alyssa Tallo (MCH Executive Director), Denise Read, Jim Culler, Kathy Hiltunen, Kathy Carelock, Gary Griffin, Desmond Jackson

PUBLIC FORUM: There were no speakers.

APPROVAL OF MINUTES: The minutes of September 28, 2021 were approved as submitted.

NEW BUSINESS:

21-0370 - Acceptance of Two Grants from the New York State Department of Health for Support of the Monroe County Nurse Family Partnership Program and Amend Resolution 270 of 2021 to Amend and Increase the Contract with Community Care of Rochester d/b/a Visting Nurse Signature Care – County Executive Adam J. Bello

MOVED by Legislator Hebert, SECONDED by Legislator DiFlorio.

ADOPTED: 8-0

21-0371 - Acceptance of a Grant from the New York State Department of Health for the Local Health Department Support for the COVID-19 Vaccine Response Program – County Executive Adam J. Bello

MOVED by Legislator DiFlorio, SECONDED by Legislator Colby.

ADOPTED: 8-0

21-0372 - Acceptance of a Grant from the New York State Department of Health for the HIV Surveillance Program – County Executive Adam J. Bello

MOVED by Legislator Colby, SECONDED by Legislator Marianetti.

ADOPTED: 8-0

- 21-0373 - Amend the 2022-2027 Capital Improvement Program to Add a Project Entitled "Public Health Communicable Disease Data/Management System Replacement and Implementation Support Services for Electronic Health Record System" – County Executive Adam J. Bello

MOVED by Legislator Marianetti, SECONDED by Legislator Hebert.
ADOPTED: 8-0

- 21-0374 - Acceptance of a Grant from the New York State Office for the Aging and Authorize a Contract with Lifespan of Greater Rochester, Inc. for the New York State Elder Abuse Education and Outreach Program – County Executive Adam J. Bello

MOVED by Legislator Hebert, SECONDED by Legislator DiFlorio.
ADOPTED: 8-0

- 21-0375 - Acceptance of a Grant from the New York State Office for the Aging and Authorization to Contract with Lifespan of Greater Rochester, Inc. for Year Two of Three of the 2020-2023 Lifespan Respite Care Program – County Executive Adam J. Bello

MOVED by Legislator DiFlorio, SECONDED by Legislator Colby.
ADOPTED: 8-0

- 21-0376 - Acceptance of a Grant from New York State Office for the Aging and Authorization to Contract with Lifespan of Greater Rochester, Inc. for the 2021-2026 Lifespan Respite Care Program – County Executive Adam J. Bello

MOVED by Legislator Colby, SECONDED by Legislator Marianetti.
ADOPTED: 8-0

- 21-0377 - Authorize a Contract with the University of Rochester Medical Center to Provide Ventilator and Pediatric Unit Staffing at Monroe Community Hospital – County Executive Adam J. Bello

MOVED by Legislator Marianetti, SECONDED by Legislator Hebert.
ADOPTED: 8-0 (*Legislator Hasman declared her interest prior to the vote.*)

- 21-0385 - Acceptance of a Grant from the United States Department of Agriculture Food and Nutrition Service for the Supplemental Nutrition Assistance Program Process and Technology Improvement Grant – County Executive Adam J. Bello

MOVED by Legislator DiFlorio, SECONDED by Legislator Colby.
ADOPTED: 8-0

OTHER MATTERS:

ADJOURNMENT:

There being no other matters, Chairwoman Taylor adjourned the meeting at 6:08 p.m.

The next Human Services Committee meeting is scheduled for **Tuesday, November 23, 2021 at 5:30 p.m.**

Respectfully submitted,
Reilly O'Brien
Deputy Clerk of the Legislature



ATTACHMENTS:

Description File Name

▣ Referral R21-0442.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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No.	<u>210442</u>
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Committee Assignment	
HUMAN SERVICES	-L
WAYS & MEANS	

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Authorize the Submission of an Amendment to the 2021 Annual Action Plan for the Home Investment Partnerships-American Rescue Plan Program to the United States Department of Housing and Urban Development and Authorize Acceptance of an American Rescue Plan Grant for the Home Investment Partnerships Program

Honorable Legislators:

I recommend that Your Honorable Body authorize the submission of an amendment to the 2021 Annual Action Plan for the HOME Investment Partnerships program to the U.S. Department of Housing and Urban Development ("HUD") and authorize the acceptance of an American Rescue Plan ("ARP") Act grant for the Home Investment Partnerships program in the amount of \$214,500.60, or such other amount as determined by HUD.

Approval of this submission by HUD will provide the County with additional administrative and planning funding of \$214,500.60 for the period of December 14, 2021 to September 30, 2023 to carry out program management, coordination, and planning. This represents five percent (5%) of the overall \$4,290,012 total of funds for the HOME-ARP Program. Guidance issued by HUD indicated that funds must be allocated to HOME-ARP eligible activities that must primarily benefit qualifying individuals and families who are homeless, at risk of homelessness, or in other vulnerable populations. These activities include: (1) development and support of affordable housing; (2) tenant-based rental assistance; (3) provision of supportive services; and (4) acquisition and development of non-congregate shelter units.

The County intends to allocate and submit a Substantial Amendment to the 2021 Annual Action Plan for the remaining award upon completion of our full allocation plan.

The specific legislative actions required are:

1. Authorize the submission of an amendment to the 2021 Annual Action Plan for the Home Investment Partnerships program to the United States Department of Housing and Urban Development ("HUD") and to provide such additional information as may be required by HUD.
2. Authorize the County Executive, or his designee, to accept the grant funds in the amount of \$214,500.60, or such other amount as determined by HUD.
3. Appropriate the sum of \$214,500.60 into community development fund 9005, funds center 1501010000, Community Development Grants.

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4. Authorize the County Executive, or his designee, to reappropriate any unencumbered balances during the grant period according to the grantor requirements and to make any necessary funding modifications within grant guidelines to meet contractual commitments.
5. Should funding of this program be modified or terminated for any reason, the County Executive is hereby authorized to terminate or modify such program and, where applicable, to terminate or abolish some or all positions funded under such program. Any termination or abolishment of positions shall be in accordance with New York State Civil Service Law, and when applicable, the terms of any labor agreement affecting such positions.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(24) ("information collection including basic data collection and research, water quality and pollution studies, traffic counts, engineering studies, surveys, subsurface investigations and soils studies that do not commit the agency to undertake, fund or approve any Type I or Unlisted action") and (27) ("conducting concurrent environmental, engineering, economic, feasibility and other studies and preliminary planning and budgetary processes necessary to the formulation of a proposal for action, provided those activities do not commit the agency to commence, engage in or approve such action; and is not subject to further review under the State Environmental Quality Review Act") and is not subject to further review under the State Environmental Quality Review Act.

This grant is 100% funded by the U.S. Department of Housing and Urban Development. No additional net County support is required in the current Monroe County budget.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

AJB:db



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▣ Referral R21-0444.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Amend Resolution 250 of 2021 to Accept Additional Funding from the New York State Office of Children and Family Services and to Extend the Time Period for the 2021 Safe Summer Youth Engagement Program and Authorize a Contract with the Center for Teen Empowerment, Inc.

Honorable Legislators:

I recommend that Your Honorable Body amend Resolution 250 of 2021 to accept additional funding from the New York State Office of Children and Family Services in the amount of \$300,000, extend the time period for three (3) months through March 30, 2022, and authorize a contract with the Center for Teen Empowerment, Inc. in an amount not to exceed \$300,000 for the 2021 Safe Summer Youth Engagement Program for the period of July 1, 2021 through March 30, 2022.

By Resolution 250 of 2021, Your Honorable Body authorized the acceptance of a grant from the New York State Office of Children and Family Services for the 2021 Safe Summer Youth Engagement Program. The purpose of the grant is to support positive youth development activities that attract youth ages 14-24 at risk of being perpetrators and victims of gun violence in high-gun violence neighborhoods. This funding investment is for high gun violence neighborhoods throughout the state.

The New York State Office of Children and Family Services has directed Monroe County to contract with the Center for Teen Empowerment, Inc. for these services. The Center for Teen Empowerment, Inc. will use these funds to employ, train, and empower youth to, in collaboration with adults, create peace, equity, and justice.

The specific legislative actions required are:

- 1. Amend Resolution 250 of 2021 to accept an additional \$300,000 from, and to authorize the County Executive, or his designee, to execute a contract and any amendments thereto with, the New York State Office of Children and Family Services for the 2021 Safe Summer Youth Engagement Program, bringing the total program award to \$430,000 and to extend the time for three (3) months, through March 30, 2022.
2. Amend the 2021 operating budget of the Department of Human Services Youth Bureau by appropriating the sum of \$300,000 into general fund 9001, funds center 5603010000, Youth Contracts.

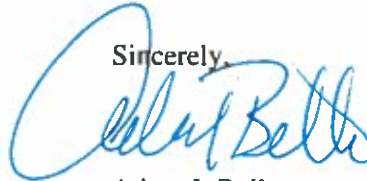
3. Authorize the County Executive, or his designee, to execute a contract, and any amendments thereto, with the Center for Teen Empowerment, Inc., 392 Genesee Street, Rochester, New York, in an amount not to exceed \$300,000 for the 2021 Safe Summer Youth Engagement Program for the period of July 1, 2021 through March 30, 2022.
4. Authorize the County Executive to appropriate any subsequent years of the grant award in accordance with the grant terms, to reappropriate any unencumbered balances during the grant period according to the grantor requirements, and to make any necessary funding modifications within the grant guidelines to meet contractual commitments
5. Should funding of this program be modified or terminated for any reason, the County Executive is hereby authorized to terminate or modify the program and where applicable, to terminate or abolish some or all positions funded under such program. Any termination or abolishment of positions shall be in accordance with New York State Civil Service Law, and when applicable, the terms of any labor agreement affecting such positions.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

This program is 100% funded by the New York State Office of Children and Family Services. No additional net County support is required in the current Monroe County budget.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

AJB:db



ATTACHMENTS:

Description File Name

▣ Referral R21-0445.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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Committee Assignment	
HUMAN SERVICES	-L
WAYS & MEANS	

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Acceptance of a Grant from the Children's Bureau, an Office of the Administration for Children and Families, through a Subcontract with the University of Maryland, Baltimore for Improving Systems and Implementing Interventions to Support Lasting Reunification of Families

Honorable Legislators:

I recommend that Your Honorable Body accept a grant from the Children's Bureau, an Office of the Administration for Children and Families, through a subcontract with the University of Maryland, Baltimore, in the amount of \$175,934 for Improving Systems and Implementing Interventions to Support Lasting Reunification of Families for the period of September 30, 2021 through September 29, 2022, with the option to renew through September 30, 2025.

This award will be used to develop, integrate and evaluate best practices and innovative interventions that will improve outcomes for children and youth in foster care with a goal of reunification with their parents and families. This is the first year Monroe County has received this grant.

The specific legislative actions required are:

1. Authorize the County Executive, or his designee, to accept a \$175,934 grant from, and to execute an agreement and any amendments thereto with, the Children's Bureau, an Office of the Administration for Children and Families, through a subcontract with the University of Maryland, Baltimore for Improving Systems and Implementing Interventions to Support Lasting Reunification of Families for the period of September 30, 2021 through September 29, 2022, with the option to renew through September 30, 2025.
2. Amend the 2021 operating budget of the Department of Human Services, Division of Social Services by appropriating the sum of \$175,934 into general fund 9001, funds center 5102010000 Child and Family Services Administration.
3. Authorize the County Executive to appropriate any subsequent years of the grant award in accordance with the grant terms, to reappropriate any unencumbered balances during the grant period according to the grantor requirements, and to make any necessary funding modifications within grant guidelines to meet contractual commitments.

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4. Should funding of this program be modified or terminated for any reason, the County Executive is hereby authorized to terminate or modify the program and, where applicable, to terminate or abolish some or all positions funded under such program. Any termination or abolishment of positions shall be in accordance with New York State Civil Service Law and, when applicable, the terms of any labor agreement affecting such positions.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

This grant is 100% funded by the Children's Bureau through a subcontract with the University of Maryland, Baltimore. No net County support is required in the current Monroe County budget.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

AJB:db



ATTACHMENTS:

Description File Name

- ▣ Referral R21-0446.pdf
- ▣ attachment 21-0446_attachment.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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HUMAN SERVICES	-L
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To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Additional Material on File
in the Clerk's Office

Subject: Authorize Contracts for the Provision of Mental Health, Developmental Disability, and Alcoholism and Substance Abuse Services in 2022 for the Monroe County Office of Mental Health

Honorable Legislators:

I recommend that Your Honorable Body authorize contracts with the agencies listed in Attachment A in an amount not to exceed \$41,857,774 for the provision of mental health, developmental disability, and alcoholism and substance abuse services for Monroe County residents for the period of January 1, 2022 through December 31, 2022.

The Monroe County Office of Mental Health ("MCOMH") coordinates and manages community behavioral health services in accordance with the local Mental Hygiene Services Plan by contracting with a wide range of local, direct services agencies. Funding for 2022 represents a net increase of \$1,953,423 from 2021. MCOMH will have an increase in state aid associated with New York State ("NYS") Office of Mental Health ("OMH"), Office of Addiction Services and Supports, and Office for People With Developmental Disabilities ("OPWDD") inclusion of cost of living adjustments as well as an increase in Direct Care Staff. The 2022 NYS OMH overall allocation has changed due to the combination of an increase in the per bed rate adjustments of supported housing beds. NYS OPWDD will stop funding day training programs as of 2022.

Numerous Requests for Proposals were solicited for these services and the chosen vendors were selected as the most qualified to provide these services.

Please refer to the attached Purchase of Services Information Forms for disclosure of information required pursuant to Resolution 223 of 2007 as amended by Resolution 11 of 2008.

The specific legislative actions required are:

1. Authorize the County Executive, or his designee, to execute contracts, and any amendments thereto, with the agencies listed in Attachment A and any other agencies as necessary to provide mental health, developmental disability, and alcoholism and substance abuse services for Monroe County residents in an amount not to exceed \$41,857,774 for the period of January 1, 2022 through December 31, 2022.

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2. Authorize the County Executive to appropriate any subsequent years of these funds, any returned contractor funds, or any deferred revenue, in accordance with the grant terms, to reappropriate any unencumbered balances during the grant period according to the grantor requirements, and to make any necessary funding modifications within the grant guidelines to meet contractual commitments.
3. Should funding of these programs be modified or terminated for any reason, the County Executive is hereby authorized to terminate or modify the program(s) and where applicable, to terminate or abolish some or all positions funded under such program(s). Any termination or abolishment of positions shall be in accordance with the New York State Civil Service Law, and when applicable, the terms of any labor agreement affecting such positions.

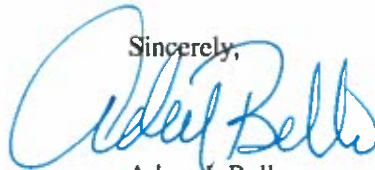
This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

Funding for these contracts is included in the proposed 2022 operating budget of the Department of Human Services, Office of Mental Health, fund 9001, funds centers 5702010000, Mental Health Services; 5702030000, Alcohol and Other Substance Abuse Services; and 5702020000, Developmental Disabilities Services. No additional net County support is required in the current Monroe County budget.

Each of these contractors has been reviewed for not-for-profit corporate status and the records in the Office of the Monroe County Treasury have indicated that none of these agencies owe any delinquent Monroe County property taxes.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

Attachment A

21-0446

2022 ANTICIPATED CONTRACT SERVICES

VENDOR TOTAL		SERVICE TOTAL	PROGRAM DESCRIPTION
LGU - Local Government Unit Services - TOTAL			
		5,771,472	
LGU Functions			Staff and resources necessary to support essential Local Governmental Unit (LGU) functions including monitoring and managing subcontractor programs and financial performance, measuring effectiveness of behavioral health service system and supporting planning for system change and system development.
COORDINATED CARE SERVICES, INC. Local Government Unit Functions	1,993,480	1,993,480	
LGU Priority Services			Staff to support Single Point of Access (SPOA) programs, Assisted Outpatient Treatment (AOT), Transition Management (TM) programs and Rapid Engagement Delivery (RED) Forensic Intervention Team (FIT).
COORDINATED CARE SERVICES, INC. LGU Priority Services	3,777,992	3,777,992	
MH - Mental Health Services - TOTAL			
		24,370,520	
Assertive Community Treatment			ACT Teams provide mobile intensive treatment and support to people with psychiatric disabilities. The focus is on the improvement of an individual's quality of life in the community and reducing the need for inpatient care, by providing intense community-
ROCHESTER REGIONAL HEALTH (THE UNITY HOSPITAL OF ROCHESTER) Assertive Community Treatment UNIVERSITY OF ROCHESTER Assertive Community Treatment - Strong Ties ACT and Project ACT	72,293 201,496	273,789	
C&Y Skill Building			Skill building services are designed to work with children and their families to implement interventions outlined in the plan to compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with a child/youth's behavioral needs.
COMPEER ROCHESTER, INC. Skill Building HOUSING OPTIONS MADE EASY, INC. Skill Building PATHWAYS, INC. Skill Building	48,245 57,092 146,715	252,052	
Forensic Fellowship Program			The Forensic Fellowship Program, as part of the Office of Mental Health's Socio-Legal Center, provides court ordered competency examinations, mental health evaluations, and consultations for criminal justice involved individuals age 16 and older.
UNIVERSITY OF ROCHESTER Forensic Fellowship Program	98,524	98,524	
MH Adult Community Support			Community based services to support adults with mental health issues and their families. Services include advocacy, peer support, assistance navigating the service system and mentoring.
COMPEER ROCHESTER, INC. Adult One-to-One EAST HOUSE CORPORATION Case Management Advocacy Services FAMILIES AND FRIENDS OF THE MENTALLY ILL, INC. D/B/A/ NAMI ROCHESTER GOODWILL OF THE FINGER LAKES, INC. 2-1-1/Life Line HOUSING OPTIONS MADE EASY, INC. Peer Bridger ROCHESTER REGIONAL HEALTH (ROCHESTER MENTAL HEALTH CENTER) Peer Advocacy Team for Habilitation THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INC. Community and Peer Support Services Creative Wellness Opportunities Life Skills Self-Help Drop In Center ROCHESTER REGIONAL HEALTH (THE UNITY HOSPITAL OF ROCHESTER)	290,082 78,566 82,451 211,570 272,246 153,839 323,198 266,766 187,080 288,153		

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<p>Jail Diversion Drop-Off Center SPECTRUM HUMAN SERVICES FOUNDATION, INC. Advocacy Support Services - Forensic Population VILLA OF HOPE Psychiatric Emergency Department Diversion Program</p>	<p>918,838 143,826 465,003</p>	<p>3,681,618</p>	<p>Community based services to support youth with mental health issues and their families. Services include early intervention/prevention and mentoring.</p>
<p>MH C&Y Community Support CHILDREN'S INSTITUTE, INC. Primary Project COMPEER ROCHESTER, INC. Youth One-to-One HILLSIDE CHILDREN'S CENTER Youth Mentor THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INC. Family Support Services VILLA OF HOPE Youth Mentor</p>	<p>234,800 93,152 96,956 612,561 131,014</p>	<p>1,168,483</p>	<p>Care coordination and support for individuals with mental health issues provided by advocating for needed services, helping to find their way through complex health care and social services systems, providing support for improved community service linkages, performing on-site crisis intervention and skills teaching when other services are not available, and if the recipient is eligible, working to secure Medicaid benefits with the goal of subsequent Health Home enrollment.</p>
<p>MH Care Management DEPAUL COMMUNITY SERVICES, INC. Care Management - Flex funds ROCHESTER REGIONAL HEALTH (ROCHESTER MENTAL HEALTH CENTER) Adult Care Management ROCHESTER REGIONAL HEALTH (THE UNITY HOSPITAL OF ROCHESTER) Adult Care Management UNIVERSITY OF ROCHESTER Adult Care Management VILLA OF HOPE Care Coordination / Care Management - Children and Youth</p>	<p>16,066 734,941 576,735 947,478 708,688</p>	<p>2,983,908</p>	<p>Crisis intervention services, applicable to adults, children and adolescents, are intended to reduce acute symptoms, restore individuals to pre-crisis levels of functioning and to build and strengthen natural supports to maximize community tenure. Examples of where these services may be provided include emergency rooms and residential settings. Provision of services may also be provided by a mobile treatment team, generally at a consumer's residence or other natural setting.</p>
<p>MH Crisis Services DEPAUL COMMUNITY SERVICES, INC. Transitional Living - Crisis Housing HILLSIDE CHILDREN'S CENTER Family Crisis Support Services ROCHESTER REGIONAL HEALTH (THE ROCHESTER GENERAL HOSPITAL) Crisis Intervention ROCHESTER REGIONAL HEALTH (THE UNITY HOSPITAL OF ROCHESTER) Home Based Crisis Intervention UNIVERSITY OF ROCHESTER Transitional Living - Crisis Housing</p>	<p>52,653 571,284 805,535 500,289 19,760</p>	<p>1,949,521</p>	<p>Outreach programs/services are intended to engage and/or assess individuals potentially in need of mental health services. Examples of applicable services are socialization, recreation, light meals, and provision of information about mental health and social services.</p>
<p>MH Outreach CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A CATHOLIC FAMILY CENTER Senior Screening - Mental Health Outreach EAST HOUSE CORPORATION Community Support Team MONROE COUNTY DEPARTMENT OF HUMAN SERVICES St. Paul Street Resource Team PERSON CENTERED HOUSING OPTIONS INC. Homeless Support Services</p>	<p>60,455 885,606 59,607 153,997</p>	<p>1,159,665</p>	<p>A peer-based, recovery-oriented housing alternative to existing crisis/acute services for individuals experiencing a psychiatric crisis thereby diverting the need for more intensive</p>
<p>MH Peer Respite Services</p>			

	589,412	589,412	(and potentially costly) services.
EAST HOUSE CORPORATION Peer Run Respite Diversion		589,412	
MH Supportive Housing			
DEPAUL COMMUNITY SERVICES, INC.	2,044,144		Supportive Housing utilizes an approach which creates housing opportunities for people through development of a range of housing options, community support services, rental stipends, and recipient specific advocacy and brokering.
EAST HOUSE CORPORATION	2,355,519		
Mental Health Supportive Housing	901,172		
HOUSING OPTIONS MADE EASY, INC.	279,675		
Mental Health Supportive Housing		5,922,335	
IBERO-AMERICAN ACTION LEAGUE, INC.	341,825		
Mental Health Supportive Housing			
SPECTRUM HUMAN SERVICES FOUNDATION, INC.			
Mental Health Supportive Housing (Forensic)			
Personalized Recovery Oriented Services (PROS)			
ROCHESTER REGIONAL HEALTH (THE ROCHESTER GENERAL HOSPITAL)	159,018		Personalized Recovery Oriented Services (PROS) is a comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support and rehabilitation in a manner that facilitates the individual's recovery.
Personalized Recovery Oriented Services (PROS)	137,984		
ROCHESTER REGIONAL HEALTH (THE UNITY HOSPITAL OF ROCHESTER)		425,875	
Personalized Recovery Oriented Services (PROS)	129,773		
ROCHESTER REHABILITATION CENTER, INC			
Personalized Recovery Oriented Services (PROS)			
SRO Community Residence			
DEPAUL COMMUNITY SERVICES, INC.	448,707		A single-room occupancy residence which provides long term or permanent housing in a setting where residents can access the support services they require to live successfully in the community.
Single Room Occupancy Community Residence - Carriage Factory	1,462,762		
Single Room Occupancy Community Residence - Edgerton	1,361,707		
Single Room Occupancy Community Residence - Halstead Square	1,389,735		
Single Room Occupancy Community Residence - Parkside		5,865,338	
Supported Single Room Occupancy Community Residence - Upper Falls Square Apartments	1,202,427		
ASA - Alcohol and Substance Abuse Services - TOTAL		11,657,971	
CD Case Management			
EAST HOUSE CORPORATION	153,307		Activities aimed at linking the client to the service system and at coordinating the various services in order to achieve a successful outcome.
Chemical Dependence Case Management		235,880	
PROVIDENCE HOUSING DEVELOPMENT CORPORATION	82,573		
Case Management			
CD Community Residence			
CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER	352,763		Structured residential environment for individuals who are concurrently enrolled in an outpatient chemical dependence service which provides addiction counseling.
Chemical Dependence Community Residence (Alexander)	353,532		
Chemical Dependence Community Residence (Barrington)	218,400		
Chemical Dependence Community Residence (Jones)		232,584	
EAST HOUSE CORPORATION		377,458	
Chemical Dependence Community Residence (Cody)		287,892	
Chemical Dependence Community Residence (Hanson)		273,787	
Chemical Dependence Community Residence (Hirst)			
Chemical Dependence Community Residence (Pinny Cooke)			
ROCHESTER REGIONAL HEALTH (PRCD, INC.)	358,614	2,455,030	
Chemical Dependence Community Residence			

<p>CD Community Support CENTER FOR COMMUNITY ALTERNATIVES, INC. Recovery Center LIBERTY RESOURCES, INC. Family Support Navigator Peer Advocate</p>	<p>366,971 113,697 153,000</p>	<p>633,668</p>	<p>Non-licensed services designed to support clients with chemical dependence issues and their families. Services are often peer-led and are provided in a community setting and can be offered concurrent with prevention and treatment efforts or as stand-alone service.</p>
<p>CD Outpatient CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER Chemical Dependence Outpatient DELPHI DRUG & ALCOHOL COUNCIL, INC. Chemical Dependence Outpatient HUTHER-DOYLE MEMORIAL INSTITUTE, INC. Chemical Dependence Outpatient</p>	<p>367,548 340,644 306,115</p>	<p>1,014,307</p>	<p>These licensed programs assist individuals who suffer from chemical abuse or dependence and their family members and/or significant others through group and individual counseling; education about, orientation to, and opportunity for participation in, relevant and available self-help groups; alcohol and substance abuse disease awareness and relapse prevention; HIV and other communicable diseases, education, risk assessment, supportive counseling and referral; and family treatment.</p>
<p>CD Prevention CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER Chemical Dependence Prevention CENTER FOR YOUTH SERVICES, INC. Chemical Dependence Prevention COMMUNITY PLACE OF GREATER ROCHESTER, INC. Chemical Dependence Prevention DELPHI DRUG & ALCOHOL COUNCIL, INC. Chemical Dependence Prevention DEPAUL COMMUNITY SERVICES, INC. NCADD-Prevention Resource Center NCADD-RA's Finger Lakes Addiction Resource Center NCADD-Rochester Area IBERO-AMERICAN ACTION LEAGUE, INC. Familias Unidas ROCHESTER INSTITUTE OF TECHNOLOGY Chemical Dependence Prevention VILLA OF HOPE Chemical Dependence Prevention</p>	<p>217,021 823,193 293,602 263,348 304,907 104,511 367,673 122,914 191,687 127,175</p>	<p>2,816,031</p>	<p>Prevention service approaches include education, environmental strategies, community capacity building, positive alternatives and information dissemination. Other Prevention service approaches funded by OASAS include Prevention Counseling and Early Intervention.</p>
<p>CD Rehabilitation and Stabilization CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER Rehabilitation and Stabilization - Freedom House Rehabilitation and Stabilization - Liberty Manor</p>	<p>749,373 730,715</p>	<p>1,480,088</p>	<p>Residential services are 24/7 structured treatment/recovery services to persons recovering from substance use disorder. Services correspond to elements in the treatment/recovery process and are distinguished by the configuration of services, degree of dysfunction of the individual served in each setting, and patient readiness to transition to a less restrictive program or element of treatment/recovery.</p>
<p>CD Residential Rehabilitation - Youth VILLA OF HOPE Residential Rehabilitation Services for Youth</p>	<p>420,483</p>	<p>420,483</p>	<p>An inpatient treatment program which provides active treatment to adolescents in need of chemical dependence services. Active treatment is provided through a multi-disciplinary team.</p>
<p>CD Supportive Living CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER Chemical Dependence Supportive Living EAST HOUSE CORPORATION Chemical Dependence Supportive Living YWCA GREATER ROCHESTER SPECIAL PROJECTS LLC Chemical Dependence Supportive Living</p>	<p>45,929 146,706 254,586</p>	<p>447,221</p>	<p>A chemical dependence residential program designed to promote independent living in a supervised setting for individuals who have completed another course of treatment, and are making the transition to independent living, and whose need for service does not</p>

x	CD Vocational Rehabilitation EAST HOUSE CORPORATION Chemical Dependence Vocational Services	269,113	269,113	Vocational rehabilitation is a process that prepares people for employment by helping them choose a vocational role and function that is consistent with their abilities, achievements, interest, and functioning capacity.
	CD Withdrawal Services HELIO HEALTH, INC. Inpatient Rehabilitation and Medically Supervised Detoxification Services	1,886,150	1,886,150	Medically supervised withdrawal services provided in an inpatient or residential setting under the supervision and direction of a licensed physician for persons undergoing moderate withdrawal or who are at risk of moderate withdrawal, as well as persons experiencing non-acute physical or psychiatric complications associated with their chemical dependence.
	DD - Developmental Disability Services - TOTAL		57,811	
	Information & Referral STARBRIDGE SERVICES, INC. Information & Referral	57,811	57,811	Informs individuals with disabilities and their families about resources and supports available in the community and assists them in accessing those services. Also includes public education to increase awareness and change attitudes by engaging audiences in interactive workshops about disabilities.

**Monroe County Office of Mental Health
Legislative Referral for Contracted Services**

***Purchase of Service Information
2022 Contract***

**Monroe County Office of Mental Health, Department of Human Services
Purchase of Service Summary Information – 2022 Contract**

The Monroe County Office of Mental Health (MCOMH), the Local Government Unity (LGU), is the entity required under NYS Mental Hygiene Law for a county to receive state aid for mental hygiene services from the NYS Office of Mental Health (NYS OMH), the NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS), and the NYS Office for People with Developmental Disabilities (NYS OPWDD) (NYS Mental Hygiene Law 41.03). MCOMH receives dollars through a multitude of funding streams from the three State Offices; some of these are strictly pass-through funds, some are designated for a specific purpose, and some are more flexible in their application. These funds are then allocated by MCOMH to providers to address specific local needs. When mental hygiene funds pass through MCOMH, local ability to allocate, solicit stakeholder input, and assure provider accountability is greatly strengthened.

Along with the above fiduciary responsibility, each LGU is also charged with ensuring services are available in the county for those who need mental health, alcohol and substance abuse, and/or developmental disabilities services. As the designated entity for Monroe County, MCOMH oversees the local, comprehensive mental hygiene service system. In order to oversee the mental hygiene system, MCOMH relies upon its local Behavioral Health Community Database along with NYS OMH, OASAS, and OPWDD data to generate a comprehensive picture of system-level and agency-level performance. A wide range of measures are collected by MCOMH, NYS OMH, NYS OPWDD, and/or NYS OASAS through the contract monitoring process. Additionally, MCOMH Contract Coordinators regularly participate in agency and program site visits which include reviews of staff credentials, board membership, program/client records, reportable incidents, policies and procedures, and interviews with staff and clients to ensure quality of service delivery. MCOMH staff members are also central in monitoring program performance, fiscal viability, incidents, complaints, and other pertinent issues.

Purchase of Service (POS) Information*

The attached POS is divided into four sections: one for *LGU Functions provided by Coordinated Care Services, Inc*, and one each for subcontracts in the three disability areas: *Mental Health (MH)*, *Alcoholism and Substance Abuse (ASA)*, and *Developmental Disabilities (DD)*. Within each of the disability areas, agency information is supplied followed by each program in that agency supported by the contract with MCOMH.

Maintaining access to a coordinated, comprehensive continuum of treatment, recovery, and rehabilitative mental hygiene services is one indicator of the mental hygiene system's ability to meet community needs and is a requirement of all contracts issued by MCOMH. Therefore, capacity (where applicable) and/or the number of individuals served is the primary performance indicator for the programs listed on the following pages. A secondary indicator of performance is also identified for each program; the secondary indicator focuses on program outcomes. Please note that the performance and outcome indicators listed in this document are merely a small subset of the indicators MCOMH utilizes to monitor program performance. It is also important to note that the outcome indicator listed for each program may represent only a portion of the individuals served in the program.

The public behavioral health service sector is currently undergoing significant transition and transformation. The following initiatives continue to impact both the service delivery system and the provider network:

- Reimagining of the service delivery system in response to the COVID-19 pandemic to include expanded use of telehealth service options/providers, advocacy for regulatory flexibility, and addressing racial disparities.
- Implementation of strategies to address gaps in the behavioral health system, expand current emergency crisis response services, explore diversion options for responding to people experiencing behavioral health emergencies, and support cross-system redesign and transformation efforts to address racial inequities and ensure access to behavioral healthcare for all members of the community.
- Transition of Medicaid behavioral health services from fee-for-service reimbursement to a managed care environment, with some contracts eventually transitioning to value-based payment models.
- Transition of behavioral health service treatment models focusing away from inpatient psychiatric and rehabilitation units and into community-based living and recovery support services.

These initiatives are being driven by state practice and policy change and will significantly impact the service delivery system within the local Monroe County community. The planning and system oversight function of MCOMH will continue to be crucial to ensure that these changes are implemented locally in a manner that best serves the citizens of Monroe County and most effectively links individuals with the appropriate level of care or support.

**The complete POS information for MCOMH contracts is made available for review in the Clerk of the Legislature's office*

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Coordinated Care Services, Inc

EXECUTIVE DIRECTOR: Anne Wilder, President

BOARD MEMBERS: Gretchen Baumer, Jean Bezek, Albert Blankely, Greg Hyrd, Jeanne Casares, Lindsay Gozzi-Theobald, Eve Hosford, LCSW-R, Kathleen Johnson, CPA, Carly Layton, Mora Lieberman, Linda Lopez, Tad Mack, Joseph Tobin, Thomas Wuy, MBA, Lekeyah Wilson MD

PROGRAMS INCLUDED: LGU Priority Services
Local Government Unit Functions

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: Multi-disability
PROGRAM: LGU Priority Services
CONTRACTOR: COORDINATED CARE SERVICES, INC.
CONTRACT AMOUNT: \$3,777,992.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Staff are provided to perform the following services under the direction of the Monroe County Office of Mental Health to ensure access to behavioral health services for individuals in the community with the greatest need.

- Single Point of Access (SPOA) programs to support centralized, timely access to care management and residential services for adults and youth with intensive mental health and/or substance use needs.
- Assisted Outpatient Treatment (AOT) and Transition Management (TM) programs based at the Monroe County Socio-Legal Center to support ongoing linkage to behavioral health services for high need individuals, some of which have court involvement or histories of incarceration.
- The Rapid Engagement Delivery (RED) program which promotes engagement and retention for individuals with behavioral health and social services who have had frequent unsuccessful DHS application attempts and/or use of Emergency Housing services.
- The Forensic Intervention Team (FIT) which collaborates with law enforcement agencies across the county to assist individuals with mental health needs who have frequent contact with law enforcement. This program expanded to 24/7 operation in 2021.
- Supplemental Security Income (SSI) program Benefits Facilitator supports eligible public assistance recipients with mental health challenges to secure SSI and/or Social Security Disability (SSD).

In addition to the services listed above, this service component also includes maintaining and monitoring the use of Children & Youth Wrap funds to meet the individualized needs of children and families receiving mental health services, as well as support of the Disaster Mental Health Response Team.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Units of service (Total number of referrals to Adult and Child SPOA, AOT, RED, and FIT)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	n/a	n/a	n/a	n/a
Units of Service:	2,827	2,822	4,712	5,900

2. SELECTED OUTCOME INDICATOR:

Percent of Adult and Child SPOA eligible community referrals admitted to services

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	61%	65%	62%	68%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Program databases

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: Multi-disability
PROGRAM: Local Governmental Unit Functions
CONTRACTOR: COORDINATED CARE SERVICES, INC.
CONTRACT AMOUNT: \$1,993,480.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Coordinated Care Services, Inc. provides the staff and resources necessary to support a range of essential Local Governmental Unit (LGU) functions on behalf of the Monroe County Office of Mental Health (MCOMH), including:

1. Monitoring and managing subcontractor programs and financial performance on behalf of, and under the direction of, the MCOMH. This function includes negotiating and monitoring performance of contracts among 36 community providers and encompassing almost 100 behavioral health programs; monitoring expenses and revenues against approved budgets; and initiating corrective action plans as necessary.
2. Managing a process for measuring the effectiveness and performance of behavioral health services and maintaining and/or obtaining access to information systems to support planning, policy and oversight activities in Monroe County.
3. Supporting the policy, planning, systems change and service development functions of the MCOMH via analysis of relevant State and national policies, conducting community needs assessment activities, securing the data and information required for planning and policy decisions and supporting the implementation of new initiatives.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Contracts are monitored in an accurate and timely manner, and subcontractors perform per contract specifications. Expressed as number of contracts and percent successful.

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	n/a	n/a	n/a	n/a
Units of Service:	46 (100%)	44 (100%)	38 (100%)	40 (100%)

2. SELECTED OUTCOME INDICATOR:

Claiming/reconciliation of state aid and federal grants is timely and accurate (Number of grants percent timely and accurate)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	3 (100%)	3 (100%)	3 (100%)	3 (100%)

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Items to be filed with Clerk of the Monroe County Legislature: CCSI Annual Report

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Behavioral Health Network, Inc. DB/A Rochester Mental Health Center

EXECUTIVE DIRECTOR: Mandy Teeter, Vice President, Behavioral Health

BOARD MEMBERS: June Bradley, Corey Brown, Sue Carlson, DNP, NPP, RN, PMHNP-BC, PMHCNS-BC, Caroline Easton, BS, PhD, Walter Larking Jr., Daniel Meyers, Thomas Riley, Leon Sawyko, Elaine Spaulf, Scot Turner, Ann Wilder

PROGRAMS INCLUDED: Adult Care Management (Non-Medicare)
Peer Advocacy Team for Habilitation

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Adult Care Management (Non-Medicaid)

CONTRACTOR: BEHAVIORAL HEALTH NETWORK, INC. D/B/A ROCHESTER MENTAL HEALTH CENTER

CONTRACT AMOUNT: \$734,941.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Rochester Mental Health Center operates under Rochester Regional Health along with other affiliated entities. This program provides care management services to adults with serious mental illness who are not eligible for Medicaid and, consequently, Health Home Care Management services. Non-Medicaid Care Management services mirror Health Home Care Management services and include: Comprehensive Care Management Planning, Care Coordination, Health Promotion, Transitional Care (including appropriate follow-up from inpatient to other settings), Individual and Family Support Services, and referrals to community and social supports tailored to the individual needs. Care management also includes conducting outreach to referred clients, conducting intakes and assessments of clients needs and strengths, service planning and coordination. Care management services are also provided for those with Assisted Outpatient Treatment (AOT) orders who do not have Medicaid. Service dollars to support service plan goals are available for individuals who have a diagnosed mental illness who do or do not have Medicaid. The program is expected to be culturally responsive and provides aggressive outreach, linkage, and advocacy to community resources.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	136	122	115	135
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	5%	11%	10%	8%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/ Program database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Peer Advocacy Team for Habilitation

CONTRACTOR: BEHAVIORAL HEALTH NETWORK, INC. D/B/A ROCHESTER MENTAL HEALTH CENTER

CONTRACT AMOUNT: \$153,839.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Rochester Mental Health Center operates under Rochester Regional Health along with other affiliated entities. Peer services are those services and supports that are provided by individuals who are or have been consumers of behavioral health services. The primary objective is to increase the number of community linkages to other mental health services and supports. This service provides peer outreach to adults with mental illness who are homeless or are at risk of becoming homeless. Peer Advocacy Team for Habilitation (PATH) provides referral and linkage to community services, peer support and coaching, enhancement of self-advocacy, the development and maintenance of peer networks and resources, and systems advocacy. Peer staff are available to assist individuals in a variety of community settings including homeless shelters.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	261	339	350	350
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Number of community linkages to other mental health services and supports

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	235	461	1,000	1,200

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Catholic Charities of the Diocese of Rochester D/B/A/ Catholic Family Center

EXECUTIVE DIRECTOR: Marlene Bessette, President/CEO

BOARD MEMBERS: Merideth Andreucci, Sheila Briody, SSJ, Joseph A. Carello, William H. Castle, Elizabeth Cuccio, Rev. Brian C. Cool, Louis Howard, Alasdair MacKinnon, Luke G. Mazzochetti, John M. McBride, Ann McCormick, Margery Morgan, Stephanie I. Schaeffer, William P. Tchan, Miguel A. Velazquez

PROGRAMS INCLUDED: Senior Screening - Mental Health Outreach

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Senior Screening - Mental Health Outreach

CONTRACTOR: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER

CONTRACT AMOUNT: \$60,455.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Catholic Family Center operates a Senior Outreach and Screening program that provides enhanced outreach and access to treatment and prevention services to adults 60 years and older with mental illness. The program is located at 55 Troup Street and has a close relationship with other community resources. The primary objective is to increase the number of clients successfully linked to mental health services. Services include outreach to identify older adults with untreated mental illness, consultation, linkage and coordination of mental health, social service and primary health services. In addition, education and support are provided to caregivers of older adults with the goal of assisting the person to successfully maintain community living.

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served (found to have untreated mental health issues/challenges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	173	135	135	150
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of clients successfully linked to mental health services

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	79%	91%	93%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Children's Institute, Inc

EXECUTIVE DIRECTOR: Ann Marie White, Ed D., Executive Director

BOARD MEMBERS: Luisa Bennetto, Ph D., Melissa Blackmun, MA, Renu Bora, MIMS, MA, Dianne Cooney Miner, Ph D., RN, FAAN, Joseph R. Ioppolo, MBA, Melissa M. Goodwin, Ph D., Erin Graupman, MBA, BSN, RN, Jill A. Graziano, MBA, RN, Amy V. Kahn, MBA, SPHR, Victoria Kane, JD, Dr. James Lewis III, Tomette McClellan Gunn, Ph D., LLPC, Kripal K. Mehta, Ph D., Rupert Montero, MBA, CPA, Rashid Muhammad, Ed D., Larry D. Perkins, Ph D., MBA, Allison Pletzer Wilkms, Ronald N. Roberts, MS, Todd A. Savage, Ph D., NCSIP, Richard A. Schwartz, MS, James M. Sperry, Ph D., MBA, Sherree Toth, PhD, Amy S. Warner, Esq., MBA, Kathleen Washington, MBA

PROGRAMS INCLUDED: Primary Project

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Primary Project
CONTRACTOR: CHILDREN'S INSTITUTE, INC.
CONTRACT AMOUNT: \$234,800.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Primary Mental Health Project (PMHP) operates in nine Rochester City School District elementary schools and four Greece Central School District elementary schools. This school-based program identifies young children who are just beginning to show school adjustment difficulties and pairs them with trained paraprofessional child associates for screening and intervention.

The Children's Institute provides ongoing training and consultation for the school-based Primary Project team composed of principals, teachers, mental health professionals, senior associates, and child associates as well as evaluation services. Various members of the school team meet with or have phone contacts with parents of children participating in the program.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	556	372	375	400
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percentage of children served who no longer score at-risk for school adjustment difficulties post-intervention

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	27% ^a	22% ^a	24% ^b	26% ^c

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/Annual Report

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Compeer Rochester, Inc

EXECUTIVE DIRECTOR: Sara Passamonte, President

BOARD MEMBERS: Anthony Adutori, Jorge Arroyo, MS, Richard P. Bannister, John Chapman, Nancy Crawford, Crystal Gallagher, Neal Gorman, I la Hakiel, Greg Helmer, Andrew T. Hoyer, Benjamin Jacobs, Iida Kaluntari, Paul D. Keenan, Jose M. Lopez, Keri (Wood) Mantegna, Barbara Marianetti DesRosiers, Ilijah McCloud, Timothy McKenna, Cathy Midolo, Sara Passamonte, Kevin M. Pickhardt, David Peterse, I sq, Michael Ruff, Wendy Smith, I Elizabeth Taha, Vytautas Vasiliauskas

PROGRAMS INCLUDED: Adult One-to-One
Skill Building
Youth One-to-One

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Adult One-to-One
CONTRACTOR: COMPEER ROCHESTER, INC.
CONTRACT AMOUNT: \$290,082.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Adult One-to-One program utilizes volunteer mentors to provide adults with mental illness companionship, socialization, community integration, and supportive friendship-based mentoring to aid in their wellness and recovery, increase their independence, and improve their quality of life. Most volunteers meet their mentees in-person, but some speak with adults with mental illness over the phone or online (especially for those awaiting or unsure about engaging with in-person mentoring as well as for disabled or home-bound individuals). Volunteers are expected to meet with their mentees at least four hours per month for at least one year. Expected outcomes include increased self-worth, decreased isolation, increased wellness, and reductions in unnecessary or avoidable hospitalizations and use of emergency services.

Compeer's services include recruiting, screening and training volunteer mentors; accepting and screening referrals for mentees, monitoring the activities of mentor/mentee matches; and using paid staff to provide ongoing support and collaboration with matched adults' care team members. Volunteer mentors are trained in mental health, communication, healthy boundaries, cultural competence and crisis management.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (contact hours)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	179	135	160	175
Units of Service:	5,726	3,273	4,000	5,000

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric emergency visits while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	11%	6%	4%	4%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Skill Building

CONTRACTOR: COMPEER ROCHESTER, INC.

CONTRACT AMOUNT: \$48,245.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Compeer provides skill building services to children and adolescents who reside in Monroe County, under the age of 21, who demonstrate mental health-related functional limitations (severe emotional disturbance, significant mental health challenges, and/or complex mental health needs).

Skill building services are provided to compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with a youth's behavioral needs. Skill building services support efforts to maintain youth safely and more successfully in the community. Activities included in the services are expected to be culturally sensitive, task-oriented, and focused on personal and community competence (including but not limited to social and interpersonal skills, daily living skills, coping skills, and intervention implementation). Services provided by the skill builders occur in the youths' homes or in the community and are documented by skill building staff in an accurate and timely manner.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served units of service (contact hours)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	11	9	12	18
Units of Service:	218	247	300	400

2. SELECTED OUTCOME INDICATOR:

Percentage of discharged clients who met at least half of goals

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	83% ^a	71% ^a	80% ^a	85% ^b

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Youth One-to-One
CONTRACTOR: COMPEER ROCHESTER, INC.
CONTRACT AMOUNT: \$93,152.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Youth One-to-One serves children and adolescents (between 5 and 21 years old) who have serious emotional needs or significant mental health or behavioral challenges by matching them with volunteer mentors. Mentors are expected to meet with their mentees in person in the community for at least four hours per month for at least one year. Mentors provide friendship-based mentoring by developing rapport and a trusting relationship with youth so youth have a positive and supportive relationship with an adult outside their families. Mentors assist youth in developing healthy coping strategies and positive life skills by modeling, providing feedback, and discussing strategies and skills. Core goals include improved school functioning, community and recreational engagement, social skills, decision-making/choices, self-esteem, and future-orientation.

Compeer recruits, screens, and trains volunteer mentors; accepts and screens youth referrals; monitors mentors' activities; organizes social events; and utilizes paid staff to support youth and families with referrals and assistance with service navigation and crises. Compeer trains mentors in positive youth development, communication skills, cultural competency, healthy boundaries, mental health, and crisis management.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (contact hours)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	113	107	115	125
Units of Service:	3,275	2,248	2,500	3,000

2. SELECTED OUTCOME INDICATOR:

Percent of clients accessing mental health crisis services (psychiatric emergency department and mobile crisis) while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	11%	6%	7%	7%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: DePaul Community Services, Inc.

EXECUTIVE DIRECTOR: Christopher Syracuse, Vice President

BOARD MEMBERS: W. Stewart Beecher, MD, Brenda Bremer, A.M.D., Kim Carrison, Michelle R. Casey, Timothy M. Culhane, Michael A. DeIreitas Esq., David C. DeLary, Stephanie M. Dempsey, Timothy D. Dieffenbacher, Anthony DiGiovanni IV, Ann Marie Dinno, Lisa B. Elliot, Ph.D., Steven H. Fipping, Lisa Famighetti, Melissa L. Farrell, Gabriel Geiger, Jared P. Hirt, Esq., Christopher G. Humphrey, Adam Jones, J. Ilen H. Kremer, Robert G. Lamb Jr., Esq., Timothy Leyden, Louis J. Lutzenberger, Michael Mullaber, Dr. Keith McGriff, Kevin M. Mucci, Komelia T. Peterson, Kelley Ross Brown, Esq., Gerald J. Scott, Michael Williams, James R. Yarrington

PROGRAMS INCLUDED: Care Management - Flex Funds
Mental Health Supportive Housing
Single Room Occupancy Community Residence - Carriage Factory
Single Room Occupancy Community Residence - Edgerton
Single Room Occupancy Community Residence - Hulstead Square
Single Room Occupancy Community Residence - Parkside
Supported Single Room Occupancy Community Residence - Upper Falls Square Apartments
Transitional Living - Crisis Housing

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Care Management - Flex Funds
CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.
CONTRACT AMOUNT: \$16,066.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): This funding provides additional monetary support for the needs of individuals enrolled in DePaul's Health Home Care Management services. These service dollars are for emergency and non-emergency purposes and are to be used as payment of last resort (i.e., if another program can provide for the identified needs with other resources, that program's funds should be used first). The purpose of the service dollars is to provide funds to support recovery goals outlined in the individual's care management service plan or to address immediate and/or emergency needs. The use of service dollars in any of these programs should include participation of the recipient of services, who should play a significant role in the planning for, and the utilization of service dollars. Approved uses of service dollars are documented in each individual's case records.

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served (duplicated by quarter)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	106	101	125	130
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: n/a

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	n/a	n/a	n/a	n/a

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Mental Health Supportive Housing

CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.

CONTRACT AMOUNT: \$2,044,144.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul operates a mental health supportive housing program designed to provide assistance to individuals with serious mental illness (SMI) in locating and maintaining safe, affordable housing of their choice. This program includes a total of 193 supportive housing units. The New York State Office of Mental Health defines specific criteria for use of the various bed types provided by this program.

The intent of Supportive Housing is to ensure that individuals with serious mental illness may exercise their right to choose where they are going to live, taking into consideration the recipient's functional skills, the range of affordable housing options available in the area under consideration, and the type and extent of services and resources that recipients require to maintain their residence within the community. Supportive Housing utilizes an approach which creates housing opportunities for people through development of a range of housing options, community support services, rental stipends, and recipient-specific advocacy and brokering. As such, this initiative encompasses community support and psychiatric rehabilitation approaches.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served units of service (bed days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	193	193	193	193
Individuals Served:	191	191	193	195
Units of Service:	66,855	68,439	68,450	70,000

2. SELECTED OUTCOME INDICATOR: Percent of clients remaining in apartment 1 year or more

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	89%	92%	92%	92%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Single Room Occupancy Community Residence - Carriage Factory
CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.
CONTRACT AMOUNT: \$448,707.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul operates the 25-bed Carriage Factory Community Residence (CR) Single Room Occupancy (SRO) located at 33 Litchfield Street. This program is licensed by the New York State Office of Mental Health and adheres to all appropriate regulations and guidelines. The goal of the program is to provide stable housing with 24-hour staff and on-site support services. The intended residents of the CR-SRO are seriously mentally ill individuals, including formerly homeless individuals who may have co-occurring substance use disorders, who are capable of living in private apartments as long as on-site support services are available. Clients who live in this specific CR-SRO live in furnished apartments with kitchens and only those who are able to prepare their own meals can be accepted into this CR-SRO.

The Carriage Factory CR-SRO provides medication supervision, activities programming, transportation and coordination, case management and 24 hour community living assistance, help with housekeeping, staff support and supervision in a safe environment. The SRO assists individuals to obtain skills in areas such as independent living, socialization and medication management. Care management is provided for eligible individuals to assist them with linking to services in the community.

Historically, DePaul has subcontracted with East House to provide vocational supports to their Supportive Housing and SRO residents. Reporting of vocational outcomes is done by East House.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Capacity (beds) individuals served/units of service (bed days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	25	25	25	25
Individuals Served:	27	26	28	28
Units of Service:	8,922	8,871	8,800	9,100

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	7%	8%	4%	4%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Single Room Occupancy Community Residence - Edgerton
CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.
CONTRACT AMOUNT: \$1,462,762.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul operates the 85-bed Edgerton Square Community Residence (CR) Single Room Occupancy (SRO) located at 435 Dewey Ave. This program is licensed by the New York State Office of Mental Health and adheres to all appropriate regulations and guidelines. The goal of the program is to provide stable housing with 24-hour staff and on-site support services. The residents of this CR-SRO are adults 18 years or older with serious mental illness (including former residents of Rochester Psychiatric Center), some of whom have long histories of homelessness and substance abuse problems, and are capable of living in this type of residence as long as on-site support services are available. The primary mission of staff is to develop specialized approaches that will successfully engage the resident in his/her/their own rehabilitation.

Historically, DePaul has subcontracted with East House to provide vocational supports to their Supportive Housing and SRO residents. Reporting of vocational outcomes is done by East House.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds): individuals served/units of service (bed days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	85	85	85	85
Individuals Served:	104	89	95	100
Units of Service:	30,411	30,807	30,600	31,000

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	7%	7%	7%	7%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Single Room Occupancy Community Residence - Halstead Square
CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.
CONTRACT AMOUNT: \$1,361,707.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul operates the 75-bed Halstead Community Residence (CR) Single Room Occupancy (SRO) located at 770 West Main St. This program is licensed by the New York State Office of Mental Health and adheres to all appropriate regulations and guidelines. The goal of the program is to provide stable housing with 24-hour staff and on-site support services. The residents of the CR-SRO are adults 18 years or older who are diagnosed with a serious mental illness (including current residents of Rochester Psychiatric Center), some of whom have long histories of homelessness and substance abuse problems, and are capable of living in this type of residence as long as on-site support services are available. The primary mission of staff is to develop specialized approaches that will successfully engage the resident in his/her/their own rehabilitation.

Historically, DePaul has subcontracted with East House to provide vocational supports to their Supportive Housing and SRO residents. Reporting of vocational outcomes is done by East House.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (bed days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	75	75	75	75
Individuals Served:	80	86	86	86
Units of Service:	27,076	26,140	26,600	27,000

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	13%	12%	12%	12%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Single Room Occupancy Community Residence - Parkside
CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.
CONTRACT AMOUNT: \$1,389,735.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul operates the 85-bed Parkside Community Residence (CR) Single Room Occupancy (SRO) located at 420 East Main St. This program is licensed by the New York State Office of Mental Health and adheres to all appropriate regulations and guidelines. The goal of the program is to provide stable housing with 24-hour staff and on-site support services. The residents of the CR-SRO are age 50 and above who are diagnosed with a serious mental illness (including current residents of Rochester Psychiatric Center), some of whom have long histories of homelessness and substance abuse problems, and are capable of living in this type of residence as long as on-site support services are available. The primary mission of staff is to develop specialized approaches that will successfully engage the resident in his/her/their own rehabilitation.

Historically, DePaul has subcontracted with East House to provide vocational supports to their Supportive Housing and SRO residents. Reporting of vocational outcomes is done by East House.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (bed days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	85	85	85	85
Individuals Served:	92	91	90	95
Units of Service:	30,671	30,161	29,800	31,000

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	7%	8%	5%	5%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Supported Single Room Occupancy Community Residence - Upper Falls Square Apartments

CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.

CONTRACT AMOUNT: \$1,202,427.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul operates the 75-bed Upper Falls Square Supportive Single Room Occupancy (SP-SRO) located at 396 Hudson Avenue which is in a building in which other affordable housing apartments are located. DePaul accepts clients into the Upper Falls Square SP-SRO who have demonstrated the skills needed to reside independently in the community. Clients live in apartments that are equipped with kitchens, and clients prepare their own meals. Clients must either self-medicate or have an outside provider (not DePaul) who assists them with managing their medications. Housing Specialists teach skills and assist tenants in linking to community services. In addition to the housing and support services listed above, DePaul provides rental stipends that make up the total rent and utility costs after deducting client contributions of thirty percent of their income or their public assistance housing funds.

This program began operation in November 2018.

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (bed days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	75	75	75	75
Individuals Served:	83	79	82	85
Units of Service:	23,447	26,977	26,900	27,000

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	11%	8%	7%	7%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Transitional Living - Crisis Housing

CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.

CONTRACT AMOUNT: \$52,653.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul maintains four crisis respite apartments, rented from community landlords, to serve high-need and/or high-risk adults who have a serious mental illness, are in a mental health crisis or an impending crisis, and involved in care management in the Rochester Regional Health System. DePaul assists clients in avoiding acute service utilization by collaborating with housing support staff as well as care management staff to comprehensively address client crisis situations, assist clients in securing permanent housing, and address other individualized needs. DePaul assists clients and their provider teams in developing plans to find and secure permanent housing that meets client needs as soon as an individual is accepted into the transitional crisis/respite apartment. Permanent housing options may include longer-term housing options within the mental health system (such as, but not limited to, supportive housing, SROs, treatment apartments, and Community Residences).

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/ individuals served/units of service (bed days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	4	4	4	4
Individuals Served:	13	9	10	13
Units of Service:	889	365	850	1,200

2. SELECTED OUTCOME INDICATOR:

Percent of clients discharged who go directly to community housing, thus diverting hospitalization

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	64% ^a	71% ^a	85% ^a	85% ^b

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Consolidated Fiscal Report/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Last House Corporation

EXECUTIVE DIRECTOR: Kim Brumber, President/CEO

BOARD MEMBERS: Kwasi Boateng, Kim Brumber, Marcus Burrell, MD, Eric Daniels, Bret Garwood, Kelly Glover, Deron Johnson, Jane Knickerbocker, John Leary, Daniele Lyman-Torres, George Nasta, MD, MBA, Roger O'Brien, Patricia Phillips, Ezekiah Simmons, Dawn Sullivan

PROGRAMS INCLUDED: Case Management
Community Support Team
Mental Health Supportive Housing
Peer Run Respite Diversion

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Case Management

CONTRACTOR: EAST HOUSE CORPORATION

CONTRACT AMOUNT: \$78,566.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House operates the Financial Case Management/Community Support Services Case Management program which provides financial counseling and assistance to help clients maintain stable housing while they learn to manage their finances and increase their independence through the achievement of educational and vocational goals. Services are available to adults with a diagnosis of a serious and persistent mental illness who are residents of East House mental health residential programs or were recently discharged from these programs. Services include assessing client need for financial and medical benefits, and assisting clients in establishing and maintaining eligibility for benefits such as SSI, SSD, Medicaid and Medicare; teaching clients banking and budgeting skills and how to advocate for benefits; interpreting financial contracts for clients and family members and coordinating services with the Admissions Coordinator, business office, and program staff; and providing transportation to clients as needed to apply for and maintain benefits.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (hours of care manager)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	224	234	230	240
Units of Service:	3,676	3,622	3,800	3,900

2. SELECTED OUTCOME INDICATOR: Percentage of participants demonstrating increased financial independence at discharge

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	25%	31%	45%	50%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/Consolidated Fiscal Report

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Community Support Team
CONTRACTOR: EAST HOUSE CORPORATION
CONTRACT AMOUNT: \$885,606.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The multi-disciplinary East House Community Support Team (CST) and Enhanced Community Support Team (ECST) work in concert with the Rochester Psychiatric Center's (RPC) Mobile Integration Team (MIT) to provide individuals transitioning from RPC and Article 28 psychiatric inpatient units with the supports needed to allow them to reside in their own independent apartments. The CST and ECST team work with people in the community, but have offices at RPC at 1111 Elmwood Ave. The supportive services are primarily delivered in the individual's apartment and include assistance with medication management, the development of independent living skills, and support in maintaining their own apartment.

Based on availability and insurance coverage, staff link individuals with the billable supportive services existing within the community and educate service providers regarding the unique needs of this population. Staff continuously assess the needs of individuals and provide ongoing collaboration with the residential, clinical, and other service providers; including, but not limited to, home health aides, visiting nurse services, representative payee services, cleaning services, care management, outpatient therapy providers, peer programs, etc. Service dollars are available based on need and available resources.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	144	142	140	145
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of clients using mental health crisis services while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	31%	39%	28%	35%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database / Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Mental Health Supportive Housing

CONTRACTOR: EAST HOUSE CORPORATION

CONTRACT AMOUNT: \$2,355,519.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House operates a mental health supportive housing program designed to provide assistance to individuals with serious mental illness (SMI) in locating and maintaining safe, affordable housing of their choice. This program includes a total of 225 supportive housing units. The New York State Office of Mental Health defines specific criteria for use of the various bed types provided by this program.

The intent of Supportive Housing is to ensure that individuals with serious mental illness may exercise their right to choose where they are going to live, taking into consideration the recipient's functional skills, the range of affordable housing options available in the area under consideration, and the type and extent of services and resources that recipients require to maintain their residence within the community. Supportive Housing utilizes an approach which creates housing opportunities for people through development of a range of housing options, community support services, rental stipends, and recipient-specific advocacy and brokering. As such, this initiative encompasses community support and psychiatric rehabilitation approaches.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	225	225	225	225
Individuals Served:	265	256	250	260
Units of Service:	84,429	84,941	82,500	85,000

2. SELECTED OUTCOME INDICATOR: Percent of clients remaining in apartment 1 year or more

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	84%	90%	90%	92%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Peer Run Respite Diversion
CONTRACTOR: EAST HOUSE CORPORATION
CONTRACT AMOUNT: \$589,412.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House is the lead agency and contracts with the Mental Health Association of Rochester (MHA) to provide the Peer Respite Diversion (PRD) program. The PRD program is operated and staffed by peers and provides recovery-based alternatives to traditional emergency/acute services. The primary location of PRD program services is Affinity Place at 269 Alexander St. Peer services are services and supports that are provided by a person with lived experience in the program, life area, or with the type of services (i.e., mental health) that are being provided to participants in the program. PRD program services include short-term respite housing (approximately one to seven days per episode per client); identifying and addressing issues and underlying problems related to the presenting crisis, symptoms, and/or behaviors; warm line services (a phone number that clients can call to receive emotional support from a peer and/or referrals to other services); support groups for clients; referrals and on-site access to community recovery resources; and coordinating and collaborating with other community providers to ensure the effective coordination of services, that clients' needs are met, and effective discharge plans are in place. Follow-up is provided by peers from MHA to ensure additional support is provided as needed after the person leaves.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Capacity (beds)/Number of individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	8	8	8	8
Individuals Served:	353	298	320	350
Units of Service:	2,060	1,906	2,200	2,600

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient services within 30 days of discharge

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	3%	3%	3%	3%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Families and Friends of the Mentally Ill, Inc. D/B/A/ NAMI Rochester

EXECUTIVE DIRECTOR: Heather Newton, CIO

BOARD MEMBERS: Chetna Chandrakala, Cynthia Constantino-Gleason, Samuel Farina, Phyllis Jackson, Helen Gugos, Jim Grossman, Sabrina McLeod, James Musygraber, Khadijah Muhammad, Donna Nalligan-Barrett, Mary Jo Newcomb, Betsy Saracene, Vicki Spurr, Allan Stern, Kim VanCump, Sally Weiss

PROGRAMS INCLUDED: Advocacy Services

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Advocacy Services
CONTRACTOR: FAMILIES AND FRIENDS OF THE MENTALLY ILL, INC. D/B/A/ NAMI ROCHESTER
CONTRACT AMOUNT: \$82,451.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): NAMI Rochester is the local affiliate of the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for Americans affected by mental illness through education, advocacy, awareness, and support. All services are provided and/or facilitated by trained peers who have personally experienced mental illness or who are family members of people with mental illness. NAMI provides services at their main office in Village Gate Square and throughout Monroe County (e.g., at schools, hospitals, inpatient units, community events, colleges, other agencies, etc.).

- NAMI's services include:
1. Providing educational workshops on mental illness based on educational curricula about mental illness developed and evaluated by the NAMI national organization.
 2. Facilitating peer-run support groups for individuals experiencing mental illness themselves and family members of people with mental illness.
 3. Organizing and giving education and awareness presentations to the general public to promote awareness and understanding of mental health issues and support/recovery resources.
 4. Providing one-on-one support to individuals and families regarding mental health challenges and support/recovery resources by phone, email, and in person.

A portion of this contract's funding is allocated for a pilot expansion of NAMI's services to additional populations who are under-represented or face difficulties engaging in mental health support services (including but not limited to people from diverse ethnic groups, individuals who are deaf/hard-of-hearing, and elderly individuals). NAMI will conduct outreach to individuals with mental illness and/or their family members who belong to under-served populations and will improve the accessibility and cultural responsiveness of NAMI programs and services to the targeted under-served population(s).

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	3,081	700	2,100	3,000
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percentage of education participants who agreed that the program was useful

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	100%	100%	100%	100%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Goodwill of the Finger Lakes, Inc

EXECUTIVE DIRECTOR: Jennifer Lake, SPHR, SHRM-SCP, President/CIO

BOARD MEMBERS: Derrick Alamo, MD, Robert Brenner, Margaret Ferber, Michael Frame, Ian Harper, Brian Harrington, John Henderson, Patrick Jackman, Susan Kitchen, Judie Lynn McAvinney, Tina Reeves, Gerry Rooney

PROGRAMS INCLUDED: 2-1-1/Life Line

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: 2-1-1/LIFE LINE
CONTRACTOR: GOODWILL OF THE FINGER LAKES, INC.
CONTRACT AMOUNT: \$211,570.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): 2-1-1/LIFE LINE provides multi-lingual community information and referral services, crisis intervention, and suicide hotline services to Monroe County residents and service providers via telephone (call and text), a website-based service directory, and online chat services. Although 2-1-1/LIFE LINE responds to requests from any caller or requester, only mental health-related service requests from Monroe County residents or service providers are supported by this specific funding. Lifeline provides continuous availability for call-in services (24 hours per day, 365 days per year). For individuals contacting 2-1-1/LIFE LINE, Goodwill staff assess the nature of the call, identify the person's needs, provide active listening and support, collaborate to create a safety or action plan to address the needs, and provide contact and service information about available services. The goal is to provide each person with the appropriate tools to manage their mental health issues and human service needs.

In addition to the core services above, 2-1-1/LIFE LINE is able to connect people with community crisis teams from the City of Rochester, URM, and Rochester Regional Health System. 2-1-1/LIFE LINE maintains a comprehensive community resource database that contains information related to housing, food, shelter, mental health, substance use, employment, education, health related services, criminal justice/legal resources, and other family/community resources. 2-1-1/LIFE LINE also collaborates with Monroe County human service agencies to enhance crisis stabilization services, referral and follow-up processes.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Units of service (# of mental health related contacts)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	n/a	n/a	n/a	n/a
Units of Service:	10,297	9,973	10,500	11,000

2. SELECTED OUTCOME INDICATOR: Referrals to mental health outpatient and prevention services

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	5,311	12,368	10,000	10,500

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Hillside Children's Center

EXECUTIVE DIRECTOR: Maria Cristofli, CEO

BOARD MEMBERS: Virginia Biesuda O'Neill, Nancy I. Castro, J.d.D., Caroline Critch'ow, J.d.D., Roger Friedlander, Richard Gangemi, MD, Melissa Gardner, John Gibson, Cecilia Griffin Golden, Ph.D., James C. Haefner, Purita Y. James, Jill Knittel, Anne Komanecky, Monica Monte, Duncan Moore, Richard Notargiacomo, Christopher J. Richardson, DO, Leonard Shute, Robert B. Stiles, Edward White

PROGRAMS INCLUDED: Family Crisis Support Services
Youth Peer Mentoring

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Family Crisis Support Services
CONTRACTOR: HILLSIDE CHILDREN'S CENTER
CONTRACT AMOUNT: \$571,284.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Hillside operates Family Crisis Support Services (FCSS) and Emergency Respite Beds (ERBs). FCSS provides short-term culturally and linguistically appropriate in-home services for children and adolescents between the ages of 5-21 years old with serious emotional disturbance (SED) or significant mental health challenges who are experiencing a mental health crisis that necessitates further support and learning of skills to avert future crises. Services include home-based assessment, family advocacy, proactive crisis planning, and as indicated, skill building and emergency respite. This service array provides short-term, family driven supports to help families build on existing strengths and decrease youth and family stress. Services and supports are individualized and flexible in terms of intensity and duration, with average length of stay of 3-4 months, and are made available at times that best suit the youth and family's preference and identified needs. Families have access to 24/7 crisis intervention provided by on-call program staff. Flexible funds are available to support family needs.

ERBs serve children and adolescents between the ages of 5-22 who have a SED or significant mental health challenge and who are experiencing acute mental health crises that necessitate brief (up to seven days) out-of-home stays to stabilize the situation and facilitate reunification with primary caregivers. Host homes (certified foster families), who have received specialized training in working with youth with mental health challenges, provide 24-hour-a-day supervision for the youth and have access to on-call support services.

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served (FCSS clients)/units of service (hours)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	114	110	120	130
Units of Service:	1,810	1,469	1,550	1,650

2. SELECTED OUTCOME INDICATOR: Percent of youth discharged from FCSS remaining at home

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	94%	95%	97%	97%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Youth Peer Mentoring
CONTRACTOR: HILLSIDE CHILDREN'S CENTER
CONTRACT AMOUNT: \$96,956.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Hillside provides youth peer mentoring services to youth under the age of 21 who are experiencing social, medical, emotional, developmental, substance use, and or behavioral challenges in their home, school, placement, and/or community-centered services. Program services are provided by a young adult who experienced similar challenges in their youth. Services are intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized treatment plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy skills, and to support their transition into adulthood.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served units of service (quarter hours direct service)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	35	24	20	35
Units of Service:	1,691	1,213	950	1,500

2. SELECTED OUTCOME INDICATOR: Percent of youth discharged with one or more Youth Mentoring goals achieved

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	50%	42%	50%	60%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Housing Options Made Easy, Inc

EXECUTIVE DIRECTOR: Shannon Higbee, Interim CIO

BOARD MEMBERS: Shawn Cunningham, Moya Ho-Morabito, Lenny Ligouri, Edward Murphy, Esq., Jeffrey Paterson, Karl Shallowhorn, Ralph Swanson, Sara L Taylor

PROGRAMS INCLUDED: Mental Health Supportive Housing
Peer Bridger
Skill Building

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Mental Health Supportive Housing

CONTRACTOR: HOUSING OPTIONS MADE EASY, INC.

CONTRACT AMOUNT: \$901,172.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Housing Options Made Easy operates a mental health supportive housing program designed to provide assistance to individuals with serious mental illness (SMI) in locating and maintaining safe, affordable housing of their choice. This program includes a total of 87 supportive housing units. The New York State Office of Mental Health defines specific criteria for use of the various bed types provided by this program.

The intent of Supportive Housing is to ensure that individuals with serious mental illness may exercise their right to choose where they are going to live, taking into consideration the recipient's functional skills, the range of affordable housing options available in the area under consideration, and the type and extent of services and resources that recipients require to maintain their residence within the community. Supportive Housing utilizes an approach which creates housing opportunities for people through development of a range of housing options, community support services, rental stipends, and recipient specific advocacy and brokering. As such, this initiative encompasses community support and psychiatric rehabilitation approaches.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals service/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	87	87	87	87
Individuals Served:	83	90	96	92
Units of Service:	26,800	31,575	31,600	31,600

2. SELECTED OUTCOME INDICATOR: Percent of clients remaining in apartment 1 year or more

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	91%	95%	88%	90%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/ Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Peer Bridger
CONTRACTOR: HOUSING OPTIONS MADE EASY, INC.
CONTRACT AMOUNT: \$272,246.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Housing Options Made Easy operates a Peer Bridger program staffed by people with personal experiences with mental health challenges. These peer staff work with individuals transitioning from inpatient psychiatric units into community apartments to ensure a successful transition and linkage to necessary resources to promote community tenure. The program is dedicated to the 116 mental health supportive housing units allocated to Livingston, Monroe, Wayne and Wyoming Counties (100 of which are in Monroe County) for individuals being discharged from inpatient services. Prior to discharge, peer support specialists form supportive relationships with identified individuals on the Rochester Psychiatric Center campus or Article 28 hospitals in the community. After a client is discharged, peer staff act as mentors to promote the development of linkages to the appropriate community-based services. Active outreach based on person-centered approaches is an essential component of the program, as the staff help these individuals overcome obstacles and form supportive networks so that they can live as independently as possible within the community.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	79	42	60	75
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of clients readmitted to psychiatric inpatient

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	16%	26%	12%	12%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/ Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Skill Building
CONTRACTOR: HOUSING OPTIONS MADE EASY, INC.
CONTRACT AMOUNT: \$57,092.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Housing Options Made Easy, Inc. provides skill building services to children and adolescents who reside in Monroe County, who are under the age of 21, who demonstrate mental health-related functional limitations (severe emotional disturbance, significant mental health challenges, and/or complex mental health needs).

Skill building services are provided to compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with a youth's behavioral needs. Skill building services will support efforts to maintain youth safely and more successfully in the community. Activities included in the services are expected to be culturally sensitive, task-oriented, and focused on personal and community competence (including but not limited to social and interpersonal skills, daily living skills, coping skills, and intervention implementation). Services provided by the skill builders occur in the youths' homes or in the community and are documented by skill building staff in an accurate and timely manner.

Housing Options Made Easy, Inc. begin providing these services in the Spring of 2020.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (contact hours)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	n/a	17	26	30
Units of Service:	n/a	93	380	500

2. SELECTED OUTCOME INDICATOR: Percentage of discharged clients who met at least half of goals

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	n/a	67%	70%	80%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Ibero-American Action League, Inc

EXECUTIVE DIRECTOR: Angelica Perez-Delgado, President & CIO

BOARD MEMBERS: Celeste Amaral, Diane M. Cecero, Carlos Cong, Juan George, Diane V. Hernandez, Arthur R. Hirst, I. meterio Otero, Jose A. Rosario, Arline I. Bayo Santiago, Joseph Scarles, James Sutton, Miguel Velazquez, Nicholas Zabawsky

PROGRAMS INCLUDED: Mental Health Supportive Housing

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Mental Health Supportive Housing

CONTRACTOR: IBERO-AMERICAN ACTION LEAGUE, INC.

CONTRACT AMOUNT: \$279,675.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Ibero-American Action League operates a mental health supportive housing program designed to provide assistance to individuals with serious mental illness (SMI) in locating and maintaining safe, affordable housing of their choice. This program includes a total of 27 supportive housing units. The New York State Office of Mental Health defines specific criteria for use of the various bed types provided by this program.

The intent of Supportive Housing is to ensure that individuals with serious mental illness may exercise their right to choose where they are going to live, taking into consideration the recipient's functional skills, the range of affordable housing options available in the area under consideration, and the type and extent of services and resources that recipients require to maintain their residence within the community. Supportive Housing utilizes an approach which creates housing opportunities for people through development of a range of housing options, community support services, rental stipends, and recipient-specific advocacy and brokering. As such, this initiative encompasses community support and psychiatric rehabilitation approaches.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds) individuals served units of service (bed days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	27	27	27	27
Individuals Served:	30	26	28	30
Units of Service:	9,256	9,404	9,300	9,500

2. SELECTED OUTCOME INDICATOR: Percent of clients remaining in apartment 1 year or more

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	97%	97%	98%	98%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Monroe County Department of Human Services

EXECUTIVE DIRECTOR: Thalia Wright, Commissioner

BOARD MEMBERS: N/A

PROGRAMS INCLUDED: St Paul Street Resource Team

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: St. Paul Street Resource Team

CONTRACTOR: MONROE COUNTY DEPARTMENT OF HUMAN SERVICES

CONTRACT AMOUNT: \$59,607.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Monroe County Department of Human Services subcontracts with Villa of Hope to provide on-site mental health services at the Division of Social Services (DSS) 691 St. Paul Street office during regular business hours, Monday through Friday, from 8-5, for DSS clients who have mental health needs and are homeless or at risk of becoming homeless. The services include: (1) Crisis intervention for individuals experiencing acute distress while on site at DSS St. Paul offices, which emphasize assessment, stabilization and linkage to other necessary services, (2) On-site intervention to promote stability and prevent further escalation and/or the need for more acute interventions, (3) Linkage and referral to ongoing mental health, Health Home Care Management, and housing resources based on an individualized, person-centered assessment of need, (4) Promotion of an individual's recovery and housing stability using their knowledge of relevant community resources and how to access those services, (5) Case consultation with DSS staff, both individually and during team meetings, and (6) Education and training with DSS staff about mental health conditions, services and other related topics as requested.

1. PRIMARY PERFORMANCE

MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	576	500	650	650
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of eligible DSS clients receiving referrals for support services

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	41%	30%	51%	55%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Quarterly Reporting from DHS

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: PATHWAYS, INC

EXECUTIVE DIRECTOR: Joseph M. Cevette, CIO

BOARD MEMBERS: Jerry Agan, Sandy Bauer, Shelby Bierwiler, Coleen Fabrizi, Marc Hample, Ed Linsler, Robert Locker, PhD, Ross Perry, Cindy Pugh-Williams, Christa Stelmack, Richard Terry, DO, John Vine

PROGRAMS INCLUDED: Skill Building

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Skill Building

CONTRACTOR: PATHWAYS, INC.

CONTRACT AMOUNT: \$146,715.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Pathways, Inc. provides skill building services to children and adolescents who reside in Monroe County, under the age of 21, who demonstrate mental health-related functional limitations (severe emotional disturbance, significant mental health challenges, and/or complex mental health needs).

Skill building services are provided to compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with a youth's behavioral needs. Skill building services support efforts to maintain youth safely and more successfully in the community. Activities included in the services are expected to be culturally sensitive, task-oriented, and focused on personal and community competence (including but not limited to social and interpersonal skills, daily living skills, coping skills, and intervention implementation). Services provided by the skill builders occur in the youths' homes or in the community and are documented by skill building staff in an accurate and timely manner.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (contact hours)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	n/a	23	40	40
Units of Service:	n/a	398	600	800

2. SELECTED OUTCOME INDICATOR:

Percentage of discharged clients who met at least half of goals

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	n/a	80%	60%	70%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Person Centered Housing Options Inc.

EXECUTIVE DIRECTOR: Nick Coulter, MSW, President/CEO

BOARD MEMBERS: Charlie C. Albanese (MSW MBA), Lddie Blanding, Bartholemew Chacchia (Esq), Jason Curtis, Lashara Evans, Thomas Frnk (Esq), Allen Handelman, Jow Hanna, Joshua Jinks, Murgy Meath (CSW), Deacon David Palma

PROGRAMS INCLUDED: Homeless Support Services

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Homeless Support Services
CONTRACTOR: PERSON CENTERED HOUSING OPTIONS INC.
CONTRACT AMOUNT: \$153,997.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Person Centered Housing Options (PCHO) provides Homeless Support Services for individuals and families with behavioral health needs who are experiencing homelessness or are at risk of becoming homeless. PCHO generates their own referrals from libraries, street-outreach, and code blue sweeps, as well as receiving referrals from Department of Human Services, shelters, emergency departments, and clinics. Program services include conducting community outreach using evidence-based strategies to locate, engage, and assess the needs and preferences of the target population; conducting intake, needs assessments, and service planning for those who are interested in pursuing housing options; referring to treatment and support services; referring to safe and affordable housing options, including emergency housing; monitoring and supporting individuals and families after they have been placed into housing to maximize the likelihood that they will maintain their housing; providing assistance with obtaining and maintaining public benefits and other income; coordinating services with other service providers; and documenting service delivery (progress notes and service plans).

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	161	82	100	150
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percentage of households that exited the program to permanent housing

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	52%	58%	65%	70%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Rochester Regional Health or The Rochester General Hospital

EXECUTIVE DIRECTOR: Mandy Teeter, Vice President, Behavioral Health

BOARD MEMBERS: June Bradley, Corey Brown, Sue Carlson, DNP, NPP, RN, PMHNP-BC, PMHCNS-BC, Caroline Easton, BS, PhD, Walter Larking Jr., Daniel Meyers, Thomas Riley, Leon Sawyko, Elaine Spauli, Scot Turner, Ann Wilder

PROGRAMS INCLUDED: Crisis Intervention
Personalized Recovery Oriented Services (PROS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Crisis Intervention

CONTRACTOR: ROCHESTER REGIONAL HEALTH or THE ROCHESTER GENERAL HOSPITAL

CONTRACT AMOUNT: \$805,535.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Rochester General Hospital (RGH) operates under Rochester Regional Health along with other affiliated entities. This service provides trained and qualified mental health practitioners (functioning as Psychiatric Assignment Officers) who provide crisis intervention services in The RGH Emergency Room at 1425 Portland Ave, 24 hours per day. Crisis Intervention services, applicable to adults, children and adolescents, are tasked with reducing acute symptoms and restoring individuals to pre-crisis levels of functioning; screening clients for mental health, substance use disorder, developmental disability, and other health issues; triaging and assessing client needs and resources related to the crisis situation; assisting in stabilizing clients' current behavioral and physical health condition; and/or referring clients to appropriate programs or services related to the current crisis and to avoid future crises.

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	3,759	3,125	3,300	3,400
Units of Service:	5,730	4,616	4,800	4,800

2. SELECTED OUTCOME INDICATOR: Percent of discharges where client is seen by a community behavioral health provider within seven days

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	35%	34%	34%	40%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Personalized Recovery Oriented Services (PROS)

CONTRACTOR: ROCHESTER REGIONAL HEALTH or THE ROCHESTER GENERAL HOSPITAL

CONTRACT AMOUNT: \$159,018.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Rochester General Hospital (RGIH) operates under Rochester Regional Health along with other affiliated entities. RGIH operates Personalized Recovery Oriented Services (PROS), licensed by the New York State Office of Mental Health, at the Genesee Mental Health Center. This program provides comprehensive recovery oriented services to adults with designated mental illness diagnoses, including serious and persistent mental illness and adults with mental illness and co-occurring substance use disorders. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. The primary objectives for individuals in the program are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing. Services include a variety of individual and group interventions that fall into one of four categories: Community Rehabilitation and Support, Intensive Rehabilitation, Ongoing Rehabilitation and Support, and Clinical Treatment, an optional component of a PROS program which RGIH does provide.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (slots)/individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	300	300	300	300
Individuals Served:	371	289	325	350
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of participants competively employed at discharge

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	9%	5%	7%	8%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Rochester Rehabilitation Center, Inc

EXECUTIVE DIRECTOR: Mary Boutfield, President/CEO

BOARD MEMBERS: Jeffrey W. Baker, Roy M. Beecher, Andrea Bonafiglia, David G. Case, Michael A. Coppola, Hilcen Gage, Mary Herlihy Gearan, Charles F. Graham, Christopher A. Harris, John R. Horvath, Robert Johnson, Rachel W. Kuelon, James King, Ann I. Kurz, Robert C. Maddamma, Brian P. Meath, Sean R. Ossont, Kevin Reeder, Tim Vaughan, Joyce W. Weir

PROGRAMS INCLUDED: Personalized Recovery Oriented Services (PROS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Personalized Recovery Oriented Services (PROS)
CONTRACTOR: ROCHESTER REHABILITATION CENTER, INC
CONTRACT AMOUNT: \$129,773.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Rochester Rehabilitation Center operates Personalized Recovery Oriented Services (PROS) which is licensed by the New York State Office of Mental Health. This program provides comprehensive recovery-oriented services to adults diagnosed with designated mental illness diagnoses, including serious and persistent mental illness and adults with mental illness and co-occurring substance use disorders. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. The primary objectives for individuals in the program are to improve functionality, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing. Services include a variety of individual and group interventions that fall into one of three categories: Community Rehabilitation and Support, Intensive Rehabilitation, and Ongoing Rehabilitation and Support.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (slots)/individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	170	170	170	170
Individuals Served:	322	222	200	250
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of participants becoming competitively employed at discharge

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	10%	17%	10%	15%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Spectrum Human Services Inc

EXECUTIVE DIRECTOR: Bruce Nisbet, President/CEO

BOARD MEMBERS: Jennifer Ball, Michelle Cordero, Richmond Hubbard, Robert O'Leary, Belinda Ruskwalski, Robert B. Ruh, Michael T. Sagnibene, Alexandra Wehr, David S. Whittemore, Esq

PROGRAMS INCLUDED: Advocacy Support Services - Forensic Population
Mental Health Supportive Housing (Forensic)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Advocacy Support Services - Forensic Population

CONTRACTOR: SPECTRUM HUMAN SERVICES, INC.

CONTRACT AMOUNT: \$143,826.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Spectrum operates a multi-disciplinary team to work with their Forensic Supportive Housing Program, Rochester Psychiatric Center, MCOMH SPOA, and NYS OMH Division of Forensic Services to provide support for individuals transitioning to the community upon release either directly from prison or from a State Psychiatric Center where they were admitted after release from prison. The supportive services include assessing needs (especially to prevent and respond to crises); assistance with finding and maintaining housing, treatment, and supportive services; making and monitoring service linkages; assistance with substance use and mental health issues (including counseling and assessment); and identification and support of vocational, education, and other prosocial goals, life skills education, training, coaching, and support. Limited program funds are available to support individualized goals and other necessary supports to maintain community tenure. Based on availability and insurance coverage, staff link individuals with billable supportive services existing within the community and educate service providers regarding the unique needs of this population. The program staff also provide ongoing collaboration with residential, clinical, and other service providers.

Spectrum began providing these services at the very end of 2019.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	n/a	43	50	50
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percentage of individuals who remain in the community without being re-incarcerated

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	n/a	91%	90%	92%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Mental Health Supportive Housing (Forensic)
CONTRACTOR: SPECTRUM HUMAN SERVICES, INC.
CONTRACT AMOUNT: \$341,825.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Forensic Supportive Housing Program provides assistance to individuals with forensic involvement who also have serious mental illness and/or substance use concerns in locating and maintaining safe, affordable housing of their choice. The Forensic Supportive Housing Program works with Rochester Psychiatric Center, MCOMH SPOA, and NYS OMH Division of Forensic Services to provide support for individuals transitioning to the community upon release either directly from prison or from a State Psychiatric Center, where they were admitted post prison release. The primary objective is to assist individuals to successfully maintain community living. The service includes assistance with searching for, securing, and establishing apartments and assistance with moving to new residence as needed. Services can include assisting with associated expenses, outfitting apartments with necessary household goods and furniture, assisting with budgeting and applying for benefits, providing stipends for rent and utilities, assisting with and teaching how to resolve issues with landlords and how to maintain an apartment, making referrals to treatment and support services, and participating in planning for and addressing client needs with other providers as needed.

These services were transitioned from Delphi to Spectrum at the end of 2019.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds) individuals served/units (bed days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	33	33	33
Individuals Served:	n/a	44	36	36
Units of Service:	n/a	11,256	12,000	12,000

2. SELECTED OUTCOME INDICATOR: Percentage of people served who successfully maintain community living

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	n/a	77%	80%	85%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: The Mental Health Association of Rochester/Monroe County, Incorporated

EXECUTIVE DIRECTOR: Mary Russo, President/CEO

BOARD MEMBERS: Christen Bruu, Chetna Chandrakala, Michelle Halloran, Kristi Kohl, Larry Matteson, Illeen Messana, Michael Mueller, Michelle Peter, Matthew Petite, Jyothsna Ponnuri, Aileen Semler, Michael Shay, Patricia Woods

PROGRAMS INCLUDED: Community and Peer Support Services

Creative Wellness Opportunities

Family Support Services

Life Skills

Self-Help Drop In Center

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Community and Peer Support Services

CONTRACTOR: THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

CONTRACT AMOUNT: \$323,198.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Mental Health Association of Rochester Monroe County (MHA) provides an array of community and peer support services for adults experiencing mental health challenges (with or without co-occurring substance use disorders) and their families. These services promote consumer empowerment and self-engagement in recovery through education, skill development, peer support, and advocacy. Services are provided individually or in groups. Most services are provided by peers (individuals who have experienced mental health challenges). Services are provided within three core areas:

1. Peer Coaching and Navigation Services, including educating and assisting individuals and families in navigating the mental health system, facilitating peer-run groups at local inpatient units and community locations to provide information on resources and encouragement about returning to the community, benefits advisement, relationship development to empower individuals to engage in their own recovery, assisting with identifying and making progress towards goals, making referrals and supporting individuals in developing life skills, connecting to services, and promoting personal and financial stability.
2. Peer Employment Support Services, including organizing and/or facilitating educational presentations related to obtaining and maintaining employment while coping with mental health challenges and providing peer-based mutual support for those with mental health challenges who are seeking or maintaining employment and economic self-sufficiency.
3. Community Education and Training, including conducting educational presentations and workshops related to wellness and recovery.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (contacts)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	6,967	650	600	3,500
Units of Service:	2,429	1,102	1,200	3,000

2. SELECTED OUTCOME INDICATOR: Percent of Peer Coaching participants with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	1%	2%	2%	2%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Consolidated Fiscal Report/Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Creative Wellness Opportunities

CONTRACTOR: THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

CONTRACT AMOUNT: \$266,766.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Mental Health Association (MHA) offers the Creative Wellness Opportunity (CWO) program that promotes empowerment of and development of community among adults with mental illness (with or without co-occurring substance use disorders) in Monroe County who are living in the community and engaged in their own recovery. CWO provides opportunities to engage in creative arts, mutual support groups, work exploration, recovery opportunities, and advocacy. These services include offering workshops and workspace for expressive arts; holding special events and exhibits to promote community involvement and integration; offering mutual support groups at least once per week; offering additional therapeutic options such as martial arts, meditation, and yoga; providing resources and information to increase consumer awareness and involvement in advocacy by disseminating information about mental health recovery, increasing involvement in recovery-oriented opportunities (such as focus groups), and other personal growth opportunities; and engaging CWO community members in work exploration opportunities (full-time, part-time, time-as-reported, or contracted employment; stipends; or volunteering) which allow adults diagnosed with mental illness the opportunity to facilitate workshops, support the CWO community, develop peer leadership skills, and gain transferable job skills.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served (unique attendees)/units of service (total workshop attendance)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	814	525	375	600
Units of Service:	8,017	4,971	4,000	6,500

2. SELECTED OUTCOME INDICATOR: Percent of individuals who self-report that program participation reduced their need for more clinical interventions/supports

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	47%	35%	45%	55%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Annual report

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Family Support Services

CONTRACTOR: THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

CONTRACT AMOUNT: \$612,561.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Mental Health Association (MHA) operates Family Support Services (FSS) which provides a comprehensive range of support services to families in which a child experiences a mental or behavioral health challenge. This service is provided by family peers with lived experience in the mental health services system. Services include family advocacy and mentoring (needs and strengths assessments, emotional support, crisis support, articulating goals, problem-solving, and family skill development), parent training and education, self-help support groups for families and youth, educational advocacy (assisting and coaching families in securing proper services for children at school), transportation assistance for FSS events, referring families to community resources, and outreach to promote the program's services. Particular attention is paid to the development of services that are accessible and appropriate to the needs of multicultural and bilingual populations. The program also provides support to the Priority Access Team, a joint effort with MCOMH and several providers to reduce the number of youth referred for further inpatient services at the Children's Psychiatric Center by providing community-based services. The program surveys family and youth receiving FSS services and trainings regarding satisfaction to obtain feedback on desired outcomes.

1. PRIMARY PERFORMANCE

MEASUREMENT/ INDICATOR: Individuals served (families)/units of service (contact hours)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	428	254	175	300
Units of Service:	3,223	1,092	900	2,500

2. SELECTED OUTCOME INDICATOR: Percent of families discharged with improved Family Assessment of Needs and Strengths (FANS) scores

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	79%	76%	70%	80%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MIH
PROGRAM: Life Skills
CONTRACTOR: THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED
CONTRACT AMOUNT: \$187,080.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Mental Health Association (MHA) operates a Life Skills program that offers educational workshops, support groups, and training related to life skills, mental wellness, recovery, and employment to adults who self-identify as having a mental illness. Services are provided by peers (individuals who have personal experience with mental health challenges). The program offers workshops and trainings on topics such as anger management, community involvement, civic engagement, cooking, nutrition, mindfulness, Wellness Recovery Action Planning, and communication skills. Program staff refer clients to other community resources as needed. This program also offers training and support to individuals who would like to become certified peer specialists through NYS OMH or other NYS agencies. Services include organizing and facilitating study groups, organizing opportunities to complete online classes, assisting with applications for peer credentials or scholarships, supporting individuals in finding volunteer or paid roles as a peer, and providing long-term support for peers working in the community to promote self-care, professional development, hiring and retention of peers in the workforce and more appropriate usage of peers in the behavioral health workforce.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	104	52	105	110
Units of Service:	2,016	1,093	2,100	2,400

2. SELECTED OUTCOME INDICATOR: Percent of participants with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	3%	2%	4%	4%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Self-Help Drop In Center

CONTRACTOR: THE MENTAL HEALTH ASSOCIATION OF ROCHESTER/MONROE COUNTY, INCORPORATED

CONTRACT AMOUNT: \$288,153.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Mental Health Association (MHA) operates a Self-Help Drop-In Center (SHDIC) at 344 North Goodman Street available to adults (18 years old and older) with mental illness (with or without co-occurring substance use disorders) who require support or who are experiencing situational crises. The SHDIC is a community-based, consumer-run program staffed by peers (individuals with personal experience with mental illness). The program hires, trains and monitors the performance of Peer Specialists as well as supporting and encouraging peers to obtain any relevant state credentials. The SHDIC Peer Specialists provide support services, including crisis assessment and intervention, one-on-one and group-based peer support, referral/linkage to community resources, short-term aftercare to individuals experiencing psychosocial crises (e.g., follow-up), and empowerment (e.g., opportunities to share personal stories, community celebrations, and motivational speeches). The SHDIC provides an alternative to emergency room and crisis service utilization when appropriate. This program is open 7 days per week from 5 pm to 9pm.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	339	237	125	250
Units of Service:	10,676	5,464	2,000	4,000

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric emergency department services while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	21%	17%	12%	20%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: The Unity Hospital of Rochester

EXECUTIVE DIRECTOR: Mandy Teeter, Vice President, Behavioral Health

BOARD MEMBERS: June Bradley, Corey Brown, Sue Carlson, DNP, NPP, RN, PMHNP-BC, PMHCNS-BC, Caroline I. Aston, BS, PhD, Walter Larking Jr., Daniel Meyers, Thomas Riley, Leon Sawyko, Elaine Spaul, Scot Turner, Ann Wilder

PROGRAMS INCLUDED: Adult Care Management (Non-Medicaid)
Assertive Community Treatment
Home Based Crisis Intervention
Jail Diversion Drop-Off Center
Personalized Recovery Oriented Services (PROS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Adult Care Management (Non-Medicaid)

CONTRACTOR: THE UNITY HOSPITAL OF ROCHESTER

CONTRACT AMOUNT: \$576,735.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Unity Hospital operates under Rochester Regional Health along with other affiliated entities. This program provides care management services to adults with serious mental illness who are not eligible for Medicaid and, consequently, Health Home Care Management services. Non-Medicaid Care Management services mirror Health Home Care Management services and include: Comprehensive Care Management Planning, Care Coordination, Health Promotion, Transitional Care (including appropriate follow-up from inpatient to other settings), Individual and Family Support Services, and referrals to community and social supports tailored to the individual needs. Care management also includes conducting outreach to referred clients, conducting intakes and assessments of client needs and strengths, and service planning and coordination. Care management services are also provided for those with Assisted Outpatient Treatment (AOT) orders who do not have Medicaid. Service dollars to support service plan goals are available for individuals who have a diagnosed mental illness who do or do not have Medicaid. The program is expected to be culturally responsive and provides aggressive outreach, linkage, and advocacy to community resources.

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	78	85	90	90
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	3%	14%	8%	6%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Program database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Assertive Community Treatment
CONTRACTOR: THE UNITY HOSPITAL OF ROCHESTER
CONTRACT AMOUNT: \$72,293.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Unity Hospital operates under Rochester Regional Health along with other affiliated entities. Rochester Regional Health System (RRHS) operates a 48 slot Assertive Community Treatment (ACT) team which delivers mobile, community-based comprehensive services to individuals who have been diagnosed with severe mental illness and whose needs have not been well met by more traditional service delivery approaches (i.e., clinic-based outpatient treatment). ACT teams are licensed by the New York State Office of Mental Health and adhere to all appropriate regulations and guidelines. The goal of ACT is to deliver integrated services of the recipients' choice, to assist recipients in making progress toward goals, and to adjust services over time to meet recipients' changing needs. The program prioritizes individuals referred from the Rochester Psychiatric Center campus and other high need individuals in the community. Staff have immediate access to wrap-around funding to meet emergent and client-specific needs (e.g., food and clothing). The RRHS ACT Team cooperates with, and is an active participant in Monroe County Single Point of Access (SPOA) meetings and works with Monroe County Office of Mental Health to identify the resources needed to stabilize individuals in the program.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (slots)/individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	48	48	48	48
Individuals Served:	56	52	60	65
Units of Service:	3,155	1,852	2,100	2,600

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	21%	20%	22%	20%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Home Based Crisis Intervention

CONTRACTOR: THE UNITY HOSPITAL OF ROCHESTER

CONTRACT AMOUNT: \$500,289.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Unity Hospital operates under Rochester Regional Health. The New York State Office of Mental Health established the Home Based Crisis Intervention (HBCI) Program, a family preservation initiative, to prevent the unnecessary inpatient psychiatric hospitalization of children and youth. The overall goal of the program is to provide culturally and linguistically appropriate intensive in-home crisis intervention services to youth who are at imminent risk of psychiatric hospitalization; services are designed to be short-term and may range from two to eight weeks of duration. The program consists of clinical and administrative staff and has the capacity to serve a maximum of 16 families at any point in time. In order to provide timely intervention to youth and family in crisis, services begin within 24 hours after referral to the program. The intake and assessment process is designed to ensure that an individualized intensive support plan is developed to support efforts to maintain children safely in the community. As intensive in-home services are individualized, the length of stay and frequency of contact will vary based on youth and family needs. HBCI staff, the family and referral source work together to identify the specific goals and objectives, how these goals will be measured, and determine the anticipated duration in the program.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (slots)/individuals served/units of service (direct staff hours)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	16	16	16	16
Individuals Served:	64	70	75	80
Units of Service:	810	630	960	1,100

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions within 30 days of discharge

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	6%	2%	2%	2%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Jail Diversion Drop-Off Center
CONTRACTOR: THE UNITY HOSPITAL OF ROCHESTER
CONTRACT AMOUNT: \$918,838.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Unity Hospital operates under Rochester Regional Health along with other affiliated entities. Unity Hospital operates a Jail Diversion Drop-Off Center program within their Behavioral Health Access and Crisis Center (BHACC) at 65 Genesee Street. This program serves adults who would benefit from behavioral health assessments as determined by Monroe County law enforcement officers, Forensic Intervention Team (FIT), Persons in Crisis (PIC), or judges. All jail diversion clients are transported to the BHACC by Monroe County law enforcement officers. The primary objective is to assess behavioral health needs and refer individuals to appropriate treatment or support. This program allows law enforcement officers to divert individuals away from the criminal justice system in a manner that minimizes arrests, legal charges, time in jail, criminal convictions, and/or higher levels of justice involvement, while increasing the likelihood that individuals will connect to treatment, community supports, and other assistance. Unity Hospital evaluates clients to determine the appropriate level of care and whether services can be delivered safely in the Jail Diversion Drop-Off Center. Unity also assesses client needs and develops client safety plans, arranges transportation after the visit, refers clients to ongoing supports, and provides peer supports. Unity collaborates with MCOMH, law enforcement agencies, NYS OMIH Center for Diversion and other service providers to continuously monitor and adjust operations as seen fit. This program began in June 2019.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals Served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	10	16	100	125
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of visits resulting in referral to treatment or support

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	90%	93%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Personalized Recovery Oriented Services (PROS)

CONTRACTOR: THE UNITY HOSPITAL OF ROCHESTER

CONTRACT AMOUNT: \$137,084.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Unity Hospital operates under Rochester Regional Health along with other affiliated entities. Personalized Recovery Oriented Services (PROS) services are licensed by the New York State Office of Mental Health and located at 81 Lake Ave. This program provides comprehensive recovery oriented services to adults with designated mental illness diagnoses, including serious and persistent mental illness and adults with mental illness and co-occurring substance use disorders. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. The primary objectives for individuals in the program are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing. Services include a variety of individual and group interventions that fall into one of four categories: community rehabilitation and support, intensive rehabilitation, ongoing rehabilitation and support, and clinical treatment, an optional component of a PROS program which Unity does provide.

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (slots)/individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	178	178	178	178
Individuals Served:	313	216	245	300
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR:

Percent of participants becoming competitively employed at discharge

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	10%	9%	7%	10%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/ Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: University of Rochester

EXECUTIVE DIRECTOR: II Benjamin Lee, Department Chair

BOARD MEMBERS: Community Members: Richard Aab, Emmanuel S. Akowuah, MD, Simeon Banister, Marlene F. Bessette, Martin Birmingham, Daniel Burns, William R. Calnon, DDS, Elaine Del Monte, CIMA, Gregory C. Ewing, Anne B. Francis, MD, Roger Friedlander, Daniel P. Fuller, Emerson U. Fullwood, Holly Hillberg, Kenneth L. Hines, Susan Holliday, Robert Hurlbut, Darryl "Tony" Jackson, Richard Kaplan, William Kenyon, Esq., Laurence Kessler, Diana Kurty, Peter J. Landers, Robert Latella, Esq., Joseph Loboizzo, II, Fabricio Morales, Shaun C. Nelms, Susan Parkes-McNally, Angelica Perez-Delgado, Thomas Richards, Susan Rohlfogel, Esq., I. Philip Saunders, Naomi Silver, Ben C. Wandtke, MD, Ex-Officio Members: Adam Anolik, Michael J. Apostolakis, MD, Judy Baumhauer, MD, Robert Clark, Dianne Edgar, MD, H. H. Huv, DMD, PhD, Steven Goldstein, Richard B. Handler, Jean Joseph, MD, Sarah C. Mangelsdorf, William Olsen, Kathy Rideout, EdD, Peter Robinson, Michael Rotondo, MD, FACS, Mark Tushman, MD, Senior/Life Members: James Atwater, William Balderston, III, Richard Bourns, C. William Brown, Michael Buckley, Esq., William Clark, Joan Feinbloom, Jocelyn Goldberg-Schaible, Deborah Goldman-Landsman, George Hamlin, IV, John Horvath, Dan Kerpelman, Ronald Knight, M. Louise Leene, G. Kennedy McCurdy, Thomas McDermott, I. Joyce Noble, James Ryan, Lori Van Dusen, Daniel Wegman, Joseph Wilson

PROGRAMS INCLUDED: Adult Care Management (Non-Medicare)
Assertive Community Treatment - Project ACT
Assertive Community Treatment - Strong Lies ACT
Forensic Fellowship Program
Transitional Living - Crisis Housing

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Adult Care Management (Non-Medicaid)

CONTRACTOR: UNIVERSITY OF ROCHESTER

CONTRACT AMOUNT: \$947,478.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Strong provides care management services to adults with serious mental illness who are not eligible for Medicaid and, consequently, Health Home Care Management services. Non-Medicaid Care Management services mirror Health Home Care Management services and include: Comprehensive Care Management Planning, Care Coordination, Health Promotion, Transitional Care (including appropriate follow-up from inpatient to other settings), Individual and Family Support Services, and referrals to community and social supports tailored to the individual needs. Care management also includes conducting outreach to referred clients, conducting intakes and assessments of client needs and strengths, and service planning and coordination. Care management services are also provided for those with Assisted Outpatient Treatment (AOT) orders who do not have Medicaid. Service dollars to support service plan goals are available for individuals who have a diagnosed mental illness who do or do not have Medicaid. The program is expected to be culturally responsive and provides aggressive outreach, linkage, and advocacy to community resources.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	181	188	185	185
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	2%	9%	6%	6%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database/Program database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Assertive Community Treatment - Project ACT
CONTRACTOR: UNIVERSITY OF ROCHESTER
CONTRACT AMOUNT: \$100,748.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Strong operates a 68-slot Assertive Community Treatment (ACT) team which delivers mobile, community-based comprehensive services to individuals who are diagnosed with severe and persistent mental illness that seriously impair their functioning and result in long-term use of high-level services and whose needs have not been well met by more traditional service delivery approaches (i.e., clinic-based outpatient treatment). ACT Teams are licensed by the New York State Office of Mental Health and adhere to all appropriate regulations and guidelines. Of the 68 slots, 48 prioritize individuals referred from the Rochester Psychiatric Center campus and other high-need individuals in the community, and 20 slots prioritize individuals with criminal justice involvement. The goal of ACT is to deliver integrated services of the recipients' choice, to assist recipients in making progress toward goals, and to adjust services over time to meet recipients' changing needs. Staff have immediate access to wrap-around funding to meet emergent and client-specific needs (e.g., food and clothing). The Strong Project ACT Team cooperates with, and is an active participant in Monroe County Single Point of Access (SPOA) meetings and works with MCOMH to identify the resources needed to stabilize the individuals in the program.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (slots)/individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	68	68	68	68
Individuals Served:	75	71	72	80
Units of Service:	5,203	4,327	4,400	5,000

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	28%	30%	25%	30%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Assertive Community Treatment - Strong Ties ACT
CONTRACTOR: UNIVERSITY OF ROCHESTER
CONTRACT AMOUNT: \$100,748.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Strong operates a 68-slot Assertive Community Treatment (ACT) team which delivers mobile, community-based comprehensive services to individuals who are diagnosed with severe and persistent mental illness that seriously impair their functioning and result in long-term use of high-level services and whose needs have not been well met by more traditional service delivery approaches (i.e., clinic-based outpatient treatment). ACT Teams are licensed by the New York State Office of Mental Health and adhere to all appropriate regulations and guidelines. The goal of ACT is to deliver integrated services of the recipients' choice, to assist recipients in making progress toward goals, and to adjust services over time to meet recipients' changing needs. The program prioritizes individuals referred from the Rochester Psychiatric Center campus and other high need individuals in the community. Staff have immediate access to wrap-around funding to meet emergent and client-specific needs (e.g., food and clothing). The Strong Ties ACT Team cooperates with, and is an active participant in Monroe County Single Point of Access (SPOA) meetings and works with MCOMH to identify the resources needed to stabilize the individuals in the program.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (slots)/individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	68	68	68	68
Individuals Served:	76	75	74	80
Units of Service:	5,413	5,149	5,100	5,500

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	9%	20%	14%	12%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Forensic Fellowship Program
CONTRACTOR: UNIVERSITY OF ROCHESTER
CONTRACT AMOUNT: \$98,524.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Strong provides an experienced supervising psychiatrist and fellowship program trainees to collaborate with the MCOMH Socio-Legal Center (SLC) in operating a Forensic Fellowship Program. Services will be performed at the SLC (80 West Main Street) and in criminal justice facilities (including but not limited to courts and jails). The duties performed by the supervisor and fellowship program trainees will include but are not limited to the following services:

1. Completion of court-ordered competency examinations and mental health evaluations: Strong will provide mental health evaluations and examinations of competence per New York Criminal Procedure Law Article 730, review data, prepare mental health evaluation reports for the referring party within timelines established by the referring party and/or MCOMH SLC standards, advise MCOMH staff about individuals' psychiatric condition(s) and needs for treatment, and provide court testimony. Mental health and competency evaluations are ordered by local, county, and state courts or requested by justice-related agencies (such as but not limited to Probation and Pre-Trial Services) for criminal justice-involved individuals who are 16 years old and older. A minimum of eight evaluation slots will be provided per week. Information and documentation will be provided by Vendor within 24 hours of service provision.

2. Clinical consultation and supervision: Strong will provide forensic psychiatrists with sufficient training and experience (NYS license and at least five years of clinical and forensic experience) to supervise and mentor fellowship program trainees, provide clinical consultation to trainees.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Units of service (Evaluations completed by program staff)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	n/a	n/a	n/a	n/a
Units of Service:	90	80	95	110

2. SELECTED OUTCOME INDICATOR: Percent of evaluations submitted to court on time

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	86%	80%	85%	90%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Socio-Legal Center Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Transitional Living - Crisis Housing
CONTRACTOR: UNIVERSITY OF ROCHESTER
CONTRACT AMOUNT: \$19,760.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Strong maintains two crisis/respite apartments/ long-stay rooms, rented by Strong from landlords in Monroe County, to serve high-need and/or high-risk individuals who have a serious mental illness, are in a mental health crisis or impending crisis, and involved in care management with Strong. Strong pays for the rent, utilities, necessary furnishings, and other required costs related to both thresholds. Strong assists clients in avoiding acute service utilization by collaborating with housing support staff, if applicable, as well as care management staff to comprehensively address client crisis situations, assist clients in securing permanent housing, and address other individualized needs. This program assists clients and their provider teams in developing plans to find and secure permanent housing as quickly as possible and assists clients in saving money or securing funding for future housing costs while living in the transitional crisis/respite apartment.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (bed)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	2	2	2	2
Individuals Served:	6	5	4	10
Units of Service:	563	344	300	550

2. SELECTED OUTCOME INDICATOR:

Percent of clients discharged who go directly to community housing thus diverting hospitalization

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	100%	95%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database / Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Villa of Hope

EXECUTIVE DIRECTOR: Christina Gullo, President/CEO

BOARD MEMBERS: Christopher Bell, Andrew Bodewes, Erick Bond, Sr., Korey Brown, Rebecca Burkey, Michael Burns, Adam Chadak, Dawn DePernor, Carrie Fuller Spencer, Kathleen Graupman, Kimberly-Ann Hamer, John Horvath, Curtis Johnson, David Krusch, M.D., John L'oury, Thomas K. McInerney, M.D., Gail Morelle, Michael Osborn, Marisol Ramos-Lopez, Terri Snider, Dawn Sullivan, John Treahy, David Vogt, Nancy Wilkes, Ke'Shara Webb

PROGRAMS INCLUDED: Core Coordination
Psychiatric Emergency Department Diversion Program (Hope Place)
Youth Peer Mentoring

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Care Coordination
CONTRACTOR: VILLA OF HOPE
CONTRACT AMOUNT: \$708,688.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Villa of Hope provides Care Coordination services to children and youth up to age 21 and their families. Children and youth in the program have a serious emotional disturbance or have experienced trauma. To be served by Care Coordination, the child/youth cannot be eligible for Medicaid Children's Health Home Care Management (HHCM). The services are tailored to meet the needs of youth at high risk of repeated or lengthy psychiatric hospitalization or other out-of-home placement. This program is home-based, focused on keeping children and youth at home and connected to their own communities, and is driven by System of Care values (family-driven, youth-guided, culturally and linguistically competent, trauma-informed, best practice oriented, and community-based). Care Coordinators collaborate regularly with other providers that work with the youth/family, including school personnel, treatment providers, and physicians, to provide supports based on the child's and family's individualized needs. The program offers outreach and intake services, assessment of child and family needs and strengths, goal and service planning, advocacy for appropriate services, coaching youth and families in self-advocacy, assistance in navigating and understanding services, referring youth and family members to services, planning for long-term supports, and providing crisis intervention and support through a 24-hour telephone number. Services are provided to model Children's HHCM services. Wrap-around funds are also available to purchase goods and services to support the needs of youth and families in Villa's care coordination and Children's HHCM services who have a serious emotional disturbance or mental health diagnosis.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (slots)/individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	98	56	56	56
Individuals Served:	176	153	160	175
Units of Service:	4,356	1,887	2,000	2,200

2. SELECTED OUTCOME INDICATOR: Percent of clients with psychiatric inpatient admissions while enrolled

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	8%	7%	7%	5%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH

PROGRAM: Psychiatric Emergency Department Diversion Program (Hope Place)

CONTRACTOR: VILLA OF HOPE

CONTRACT AMOUNT: \$465,003.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Villa of Hope operates a peer-run and peer-staffed Diversion Center (Hope Place) to provide a safe, supportive, and non-judgmental environment as an alternative to psychiatric Emergency Department (ED) visits for adults experiencing non-acute mental health-related crisis or pre-crisis in Monroe County. These services are located at 1099 Jay Street Bldg P. Hope Place follows the "Living Room" model by offering a welcoming and comfortable physical space in which individuals can come and go as they please and speak with peer staff (individuals with personal experience with mental health challenges) to assist them in coping with their crisis and returning to a higher level of functioning as quickly as possible. Hope Place also offers referrals and follow-up services based on clients' needs.

This program began serving clients in February 2020.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	n/a	729	1,500	1,800
Units of Service:	n/a	2,187	2,400	2,800

2. SELECTED OUTCOME INDICATOR:

Percent of visits for which the individual does not have a psychiatric ED visit within 30 days after the visit

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	n/a	95%	92%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: MH
PROGRAM: Youth Peer Mentoring
CONTRACTOR: VILLA OF HOPE
CONTRACT AMOUNT: \$131,014.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Villa of Hope provides youth peer mentoring services to youth under the age of 21 who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community-centered services. These services are provided by a young adult who experienced similar challenges in their youth. Services are intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized treatment plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy skills, and to support their transition into adulthood.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (quarter hours direct service)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	50	43	48	50
Units of Service:	3.933	2.308	2.200	3.000

2. SELECTED OUTCOME INDICATOR: Percent of youth discharged with one or more Youth Mentoring goals achieved

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	96%	84%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Behavioral Health Community Database Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Catholic Charities of the Diocese of Rochester D/B/A Catholic Family Center

EXECUTIVE DIRECTOR: Marlene Bessette, President/CEO

BOARD MEMBERS: Meredith Andreucci, Sheila Brody, SSJ, Joseph A. Carello, William H. Castle, Elizabeth Ciaccio, Rev. Brian C. Cool, Louis Howard, Alasdair MacKinnon, Luke G. Mazzuchetti, John M. McBride, Ann McCormick, Margery Morgan, Stephanie I. Schaeffer, William P. Tahan, Miguel A. Velazquez

PROGRAMS INCLUDED: Chemical Dependence Community Residence (Alexander)
Chemical Dependence Community Residence (Harrington)
Chemical Dependence Community Residence (Jones)
Chemical Dependence Outpatient
Chemical Dependence Prevention
Chemical Dependence Supportive Living
Rehabilitation and Stabilization - Freedom House
Rehabilitation and Stabilization - Liberty Manor

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA

PROGRAM: Chemical Dependence Community Residence (Alexander)

CONTRACTOR: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER

CONTRACT AMOUNT: \$352,763.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Catholic Family Center owns and operates a community residential program at 184 Alexander Street which is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines. The program has a capacity to serve 16 men. The structured therapeutic environment and individual, group and family sessions support the development of a strong relapse prevention plan, life skills, healthy use of leisure time, planning, and social skills. This gender specific program attends to mental health issues and is dual diagnosis capable. It focuses on the special needs of men and addresses the following issues, as appropriate: responsible fatherhood, parenting skills, stabilization and maintenance of medical needs, and improvement of educational, vocational and employment readiness. All services are provided in a culturally sensitive manner.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	16	16	16	16
Individuals Served:	64	73	72	72
Units of Service:	5,591	5,008	5,000	5,500

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	80%	80%	84%	86%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA

PROGRAM: Chemical Dependence Community Residence (Barrington)

CONTRACTOR: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER

CONTRACT AMOUNT: \$353,532.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Catholic Family Center owns and operates a community residential program at 380 Barrington Street which is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines. The program has a capacity to serve 11 women. The structured therapeutic environment and individual, group and family sessions support the development of a strong relapse prevention plan, life skills, healthy use of leisure time, planning and social skills. This gender specific program attends to mental health issues and is dual diagnosis capable. It focuses on the special needs of women and addresses the following issues, as appropriate: parenting skills, stabilization and maintenance of medical needs, and improvement of educational, vocational and employment readiness. All services are provided in a culturally sensitive manner.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	11	11	11	11
Individuals Served:	43	37	40	42
Units of Service:	3,776	3,139	2,800	3,100

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	81%	83%	65%	80%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA

PROGRAM: Chemical Dependence Community Residence (Jones)

CONTRACTOR: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER

CONTRACT AMOUNT: \$218,400.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Catholic Family Center owns and operates a community residential program at 24 Jones Avenue which is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines. The program has a capacity to serve 24 men. The structured therapeutic environment and individual, group and family sessions support the development of a strong relapse prevention plan, life skills, healthy use of leisure time, planning and social skills. This gender specific program attends to mental health issues and is dual diagnosis capable. It focuses on the special needs of men and addresses the following issues, as appropriate: responsible fatherhood, parenting skills, stabilization and maintenance of medical needs, and improvement of educational, vocational and employment readiness. All services are provided in a culturally sensitive manner.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	17	17	17	17
Individuals Served:	64	73	76	78
Units of Service:	5,622	4,890	4,950	5,150

2. SELECTED OUTCOME INDICATOR:

One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	81%	76%	60%	70%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA

PROGRAM: Chemical Dependence Outpatient

CONTRACTOR: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER

CONTRACT AMOUNT: \$367,548.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Catholic Family Center operates substance use outpatient clinic services at 79 North Clinton Avenue which are licensed by the New York State Office of Addiction Services and Supports (OASAS) and comply with all applicable regulations and guidelines. Services offered within the program include individual/group sessions and family therapy in conjunction with specialized presentations or services to meet the unique needs of each client group served. All clients are screened for co-occurring disorders. The program includes specialized treatment tracks to address the unique gender, cultural, or language needs of special populations served. Specialized services available include: specialty groups for those recently released from incarceration or on parole; a continuum of outpatient treatment in Spanish with a special focus on the cultural needs of the Latino Clientele; a continuum of care to address the unique issues affecting women in recovery; programs offering treatment for clients with both chemical dependency and mental health issues; and day rehabilitation programs offering intensive treatment 5 days a week.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	1,152	909	1,000	1,200
Units of Service:	21,566	18,657	16,000	20,000

2. SELECTED OUTCOME INDICATOR: Percent of discharges with individuals meeting half or more goals

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	46%	37%	42%	50%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA

PROGRAM: Chemical Dependence Prevention

CONTRACTOR: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER

CONTRACT AMOUNT: \$217,021.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Catholic Family Center operates New York State Office of Addiction Services and Supports (OASAS) certified Prevention Services designed to prevent or reduce alcohol and other drug use and problem gambling in individuals, families, and communities through use of evidence-based programs and other environmental strategies.

For the 2020-21 school year, CFC is approved by OASAS to provide:

1. Evidence-based practice (EBP) education (classroom-based curricula) in Bishop Kearney middle and high school, Hilton Central School District (CSD) and Rochester City School District (RCSD).
2. Information awareness services (e.g., school-wide activities, speaking events, and newsletters) in Bishop Kearney middle and high school, Hilton CSD and RCSD.
3. Prevention counseling in Bishop Kearny middle and high school, Hilton CSD, and RCSD.
4. EBP early intervention services (education for at-risk youth) in Bishop Kearny middle and high school, Hilton CSD, and RCSD.

Different services are offered at each school based on the needs of the school. The reporting timeframe for OASAS prevention programs follows the school year July-June (i.e., 2021 Annualized reflects activity July 2020 to June 2021).

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	563	158	80	200
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of youth who increase protective factors or decrease risk factors as measured in pre post testing for prevention counseling

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	73%	84%	83%	86%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/OASAS Web Infrastructure for Treatment Services New York State (WITNYS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Supportive Living
CONTRACTOR: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER
CONTRACT AMOUNT: \$45,929.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Catholic Family Center operates a supportive living program with a capacity for 24 adults. Supportive living programs are licensed by the New York State Office of Addiction Services and Supports (OASAS) and adhere to all appropriate regulations and guidelines. The program consists of apartments at various sites with embedded services and supports for individuals recovering from substance use disorder. Staff support abstinence and relapse prevention plans, life skills, healthy use of leisure time, planning, and social skills. Clients at this level of care are actively involved in educational, vocational and employment readiness unless otherwise indicated by special needs. Clients may be employed or actively seeking employment. They may also be continuing with mental health treatment, working on family reunification, parenting skills, stabilization and maintenance of medical needs, resolution of criminal justice status or other issues.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	24	24	24	24
Individuals Served:	56	60	80	60
Units of Service:	7,910	8,032	7,600	7,800

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	95%	95%	88%	92%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA

PROGRAM: Rehabilitation and Stabilization - Freedom House

CONTRACTOR: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER

CONTRACT AMOUNT: \$749,373.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Catholic Family Center operates Freedom House as a Stabilization and Rehabilitation Program with the capacity for 30 men. The program is located at 55 Troup Street and is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines. The program incorporates nursing, medical and psychiatric services into the program design and staffing. This program employs a person-centered approach and uses cognitive behavioral therapy and motivational enhancement therapy. Activities include: individual therapy, small group therapy, psycho-educational programming that includes addiction education, vocational preparation, parenting, domestic violence, anger management, codependency, relapse prevention, planning, and skills for daily living, nutrition, organized recreational activity, and scheduled exercise. While in the program clients may attend sober support activities including Narcotics Anonymous, Alcoholics Anonymous or a spiritual program of their choice. Families may attend conjoint sessions, visiting hours and special family oriented events. All services are individualized. This program is dual diagnosis capable.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	30	30	30	30
Individuals Served:	158	176	180	180
Units of Service:	10,020	8,882	9,100	10,000

2. SELECTED OUTCOME INDICATOR: Percent of discharged clients no longer requiring this level of care

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	59%	53%	50%	58%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA

PROGRAM: Rehabilitation and Stabilization - Liberty Manor

CONTRACTOR: CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER D/B/A/ CATHOLIC FAMILY CENTER

CONTRACT AMOUNT: \$730,715.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Catholic Family Center operates Liberty Manor as a Stabilization and Rehabilitation Program for women and women with very young children. The program is located at 997 St. Paul Street and is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines. Nursing, medical and psychiatric services have been incorporated into the service design. The program has capacity for seventeen (17) women and three (3) preschool age children. Activities include: individual therapy, small group therapy, psycho-educational programming that includes addiction education, vocational preparation, parenting, domestic violence, anger management, codependency, relapse prevention, planning, and skills for daily living, nutrition, organized recreational activity, and scheduled exercise. While in the program clients may attend sober support activities including Narcotics Anonymous, Alcoholics Anonymous or a spiritual program of their choice. Families may attend conjoint sessions, visiting hours and special family oriented events. Each of these services may be modified to meet the individualized needs of clients who may have special needs. This program is dual diagnosis capable.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	17	17	17	17
Individuals Served:	102	88	80	100
Units of Service:	5,561	4,946	4,700	5,400

2. SELECTED OUTCOME INDICATOR: Percent of discharged clients no longer requiring this level of care

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	52%	37%	54%	56%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Center for Community Alternatives, Inc

EXECUTIVE DIRECTOR: David Condliffe, Esq. Executive Director

BOARD MEMBERS: Daniel N. Arshack, Ryan Benz, Libby Byrne, Leonard J. Campolieti, Steve Case, Steven Corsello, Carol'e Eady-Pwcher, Kathryn Erbe, Solmaz Firoz, Paula Freedman, Matthew Funerello, Jon P. Getz, Esq., David Gomez, Betsy Gotbaum, Gail Gray, Julie Iyasere, Seymour W. James, Jr., Esq., Jarit, Esq., Telemaque Lavidas, Vincent Love, Martin Mack, Richard Raysman, Esq., Cathy Redlich, Jennifer Richardson, William T. Russell, Jr., David Schraver, David Schwartz, Bill Simmons, Shaun T. Smith, Kim Townsend, Alan Charlie Wittenberg, MD

PROGRAMS INCLUDED: Recovery Center

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Recovery Center
CONTRACTOR: CENTER FOR COMMUNITY ALTERNATIVES, INC.
CONTRACT AMOUNT: \$366,971.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Community Outreach for Recovery Enhancement (CORE) Center utilizes the New York State Office of Addiction Services and Supports (OASAS) Recovery Community and Outreach Center (RCOC) model and serves as a resource and support hub for individuals and families in Monroe County whose lives have been negatively impacted by drug and/or alcohol use, including those who have not previously been involved in treatment and/or support groups. CORE provides peer-run recovery support services, education, and advocacy, including providing a community-based, non-clinical setting that is safe, trauma-informed, welcoming, openly accessible, and alcohol/drug-free; providing opportunities to enhance social connectedness and to achieve personal recovery goals; offering volunteer opportunities and leadership training; assisting individuals and families with navigating and accessing treatment and support services; offering activities, workshops, presentations, and classes related to skill building, recreation, education, wellness, employment readiness, and other pro-social activities to promote long-term recovery and wellness; organizing and/or participating in local community-building and advocacy; and collaborating with other peer organizations and support services.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served (duplicated workshop attendance)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	5,572	3,957	4,500	5,000
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of referrals that resulted in successful linkages to services

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	85%	96%	90%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Center for Youth Services, Inc

EXECUTIVE DIRECTOR: Elaine Spaulf Ph.D. Executive Director

BOARD MEMBERS: Iman Abid, Zachary Armstrong, Kate Beardsley, David Boyce, Lorraine Braveman, Margaret Burns, Lauren Burruto, Kristen Duckles, Barb Duffy, Daryl Gaston, Cheryl Gossin, Christian Hancey, Doug Hendee, Miranda Heyward, Theresa D. Johnson, Bruce Kaelar, Richard Kreipe, Kermin Martinez-Hernandez, Nancy Medonald-Stoler, Kishawn Medley, Jessica Naclerio, Shaun Nelms, Catherine Perkins, Michael I. Piccolo, Milton Pichardo, Jason Piper, Barbara Rivera, Lynn Ryan, Bishop William R. Turner Jr., Martin Weingarten

PROGRAMS INCLUDED: Chemical Dependence Prevention

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Prevention
CONTRACTOR: CENTER FOR YOUTH SERVICES, INC.
CONTRACT AMOUNT: \$823,193.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Center for Youth Services (CYS) operates NYS Office of Addiction Services and Supports (OASAS) certified Prevention Services by delivering evidence-based programs and other environmental strategies to prevent or reduce alcohol and other drug use and problem gambling. CYS serves youth at selected sites who are at risk for drug or alcohol abuse, as well as their parents and/or siblings if applicable. Sites and their respective services are approved by OASAS in collaboration with CYS, MCOMH, and school districts. For 2021-22, CYS is approved by OASAS to provide:

1. Evidence-based practice (EBP) education (classroom-based curricula) in the Rochester City School District (RCSD), Brockport Central School District (CSD), and Greece CSD.
2. Non-EBP education (classroom-based curricula) in the Greece CSD, RCSD, Hilton CSD, Wayland Cohocton CSD, Mount Morris CSD, and throughout Monroe County.
3. Information awareness services (e.g., school-wide activities, speaking events, and newsletters) in RCSD and to youth living throughout Monroe County.
4. Community capacity building (i.e., policy development, education and training, etc.) in the RCSD.
5. EBP early intervention services (education for at-risk youth) in the RCSD and to youth living in the City of Rochester.
6. Prevention counseling in the RCSD for youth living in the City of Rochester.

Different services are offered in each district based on the needs of the district; only certain schools in each district receive services. The reporting timeframe for OASAS prevention programs follows the school year July-June (i.e., 2021 Annualized reflects activity July 2020 to June 2021).

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	1,275	1,387	376	150
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of youth who gained knowledge in education services or achieved service plan goals in prevention counseling

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	94%	95%	97%	97%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/OASAS Web Infrastructure for Treatment Services New York State (WITNYS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Community Place of Greater Rochester, Inc

EXECUTIVE DIRECTOR: Scott Benjamin, CIO

BOARD MEMBERS: David Archer, Devra Bevona, Andrew Burke, Michael Corelli, Laura Habza, James Hawkins, Scott Hendler, Ellis Komenski, Ross Lanzafame, Tina Longwell, Kevin Loughran, Richard Nangrave, John Olson, Gita Ramachandran, Stephen Smith, David Toole, Linda Walsh

PROGRAMS INCLUDED: Chemical Dependence Prevention

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Prevention
CONTRACTOR: COMMUNITY PLACE OF GREATER ROCHESTER, INC.
CONTRACT AMOUNT: \$293,602.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Community Place operates NYS Office of Addiction Services and Supports (OASAS) certified Prevention Services by delivering evidence-based programs and other environmental strategies to prevent or reduce alcohol and other drug use and problem gambling. Community Place serves youth at selected sites who are at risk for drug or alcohol abuse, as well as their parents and/or siblings if applicable. Sites and their respective services are approved by OASAS in collaboration with Community Place, MCOMH, and school districts. For 2021-2022, Community Place is approved by OASAS to provide:

1. Evidence-based practice (EBP) education (classroom-based curricula) in the Rochester City School District (RCSD) and to youth residing in the City of Rochester.
2. Information awareness services (e.g., school-wide activities, speaking events, health promotion events, and newsletters) throughout Monroe County.
3. Positive alternatives (sober, healthy events) to youth residing in the City of Rochester.
4. EBP early intervention services (education for at-risk youth) in RCSD.
5. Prevention counseling in the RCSD.

Only certain schools in RCSD receive services, based on the needs of the district and schools. The reporting timeframe for OASAS prevention programs follows the school year July-June (i.e., 2021 Annualized reflects activity July 2020 to June 2021).

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	419	479	143	250
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of youth who gained knowledge in education or Teen Intervene services or achieved service plan goals in prevention counseling

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	92%	71%	80%	90%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/OASAS Web Infrastructure for Treatment Services New York State (WITNYS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Delphi Drug and Alcohol Council, Inc

EXECUTIVE DIRECTOR: Sue Sullivan, CIO

BOARD MEMBERS: Irene Coveny, Robert Crystal, Steven Curran, Michael Favata, Brenda Geglia, Terry M. Kelley, David Khalil, Yana Klashper, Patrick McGrath, Karen Morris, Richard Phipps, Jennifer Sahrle, Mark Stein

PROGRAMS INCLUDED: Chemical Dependence Outpatient
Chemical Dependence Prevention

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Outpatient
CONTRACTOR: DELPHI DRUG & ALCOHOL COUNCIL, INC.
CONTRACT AMOUNT: \$340,644.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Delphi Drug and Alcohol Council, Inc. (d.b.a. Delphi Rise) operates substance use disorder outpatient clinic services at 835 West Main Street in Rochester, which are licensed by the New York State Office of Addiction services and Supports (OASAS) and comply with all applicable regulations and guidelines. Clinic services are available to adults (18 years old and older) and include substance use assessments and evaluations, individual and group counseling, family therapy, screening and assessing clients for co-occurring mental health disorders, providing Medication Assisted Treatment, reviewing and overseeing clients' medical care as it relates to substance use disorders, and domestic violence batterer intervention services for male perpetrators of domestic violence.

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	577	467	400	525
Units of Service:	10,890	10,637	11,000	11,400

2. SELECTED OUTCOME INDICATOR: Percent of discharges with individuals meeting half or more goals

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	50%	48%	30%	50%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Prevention
CONTRACTOR: DELPHI DRUG & ALCOHOL COUNCIL, INC.
CONTRACT AMOUNT: \$263,348.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Delphi (d.b.a. Delphi Rise) operates NYS Office of Addiction services and Supports (OASAS) certified Prevention Services through Monroe Prevention by delivering evidence-based programs and other environmental strategies to prevent or reduce alcohol and other drug use and problem gambling. Delphi Rise serves youth at selected sites who are at risk for drug or alcohol abuse, as well as their parents and/or siblings if applicable. Sites and their respective services are approved by OASAS in collaboration with Delphi Rise, MCOMH, and school districts. For 2020-2021, Delphi is approved by OASAS to provide:

1. Community capacity building (e.g., policy development, student support and community planning, etc.) in Penfield CSD, Gates-Chili CSD, Brockport CSD, and throughout Monroe County.
2. Evidence-based practice (EBP) and non-EBP education (classroom-based curricula) in Brockport CSD, Penfield CSD, Honeoye Falls-Lima CSD and Gates-Chili CSD;
3. Information awareness services (e.g., school-wide activities, speaking events, health promotion events, presentations, newsletters, etc.) in Penfield CSD, Brockport CSD, Gates-Chili CSD, and throughout Monroe County.
4. EBP early intervention services (education for at-risk youth) in Gates-Chili CSD.
5. Prevention counseling in Gates-Chili CSD, Brockport CSD, Penfield CSD, and Honeoye Falls-Lima CSD.

Different services are offered in each district based on the needs of the district; not all schools in each district receive services. The reporting timeframe for OASAS prevention programs follows the school year July-June (i.e., 2021 Annualized reflects activity July 2020 to June 2021).

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	16,853	12,059	10,152	11,000
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of youth who gained knowledge in education or Teen Intervene services or achieved service plan goals in prevention counseling

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	44%	37%	40%	43%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/OASAS Web Infrastructure for Treatment Services New York State (WITNYS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: DePaul Community Services, Inc

EXECUTIVE DIRECTOR: Christopher Syracuse, Vice President

BOARD MEMBERS: W Stewart Beecher, MD, Brenda Bremer, A M D, Kim Carrison, Michelle R Casey, Timothy M Culhane, Michael A DeFreitas, Esq, David C DeLary, Stephanie M Dempsey, Timothy D Dieffenbacher, Anthony DiGiovanni, IV, Ann Marie Dimino, Lisa B Elliot, Ph D, Steven H Fipping, Lisa Famiglietti, Melissa L Farrell, Gabriel Geiger, Jared P Hirt, Esq, Christopher G Humphrey, Adam Jones, Ellen B Kremer, Robert G Lamb Jr, Esq, Timothy Leyden, Louis Jitzenberger, Michael Mallaber, Dr Keith McGriff, Kevin M Mucci, Komekia L Peterson, Kelley Ross Brown, Esq, Gerald J Scott, Michael Williams, James R Yarrington

PROGRAMS INCLUDED: NCADD-Prevention Resource Center
NCADD-RA's Finger Lakes Addiction Resource Center
NCADD-Rochester Area

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: NCADD-Prevention Resource Center
CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.
CONTRACT AMOUNT: \$304,907.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul's National Council on Alcoholism and Drug Dependence-Rochester Area (NCADD-RA) is one of over 90 affiliates nationwide of NCADD, Inc. (27 of which are in NYS). DePaul's NCADD-RA operates the Finger Lakes Prevention Resource Center (FL PRC) to reduce the incidence and prevalence of alcoholism and other drug dependence in the twelve-county Finger Lakes region (Monroe, Wayne, Livingston, Ontario, Yates, Seneca, Steuben, Schuyler, Tompkins, Chemung, Tioga, and Broome counties) per New York State Office of Addiction Services and Supports (OASAS) requirements. Services provided include: identifying existing coalitions and mobilizing residents and providers to create substance use awareness and prevention coalitions where none exist; supporting community coalitions and their provider partners in utilizing effective prevention strategies in their work; assisting communities and agencies in conducting needs assessments; providing technical assistance related to coalition-building and sustainability; offering trainings and other prevention resources to coalitions per each of their specific needs and goals; and providing evidence-based trainings for regional prevention providers. The FL PRC is based at 1931 Buffalo Road in Rochester and is operated under the oversight of NYS OASAS and MCOMH.

I. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	4,496	3,762	3,500	4,000
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Number of new and existing coalitions that received technical assistance from the Prevention Resource Center

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	22	19	20	22

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: NCADD-RA's Finger Lakes Addiction Resource Center
CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.
CONTRACT AMOUNT: \$104,511.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul's National Council on Alcoholism and Drug Dependence-Rochester Area (NCADD-RA) operates the Finger Lakes Addiction Resource Center (FLARC) to build upon substance use-related collaborative efforts in the nine-county Finger Lakes Economic Development Region. Per New York State Office of Addiction Services and Supports (OASAS) requirements, FLARC engages stakeholders in the nine-county Finger Lakes Economic Development Region (i.e., non-profit organizations, county and local governments, schools, and other agencies in Monroe, Orleans, Genesee, Wyoming, Livingston, Wayne, Ontario, Yates, and Seneca counties) by providing, at a minimum, the following services: identifying gaps in community resources related to substance use prevention, awareness, and treatment; identifying existing community/county resources; developing county-specific resource directories that include treatment providers and other recovery resources; promoting community events and activities organized by collaborating partners; attending such events to improve awareness of issues and resources related to substance use disorders; and utilizing media and other community awareness strategies to disseminate resource directories and substance use-related information, including working with NYS OASAS to promote the utilization of existing media tool kits developed by OASAS and other state and federal agencies. The FLARC is based at 1931 Buffalo Road in Rochester and is operated under the oversight of NYS OASAS in collaboration with MCOMI.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served (Number of members in the Community Action Partnership)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	39	35	37	40
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Number of outreach events

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	12	10	11	12

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: NCADD-Rochester Area
CONTRACTOR: DEPAUL COMMUNITY SERVICES, INC.
CONTRACT AMOUNT: \$367,673.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): DePaul operates New York State Office of Addiction Services and Supports (OASAS) certified Prevention Services by delivering evidence-based programs and other environmental strategies (e.g., policy development, school and youth events, etc.) in selected sites in Monroe County to prevent or reduce alcohol and other drug use and problem gambling. DePaul serves youth at the selected sites who are identified as being at risk for drug or alcohol use or abuse, as well as their parents and/or siblings.

Sites and their respective services are approved by OASAS in collaboration with DePaul, MCOMH, and sites that have assessed a need for their youth to receive prevention services. For the 2020-2021 school year, DePaul is approved by OASAS to provide the following services at the indicated sites or areas:

1. Evidence-based practice (EBP) and non-EBP education (classroom-based curricula) in Greece Central School District, Rochester City School District, and in the town of Gates.
2. Community capacity building (e.g., participating in community coalitions) throughout Monroe County.
3. Environmental strategies (e.g., media campaigns, developing or advising on policies and regulations, etc.) throughout Monroe County.
4. Information awareness services (e.g., organizing and presenting at school-wide activities, speaking events, health promotion events, resource fairs, etc.; providing resources to individuals as requested; producing newsletters and resource guides; etc.) throughout Monroe County.

Additional services may be provided as needed at selected sites. Different services are offered in each district based on the needs of the district; not all schools in each district receive services. The reporting timeframe for OASAS prevention programs follows the school year July-June (i.e., 2020 Annualized reflects activity July 2019 to June 2020).

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	N/A	N/A	N/A
Individuals Served:	4,889	2,744	2,094	3,000
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of youth who gained knowledge in education services

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	92%	89%	90%	93%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/OASAS Web Infrastructure for Treatment Services New York State (WITNYS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Last House Corporation

EXECUTIVE DIRECTOR: Kim Brumber, President/CEO

BOARD MEMBERS: Kwasi Boateng, Kim Brumber, Marcus Burnett, MD, Eric Daniels, Bret Garwood, Kelly Glover, Deron Johnson, Jane Kriegerbocker, John Leary, Daniele Lyman-Torres, George Nasra, MD, MBA, Roger O'Brien, Patricia Phillips, Hezekiah Simmons, Dawn Sullivan

PROGRAMS INCLUDED: Chemical Dependence Case Management
Chemical Dependence Community Residence (Cody)
Chemical Dependence Community Residence (Hanson)
Chemical Dependence Community Residence (Hirst)
Chemical Dependence Community Residence (Pinny Cooke)
Chemical Dependence Supportive Living
Chemical Dependence Vocational Services

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Case Management
CONTRACTOR: EAST HOUSE CORPORATION
CONTRACT AMOUNT: \$153,307.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House operates the Chemical Dependence Case Management program with the goal to provide financial counseling and assistance to help clients maintain stable housing while they learn to manage their finances and to help clients increase their independence through the achievement of educational and vocational goals. Services are provided to adults with a primary diagnosis of substance use disorder who are residents of East House residential programs. This program assesses client need for financial and medical benefits and assists in establishing and maintaining eligibility for benefits such as SSI, SSD, Medicaid, and Medicare. Staff encourage recovery and independence by teaching clients banking and budgeting skills, as well as how to self-advocate for benefits. Staff members also assist in interpreting financial contracts for clients and family members and coordinating services with Admissions Coordinator, business office, and program staff. Transportation is provided as needed to apply for and maintain benefits.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	482	358	400	475
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of participants demonstrating increased financial independence at discharge

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	37%	32%	50%	60%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Community Residence (Cody)
CONTRACTOR: EAST HOUSE CORPORATION
CONTRACT AMOUNT: \$232,584.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House operates Cody House community residence program at 407 Frederick Douglass St. The residence has the capacity for 16 adult men who are 18 years and older, have a substance use disorder diagnosis, are homeless or without a stable living situation, and are in need of a 24-hour recovery-oriented living environment to support sobriety and prepare for more independent living and self-sufficiency. Services include individualized goal-planning and counseling; training in symptom and medication management, and in independent living skills; vocational and educational services in coordination with the agency's Career Services Program; social and recreational activities; coordination with other community service providers; and family education and support. Cody House is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	16	16	16	16
Individuals Served:	41	37	40	45
Units of Service:	5,240	4,692	4,800	5,400

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	95%	92%	94%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Community Residence (Hanson)
CONTRACTOR: EAST HOUSE CORPORATION
CONTRACT AMOUNT: \$377,458.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House operates Hanson House community residence program at 561 Mt. Hope Ave. The residence has the capacity for 14 adults who are 18 years and older who have co-occurring mental health needs, are homeless or without a stable living situation, and are in need of a 24-hour recovery-oriented living environment to support sobriety and prepare for more independent living and self-sufficiency. Services include individualized goal-planning and counseling; training in symptom and medication management, and in independent living skills; vocational and educational services in coordination with the agency's Career Services Program; social and recreational activities; coordination with other community service providers; and family education and support. Hanson House is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines.

1. PRIMARY PERFORMANCE

MEASUREMENT/ INDICATOR: Capacity (beds)/individuals served units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	14	14	14	14
Individuals Served:	45	32	40	45
Units of Service:	4,812	4,201	4,400	4,750

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	91%	86%	82%	90%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Community Residence (Hirst)
CONTRACTOR: EAST HOUSE CORPORATION
CONTRACT AMOUNT: \$287,892.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House operates Hirst House community residence program at 109 Dartmouth St. Hirst House has the capacity for 12 adult men who are 18 years and older, have a substance use disorder diagnosis, are homeless or without a stable living situation, and are in need of a 24-hour recovery-oriented living environment to support sobriety and prepare for more independent living and self-sufficiency. Services include individualized goal-planning and counseling; training in symptom and medication management, and in independent living skills; vocational and educational services in coordination with the agency's Career Services Program; social and recreational activities; coordination with other community service providers; and family education and support. Hirst House is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	12	12	12	12
Individuals Served:	41	30	36	40
Units of Service:	4,025	3,570	3,800	4,000

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	95%	100%	90%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Community Residence (Pinny Cooke)
CONTRACTOR: EAST HOUSE CORPORATION
CONTRACT AMOUNT: \$273,787.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House operates Pinny Cooke community residence program at 50 Browncroft Blvd. The residence has the capacity for 12 adult women who are 18 years and older, have a substance use disorder diagnosis, are homeless or without a stable living situation, and are in need of a 24-hour recovery-oriented living environment to support sobriety and prepare for more independent living and self-sufficiency. Services include individualized goal-planning and counseling; training in symptom and medication management, and in independent living skills; vocational and educational services in coordination with the agency's Career Services Program; social and recreational activities; coordination with other community service providers; and family education and support. Pinny Cooke residence is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	12	12	12	12
Individuals Served:	46	35	36	40
Units of Service:	4,097	3,733	3,700	4,100

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	93%	92%	90%	94%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Supportive Living
CONTRACTOR: EAST HOUSE CORPORATION
CONTRACT AMOUNT: \$146,706.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House operates the Crossroads Supportive Living Apartment Program for adults who are diagnosed with a substance use disorder, have achieved stability in abstinence and independent living skills, and who will benefit from weekly clinical or peer support. This program is certified by New York State Office of Addiction Services and Supports (OASAS) and is administratively operated at 259 Monroe Ave. Clients live in apartments furnished by East House throughout Monroe County that are each approved by NYS OASAS and listed on the program's operating certificate. The program operates on therapeutic community principles, and provides residents with weekly clinical and peer supports. Additional services include but are not limited to: individualized goal-planning and counseling; training in symptom and medication management and in independent living skills; vocational and educational services in coordination with East House's Career Services Program; social and recreational activities; coordination with other community service providers, including benefit providers; and family education and support.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	72	72	72	72
Individuals Served:	143	120	130	140
Units of Service:	21,066	20,512	22,000	24,000

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	96%	89%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Vocational Services
CONTRACTOR: EAST HOUSE CORPORATION
CONTRACT AMOUNT: \$269,113.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): East House provides Chemical Dependence Vocational Services to adults 18 years and older with a primary diagnosis of substance use disorder who are also residents of East House residential programs that are licensed by the New York State Office of Addiction Services and Supports (OASAS). East House provides services at their offices at 259 Monroe Avenue as well as in the community at workplaces and potential workplaces of program clients. Comprehensive vocational rehabilitation services provided include: orientation to vocational services for clients and referral sources; vocational assessments; vocational counseling and planning; job readiness training; supportive employment training; job development; job placement, retention, and follow-up services; referral, advocacy, and support; follow-up with educational skills training and employment placement services; and adult basic education and literacy training (in cooperation with the Greece Central School District's Adult Education Program).

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	222	165	260	275
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of individuals served who are employed at discharge

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	39%	37%	35%	40%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Helio Health, Inc

EXECUTIVE DIRECTOR: Jeremy Klemanski, President/CEO

BOARD MEMBERS: James Antonacci, Jr., Shane Atlee, John Balzano, Esq., James D'Onofrio, Joseph Geglia, Scott Lickstein, Helen Lopez, David Mathis, Shane McCrohan, Martin McDermott, Scott McGuinness, Ph.D., Lisa Morrow-Whittaker, Kim Myers, Cheryl Pusztai, Travis Smith, Joseph Zikuski

PROGRAMS INCLUDED: Inpatient Rehabilitation and Medically Supervised Detoxification Services

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Inpatient Rehabilitation and Medically Supervised Detoxification Services
CONTRACTOR: HELIO HEALTH, INC.
CONTRACT AMOUNT: \$1,886,150.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Helio Health operates a chemical dependence withdrawal and stabilization (detoxification) program at 1350 University Avenue for adults. Helio currently operates 40 total beds across two detoxification programs. The 10 Inpatient Rehabilitation beds are for people to receive a continuum of care for withdrawal and stabilization services once leaving a MSW bed and the 30 Medically Supervised Withdrawal (MSW) beds are for people experiencing mild to moderate withdrawal symptoms (who require more intensive medical oversight). In both program components, Helio provides program services 24 hours per day, seven days per week, with on-site medical and counseling staff. Helio manages and treats withdrawal as well as disorders associated with alcohol and/or substance use. Helio assesses client needs and refers them to continued care.

In 2021, Helio Health was given a permanent operating certificate to operate 10 beds as Inpatient Rehabilitation beds by reclassifying their 10 Medically Monitored Withdrawal beds.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served (admissions)/units of service(visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	40	40	40	40
Individuals Served:	2,926	2,495	2,500	2,600
Units of Service:	10,854	12,618	13,000	13,200

2. SELECTED OUTCOME INDICATOR: Percent of discharges with individuals meeting one or more goals

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	83%	64%	62%	70%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Huther-Doyle Memorial Institute, Inc

EXECUTIVE DIRECTOR: Kelly A Reed, President/CEO

BOARD MEMBERS: Kellie Adams, Julie Allen Aldrich, Laurie Donofrio, Esq., Sandra Doorley, John Jezsu, Louis Nau, Eugene O'Connor, Peter Pecor, Kathleen Plum, PhD, Denise Read, Andrew Sewnauth, Melissa Wendland

PROGRAMS INCLUDED: Chemical Dependence Outpatient

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Outpatient
CONTRACTOR: HUTHER-DOYLE MEMORIAL INSTITUTE, INC.
CONTRACT AMOUNT: \$306,115.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Huther Doyle operates substance use disorder outpatient clinic services at 360 East Avenue in Rochester for adults with substance use disorders and their family members. These services are certified by New York State Office of Addiction Services and Supports and comply with all applicable regulations and guidelines. Huther Doyle provides outpatient substance use disorder services, including individual and group counseling; family therapy; screening and assessing clients for co-occurring mental health disorders; offering in-reach services from other agencies related to employment, vocational and educational development, and mental health treatment; and providing Medication Assisted Treatment. Huther Doyle provides specialized services for Spanish-speaking clients, justice-involved individuals (including those in drug court and on community supervision), and people with co-occurring chemical dependency and mental health challenges.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served/units of service (visits)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	1,719	1,029	1,200	1,500
Units of Service:	39,724	26,051	27,500	29,000

2. SELECTED OUTCOME INDICATOR: Percent of discharges with individuals meeting one or more goals

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	57%	40%	45%	50%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Ibero-American Action League, Inc

EXECUTIVE DIRECTOR: Angelica Perez-Delgado, President & CEO

BOARD MEMBERS: Celeste Amural, Diane M. Cecero, Carlos Cong. Juan George, Diane V. Hernandez, Arthur R. Hirst, Emerico Otero, Jose A. Rosario, Arline I. Bayo Santiago, Joseph Searles, James Sutton, Miguel Velazquez, Nicholas Zabawsky

PROGRAMS INCLUDED: Familias Unidas

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA

PROGRAM: Familias Unidas

CONTRACTOR: IBERO-AMERICAN ACTION LEAGUE, INC.

CONTRACT AMOUNT: \$122,914.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Ibero-American Action League operates NYS Office of Alcoholism and Substance Abuse Services (OASAS) certified Prevention Services by delivering evidence-based programs and other environmental strategies to prevent or reduce alcohol and other drug use and problem gambling.

Familias Unidas proceeds in three stages. Stage 1: The program facilitator works with parents and builds cohesion among those in the group sessions. Stage 2: Parents are told about the three primary adolescent "worlds" (family, peers, and school), and parents are asked to voice concerns they have with their child within each one of these realms. For example, one family may be worried about disobedience, another may disagree with their child's choice of friends, and another may be worried about school performance. Facilitators take these concerns and steer the intervention to address these specific problems. Stage 3: Facilitators work on teaching parenting skills to the group to decrease the problem behaviors discussed in earlier sessions. In this third stage, facilitators will conduct home visits to supervise parent and child interactions and give further instruction on the skills addressed in the group sessions. Each family receives up to eight home visits.

This new service model has been developed with NYS OASAS during the first nine months of 2021 and will begin operation in fall of 2021.

I. PRIMARY PERFORMANCE

MEASUREMENT/ INDICATOR: individuals served (families)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	n/a	n/a	15	60
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of families who gained knowledge about substance use prevention

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	n/a	n/a	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/OASAS Web Infrastructure for Treatment Services New York State (WITNYS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Liberty Resources, Inc

EXECUTIVE DIRECTOR: Carl M. Coyle, MSW, CEO

BOARD MEMBERS: Katherine (Kasia) Anthis, MBA, David Bowles, Elliot T. Boyce, William Conole, Carl M. Coyle, Daniel J. DeGirolamo, Scott P. Gucciardi, Michael Madigan, Daniel J. Manning, AIA, Nancy Mudrick, Ph.D., Lawrence Stewart MD, Winthrop H. Thurlow, Esq., Robert Toole, Jr.

PROGRAMS INCLUDED: Family Support Navigator
Peer Advocate

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Family Support Navigator
CONTRACTOR: LIBERTY RESOURCES, INC.
CONTRACT AMOUNT: \$113,697.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Liberty Resources provides family support navigator services to families in which an individual has a substance use disorder (SUD). Liberty utilizes peers (individuals whose lives have been impacted by SUDs) to deliver the services. Services include outreach to explain the family support navigator services; developing rapport and assessing families' needs; providing individualized and group-based education on substance use disorders, treatment and support services, self-advocacy, and coping and support strategies; fostering linkages to services for the individual with an SUD and their family members; assisting families with providing safe, supportive environments and developing problem solving and coping skills, providing family meditation and conflict resolution; helping families develop positive interventions and support plans for themselves and their family member with an SUD; and facilitating family support groups.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served/units (15 minute increments of direct service)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	62	51	51	60
Units of Service:	1,217	2,058	2,300	2,500

2. SELECTED OUTCOME INDICATOR: Number of referrals made to other substance use services and supports

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	461	478	500	525

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Peer Advocate
CONTRACTOR: LIBERTY RESOURCES, INC.
CONTRACT AMOUNT: \$153,000.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Liberty Resources provides peer advocate services to Monroe County residents or service recipients who are using or in recovery from using heroin, opiates, and/or other substances. Liberty utilizes peers (individuals whose lives have been impacted by substance use disorders (SUDs) to deliver the services. Services include outreach to explain the peer advocate services; partnering with local hospitals to engage with individuals impacted by SUDs; developing rapport and assessing needs of potential clients; providing individualized and group-based information and education on SUDs, treatment and support services, self-help tools, how to access services, self-advocacy, and coping strategies; collaborating with clients to develop positive interventions and support plans; fostering linkages to treatment and support services; advocating for clients to help them access treatment and support services; assisting clients with transitioning between residences or services; facilitating peer support groups; and providing crisis support (addressing the circumstances precipitating and resulting from the crisis, arranging immediate and long-term supports, and developing plans to avoid future crises).

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served/units (15 minute increments of direct service)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	97	77	60	80
Units of Service:	2,039	1,696	1,800	2,000

2. SELECTED OUTCOME INDICATOR: Number of referrals made to other substance use services and supports

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	479	592	510	600

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: PRCD, Inc

EXECUTIVE DIRECTOR: Mandy Teter, Vice President, Behavioral Health

BOARD MEMBERS: June Bradley, Korey Brown, Sue Carlson, DNP, NPP, RN, PMHNP-BC, PMHCNS-BC, Caroline Easton, BS, PhD, Walter Larking Jr., Daniel Meyers, Thomas Riley, Leon Sawyko, Elaine Spaul, Scot Turner, Ann Wilder

PROGRAMS INCLUDED: Chemical Dependence Community Residence

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Community Residence
CONTRACTOR: PRCD, INC.
CONTRACT AMOUNT: \$358,614.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): PRCD, Inc. operates under Rochester Regional Health along with other affiliated entities. PRCD, Inc. operates the Women's Residence at 2650 Ridgeway Avenue that is licensed by the New York State Office of Addiction Services and Supports (OASAS) and adheres to all appropriate regulations and guidelines. This program is a community residence with the capacity for 24 adult women aged 18 years and older, who have a substance use disorder diagnosis. The residence provides recovery-oriented transitional residential services in a group home environment based on therapeutic community principles. Services may be provided one-on-one or in group settings and will address clients' chemical dependency needs and prepare them to successfully reside in the community. Services include but are not limited to individualized goal-planning and counseling, training in symptom and medication management and independent living skills, vocational and educational services, social and recreational activities, referral to and coordination with other community service providers, and family education and support.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	24	24	24	24
Individuals Served:	69	52	56	62
Units of Service:	8.635	7.107	7.400	7.800

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	96%	86%	94%	95%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Providence Housing Development Corporation

EXECUTIVE DIRECTOR: Mark Greisberger, Executive Director

BOARD MEMBERS: Jack Balinsky, Peter Dohr, Dorothy Hall, Fr Joseph Hart, Frederick A Herman, Ronald W Hughes, Katherine Karl Esq, Lisa M Passero CPA, Fr Bob Ring, Daniel Saperstone, Kathryn I Wahl RSM

PROGRAMS INCLUDED: Case Management

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Case Management
CONTRACTOR: PROVIDENCE HOUSING DEVELOPMENT CORPORATION
CONTRACT AMOUNT: \$82,573.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Providence subcontracts with Person Centered Housing Options to provide case management to individuals in their Shelter Plus Case Management/Permanent Supportive Housing (PSH) program. Clients of the PSH program are either single individuals or families that are homeless and have a primary diagnosis of substance use disorder (SUD) with or without co-occurring mental illness. Case management and support services include assistance in locating permanent housing, individualized service planning, goal assessment and monitoring, referrals to treatment and support programs, monitoring engagement in and effectiveness of services, support in crisis situations, assistance with benefit and financial management, helping to resolve issues with landlords, determining each client's appropriate level of care, and coordinating with clients' other providers.

Providence has a separate direct contract with Housing and Urban Development (HUD) which funds Shelter Plus Case Management/PSH clients' rent stipends and other housing expenses. Providence provides rent and utility stipends to clients via this separate HUD contract.

Providence oversees the subcontractor's service delivery and costs, including monitoring apartment and service quality and meeting regularly with subcontractor staff.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (households)/individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	60	60	60	60
Individuals Served:	67	58	60	65
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of individuals remaining in program over six months

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	98%	98%	98%	98%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Rochester Institute of Technology Inc

EXECUTIVE DIRECTOR: Kevin Poore, Director

BOARD MEMBERS: Robert W. August, Mark G. Barberio, Eric J. Bieber, Brooks H. Bower, Andrew N. Brenneman, David J. Burns, Carol B. Cala, Fessie L. Calhoun McDavid, Dale J. Davis, I sq., Hyacinth V. Drummond, Nita Genova, Arthur A. Gosnell, Victoria D. Griffith, Mark L. Hamister, Jeffrey K. Harris, Darshan N. Hiranandani, Susan R. Holliday, Andrew R. Jacobson, Rick A. Kittles, Ph D., Eric J. Kuckhoff, Christopher W. Lehfeldt, D D S., Pamela Lloyd-Ogoke, Austin W. McChord, Dana A. Melner, Roosevelt Mercer, Jr., David C. Munson, Sharon D. Napier, Brian P. O'Shaughnessy, I sq., Gerard Q. Pierce, Susan M. Puglia, Ronald S. Ricotta, Frank S. Sklarsky, Kevin J. Surace, James P. Swift, Sharon Ting, Donald J. Truesdale, Clayton P. Turner, Kim I. VanGelder, Judy B. von Bucher, Chester N. Watson, Dinah G. Weisberg, Christine B. Whitman, Ronald L. Zarrella

PROGRAMS INCLUDED: Chemical Dependence Prevention

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Prevention
CONTRACTOR: ROCHESTER INSTITUTE OF TECHNOLOGY INC.
CONTRACT AMOUNT: \$191,687.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Rochester Institute of Technology (RIT)'s Substance and Alcohol Intervention Services for the Deaf (SAISD) operates NYS Office of Alcoholism and Substance Abuse Services certified Prevention Services by delivering evidence-based programs and other environmental strategies to prevent or reduce alcohol and other drug use and problem gambling. SAISD specializes in serving deaf and hard-of-hearing individuals and provides consultation and technical assistance to community providers regarding the needs of deaf/hard of hearing individuals. SAISD also serves youth who are at risk for drug or alcohol abuse, as well as their parents and/or siblings if applicable. SAISD is approved by OASAS to provide the following services to deaf and hard-of-hearing youth and young adults and the programs that serve them throughout Monroe County in 2021-2022: community capacity building (e.g., policy development, community planning efforts, etc.); media campaigns; support in writing and revising policies, regulations, and laws; information awareness (e.g., speaking and tabling events, presentations, newsletters, etc.); single-session positive alternatives (sober, healthy activities for youth and young adults); and evidence-based early intervention services (substance use disorder screening).

Most services are provided at RIT, the National Technical Institute for the Deaf, other schools with deaf/hard-of-hearing students, John L. Norris Addictions Treatment Center, and community substance use disorder programs.

The reporting timeframe for OASAS prevention programs follows the school year July-June (i.e., 2021 Annualized reflects activity July 2020 to June 2021).

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	1,624	1,265	335	600
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of youth who gained knowledge in education services

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	75%	100%	50%	75%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/OASAS Web Infrastructure for Treatment Services New York State (WITNYS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Villa of Hope

EXECUTIVE DIRECTOR: Christina Gullo, President/CEO

BOARD MEMBERS: Christopher Bell, Andrew Bodewes, Erick Bond, Sr., Corey Brown, Rebecca Burkey, Michael Burns, Adam Chodak, Dawn DePerrior, Carrie Fuller Spencer, Kathleen Graupman, Kimberly-Ann Humer, John Horvath, Curtis Johnson, David Krusch, M.D., John Louny, Thomas K. McInerney, M.D., Gail Morelle, Michael Osborn, Marisol Ramos-Lopez, Terri Snider, Dawn Sullivan, John Treahy, David Vogt, Nancy Wilkes, Ke Sham Webb

PROGRAMS INCLUDED: Chemical Dependence Prevention
Residential Rehabilitation Services for Youth

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Prevention
CONTRACTOR: VILLA OF HOPE
CONTRACT AMOUNT: \$127,175.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Villa of Hope (Villa) operates NYS Office of Alcoholism and Substance Abuse Services certified Prevention Services by delivering evidence-based programs and other environmental strategies to prevent or reduce alcohol and other drug use and problem gambling. Villa serves youth at selected sites who are at risk for drug or alcohol abuse, as well as their parents and/or siblings if applicable. Sites and their respective services are approved by OASAS in collaboration with Villa, MCOMH, and school districts. For 2020-2021, Villa is approved by OASAS to provide:

1. Evidence-based program (EBP) education and non-EBP education (classroom-based curricula) in Greece CSD, Hilton CSD, Rush-Henrietta School District, Churchville-Chili CSD, Scouts of America and throughout Monroe County.
2. Information awareness (e.g., school-wide activities, presentations, newsletters, etc.) throughout Monroe County.
3. Community capacity building (e.g., policy development, supporting Student Assistance Programs, community planning, etc.) services throughout Monroe County.
4. Positive alternatives (sober, healthy events for youth) at the Villa of Hope campus.

Different services are offered in each district based on the needs of the district; only certain schools in each district receive services. The reporting timeframe for OASAS prevention programs follows the school year July-June (i.e., 2021 Annualized reflects activity July 2020 to June 2021).

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR: Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	1,908	1,499	1,042	1,500
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of youth who gained knowledge in education services

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	17%	18%	24%	24%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports/OASAS Web Infrastructure for Treatment Services New York State (WITNYS)

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Residential Rehabilitation Services for Youth
CONTRACTOR: VILLA OF HOPE
CONTRACT AMOUNT: \$420,483.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The Villa of Hope (Villa) provides residential rehabilitation services for adolescent males (between 13 and 21 years old) who have a substance use disorder diagnosis and who require residential treatment to maintain sobriety. The residence, located on the Villa campus at 3300 Dewey Avenue, has a capacity for 14 adolescents and operates in a supportive, respectful, and home-like environment. Villa provides adolescents with room and board, meals, and services. Services include individual and group counseling for substance use disorders (for both use and dependence); recreational therapy; family education and support; therapeutic and creative activities such as meditation, art, and music; diagnosis and treatment of co-occurring mental health disorders; on-site schooling and education support; relapse prevention planning; and referrals to other treatment and support services.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds)/individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	14	14	14	14
Individuals Served:	44	18	35	42
Units of Service:	3,149	4,228	4,750	4,850

2. SELECTED OUTCOME INDICATOR: Percent of discharges with individuals meeting one or more goals

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	33%	50%	60%	70%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: YWCA Greater Rochester Special Projects LLC

EXECUTIVE DIRECTOR: Myra Henry, President/CEO

BOARD MEMBERS: Cora Conklin, Mary Kathryn Dappen, Mary Anne Detmer, Maisha Inaharo, Leticia Fumataro, Cecilia Golden, Ph.D., Kristin Hughes, Cynthia Langston, Natasha McDonald, Dr. Heidi Macpherson, Amanda Mari, Olga Mendez, Michele Scatigno, Judy Seal, Kimberly Shimmura, Deborah Stamps, J.D., Arsha Stephens, Jaz Vega, Karen Weiber, Barbara Zappia, J.D., Vikki Zolkowski

PROGRAMS INCLUDED: Chemical Dependence Supportive Living

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: ASA
PROGRAM: Chemical Dependence Supportive Living
CONTRACTOR: YWCA GREATER ROCHESTER SPECIAL PROJECTS LLC
CONTRACT AMOUNT: \$254,586.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): The YWCA of Greater Rochester operates a supportive living program consisting of 29 furnished apartments and staff offices, which are all located at 175 North Clinton Avenue. YWCA serves adult women who are diagnosed with a substance use disorder, who have achieved stability in abstinence and independent living skills, and who will benefit from weekly clinical or peer support. Women may live alone or with their children if the children are under age 12. YWCA provides housing and support services to clients, including assigning clients to furnished apartments; assisting clients with establishing and maintaining public assistance benefits; providing staff and programming on-site; conducting comprehensive evaluations of client needs; making referrals as needed; conducting weekly one-on-one sessions with each client; offering recreational activities; offering recovery groups at least weekly; supporting clients' individualized abstinence and relapse prevention plans; assisting in the development of life skills, healthy use of leisure time, planning, and social skills; encouraging and supporting clients in pursuing their goals; and providing on-site drop-in childcare services for children residing in the program.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Capacity (beds): individuals served/units of service (days)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	29	29	29	29
Individuals Served:	72	73	70	75
Units of Service:	9,253	9,339	9,000	9,400

2. SELECTED OUTCOME INDICATOR: One month retention rate in the program (for discharges)

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	90%	75%	84%	90%

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: OASAS Client Data System

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

CONTRACTOR: Starbridge Services, Inc

EXECUTIVE DIRECTOR: Colin Garwood, President/CEO

BOARD MEMBERS: Anne Babcock-Stiner, Lori Barnard-Northrup, Lisa Tinkelman Festerstein, Juanita Lyde, Amy Mihalukas, Matt Perdue, Mary Richardson, Cheryl Riley, Stephen G. Schwarz, Alan Sheldon, Mary Beth Speicher, Lisa Stephenson, Paul Visca, Bonnie Watson, Brandy Young

PROGRAMS INCLUDED: Information and Referral

PURCHASE OF SERVICES INFORMATION FORM

Per Resolution No. 11 of 2008

DISABILITY: DD
PROGRAM: Information & Referral
CONTRACTOR: STARBRIDGE SERVICES, INC.
CONTRACT AMOUNT: \$57,811.00

PROGRAM DESCRIPTION/ PRIMARY OBJECTIVE(S): Starbridge provides information and referral services at community locations throughout Monroe County and at their office located at 1650 South Avenue to improve the community's awareness of disability-related issues and resources that are available. Information and referral services address topics including special education services, accessing medical care, transition planning, developmental disabilities services, self-advocacy, financial benefits, inclusivity, and employment. Starbridge serves individuals with intellectual/developmental disabilities (I/DD), and provides information and referral services, including but not limited to the following: informing individuals with I/DD and their families about resources and supports available in the community; assisting individuals with I/DD and their families with accessing services; education for organizations and groups (such as but not limited to colleges, schools, employers, libraries, and recreation programs) regarding how they can be more inclusive of people with disabilities; public education events to promote awareness of I/DD-related issues and resources available; and other disability awareness events, including workshops on advocacy skills and disability-related topics.

1. PRIMARY PERFORMANCE MEASUREMENT/ INDICATOR:

Individuals served

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Capacity:	n/a	n/a	n/a	n/a
Individuals Served:	3,821	1,459	3,050	3,500
Units of Service:	n/a	n/a	n/a	n/a

2. SELECTED OUTCOME INDICATOR: Percent of survey respondents reporting increased knowledge of services

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Indicator Value:	87% _a	100% _a	95% _a	95% _a

OUTCOME ASSESSMENT METHODOLOGY: Indicator reviewed quarterly by Monroe County Office of Mental Health

SOURCE MATERIAL: Provider Performance Reports



ATTACHMENTS:

Description File Name

▣ Referral R21-0447.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

OFFICIAL FILE COPY	
No.	<u>210447</u>
Not to be removed from the Office of the Legislature Of Monroe County	
Committee Assignment	
HUMAN SERVICES	-L
WAYS & MEANS	

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Authorize Professional Services Contracts for the Monroe County Office of Mental Health, Socio-Legal Center

Honorable Legislators:

I recommend that Your Honorable Body authorize contracts with Michael McGrath, M.D. and Gagandeep Jattana, M.D., d/b/a Chouke Consultations, in an amount not to exceed \$96,830, cumulatively, for mental health services to be provided for the Monroe County Office of Mental Health, Socio-Legal Center for the period of January 1, 2022 through December 31, 2022.

The Socio-Legal Center provides a variety of mental health related services and supports to the criminal justice system and individuals with mental illness and their families involved in the criminal justice system. Professional services contracts are maintained with approved and qualified psychiatrists to provide competency to stand trial and court-ordered psychiatric evaluations and testimony to the courts as needed, as required by New York State Mental Hygiene Law. The psychiatrists also provide services to the Assisted Outpatient Treatment ("AOT") program which is operated at the Center under New York State's "Kendra's Law." The AOT program serves individuals with serious mental illness who, due to noncompliance with outpatient treatment, may be court-ordered to treatment in the community on an outpatient basis.

A Request for Qualifications was issued for these services and the following forensic psychiatrists responded with their qualifications and have been approved to provide these services in 2022:

Michael McGrath, M.D., 233 Southshore Place, Webster, New York 14580
Gagandeep Jattana, M.D. d/b/a Chouke Consultations, 8 Silco Hill, Pittsford, New York 14534

Please refer to the attached Purchase of Services Information Form for disclosure of information required pursuant to Resolution 223 of 2007, as amended by Resolution 11 of 2008.

The specific legislative action required is to authorize the County Executive, or his designee, to execute contracts, and any amendments thereto, with Michael McGrath, M.D., and Gagandeep Jattana, M.D. d/b/a Chouke Consultations, for mental health services to be provided for the Monroe County Office of Mental Health, Socio-Legal Center in an amount not to exceed \$96,830, cumulatively, for the period of January 1, 2022 through December 31, 2022.

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This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) (“routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment”) and is not subject to further review under the State Environmental Quality Review Act.

Funding for these contracts is included in the proposed 2022 operating budget of the Department of Human Services, Office of Mental Health, fund 9001, funds center 5701030000, Socio-Legal Center. No additional net County support is required in the current Monroe County budget.

The records in the Office of the Monroe County Treasury have indicated that the individuals listed below do not owe any delinquent Monroe County property taxes.

Michael McGrath, M.D.
Gagandeep Jattana, M.D., d/b/a Chouke Consultations

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

AJB:db

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution No. 11 of 2008

Authorize Professional Service Contracts for the Monroe County Office of Mental Health, Socio-Legal Center

PROGRAM: MONROE COUNTY OFFICE OF MENTAL HEALTH – SOCIO-LEGAL CENTER
 CONTRACTED PHYSICIAN SERVICES – PSYCHIATRIC CONSULTANTS

CONTRACTOR: Physicians – Psychiatric Consultants

PRIMARY OBJECTIVE(S) / DELIVERABLE(S): The objective of the contracted physician/psychiatric consultant services is to provide court-ordered psychiatric/mental health examinations and evaluations for persons involved in the criminal justice system and for persons requiring court-ordered mental health treatment (Assisted Outpatient Treatment).

1. PRIMARY PERFORMANCE MEASUREMENT/INDICATOR: Number of evaluations and examinations completed

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
Total # of Evaluations	403	154	240	320

OUTCOME ASSESSMENT METHODOLOGY: Data will be collected through tracking systems and procedures to determine number of evaluations and examinations completed on a monthly and annual basis.

2. PRIMARY PERFORMANCE MEASUREMENT/INDICATOR: Timely completion of court-ordered competence examinations per Criminal procedure Law 730 Percent of examinations completed within 30 days or less.

Program Year	2019 Actual	2020 Actual	2021 Annualized	2022 Projected
% of evaluations/examinations completed < 30 days	88%	80%	88%	90%

OUTCOME ASSESSMENT METHODOLOGY: Data will be collected from the scheduled events log and records tracking system.

BOARD MEMBERS: N/A

SOURCE MATERIAL: N/A

NOV 23 2021



ATTACHMENTS:

Description File Name

- ▣ Referral R21-0448.pdf
- ▣ attachment 21-0448_Dec34AttachA.pdf
- ▣ attachment 21-0448_Dec34POSForms.pdf
- ▣ attachment 21-0448_MCOFA_2020_Annual_Evaluations.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

OFFICIAL FILE COPY	
No.	<u>210448</u>
Not to be removed from the Office of the Legislature Of Monroe County	
Committee Assignment	
HUMAN SERVICES	-L
WAYS & MEANS	

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

**Additional Material on File
in the Clerk's Office**

Subject: Authorization to Contract for Monroe County Office for the Aging Programs in 2022-2023

Honorable Legislators:

I recommend that Your Honorable Body authorize contracts with the agencies listed in Attachment A in an amount not to exceed \$8,260,335 for the provision of senior services for the period of January 1, 2022 through March 31, 2023.

The Monroe County Office for the Aging enters into approximately forty-six (46) contracts each year in amounts over \$20,000, with matching funds provided by the County, the United Way, contracted agencies and participant contributions. These contracts will allow the Monroe County Office of the Aging to meet the long-term care service and support needs of older adults, persons with disabilities, and their informal family caregivers to achieve their highest level of independence. The Monroe County Office for the Aging also enters into intermunicipal agreements with various local municipalities to provide nutrition and senior center recreation and education services. Services provided directly correspond to the assessed needs and service objectives of the Office for the Aging's Annual Implementation Plan as required and approved by the New York State Office for the Aging ("NYSOFA").

Per our applications for services with NYSOFA, contracts are monitored and evaluated through several methods: 1) monthly program and expenditure reports; 2) on-site monitoring, and 3) annual evaluation. All contracted agencies have been selected through the use of Requests for Qualifications/Request for Proposals unless designated as a Sole Source Provider.

Please refer to the attached Purchase of Services Information Form for disclosure of information required pursuant to Resolution 223 of 2007, as amended by Resolution 11 of 2008.

The specific legislative actions required are:

1. Authorize the County Executive, or his designee, to execute contracts, applications, and any amendments thereto, with the agencies listed in Attachment A in an amount not to exceed \$8,260,335 for the period of January 1, 2022 through March 31, 2023.
2. Authorize the County Executive, or his designee, to execute any applications, intermunicipal agreements and amendments thereto, with New York State and/or municipalities listed in Attachment A, and to increase or decrease the contract amounts and extend the length of the contract(s) in order to maximize state reimbursement or other funding for these purposes.

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3. Authorize the County Executive to appropriate any subsequent years of these funds in accordance with the grant terms, to reappropriate any unencumbered balances during the grant period according to the grantor requirements, and to make any necessary funding modifications within the grant guidelines to meet contractual commitments.
4. Should funding of these programs be modified or terminated for any reason, the County Executive is hereby authorized to terminate or modify the program(s) and where applicable, to terminate or abolish some or all positions funded under such program(s). Any termination or abolishment of positions shall be in accordance with the New York State Civil Service Law, and when applicable, the terms of any labor agreement affecting such positions.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

Funding for these contracts is included in the proposed 2022 operating budget of the Monroe County Department of Human Services, Office for the Aging, general fund 9001, funds centers 5501010000, Administration and Program Management; 5501030000, Support Service Contracts; 5501040000, Nutrition Service Contracts; and 5501050000, Education, Training, Wellness Contracts. No additional net County support is required in the current Monroe County budget.

Each of these agencies has been reviewed for not-for-profit or corporate status and the records in the Office of the Monroe County Treasury have indicated that none of these agencies owe any delinquent Monroe County property taxes.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

2022/23 ANTICIPATED CONTRACT SERVICES

01/01/21-03/31/2022 Vendor and Program Services	ADMIN MGMT	VENDOR TOTAL	SERVICE TOTAL	PROGRAM DESCRIPTION
Adult Day Rochester Regional Health; DBA Park Ridge Nursing Home Inc. Respite Adult Day Social Adult Day Care		50,000 133,836	183,836	These are social model adult day care programs that help physically and cognitively impaired frail Older Adults (60+) to continue living in the community.
Caregiver Assistance & Resources Alzheimer's Disease and Related Disorders Association, Inc.: Caregiver Education and Support Lifespan of Greater Rochester, Inc.: Caregiver Resource Center & Grandparents Caregiver Program Long Term Care Ombudsman/(LTCOP)		97,862 124,986 29,185	252,033	Caregiver education programs, training and support groups and information & assistance offered to individuals diagnosed with early to mid-stage Alzheimer's disease and other memory related disorders. The Caregiver Resource Center (CRC) is a State funded program which provides resources and support to Informal Family Caregivers. A Kinship care program provides support group and educational training sessions, designed to support eligible caregivers and help sustain their efforts to provide care for grandchildren, or other younger relatives, children in family-like relationships such as godparents or close family friends. Advocacy services that receive, investigate, and resolve complaints and concerns of residents in long-term care facilities.
Counseling and Assistance Services Lifespan of Greater Rochester, Inc.: ECO-Elderly Community Outreach Program Financial Management Services HIICAP Services		153,964 111,453 98,418	363,835	Caseworkers provide community outreach, public education, referrals, assessments, short term problem solving, counseling and advocacy for Older Adults. Financial Management program assists Older Adults in applying for benefits such as Medicare and EPIC. This program also provides bill paying assistance and household budgeting.
Expanded In- Home Services Catholic Family Center of the Diocese of Rochester: Expanded in Home Services for Elderly Program:		2,027,897	2,027,897	Assists cognitively impaired frail Older Adults to continue living independently in the community by providing case management, developing care plans, and providing in-home services. This program also provides ancillary services such as social adult day programs, home delivered meals, personal emergency response units, home modification and repair and assistive equipment. Home Health Agencies provide housekeeper chore services and personal care. Consumer Directed Services provides service options for family caregivers.

2022/23 ANTICIPATED CONTRACT SERVICES				
01/01/21-03/31/2022 Vendor and Program Services	ADMIN MGMT	VENDOR TOTAL	SERVICE TOTAL	PROGRAM DESCRIPTION
Elder Abuse Prevention Services Lifespan of Greater Rochester, Inc.: Elder Abuse Intervention and Respite		20,000	20,000	Emergency Respite is designed for individuals & caregivers in need of services who are not eligible under Title XX and have no other resources to pay. Services include but are not limited to emergency transportation, day care, and in-home chore services.
Health and Wellness Programs for Seniors Lifespan of Greater Rochester, Inc.:			191,296	
Matter of Balance Program		16,500		The Matter of Balance Program is an evidence based falls prevention program.
Chronic Disease Self Management		10,000		The Chronic Disease Self Management Program (CDSMP) is an evidence based training program that teaches skills to manage chronic conditions, such as arthritis, hypertension, diabetes, cancer, and heart disease, and significantly improve the health and well-being of older adults in the community and prevent falls.
Paths/Pearls Older Adult Depression and Screening		60,418		The Older Adult Wellness Programs includes depression screening, and counseling services. These evidence based programs include the Program to Encourage Active, Rewarding Lives (PEARLS) and Providing Assessment and Treatment for Home-bound Seniors (PATHS).
Aging Mastery Program		23,000		The Aging Mastery Program (AMP) is an evidence-based program developed by the National Council on Aging. AMP teaches an individual new tools and strategies for managing managing their health effectively, improving their quality of life, and making positive changes in their life.
Geriatric Addiction Program		35,000		Geriatric Addictions Program (GAP) provides case assistance and uses motivational intervention harm reduction model to support older adults to take steps to decrease their misuse of drugs, alcohol, etc., and minimize harm their behavior is causing their health.
TBD/RFP in Process Recreation, Education and Wellness Program		46,378		Utilizing evidence based interventions, this program provides educational, informational, cultural, health and fitness programming to maintain/improve health and wellness for Older Adults.
Home Support & In Home Services			397,424	
Catholic Family Center of the Diocese of Rochester: Assisted Transportation (STAR)		142,048		The STAR program provides assisted transportation to older adults. Assisted transportation involves the transportation, including escort services to a person who has difficulties (physical or cognitive) using vehicular transportation.
In-Home support(Star)		142,048		In-home services involve providing non-medical services such as personal care, home repairs, etc. to assist individuals who have physical or cognitive difficulties.
UnMet Needs Program		113,328		The UnMet needs provides ancillary items and services to older adults in order to maintain their independence.

2022/23 ANTICIPATED CONTRACT SERVICES				
01/01/21-03/31/2022 Vendor and Program Services	ADMIN MGMT	VENDOR TOTAL	SERVICE TOTAL	PROGRAM DESCRIPTION
<p>Information, Case Assistance & Special events</p> <p>Coordinated Care Services, Inc.:</p> <p>Contract Administration, Fiduciary Services and Employer of Record Services</p> <p>Lifespan of Greater Rochester, Inc.:</p> <p>Eldersource Information & Assistance/Community Care Connections</p> <p>Lifespan of Greater Rochester, Inc.:</p> <p>NY Connects Choices for Long Term Care</p>		<p>247,194</p> <p>252,878</p> <p>612,203</p>	<p>1,112,275</p>	<p>This contract provides Contract Administration and Fiduciary Services for MCOFA to provide community wide special events for older adults. These events include but are not limited to Salute to Seniors, Spring Fling and Fall Clean-up. This contract also provided Employer of Record Services to assist MCOFA in</p> <p>Eldersource is a single source information, referral, case assistance & counseling program for services to Older Adults and their Informal Family Caregivers. Community Care Connections is a part of Eldersource and provides more intensive case assistance and linkage to healthcare providers for enhanced service provision and improved outcomes.</p> <p>NY Connects is the Aging and Disability Resource Center. This program provides information, assistance and referral about long term care services and supports, options counseling, and assistance in applying for benefits. This program also convenes the Monroe County Long Term Care Council, responsible for analyzing gaps and barriers in the long term care system, and No Wrong Door work group to ensure consistency across systems of care.</p>
<p>Legal Services for the Elderly</p> <p>Legal Assistance of Western NY, Inc.:</p> <p>Legal Services for the Elderly</p>		<p>85,545</p>	<p>85,545</p>	<p>This program provides low income Older Adults legal assistance and advocacy. Assistance is provided for help with Social Security, SSI, Medicaid, housing problems, simple wills, utility issues, Health Care Proxy, and Powers of Attorney.</p>
<p>Management Services</p> <p>Coordinated Care Services, Inc.:</p> <p>Contract Administration, Fiduciary Services and Employer of Record Services</p>	<p>22,680</p>	<p>22,680</p>	<p>22,680</p>	<p>CCSI provides management & administration of short term contracts for various Monroe County special events and Employer Record Services. Services include activities described above.</p>
<p>Nutrition Services: Home Delivered Meals</p> <p>UR Medicine Home Care, Community Services, Inc. :</p> <p>Meals on Wheels Program</p>		<p>1,165,490</p>	<p>1,165,490</p>	<p>Home Delivered Meals are provided to persons age 60 and over who are homebound, living alone, and are unable to prepare their own meals due to frailty or illness.</p>

2022/23 ANTICIPATED CONTRACT SERVICES

01/01/21-03/31/2022 Vendor and Program Services	ADMIN MGMT	VENDOR TOTAL	SERVICE TOTAL	PROGRAM DESCRIPTION
<p>Nutrition Services: Senior Center Catering Goodwill of the Finger Lakes, Inc.</p> <p>Catering Services for the Congregate Nutrition Program</p> <p>Goodwill of the Finger Lakes, Inc. Registered Dietitian Services for the Nutrition Program</p>		<p>416,434</p> <p>58,533</p> <p>-</p>	<p>474,967</p>	<p>Nineteen senior meal nutrition sites serve senior attendees age 60 and over with a hot nutritionally balanced meal. Emergency, shelf-stable meals are also provided to seniors throughout the winter months.</p> <p>Registered Dietitian (RD) will provide RD services for various aspects of the nutrition program. Duties performed include nutritional education, counseling, screening and presentations.</p>
<p>Nutrition Services: Senior Centers of Monroe County</p> <p>Baden Street Settlement of Rochester, Inc.: MARC Senior Center</p> <p>Charles Settlement House, Inc.: Charles Settlement House Senior Center & Dunn Towers</p> <p>Town of Brighton: Brighton Senior Center</p> <p>Town of Chili: Chili Senior Center</p> <p>The Community Place of Greater Rochester, Inc.: Community Place Senior Center</p> <p>Town of Gates: Gates Community & Senior Center</p> <p>Town of Greece: Greece Community & Senior Center</p> <p>Town of Henrietta: Henrietta Senior Center</p> <p>Ibero-American Action League, Inc.: Centro de Oro Senior Center</p> <p>Town of Irondequoit: Irondequoit Senior Center</p> <p>Lifespan of Greater Rochester, Inc.: Lifespan Senior Center Programs-Lily Café</p> <p>Lifespan of Greater Rochester, Inc.: Lifespan Senior Center Programs-Wolk Senior Center</p> <p>Lifetime Assistance, Inc.: The Lodge on the Canal</p> <p>Monroe Community Hospital MCH Cafeteria</p> <p>Southwest Neighborhood Association: Southwest Senior Center</p> <p>Town of Ogden: Ogden Senior Center</p> <p>Town of Parma: Hilton-Parma Senior Center</p> <p>Town of Pittsford: Pittsford Senior Center</p> <p>Town of Webster: Webster Senior Center</p> <p>Town of Wheatland: Wheatland Senior Center</p> <p>TBD Potential Urban Site</p>		<p>51,898</p> <p>97,852</p> <p>22,631</p> <p>50,258</p> <p>69,284</p> <p>22,631</p> <p>73,878</p> <p>96,741</p> <p>136,659</p> <p>90,300</p> <p>23,524</p> <p>127,837</p> <p>20,892</p> <p>10,693</p> <p>60,892</p> <p>41,943</p> <p>25,961</p> <p>45,582</p> <p>76,665</p> <p>27,861</p> <p>22,632</p>	<p>1,196,614</p>	<p>Senior Centers in Monroe County provide social activities, wellness programs, special events and meals to persons age 60 and over, their spouse and disabled adult children in a congregate setting. Recreational programming, social activities, case management services and other quality of life initiatives assist seniors to reduce isolation. These centers help seniors to remain living independently within the community of their choice.</p>

2022/23 ANTICIPATED CONTRACT SERVICES				
01/01/21-03/31/2022 Vendor and Program Services	ADMIN MGMT	VENDOR TOTAL	SERVICE TOTAL	PROGRAM DESCRIPTION
Transportation Services Medical Motors Service of Rochester and Monroe County, Inc. Senior Center Transport Medical Transprotation		766,443	766,443	Transportation services are provided for Older Adults to and from area Senior Centers, Social Adult Day Programs, recreational outings, grocery shopping, banking services and dialysis.
Total OFA Contract Budget Proposal	22,680	8,260,335	8,260,335	Total Office for the Aging Contract Service Funds Requested
		8,260,335	8,260,335	
OFFICE FOR THE AGING CONTRACTS				
Anticipated Program Revenue	-	7,992,227	7,992,227	96.8% Percent of Federal, State, and Program Revenue Amount of Anticipated Revenue for Office for the Aging contracted services
Net County Support Request	22,680	268,108	268,108	3.2% Percent of Net county support for OFA Contracted Services Amount of Net County Match Support for OFA Contracted Services
Total OFA Contract Budget Proposal	22,680	8,260,335	8,260,335	
		Cost Center	Amount	2022/23 ANTICIPATED CONTRACT SERVICES
		5501010000	\$ 22,680	Contract Management/CCSI: 5501010000
		5501030000	180,482	Support Services: County Funding
			4,726,953	Support Services: State/Federal Funding
		5501040000	64,946	Nutrition Services: County Funding
			2,596,245	Nutrition Services: State/Federal Funding
		5501050000	665,029	Education & Wellness: State Funding
		5501050000	-	Education & Wellness: County Funding
		Dept. 5500	\$ 8,256,335	OFA Contract Total
			4,000	MCH Income

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 1,276
Proposed \$ Amt. 2022 - 23: \$406,842

SECTION I

PROGRAM: Eldersource Information and Assistance/ Community Care Connections & Elderly Community Outreach (ECO) Program

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Eldersource provides information, education (including public education), outreach, referral, and case assistance services to seniors, their caregivers and people of all ages that have a disability.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Information, referral, and case assistance are provided to older adults, caregivers and people with a disability, in order for individuals to maintain or improve their independence.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Increase the ability of clients to function independently and successfully by providing information, referral, assistance and coordination of services to either the care receiver or caregiver.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
Total # of Units	6,500	7,574	9,743	9,743
# Successful	6,175	7,574	9,256	9,256
% Successful	95%	100%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: To measure satisfaction, case managers provide each client (Older adult/Caregiver) with the appropriate satisfaction survey during the home visit.

SECONDARY PERFORMANCE MEASURE/INDICATOR: Increase the knowledge of older adults about community services and related topics through group presentations, workshops, seminars, and public education/information activities.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
Total # of Units	N/A (new contract)	N/A	45	45
# Successful	N/A	N/A	42	42
% Successful	95%	95%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: To measure satisfaction, presenters will provide satisfaction surveys to those who attend Public Education events.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 21 406
Proposed \$ Amt. 2022 - 23: \$111,453

SECTION I

PROGRAM: Financial Management Program

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Financial counselors and trained volunteers provide a voluntary money management service. Individuals requesting assistance, receive a variety of services including needs assessment, financial planning, assistance in obtaining benefits, credit counseling and bill paying.

**PRIMARY OBJECTIVE(S)/
DELIVERABLES:** Maintain and/or increase the financial stability and independence of older adults in the community through money management services and decrease stress.

**PRIMARY PERFORMANCE
MEASURE/INDICATOR:** Indicator of Success: Successfully provide Financial Management Services to 372 participants during the contract year. Participants will pay their bills in a timely manner, access eligible benefits and achieve their budgeting goals. Participants needing immediate financial crisis intervention will obtain intervention services.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/2021	1/1/20-3/31/2021	1/1/21-3/31/2022	1/1/22-3/31/2023
Total # of Participants	376	376	376	376
# Successful	335	406	338	338
% Successful	95%	107%	95%	95%

**OUTCOME ASSESSMENT
METHODOLOGY:** Lifespan uses the New York State Office for Aging's designated Statewide Client Data System, and the County's *ContrackHQ* to generate monthly and quarterly reports, annual self-evaluations, program assessments, performance measures, outcome objectives, number of people served including demographics, and units provided which measure the effectiveness and impact of the program.

**SECONDARY
PERFORMANCE
MEASURE/INDICATOR:** Indicator of Success: Older Adults will be satisfied with the quality of service provided using the Customer Satisfaction Survey provided to participants.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/2021	1/1/20-3/31/2021	1/1/21-3/31/2022	1/1/22-3/31/2023
% Successful	90%	91%	90%	90%

**OUTCOME ASSESSMENT
METHODOLOGY:** Survey participants to determine effectiveness of our program and to measure if the older adult level of knowledge increased after receiving information from a Financial Management volunteer. Surveys are compiled and analyzed annually.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 2003
Proposed \$ Amt. 2022 - 23: \$98,418

SECTION I

PROGRAM: Health Information Insurance Counseling & Assistance Program (HIICAP)

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Advisors and trained volunteers provide voluntary assistance with health insurance options. Individuals or their family caregivers requesting assistance receive a variety of services pertaining to their insurance needs. A client's specific situation, including affordability and accessibility are assessed. Clients are then provided with health insurance options that best meet their needs.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To increase the ability of older adults to understand and choose affordable health insurance.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of Success: Successfully provide Health Insurance Counseling Services to 2,248 participants during the contract year. Older adults will understand the health insurance options and cost. This will be accomplished by telephone and on a one to one basis.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
Total # of Participants	2364	2364	2364	2364
# Successful	2128	6531	2128	2128
% Successful	90%	276%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: Lifespan uses the New York State Office for Aging's designated Statewide Client Data System, and the County's *ContractHQ* to generate monthly and quarterly reports, annual self-evaluations, program assessments, performance measures, outcome objectives, number of people served including demographics, and units provided which measure the effectiveness and impact of the program.

SECONDARY PERFORMANCE MEASURE/INDICATOR: Indicator of Success: Older Adults will be satisfied with the quality of service provided using the Customer Satisfaction Survey provided to participants.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
% Successful	90%	97.75%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: Survey participants to determine effectiveness of our program and to measure if the older adult level of knowledge increased after receiving information from a HIICAP/MIPPA counselor. Presentation attendees will also be provided a survey. Surveys are compiled and analyzed annually.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 2,735
Proposed \$ Amt. 2022: \$97,862

SECTION I

PROGRAM: Caregiver Education and Support Program

CONTRACTOR: Alzheimer's Disease and Related Disorders Association, Inc. - Teresa Galbier, President/CEO

PROGRAM DESCRIPTION: Non-professional caregivers of persons with dementia are given the opportunity to maintain their level of mental, emotional and physical well-being through the provision of comprehensive information about community resources and care consultation/counseling.

SERVICE AREA 1:

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Provide family caregivers and people with dementia support through caregiver services and care consultations to increase knowledge about Alzheimer's disease, improve their caregiving skills and increase knowledge of and access to appropriate community resources

PRIMARY PERFORMANCE MEASURE/INDICATOR: Deliver caregiver services to people with Alzheimer's disease and other dementias and their family caregivers in Monroe County.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Total # of Units	2,780	2,735	2,780	2,780
# Successful	2,502	2,653	2,502	2,502
% Successful	90%	97%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: The National Alzheimer's Association CSQEI is a measurement tool that is utilized for program evaluation.

SERVICE AREA 2:

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To connect people with Alzheimer's disease and other dementias and their family caregivers to social programs, caregiver training programs, support groups, and safety services.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Deliver caregiver services to people with Alzheimer's disease and other dementias and their family caregivers in Monroe County.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Total # of Participants	3,647	2,591	3,647	3,647
# Successful	3,282	2,513	3,282	3,282
% Successful	90%	97%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: The National Alzheimer's Association CSQEI is a measurement tool that is utilized for program evaluation.

BOARD MEMBERS: Lois Williams-Norman, Wendy Bello, Cary Greenberg, Dr. Maria Bruns, Ray Jacobi, Michael King, Norma Holland Mann, Michael Mann, Marry Anne Wolfe, Stephan Segar, Heidi Sloan Nelson, Yolanda Rios, Justin Vigdor, James Walter, Brian Norton, Maritza Buitrago, Stephanie Johnson

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 8,871
Proposed \$ Amt. 2022 - 23: \$612,203

SECTION I

PROGRAM: NY Connects Program

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: NY Connects is an essential component of the State's efforts to rebalance the long term services and supports (LTSS) system so that people can live independently and remain at home and in their communities.

SERVICE AREA 1:

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To sustain and enhance a NY Connects program that serves individuals and caregivers in need of long term services and supports through the operation of core functions in a manner that supports their independence and self-determination.

PERFORMANCE MEASURE/INDICATOR: NY Connects will provide objective Information and Assistance about services and supports available to consumers and caregivers to meet their identified needs.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Total # of Contacts	20,000	23,418	20,000	20,000
# Successful	19,000	22,950	19,000	19,000
% Successful	95%	98%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: NY Connects program will evaluate the effectiveness of the provision of Information & Assistance through NYSOFA's Customer Satisfaction Survey Tool.

SERVICE AREA 2:

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To sustain and enhance a NY Connects program that serves individuals and caregivers in need of long term services and supports through the conflict-free case management.

PERFORMANCE MEASURE/INDICATOR: NY Connects will provide Public Information/Education units to relay information to the community of the various services and resources available to them.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Total # of Units	20	8	20	20
# Successful	19	8	19	19
% Successful	95%	100%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: NY Connects Program will evaluate the effectiveness of the provision of Public Information/Education through NYSOFA's Customer Satisfaction Survey Tool.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation of contracted vendors are on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Meals Served 2020 - 21: 61,234
Proposed \$ Amt. 2022 - 23: \$416,434

SECTION I

PROGRAM: Catering Services for the Congregate Nutrition Program & Grab n Go Program

CONTRACTOR: Goodwill of the Finger Lakes, Inc., Jennifer Lake, President / CEO

PROGRAM DESCRIPTION: Preparation, delivery, and catering services for the Monroe County Office for the Aging Nutrition Programs, congregate meal program and Grab n Go meal program for area senior centers.

PRIMARY OBJECTIVE(s)/ DELIVERABLES: Seniors enjoy a nutritious, safe, appealing, appetizing and satisfying meal. Improve or maintain the nutritional health for persons age 60 and above.

PRIMARY PERFORMANCE MEASURE/INDICATOR: **Objective:** Seniors enjoy a nutritious, safe, appealing, appetizing and satisfying meal.

Indicator of Success:

1. Hot foods are delivered to meal sites at a minimum temperature of 140°F
2. Cold foods are delivered to meal sites at a maximum of 45°F.
3. Meals are delivered within the two hour holding time.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/30-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
Hot food delivered at 140°F	90%	N/A*	90%	90%
Cold Food delivered at 45°F	90%	100%	90%	90%
Meals delivered within two hours holding time	90%	100%	90%	90%

*Due to COVID-19 pandemic, no hot meals were delivered to senior centers after March 20, 2020

OUTCOME ASSESSMENT METHODOLOGY:

The performance indicators are tracked by service delivery ticket and time/temperature logs.

Goodwill of the Finger Lakes, Inc. uses the New York State Office for Aging's designated Statewide Client Data System, and the County's ContractHQ to generate monthly and quarterly reports, annual self-evaluations, program assessments, performance measures, outcome objectives, number of people served including demographics, and units provided which measure the effectiveness and impact of the program.

SECONDARY PERFORMANCE MEASURE/INDICATOR:

Satisfaction with Nutrition Program

Indicator of Success: 90% of the program participants will respond with "Overall, are you satisfied with the meals served?"

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/30-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
Total # of Participant Surveys Distributed	2747	N/A*	996	996
% Overall Satisfied with Meals Served	90%	N/A*	90%	90%

*Due to COVID-19 pandemic, senior centers were closed after March 20, 2020 and no survey was conducted in 2020.

The senior centers participants are satisfied with Nutrition Program including meals served. The Customer Satisfaction Survey is administered yearly by senior centers. Result will be recorded by the Office for the Aging's staff.

BOARD MEMBERS:

Dr. Darrick Alaimo, Robert Brenner, David DiLoreto, Margaret Ferber, Michael Frame, Ian Harper, Brian Harrington, John Henderson, Patrick Jackman, Susan Kitchen, Jennifer Lake, Judie Lynn, Nassar McAvinney, Tina Reeves, Dr. Gerard Rooney, Hezekiah Simmons

SECTION II

SOURCE MATERIAL:

Annual Evaluation of contracted vendors are on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Participants Served 2020: 1,264
Proposed \$ Amt. 2022: \$58,533

SECTION I

PROGRAM: Registered Dietician (RD) Services

CONTRACTOR: Goodwill of the Finger Lakes, Inc., Jennifer Lake, President / CEO

PROGRAM DESCRIPTION: RD services for various aspects of the senior center nutrition program.

PRIMARY OBJECTIVE(s)/ DELIVERABLES: Registered Dietitian (RD) will provide RD services for various aspects of the nutrition program. Duties performed include nutritional education, counseling, screening and presentations.

PRIMARY PERFORMANCE MEASURE/INDICATOR: **Objective:** To discuss health goals and challenges during the contract year in one-on-one nutrition counseling sessions. To promote better nutrition, physical fitness and health through information and instruction on nutrition and related consumer topics.

Indicator of Success:

1. Total Number of Hours Nutrition Counseling is provided meets MCOFA's goals
2. Total Number of Participants that attend Nutrition Education Presentation meets MCOFA goals

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Total Hours of Nutrition Counseling Provided	216	69	80	216
Total Number of Participants at Nutrition Education Presentations	13,000	15,049	13,000	13,000

OUTCOME ASSESSMENT METHODOLOGY:

Goodwill of the Finger Lakes, Inc. uses the New York State Office for Aging's designated Statewide Client Data System, and the County's ContractHQ to generate monthly and quarterly reports, annual self-evaluations, program assessments, performance measures, outcome objectives, number of people served including demographics, and units provided which measure the effectiveness and impact of the program. The performance indicators are tracked by how many participants attended the presentations and how many hours were spent providing consultations.

SECONDARY PERFORMANCE MEASURE/INDICATOR:

Satisfaction with the Nutrition Counseling and Nutrition Education Program

Indicator of Success: 90% of the program participants will respond with "Overall, are you satisfied with the Nutrition Programs such as Nutrition Counseling, Nutrition Education and Senior Farmer Market Program"

**OUTCOME ASSESSMENT
METHODOLOGY:**

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20- 12/31/20	1/1/20- 12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
% Overall Satisfied with Counseling sessions	90%	N/A*	90%	90%
% Overall Satisfied with Nutrition Education sessions	90%	N/A*	90%	90%

*Due to COVID-19 pandemic, senior centers were closed after March 20, 2020 and no survey was conducted in 2020.

The Customer Satisfaction Survey is administered yearly by Goodwill. Result will be recorded by the Office for the Aging's staff.

BOARD MEMBERS:

Dr. Darrick Alaimo, Robert Brenner, David DiLoreto, Margaret Ferber, Michael Frame, Ian Harper, Brian Harrington, John Henderson, Patrick Jackman, Susan Kitchen, Jennifer Lake, Judie Lynn, Nassar McAvinney, Tina Reeves, Dr. Gerard Rooney, Hezekiah Simmons

SECTION II

SOURCE MATERIAL:

Annual Evaluation of contracted vendors are on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 92
Proposed \$ Amt. 2022 - 23: \$136,659

SECTION I

PROGRAM: Centro De Oro Senior Center

CONTRACTOR: IBERO-American Action League, Inc., Angelica Perez-Delgado, President / CEO

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Eligible Meals Served	20,887	2,353*	16,320	23,000
% Successful	90%	11%	90%	90%

* Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

BOARD MEMBERS: James Sutton, Emeterio Otero, Jose Rosario, Diana Hernandez, Arline Santiago, Arthur Hirst, Carlos Cong, Celeste Amaral, Diane Cicero, Joseph Searles, Karen Ferrer-Muniz, Nickolas Zabawsky, Roberto Ochoa

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 66*
Proposed \$ Amt. 2022 - 23: \$97,852

SECTION I

PROGRAM: Charles Settlement House Senior Center & Dunn Towers

CONTRACTOR: Charles Settlement House, Inc., Scott Benjamin, Executive Director

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Eligible Meals Served	10,914	4,192*	10,330	10,330
% Successful	90%	38%	90%	90%

* Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

BOARD MEMBERS: Luis Aponte, Christopher Bigger, Jerald E. Brydges, Sr. Lorraine Burns, Dr. Tolley Reeves, Lydia Fernandez, Shantel Frazier, Glenn Gardner, Ian McLeod, Art Maurer, Peter Maurer, Molly Mesko, Dorothy R. Pecoraro, Christopher Pugh

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 468
Proposed \$ Amt. 2022: \$ 50,258

SECTION I

PROGRAM: Chili Senior Center

CONTRACTOR: Town of Chili

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	5,000	8,834*	4,800	4,800
% Successful	90%	177%	90%	90%

* Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 126
Proposed \$ Amt. 2022 - 23: \$69,284

SECTION I

PROGRAM: Community Place Senior Center

CONTRACTOR: The Community Place of Greater Rochester, Inc., Scott Benjamin, Executive Director

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Eligible Meals Served	4,972	2,824*	4,000	4000
% Successful	90%	57%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

BOARD MEMBERS: John Olsan, Gita Ramachandran, Kevin Loughran, Linda Walsh, Richard Nangreave, Scott Hendler, David Archer, Laura Habza, Tina Longwell, Maura McGuire, Stephen Smith, David Toole

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 121
Proposed \$ Amt. 2022: \$ 73,878

SECTION I

PROGRAM: Greece Community & Senior Center

CONTRACTOR: Town of Greece

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	8,000	5,404*	7,500	7,500
% Successful	90%	68%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 361
Proposed \$ Amt. 2022: \$ 96,741

SECTION I

PROGRAM: Henrietta Senior Center, Don Cook Senior Center

CONTRACTOR: Town of Henrietta

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	10,000	9,445*	9,000	9,000
% Successful	90%	94%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 58*
Proposed \$ Amt. 2022: \$ 25,961

SECTION I

PROGRAM: Hilton-Parma Senior Center

CONTRACTOR: Town of Parma

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	3,000	916*	2,800	2,800
% Successful	90%	31%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 121
Proposed \$ Amt. 2022: \$ 90,300

SECTION I

PROGRAM: Irondequoit Senior Center

CONTRACTOR: Town of Irondequoit

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	8,250	6,016	7,750	7,750
% Successful	90%	73%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 345*
Proposed \$ Amt. 2022: \$ 127,837

SECTION I

PROGRAM: Lifespan Wolk Senior Center Downtown

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	7,435	10,542*	7,435	7,435
% Successful	90%	141%	90%	90%

* Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 65
Proposed \$ Amt. 2022 - 23: \$51,898

SECTION I

PROGRAM: MARC Senior Center (MARC of Baden)

CONTRACTOR: Baden Street Settlement of Rochester, Inc., Ron Thomas Executive Director

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Eligible Meals Served	3,973	1,692*	3,600	3,600
% Successful	90%	43%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

BOARD MEMBERS: Tyrese Bryant, Trent Marshall, Christopher Haduk, Katie Storrs Norman, Scott Adair, Jon Alhart, Taylor Caruthers, Jeff Clark, Robert Gavin, Kimberly Gibling, Bill May, Robin Stein, Thomas Stewart, Rhashard Watkins

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 76
Proposed \$ Amt. 2022: \$60,892

SECTION I

PROGRAM: Southwest Senior Center (Montgomery Senior Center)

CONTRACTOR: Southwest Area Neighborhood Association, Inc., Norman Roberts, Executive Director

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	7/1/20-12/31/20	7/1/20-12/31/20	1/1/20-12/31/21	1/1/22-12/31/22
Eligible Meals Served	1,456	3,046*	4,000	4,000
% Successful	90%	209%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

BOARD MEMBERS: Woodrow Hammond, Tymothi Howard, Rev. Fannie Ethridge-Reeves, Anthony Cowart, Dr. William Bear, Mary Miller DDS, Carol Kendrick Constantine

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 52*
Proposed \$ Amt. 2022: \$ 41,943

SECTION I

PROGRAM: Ogden Senior Center

CONTRACTOR: Town of Ogden

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	4,000	982*	3,500	3,500
% Successful	90%	25%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 86
Proposed \$ Amt. 2022: \$ 45,582

SECTION I

PROGRAM: Pittsford Senior Center

CONTRACTOR: Town of Pittsford

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	4,500	2,142*	4,300	4,300
% Successful	90%	48%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 33*
Proposed \$ Amt. 2022: \$20,892

SECTION I

PROGRAM: Lifetime Assistance (Sweden Senior Center – The Lodge on the Canal)

CONTRACTOR: Lifetime Assistance, Inc., President and CEO Mr. James Branciforte

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	3,983	2,047*	3,983	3,983
% Successful	90%	51%	90%	90%

* Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

BOARD MEMBERS: Thomas Smithgal, Don Furey, Mary Squires, Cathy Houston-Wilson,

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 99*
Proposed \$ Amt. 2022: \$ 76,665

SECTION I

PROGRAM: Webster Senior Center

CONTRACTOR: Town of Webster

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: I Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	8,000	4,771*	7,250	7,250
% Successful	90%	60%	90%	90%

* Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 35*
Proposed \$ Amt. 2022: \$ 27,861

SECTION I

PROGRAM: Wheatland Senior Center

CONTRACTOR: Town of Wheatland

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	2,500	1,138*	2,250	2,250
% Successful	90%	46%	90%	90%

* Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 15*
Proposed \$ Amt. 2022: \$10,693

SECTION I

PROGRAM: MCH Cafeteria Congregate Meals Program

CONTRACTOR: Monroe Community Hospital

PROGRAM DESCRIPTION: This meal site sponsored by the Office for the Aging provides meals for adults aged 60 and over.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal. Services provided through the program assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children.

	Previous Year Projection	Actual Year	Current Year Projection	Next Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	1,100	118*	800	800
% Successful	90%	11%	90%	90%

** Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through July 2021.*

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Internal MCOFA direct service evaluation available on site.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: N/A
Proposed \$ Amt. 2022: \$23,524

SECTION I

PROGRAM: Lifespan Lily Café Senior Center

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: The senior centers sponsored by the Office for the Aging serve as nutrition sites and provide programming and opportunities for socialization.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

	Current Year Projection	Next Year Projection
Time frame	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	N/A	1,000
% Successful	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation will be pre-developed upon the senior center opening.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: N/A
Proposed \$ Amt. 2022: \$22,631

SECTION I

PROGRAM: Gates Senior Center

CONTRACTOR: Town of Gates

PROGRAM DESCRIPTION: This meal site sponsored by the Office for the Aging provides meals for adults aged 60 and over.

**PRIMARY OBJECTIVE(S)/
DELIVERABLES:** To provide individuals sixty years old and over a balanced meal. Services provided through the program assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

**PRIMARY PERFORMANCE
MEASURE/INDICATOR:** Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children.

	Current Year Projection	Next Year Projection
Time frame	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	N/A	1,000
% Successful	90%	90%

**OUTCOME ASSESSMENT
METHODOLOGY:** The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation will be pre-developed upon the senior center opening.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: N/A
Proposed \$ Amt. 2022: \$22,631

SECTION I

PROGRAM: Brighton Senior Center

CONTRACTOR: Town of Brighton

PROGRAM DESCRIPTION: This meal site sponsored by the Office for the Aging provides meals for adults aged 60 and over.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal. Services provided through the program assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children.

	Current Year Projection	Next Year Projection
Time frame	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	N/A	1,000
% Successful	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation will be pre-developed upon the senior center opening.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: N/A
Proposed \$ Amt. 2022: \$22,632

SECTION I

PROGRAM: TBD Urban Site

CONTRACTOR: TBD Urban Site

PROGRAM DESCRIPTION: This meal site sponsored by the Office for the Aging provides meals for adults aged 60 and over.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide individuals sixty years old and over a balanced meal. Services provided through the program assist in affording participants the opportunity to remain healthy, independent and in their homes for as long as possible.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Total number of eligible meals served during the contract year reaches 100%. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children.

	Current Year Projection	Next Year Projection
Time frame	1/1/21-12/31/21	1/1/22-12/31/22
Eligible Meals Served	N/A	1,000
% Successful	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation will be pre-developed upon the senior center opening.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Proposed \$Amt. 2022-23: \$269,874

SECTION I

PROGRAM: Contract Administration, Fiduciary Agent, Employer of Record

CONTRACTOR: Coordinated Care Services, Inc. (CCSI), Anne Wilder, President

**PRIMARY OBJECTIVE(S)/
DELIVERABLES:** Administration of service contracts for OFA program monitors and small service contracts for Senior Center programming including social, health, wellness and recreation activities, OFA sponsored special events, education and trainings. These programs reduce isolation and improve well-being and health of older adults in our community. CCSI drafts and executes contracts per specifications provided by the Office for the Aging.

**PRIMARY PERFORMANCE
MEASURE/INDICATOR:** Indicator of success: 11 out of 12 monthly vouchers will be sent to MCOFA by the tenth day of the following month.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
% Successful	90%	90%	90%	90%

**OUTCOME ASSESSMENT
METHODOLOGY:** Quarterly meetings are held between MCOFA and CCSI to assure quality outcomes. Annual satisfaction surveys are also administered.

**SECONDARY
PERFORMANCE
MEASURE/INDICATOR:** Indicator of success: Issues identified by MCOFA for Employees of CCSI acting on behalf of MCOFA will be initially addressed by CCSI Human resources within one business day of notification.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
% Successful	90%	90%	90%	90%

**OUTCOME ASSESSMENT
METHODOLOGY:** Quarterly meetings are held between MCOFA and CCSI to assure quality outcomes. Annual satisfaction surveys are also administered.

BOARD MEMBERS: Eve Hosford, Lekeyah Wilson, Thomas Way, Gretchen Baumer, Jean Bezek, Albert Blankely, Greg Byrd, Jeanne Casares, Lindsay Gozzi-Theobald, Kathleen Johnson, Carly Layton, Nora Lieberman, Linda Lopez, Joseph Tobin, Tad Mack

SECTION II

SOURCE MATERIAL: Quarterly reports are submitted and reviewed by MCOFA

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 **194**
Proposed \$ Amt. 2022: **\$766,443**

SECTION I

PROGRAM: Senior Center Transport / Medical Transportation
CONTRACTOR: Medical Motor Service of Rochester and Monroe County, Inc., Robert Topel, Executive Director
PROGRAM DESCRIPTION: Transportation provided on a regular basis for senior center participants, social adult day services clients, and dialysis patients.
**PRIMARY OBJECTIVE(S)/
DELIVERABLES:** The primary objective is to improve independence and mobility of older persons, enabling them access to health, nutritional, social services and dialysis treatments.
**PRIMARY PERFORMANCE
MEASURE/INDICATOR:** Individuals receiving services will receive safe, door-to-door transportation services.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Total # of Participants	431	194*	510	510
# Successful	388	194	388	388
% Successful	90%	45%	90%	90%

*Lower participant number attributed to temporary closure of Senior Centers due to Covid-19 pandemic.

**OUTCOME ASSESSMENT
METHODOLOGY:** Performance is measured through monthly service reports, and quarterly measure totals which report the unduplicated number of persons served as well as the number of trips to each Senior Center and dialysis locations. A customer satisfaction survey is administered annually.

BOARD MEMBERS: Matthew Kelley, Martin Murphy, Mark Benotti, Sean Rivers, Anthony Costanza, Mark Bergin, Michael Copeland, Joseph A. DePaolis, Joanne Dermady, Deborah M. Field, James E. Morris, Raquel Serrano, Jennifer Simon, Christopher Trageser, Thomas G. Tuke, David J. Whitaker, Patricia M. Woods.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 1,036
Proposed \$ Amt. 2022- 23: \$ 1,165,490

SECTION I

PROGRAM: Home Delivered Meals

CONTRACTOR: UR Medicine Home Care, Community Services, Inc., Jane Shukitis, President

PROGRAM DESCRIPTION: One or two meals per day are provided to persons aged 60 and over who are homebound due to illness or disability and who are unable to prepare their own meals. Meals are available five days per week with provisions for weekend meals if needed. The primary objective is to increase the level of independence in the daily living of a frail, elderly participant who receives "Meals on Wheels."

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Individuals will increase their level of independence through receipt of home delivered meals.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Individuals receiving services will report higher levels of independence as a result of receiving home delivered meals (under this funding source)

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
Total # of Participants	560	1,036	650	650
% Successful	95%	185%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for the Aging collects and monitors data via MCOFA.

BOARD MEMBERS: Hazel Robertshaw, Dallas Nelson, James Dickson II, Mark Prunoske, Kate Ackerman, Mary Beer, Adam Cardina, Ann Marie Cook, Mark Cronin, Jason Feinberg, Steve Goldstein, Barbara Gray, Ann Harrington, John Horvath, Diana Kurty, David Lipari, William McDonald, Michael McRae, Judy Novak, Angela Panzarella, Mary Savastano Cutting, Kathleen Whelehan, Walt Winiarczyk

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 232
Proposed \$ Amt. 2022 - 23: \$124,986

SECTION I

PROGRAM: Caregiver Resource Center
CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Non-professional caregivers will have an opportunity to maintain and increase their mental and physical well-being by accessing caregiver training and support, and community resources.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To increase caregivers' knowledge of and access to appropriate resources in the community and to increase their ability maintain their physical and mental well-being.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Caregivers will self-report an increased knowledge of caregiving resources and ability to maintain their well-being in their caregiving capacity.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
Total # of Units	2,161	1,689	2,400	2,400
# Successful	2,053	1,655	2,280	2,280
% Successful	95%	98%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: Caregivers will be asked to complete a follow-up survey to assess their knowledge of community resources and services in Monroe County and their confidence in accessing needed services for the care recipient.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To provide support to kinship caregivers providing care to grandchildren or other children in family-like relationships through support groups and information and assistance services.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Caregivers will self-report an increased knowledge of caregiving resources and ability to maintain their well-being in their caregiving capacity.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
Total # of Units	N/A (new program)	N/A	250	250
# Successful	N/A	N/A	238	238
% Successful	N/A	N/A	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: Caregivers will be asked to complete a follow-up survey to assess their knowledge of community resources and services in Monroe County and their confidence in accessing needed services for the care recipient.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 508
Proposed \$ Amt. 2022: \$85,545

SECTION I

PROGRAM: Legal Services for the Elderly

CONTRACTOR: Legal Assistance of Western New York, Inc., C. Kenneth Perri, Executive Director

PROGRAM DESCRIPTION: To decrease the frequency of low-income seniors living in poverty through legal representation to obtain or maintain entitlement benefits including Public Assistance, Medicaid, Medicare, Supplement Nutrition Assistance Program benefits, pensions, Social Security and Veterans' benefits.
 To increase the ability of seniors to protect and manage their assets, including the establishment and enforcement of supplemental needs trusts, simple wills, advance directives, and legal representation and referrals in foreclosures, predatory lending practices, debtor/creditor and other consumer matters

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Low-income seniors will increase their financial resources and/or improve asset management.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Seniors in need of legal information, advice, or representation will receive appropriate and competent legal services, resulting in increased mental and emotional well-being. Seniors with housing, consumer, health, or income maintenance issues receive advice, referrals, litigation, and advocacy services to increase/maintain their mental and emotional health

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20- 12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Total # of Participants	400	508	400	400
# Successful	360	500	360	360
% Successful	90%	97%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: Closing codes and client satisfaction questionnaires. LawNY case management system allows for tracking problem type and outcomes over 120 categories for clients and case closing. All increases in income and benefits that are the result of legal advice and representation are recorded. Client outcomes are collected for all clients served in court or administrative representation. The advocate indicates which client goals were met. Client satisfaction questionnaires are sent out at the close of each case and client responses are tabulated.

BOARD MEMBERS: Iskra Bonanno, Richard Curtis, Mollie Dapolitio, Melissa Gambol, Dale Stanton, Mackenzie Stutzman, Patti Warner, James Baley, Mary Brown, Sara Knowles, Steven Nuttall, Joanne Sandler, Donald White, Richard Dollinger, Kayla Franchina, Cheryl Nielsen, Michael Pehinec, Thomas Reilly, Keven Sanders, Mary Schiller, Amanda Burns, Eliza Heaton, David Ralph, Kristina Swan, Angela Winfield

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 26
Proposed \$ Amt. 2022 - 23: \$133,836

SECTION I

PROGRAM: Social Adult Day Care Services

CONTRACTOR: Rochester Regional Health, (Park Ridge Living Center) Mark Klyczek, President / CEO

PROGRAM DESCRIPTION: Provides a social model adult day program that helps physically and mentally frail older persons to continue living in the community.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Seniors will enjoy mental and physical well-being.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Seniors will report improved or maintained health status.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/2021	1/1/2021-3/31/2022	1/1/22-3/31/23
Total # of Participants	30	26	30	30
# Successful	27	24	45	45
% Successful	90%	92%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: The Dartmouth Care Cooperative Information Tool (COOP). COOP instrument was specifically developed for use in primary care and other health care settings to be a simple and practical system for measuring health status. Clients are measured on admission and three months thereafter. Participant scores are tracked longitudinally to determine if they remain stable, improve or decline over time.

BOARD MEMBERS: Karen Gallina, Diane Miner, Eric Bieber, Jeffrey Mapstone, Julia Tedesco, Douglas Stewart, Hugh Thomas, Karen Alag, Thomas Riley, Mike Cicero

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 588
Proposed \$ Amt. 2022 - 23: \$2,027,897

SECTION I

PROGRAM: Expanded In-Home Service for the Elderly Program (EISEP)
 Case Management Service/ Adult Day Services/ PERS/ Self-Directing In-Home Personal Care Services
 Personal Care Aide and Housekeeping Chore Services and unmet needs that reduces waitlists

CONTRACTOR: Catholic Charities of the Diocese of Rochester, dba Catholic Family Center, Marlene Bessette, CFC-CEO

PROGRAM DESCRIPTION: Case management services are provided to senior's age 60+. General components include screening, assessment, development of a care plan, authorization of in-home services, and on-going monitoring and evaluation. This program will allow eligible individuals to have a personal emergency response system in their home and offer adult day services to reduce isolation and better assist family caregivers. *Self-directing in-home personal care services provides options to family caregivers.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To improve or maintain the ability of frail older adults living in Monroe County to live independently.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Individuals served will state that they were satisfied with the services they received as an EISEP client.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Total # of Participants	575	588	575	575
# Successful	517	529	517	517
% Successful	90%	90%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: Customer Satisfaction Survey mailed to served clients at least twice a year and at discharge. EISEP will report the percentage of participants that answer positively that the services have improved an area of the person's life on the satisfaction survey as well as the program's Net Promotor Score.

BOARD MEMBERS: Stephanie L. Schaeffer, Luke G. Mazzochetti, Merideth Andreucci, Margery Morgan, Joseph A. Carello, Ann McCormick, William H. Castle, Sheila Briody, Elizabeth Ciaccio, Rev. Brian C. Cool, Louis Howard, Alasdair MacKinnon, John M. McBride, William P. Tehan, Miguel A. Velazquez

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 8
Proposed \$ Amt. 2022: \$20,000

SECTION I

PROGRAM: Elder Abuse Intervention and Respite

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Elder Abuse is an on-going problem in Monroe County. Intervention services will be provided for individuals who are victims of elder abuse in order to maintain their health and well-being. In addition, through investigation of alleged elder abuse and social work intervention, it is also necessary to serve the informal family caregiver to support his/her well-being. Funds designated for respite services in this program are for victims and caregivers needing respite services and are not eligible for such services under Title XX, and do not have the means to pay privately.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: To reduce the incidence of elder abuse, mistreatment and exploitation of elderly persons by others through direct social service intervention to victims/potential victim's and in appropriate cases, social service assistance to caregivers in crisis or extreme stress.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Provide adequate respite for individuals and their family caregivers. That 90% of all cases handled will result in a positive outcome: i.e. Older adult will be able to remain safe in the community.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Total # of Participants	20	8	20	20
# Successful	18	7	18	18
% Successful	90%	88%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: 30 day follow-up reports are conducted for all seniors and / or caregivers served by Program.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 17
Proposed \$ Amt. 2022: \$50,000

SECTION I

PROGRAM: Respite Adult Day Care Services

CONTRACTOR: Rochester Regional Health, (Park Ridge Living Center) Mark Klyczek, President / CEO

PROGRAM DESCRIPTION: Traditional Respite Services provide caregivers an opportunity of time-limited relief from their caregiving responsibilities. These services are short-term substitute care and supervision of functionally impaired older individuals to offer their caregivers temporary rest and relief from caregiving responsibilities

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Functionally impaired elderly are provided a structured, comprehensive program which provides individuals with socialization, supervision, monitoring, personal care, and nutrition in a protective setting during any part of the day, but for less than a 24-hour period.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Caregivers will report improved or maintained health status.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/2020-12/31/2020	1/1/2020-12/31/2020	1/1/2021-12/31/2021	1/1/2022-12/31/2022
Total # of Participants	20	17	20	20
# Successful	18	15	18	18
% Successful	90%	89%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: The Dartmouth Care Cooperative Information Tool (COOP). COOP instrument was specifically developed for use in primary care and other health care settings to be a simple and practical system for measuring health status. Care givers scores are tracked to determine the results from respite services.

BOARD MEMBERS: Rachel Adonis, Richard Machemer PHD, , Ralph DeStephano, Karen M. Gallina, , Daniel Meyers, Dawn Riedy, MD, Marcy C. Mulcrony, MD, Karen Singh Alag, MD

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 2021: 424
Proposed \$ Amt. 2022 - 23: \$142,048

SECTION I

PROGRAM: Assisted Transportation (STAR)

CONTRACTOR: Catholic Charities of the Diocese of Rochester, dba Catholic Family Center, Marlene Bessette, CFC-CEO

PROGRAM DESCRIPTION: Provides non-medical home support and assisted transportation. Housekeeping, light chore service and escorted transportation services (medical appointments, grocery stores, etc.) are provided to frail, isolated seniors.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Increase or maintain ease of mobility outside of the home for functionally impaired elderly.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Increased or maintained well-being through ease of mobility outside of the home for functionally impaired elders.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Total # of Participants	350	424	350	350
# Successful	338	382	338	338
% Successful	90%	90%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: A self-report survey is administered to all clients who have received services for at least three months. On a five point scale clients rate their ease of mobility after receiving services. In addition, there are questions regarding satisfaction with the program.

BOARD MEMBERS: Stephanie L. Schaeffer, Luke G. Mazzochetti, Merideth Andreucci, Margery Morgan, Joseph A. Carello, Ann McCormick, William H. Castle, Sheila Briody, Elizabeth Ciaccio, Rev. Brian C. Cool, Louis Howard, Alasdair MacKinnon, John M. McBride, William P. Tehan, Miguel A. Velazquez

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 21: 515
Proposed \$ Amt. 2022 - 23: \$255,376

SECTION I

PROGRAM: In- Home Contact and Support/ Unmet Needs

CONTRACTOR: Catholic Charities of the Diocese of Rochester, dba Catholic Family Center, Marlene Bessette, CFC-CEO

PROGRAM DESCRIPTION: Provides non-medical home support. Housekeeping, light chore services are provided to frail, isolated seniors.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Increase or maintain ease of mobility outside of the home for functionally impaired elderly.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Increased or maintained well-being through ease of mobility outside of the home for functionally impaired elders.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Total # of Participants	400	515	400	400
# Successful	360	463	382	382
% Successful	90%	90%	90%	90%

OUTCOME ASSESSMENT METHODOLOGY: A self-report survey is administered to all clients who have received services for at least three months. On a five point scale clients rate their ease of mobility after receiving services. In addition, there are questions regarding satisfaction with the program.

BOARD MEMBERS: Stephanie L. Schaeffer, Luke G. Mazzochetti, Merideth Andreucci, Margery Morgan, Joseph A. Carello, Ann McCormick, William H. Castle, Sheila Briody, Elizabeth Ciaccio, Rev. Brian C. Cool, Louis Howard, Alasdair MacKinnon, John M. McBride, William P. Tehan, Miguel A. Velazquez

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: N/A - Client information confidential
Proposed \$ Amt. 2022: \$29,185

SECTION I

PROGRAM: Long Term Care Ombudsman Program (LTCOP)

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: The Long Term Care Ombudsman Program serves as an advocate and resource for older adults and persons with disabilities who reside in New York's long-term care facilities, including nursing homes and adult care facilities. The federal Older Americans Act forms the basis for the legal structure that supports the authority of this office. Additional enhancement to this structure is provided by New York State Elder Law (formally known as Executive Law 544). Over the years amendments to the federal law have expanded the program to include all people residing in both nursing homes and adult care facilities.

Ombudsmen use the appropriate means necessary to ensure care is being given to every person living in long term care facilities.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Services provided by duly authorized patient advocates on behalf of people residing in long term care facilities and their families. Primary activities include identifying, investigating and resolving complaints, concerning resident care, quality of life and residents' rights. Identification of adverse issues and conditions affecting residents, promoting the development of resident and family councils, and ensuring residents have regular and timely access to ombudsman advocacy services.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Program priorities continue to include: increasing resident/consumer access to effective and timely advocacy services; empowering more residents and their families to resolve concerns without the need for outside intervention when appropriate; and, improving systemic advocacy efforts to address facility-wide or statewide issues and problems experienced by residents.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
***	N/A	N/A	N/A	N/A

OUTCOME ASSESSMENT METHODOLOGY: ***No unit or people served reporting required for the client data systems. This information is reported under the Ombudsman Reporting System. All client identifying information is confidential and subject to disclosure according to requirements under the Older Americans Act. Report expenditures only using the NYSOFA quarterly on-line system.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the NY State Office for Aging

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 42
Proposed \$ Amt. 2022: \$23,000

SECTION I

PROGRAM: Aging Mastery Program (AMP)

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Evidence-based program for older adults to promote successful aging in areas such as exercise, nutrition, finances, advanced care planning, community engagement, and healthy relationships.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Increase the ability of older adults to make meaningful change in their lives, feel more empowered to make healthy choices, gain insights about remaining economically secure, and continue community engagement.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Upon completion of the program, participants will report AMP helped them to more effectively manage their health, improve quality of live, and make positive changes.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Total # of Participants	100	42	115	115
Successful	95	38	109	109
% Successful	90%	90%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: Program will survey participants with pre-tests and post tests to determine the effectiveness of this evidence-based wellness program.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 14
Proposed \$ Amt. 2022: \$10,000

SECTION I

PROGRAM: Chronic Disease Self-Management Program (CDSMP) / Diabetes Self-Management Program (DSMP)

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Evidence-based program for older adults to help them to better manage chronic conditions such as arthritis, hypertension, diabetes, cancer, and heart disease.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Increase the ability of older adults to better manage their chronic health conditions and reduce health care utilization, reduce use of medications, and decrease pain.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Participants will have an increased knowledge about lifestyle changes, ability to maintain an active role in health care, and confidence in self-managing condition.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Total # of Participants	22	14	25	25
Successful	21	13	24	24
% Successful	95%	90%	95%	95%

OUTCOME ASSESSMENT METHODOLOGY: Program will survey participants with pre-tests and post tests to determine the effectiveness of this evidence-based wellness program.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 21: 65
Proposed \$ Amt. 2022 - 23: \$35,000

SECTION I

PROGRAM: Geriatric Addictions Program (GAP) /Older Adult Addiction Reduction Program

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Program for older adults to reduce alcohol and substance abuse and addiction via home visits with case managers for intensive counseling and case assistance.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Provide intervention for older adults who are misusing alcohol, prescription drugs, or other substances using care management and motivational interviewing models.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Reduction of substance abuse and alcohol dependency for older adults age 60 and over.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22	4/1/22-3/31/23
Total # of Participants	40	65	75	75
Successful	30	55	56	56
% Successful	75%	85%	75%	75%

OUTCOME ASSESSMENT METHODOLOGY: Participants will report a decrease in the use of substances or will achieve abstinence as measured by the administration of the MAST-G evaluation instrument.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 21: 40
Proposed \$ Amt. 2022 - 23: \$60,418

SECTION I

PROGRAM: Depression Screening and Intervention for Older Adults - Professional Assessment and Treatment for Homebound Seniors (PATHS) / Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Program for older adults to maintain or improve upon their mental health via home visits with case managers for intensive counseling and case assistance.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Improve symptoms of depression in older adults in the community and to provide information and assistance to homebound elderly.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Older adults in the program will demonstrate a decrease in depressive symptoms or symptoms of anxiety.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-3/31/21	1/1/20-3/31/21	1/1/21-3/31/22	1/1/22-3/31/23
Total # of Participants	44	40	44	44
Successful	22	21	22	22
% Successful	50%	53%	50%	50%

OUTCOME ASSESSMENT METHODOLOGY: Standardized evaluations, i.e., Patient Health Questionnaire – 9 (PHQ-9), a depression assessment tool, the BIA Anxiety Measurement Questionnaire. Scores regarding the individual's level of depression and anxiety are determined at the open and close of each case. The scores are reviewed for accuracy. Clients entering with a score of 10 or greater on the PHQ-9 will remain the same, or increase one or more point; those entering with a score of 22 or greater on the BIA Anxiety Measurement will either maintain or improve.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylor, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020: 384
Proposed \$ Amt. 2022: \$16,500

SECTION I

PROGRAM: Matter of Balance Program / Tai Chi for Arthritis Program

CONTRACTOR: Lifespan of Greater Rochester, Inc., Ann Marie Cook, President/CEO

PROGRAM DESCRIPTION: Evidence-based falls prevention wellness program for adults age 60 and older. The program teaches older adults how to avoid falls and improve or maintain their balance in order to prevent injuries and maintain their independence.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Certified Master Trainers will provide information and support via the "Matter of Balance" program to older adults at local senior centers and other locales where older adults congregate in order for the to maintain their balance as they age. Trainings and instructional books are provided throughout the eight week course.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Upon completion of classes, at least 98% of older adults taking class will feel more comfortable in increasing their physical activity.

	Previous Year Projection	Previous Year Actual	Current Year Projection	Next Year Projection
Program Year	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21	1/1/22-12/31/22
Total # of Participants	350	384	320	320
Successful	343	384	314	314
% Successful	98%	100%	98%	98%

OUTCOME ASSESSMENT METHODOLOGY: Program will survey participants with pre-tests and post tests to determine the effectiveness of this evidence-based wellness program.

BOARD MEMBERS: Mark McDermott, Vicki Hines, Chris Martusewicz, Jane Shukitis, Ralph J. Code, III, Esq., LaRon Rowe, Michael Burke, Jim Condello, Tere Dominas, Beverly Fair-Brooks, Bob Hartman, Dr. Brian Heppard, Jarrett Felton, Lori Jansen, Michael Kaufman, Cindy Lovetro, John Lynch, Jr., Dr. Robert McCann, Pennie McNulty, Bill Naylon, Lisa Powers, Dr. Stephen Ryan, Jaime Soley, Yvette Tehan, Roberta Van Winkle, Liz Vega

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

PURCHASE OF SERVICES INFORMATION FORM
Per Resolution 223 of 2007 as amended by Resolution 11 of 2008

Re: Acceptance of Funds and Authorization to Contract for Monroe County Office for the Aging Programs in 2022-23

Total Served 2020 - 21: 316
Proposed \$ Amt. 2022 - 23: \$46,378

SECTION I

PROGRAM: Recreation, Education and Wellness Program (OASIS)

CONTRACTOR: TBD

PROGRAM DESCRIPTION: Educational, informational, cultural, health and evidence-based programs for persons age 60 and above.

PRIMARY OBJECTIVE(S)/ DELIVERABLES: Improve or maintain mental, emotional and/or physical wellness for persons age 60 and above.

PRIMARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Ninety percent (90%) of the program participants will be satisfied with the classes they partake in.

	Current Year Projection	Next Year Projection
Program Year	4/1/21 - 3/31/22	4/1/22 - 3/31/23
% Successful	N/A*	90%

* This Program was put on hold in 2021-22. A new RFP will be issued in 2022.

OUTCOME ASSESSMENT METHODOLOGY: Customer satisfaction surveys are administered annually.

SECONDARY PERFORMANCE MEASURE/INDICATOR: Indicator of success: Successfully serve a minimum of 1,476 older adults via recreation and educational classes and/or events conducted annually.

	Current Year Projection	Next Year Projection
Program Year	4/1/21 - 3/31/22	4/1/22 - 3/31/23
# of Participants	N/A*	1,640
# Successful	N/A*	1,476
% Successful	N/A*	90%

* This Program was put on hold in 2021-22. A new RFP will be issued in 2022.

OUTCOME ASSESSMENT METHODOLOGY: The New York State Office for Aging collects and monitors data via MCOFA.

SECTION II

SOURCE MATERIAL: Annual Evaluation is on file with the Clerk of the Monroe County Legislature.

**Monroe County Office for
the Aging**

**Program Evaluation and
Contract Compliance
2020-2021**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

AS Funded by: Older Americans Act of 2016, and NYS Funds

CATHOLIC FAMILY CENTER PROGRAM ASSESSMENT

Program: Support to Aging Residents (STAR)

Contract Period: 4/1/2020- 3/31/2021

Amount of Contract: \$284,095 (CSE)

Date of Site Visit: May 5, 2021
MCOFA Monitor: Perry M. Brown Jr.
Dept. Director: Jennifer McDermott
Associate Director: Virginia Clark

Past performance/Previous recommendations

1. Review Findings/Units of Service

1. Were there findings from the prior year's monitoring that required corrective actions to address areas of non-compliance?

Yes

No

If yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

Units of Service

<i>Catholic Family Center (CFC) Service</i>	Projected Units	Actual Units	% of Projection
Assisted Transportation / Escort.	8886	7358	83%
In Home Contact / Support	5500	5274	96%

1a. Describe reason(s) for any variances:

The COVID 19 pandemic significantly affected STAR this year. Most of our clients stayed at home and did not require transportation services in the same way as in previous years. We eliminated having clients in the car, for all but the most necessary appointments (most MD offices canceled non-urgent appointments). We did shopping FOR rather than shopping WITH or DROPS. We established cleaning protocols to keep the cars safe. Most clients were hesitant about leaving their homes, but of course, still needed groceries and food and medication.

STAR had many Specialists off the road due to their own health concerns. At one point, we had only half our usual staff driving. When possible, we had them place re-assuring phone calls, and call clients to obtain shopping lists.

2. Projected Persons Served

CFC Service	Projected No. of unduplicated persons	Actual # of unduplicated persons	% of Projection
Asst. Trans. / Escort	375	376	102%
In Home Contact and Support	401	634	158%

2a. Describe reason(s) for any variances:

Due to the COVID 19 pandemic, many clients resorted to grocery shopping being performed by a STAR specialist, rather than do their own shopping. This was in keeping with NYS safety measures. Additionally, during the worst of the pandemic, many drivers were off the road due to their own health concerns. We had these staff do re-assuring phone calls whenever possible. This increased the number of InHome Contacts and Support.

The number of unduplicated clients in both programs were 658.

3. Service Waiting Lists

CFC Service	Waiting List Maintained?		If Yes, please state the reason (check all that apply)	# of referrals made to other Service Providers
	Yes	No √		
		But the demand for services exceeds our capacity especially during the AM and early PM hours.	<input type="checkbox"/> Lack of Funding <input type="checkbox"/> Lack of Staff <input type="checkbox"/> Other: Please Specify _____ _____ _____ _____	106

There is not a waiting list for enrollment. But there is often a delay in receiving services due to high demand. Normally, we are over capacity, and some clients have to wait for service or re-schedule appointments. There was less of this during this past year during the COVID pandemic. STAR does make referrals to other programs; this year a greater number were made to FoodLink for delivery of a free food box.

4. Expenditures

CFC Service	Projected Expenditures	Actual Expenditures	% of Projection
STAR	\$284,095	\$284,095	100%

4a. Describe reason(s) for any variances: NA

5. Actual Cost Per Customer (Client)

CFC Service	No. of Persons Served	Actual Expenditures	Average Cost Per Client
Trips and contacts	658	\$284,095	\$417.79

5a. Do costs per person appear reasonable? Yes_ No

Yes this is reasonable cost compared to an unnecessary move to a higher level of care.

If no, please explain:

General Comments on Service Activity and Delivery:

CFC provides comprehensive services in a cost effective manner. We are community-based and committed to diversity and accessibility. Funds are used to pay for staff/expenses to provide direct transportation and in-home supports.

Our program is unique because we provide 'door through door' service and we are able to meet individuals' varying needs. Our drivers are not just taxi drivers. They develop relationships and knowledge of their clients' needs and are able to refer clients to additional services when necessary. STAR also provides valuable relationships to clients who might otherwise have little contact with others. Staff is also trained about other local programs and agencies so they can make appropriate referrals.

STAR prides itself on its Spanish-speaking component, and our high number of Spanish-speaking staff. We also utilize bilingual staff in languages common to the refugee population in Monroe County (Urdu, Arabic, Nepali, Hindi).

During the COVID pandemic, STAR has changed the way we provide services, with attention to safety of both clients and staff.

Targeting Compliance NOTE: SOME CLIENTS RECEIVE BOTH SERVICES - 658 Unduplicated across whole program.

1. Minority Elders Served

CFC Service	% of Minority Elders in the Elderly Population in the Catchment Area	Total Elderly Served	Total Minority Elderly Served	% of Minority Elderly Among Total Elders Served
Assisted Trans. / Escort	10.4% 2010 Census	376	158	42%
In Home Contact / Support	10.4% 2010 Census	634	283	45%

1a. Is CFC, the Community Service Provider, meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes If Yes,

➤ To what do you attribute your success?

No

STAR continues to serve a large number of people from minority populations. We have had the Estrella program for many years, which serves Spanish-speaking clients with Spanish-speaking staff. We also have staff who speak Urdu, Arabic, Nepali, and Hindi. Many of our minority clients come to us via word of mouth from friends, relatives, and neighbors.

If No, please state the reason and outline specific action plan to reach the objective

1b. Does the Agency provide equal access to persons with Limited English Proficiency (LEP) as outlined by Federal Executive Order 13166 and Governor Cuomo's Statewide Language Access Policy (no. 26).

Yes No

If No, Please state the reason and outline specific action plan to reach the objective.

Catholic Family Center has Interpreter Services available for over 15 different languages through our Language Services Department. CFC also utilizes a phone interpreting service that is available for all staff.

Languages spoken in the Language Services Program:

<i>Arabic</i> <i>Burmese</i> <i>Cambodian</i> <i>Cantonese</i> <i>Hindi</i> <i>Italian</i> <i>Karen</i> <i>Lao</i>	<i>Nepali</i> <i>Punjabi</i> <i>Russian</i> <i>Somali</i> <i>Spanish</i> <i>Thai</i> <i>Ukrainian</i>
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2. Minority Elders with Low Incomes Served

CFC Service	% of Minority Elders with low incomes in the Elderly Population in the Catchment Area	Total Minority Elderly Served	Total Minority Elderly w/ Low Incomes	% of Minority Elderly w/ Low Incomes Among Total # Served
Assisted Trans. / Escort	3.3.% 2010 Census	158	158	100%
In H. Contact / Support	3.3.% 2010 Census	283	283	100%

2a. Is CFC, the Community Service Provider, meeting its goals of providing services to minority elders with low incomes at least in proportion to their representation in the total elderly population within the service provider’s catchment area?

Yes ✓

If Yes,

➤ to what do you attribute your success?

ALL STAR PARTICIPANTS REPORTED TO MCOFA ARE LOW INCOME.

Outreach and public relations to Hispanic communities and churches, as well as 'word of mouth' from current clients to others; also, diverse staff help spread the word to friends and family. To be eligible for this Program's service funding, clients must be low income.

No ___ If No,

➤ please state the reason and outline a specific action plan to reach the objective

3. Elders with the Greatest Economic Need

CFC Service	% of Elderly with low incomes in the elderly Population in the Catchment Area	Total Persons Served	Total No. of Elderly w/ Low Incomes Served	% of Elderly w/ Low Incomes Among Total Persons Served
Assisted Trans. / Escort	14.2% 2010 Census	376	376	100%
In Home Contact / Support	14.2% 2010 Census	634	634	100%

3a. Is CFC, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within Monroe County?

Yes ✓ **If Yes,**

To what do you attribute your success?

ALL STAR PARTICIPANTS REPORTED TO MCOFA ARE LOW INCOME.

Public relations and outreach, as above.

No **If No,**

please state the reason and outline specific action plan to reach the objective

4. Elders with the Greatest Social Need: Living Alone

CFC Service	% of Elderly Living Alone in elderly Population in Catchment Area	Total Persons Served	Total No. of Elderly who Live Alone Served	% of Elderly who Live Alone Among Total Persons Served
Assisted Trans. / Escort	27% 2010 Census	376	293	78%
In Home Contact / Support	27% 2010 Census	634	465	73%

4a. Is CFC , the Community Service Provider, meeting its goals of providing services to the elderly with the greatest social need at least in proportion to their representation in the total elderly population within catchment area?

Yes ✓ If Yes,

- to what do you attribute your success?

Public Relations, outreach, and word of mouth – there is great need in the community and people that live alone are more likely to need our services, as their family may be unable to provide consistent assistance.

No If No,

- please state the reason and outline specific action plan to reach the objective

5. Frail and Disabled Elders

CFC Service	% of Frail or Disabled Elders in Elderly Population in Catchment Area	Total Persons Served	Total No. of Frail or Disabled Elderly Served	% of Frail or Disabled Elderly Among Total Persons Served
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Assisted Trans. / Escort	26.6% 2010 Census	376	376	100%
/ In Home Contact & Support	26.6% 2010 Census	634	621	98%

5a. Is CFC, the Community Service Provider, meeting its goals of providing services to the elderly with frailty or disability at least in proportion to their representation in the total elderly population within the County catchment area?

Yes ✓ No **If No,**

- to what do you attribute your success?

People who are frail or disabled are more likely to need STAR services.

- please state the reason and outline specific action plan to reach the objective

General Comments on Service Targeting:

The target is low income isolated seniors living in Monroe County. STAR is challenged to fulfill the community need and current participant requests are a priority.

General Management: Contracts & Services

1. PeerPlace and ContrackHQ Reporting

1. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via *Peer Place*, and County Contract HQ.

Primary ContrackHQ person: Virginia Clark, Associate Department Director
Back-up ContrackHQ person: Jennifer McDermott, Department Director

Measurements in ContrackHQ-Primary: Virginia Clark, Associate Director
Back-up: Jennifer McDermott, Department Director

PeerPlace data entry and Reports-Primary: Estella Velez, STAR Supervisor
Back-up: Angela Jackson, Lead Program Coordinator

2. Do the **NAPIS Client** and **Unit Counts** for the STAR services noted have a less than 10% missing data per the PeerPlace reporting system?

Yes _____ No

Note: The Administration for Community Living (ACL) has imposed a requirement to ensure that missing data from states not exceed 10%.

CFC is unable to verify this and relies on MCOFA to notify us of missing data. Only government agencies can run the NAPIS reports. The program will gladly cooperate with the County to complete any missing data if notified of the deficiency.

3. Staffing

- 1a. Does CFC have adequate staff to perform the activities required under contract with MCOFA?

Yes _____ No.

If not, please explain the impact on the program or service and any steps being taken to improve staffing levels:

The demand for services is stretching our resources. We are generally able to meet the contracted goals, but we are not able to meet all client requests. Our current trips are primarily for medical/health reasons; we are unable to consistently meet the need/requests for non-essential trips even though those additional trips may positively impact a person's health/mental health/quality of life.

- 1b. Does CFC have a training plan designed to assist staff in carrying out assigned tasks?

Yes _____ No

CFC agency policy AD-413-0 an Aging and Adult Department policy 400-003.

- 1c. Would a random check of CFC's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes _____ No

This information is not kept in personnel files in Human Resources but in Dept. files and also can be documented in minutes to meetings, monthly reports, specific CFC training and orientation paperwork etc. Each program provides individualized training. All training agendas/manuals are found in program files.

CFC agency policy AD-413-0

- 1d. Does CFC comply with Affirmative Action and Equal Opportunity guidelines?

Yes _____ No

CFC agency policy AD-431-0

1e. Is an EEO sign posted in a prominent location ?

Yes No

Where? Staff lounge and on bulletin boards throughout agency.

CFC agency policy AD-431-0

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

Such as: Offer additional help if needed, agency is accessible, Braille signs, provide phone accessories if needed, emergency strobe lights are used for people who are hearing impaired. Other accommodations are available upon request.

CFC agency policy # AD-444-0

1g. Does the CFC staffing pattern reflect the minority representation in the total population?

Yes No

Across the agency

1h. Can CFC document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No

CFC agency policy AD-406-0

3. Administrative Provisions

1. Are CFC staff activities consistent with prohibitions against participation in partisan activities?

Yes No

2. Are the facilities where CFC services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

3. Are the services carried out under MCOFA contract secular in nature?

Yes No

4. Has CFC given due recognition to the US. Administration on Aging, the New York State Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials? If yes, please provide samples of materials.

Yes No

5. Does CFC have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

We keep our records for seven years.

CFC agency policy AD-803-0

6. What provisions has CFC made to protect the confidentiality of customer (client) information?

Locked files, locked rooms, use of release of information forms, detailed policy on confidentiality that is greatly emphasized in agency and department orientation and trainings.

CFC agency policy AD-803-0, AD-805-0, AD-805-1, AD-805-3, AD-805-5, Aging and Adult Department policies 500-005, 100-003.

7. Does CFC have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services?

CFC has a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services.

CFC Service	Contribution System	
STAR	Yes <input checked="" type="checkbox"/>	No

Aging and Adult Department 300-001

8. Does CFC have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

CFC agency policy AD- 501-4

9. Does CFC have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

CFC agency policy AD- 501-4

10. Does CFC have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

CFC agency policy AD-502-0

11. Does CFC make service sites and program information accessible to persons with disabilities?

Yes No

12. Does CFC solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or , on ways to make services more accessible and appealing to culturally diverse populations

Yes No

4. Interagency Coordination

1. Describe CFC's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Forms are completed by staff, and referrals are made via PeerPlace or telephone.

2. Has CFC worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Check as many as apply to CFC'S coordinative efforts:

- Participation in interagency meetings to plan and coordinate services
- Coordination of funding proposals with other human services organizations
- Coordination of referrals and follow-up transactions with other local service providers
- Development and implementation of a central assessment unit for services carried out by multiple agencies
- Working with other providers to update information of available services and eligibility
- Other coordinated activities: (please provide examples below)

EISEP Community Collaboration, Eldersource

5. Service Promotion & Marketing

1. Indicate what regular means CFC employs to disseminate information to the public and approximately how often this occurs:

<i>Indicate Frequency</i>	Weekly	Monthly	Annually	Other: (Please specify)
Newsletters				Bi-annually

Radio: Public Service Announcements				As new services emerge
Radio: Programming				As requested
Television: Public Service Announcements				As appropriate
Television: Programming				Agency ads: Periodic throughout the year.
Public Presentations		√		Dept-wide – several times a month
Brochures/Pamphlet	√			As requested- several times a week
Other: Newspaper-op-ed, health safety fairs, sponsorship for programs, ads in population-specific newspapers,		√		As requested – across Dept – approx. monthly

2. What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?

Please check all that apply:

- Used Census or other data to identify target communities
- √ Translated program brochures and pamphlets into appropriate languages
- Sent mailings to target population
- √ Sent newsletters or announcements to organizations that serve minority populations, disabled populations
- √ Publicized services through press releases, radio, television and local publications (agency-wide).
- Located service delivery centers/offices in target communities
- √ Encouraged persons served to tell friends and neighbors of available services
- √ Sought out/accepted local speaking engagements to meetings and conferences sponsored by associations or other organizations that include minorities
- √ Included minority staff and interns in local programs or in conducting outreach

- √ Coordinate with other agencies which serve low income families in order to identify elders who may be in need of services

Additional activities or strategies used to target services to minority elders

Please Specify:

Please note that during the pandemic, ability to publicize and perform outreach was limited.

6. Equipment Inventory

Reference Inventory Sheet for Equipment purchased via MCOFA contracts for services.

CFC Financial Management & Inventory Control

- 1. Does CFC maintain sufficient documentation for equipment purchased with MCOFA funds?

Yes √ No

Documentation:
Annual inventory list maintained and forms completed when new equipment is purchased but often equipment is purchased with alternate funds.

- 2. Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property?

Yes √ No

Documentation: Inventory lists and labels

- 3. Is the equipment purchased with MCOFA funds being used solely to benefit older persons (unless costs are appropriately pro-rated)?

Yes √ No

Safeguarding Funds & Protecting Assets

- 1. Are CFC staff who handle monies (with the exception of attorneys) bonded?

Yes No √

CFC agency policies AD-301

CFC is self-insured through the Catholic Charities. We have liability insurance for all employees, which covers malpractice and thefts.

2. Are two individuals involved in counting customer (client) contributions?

Yes No

CFC agency policies AD-301

An Aging and Adult Services staff person and staff from the accounting department count the donations.

3. Are individuals who are authorized to sign checks involved in processing invoices?

Yes No

CFC agency policy AD-302-2

4. Are individuals who are authorized to sign check different from the person(s) who maintain payroll records?

Yes No

CFC agency policy AD-302-2

5. Is CFC maintained registration as a Charitable Organization with the Department of State?

Yes No

503 B Tax Exempt ID # 256186

5a. If no: Does CFC claim exemption from the registration (receiving less than \$25,000 in grants and contributions annually)?

Yes No

Indicators of Success (Client)

PLEASE PROVIDE COMPILED RESULTS OF SATISFACTION SURVEYS

Overall Satisfaction	Projected number To Be Served	Actual Number Served	% b/a x 100
TimeFrame:	4/1/ 2020 TO 3/31/2021		
Total number of People served	Transportation 375	376	102%
	In Home Contacts and Support 401	634	158%

		658 unduplicated in both program	
# of surveys completed		770 mailed 246 returned (32% response rate although some could be a client completing twice)	
Number Successful		Of the 246 overall surveys completed, 245 answered the question concerning overall satisfaction. Of these 234, indicated satisfaction.	
Per Cent Successful		96% actual	
Family Stability	Projected number To Be Served	Actual Number Served	% b/a x 100
TimeFrame:	4/1/2020 - 3/31/2021		
Total number of People served		658 unduplicated in both programs	
# of surveys completed		770 mailed 246 returned (32% response rate although some could be a client completing twice)	
Number Successful		Of the 246 overall surveys completed, 199 answered the question concerning overall satisfaction. Of these 177 indicated seeing improvement.	
Per Cent Successful	80%	89% actual	111%
NPS (Net Promoter Score)	Projected number To Be Served	Actual Number Served	% b/a x 100

TimeFrame:	4/1/19 - 3/31/2020		
Total number of People served		658 unduplicated in both programs	
# of surveys completed		770 mailed 246 returned (32% response rate although some could be a client completing twice)	
Number Successful		Of the 246 overall surveys completed, 244 answered the question concerning NPS.	
Per Cent Successful	85%	84% actual	99%

AGENCY COMMENTS

- √ Committed & Knowledgeable Staff – including Spanish-speaking staff.
- √ Continuous Performance Quality Improvement efforts – agency, department, and program wide
- √ EISEP and Eldersource collaboratives
- √ Combination of paid and volunteer staff
- ✓ Member of Give-A-Lift Transportation Consortium.
- √ Referrals to other community resources, or otherwise providing clients with information that may be helpful. This takes the role of Specialists past driving and visiting, to being a source of information.
- √ Agency Vehicle Driving Policy helps ensure safe driving.
- √ Door through door policy for client assistance and care.
- √ Departmental advisory committee.

MCOFA COMMENTS

- No compliance issues noted.

**Monroe County Office for
the Aging**

**Program Evaluation and
Contract Compliance
2020-2021**

PROGRAM SERVICE ASSESSMENT

CORONAVIRUS AID, RELIEVE, AND ECONOMIC SECURITY ACT

CATHOLIC FAMILY CENTER PROGRAM ASSESSMENT

PROGRAM

**PROVIDE TRANSPORTATION AND IN HOME CONTACT AND SUPPORT TO
OLDER ADULTS IMPACTED BY COVID-19**

Contract Period: 3/20/2020- 3/31/2021

Amount of Contract: \$100,000

Date of Site Visit: May 14, 2021
MCOFA Monitor: Perry M. Brown Jr.
Dept. Director: Jennifer McDermott
Associate Director: Virginia Clark

OUTCOME OBJECTIVES AND PERFORMANCE MEASURES

1. NUMBER OF SERVICES: PROJECTED AND ACTUAL

<i>Catholic Family Center CARES Services</i>	Projected	Actual	% of Projection
Assisted Transportation / Escort. # of clients served	30	39	130%
In Home Contact and Support # Served	100	363	363%
Distribution of PPE # contacts	50	60	120%
Home repairs/households	20	17	85%

1a. Describe reason(s) for any variances:

2. OUTCOME OBJECTIVE: NUMBER OF PERSONS SERVED BY THIS PROGRAM

<i>Service</i>	Projected	Actual	% of Projection
Older adults impacted by COVID-19	200	377 unduplicated in all 3 paths 39 in trips 363 in contacts 17 in repairs	188%

2a. Describe reason(s) for any variances:

3. OUTCOME OBJECTIVE: NUMBER OF UNITS PROPOSED AND ACTUAL

CFC Service	PROJECTED UNITS	ACTUAL UNITS	% of Projection
ONE WAY TRIP	180 trips	203	113%
IN HOME CONTACT AND SUPPORT	2550 contacts	1714	67%
Residential repair and maintenance	80 hours	83.5	104%

3a. Describe reason(s) for any variances: With the Covid funds the program served more people than projected but less number of contacts primarily because the length of time it took to provide contacts was much longer than pre-pandemic (ie shopping for a person, assisting with medical appointments, visiting inside homes was prohibited). Note- the program distributed PPE over the 50 episodes mentioned in the application (60 episodes were recorded).

4. Expenditures

CFC Service	Projected Expenditures	Actual Expenditures	% of Projection
COVID-19	\$100,000	\$100,000	100%

4a.

4a Describe reason(s) for any variances:

5. Actual Cost Per Customer (Client)

CFC Service	No. of Persons Served	Actual Expenditures	Average Cost Per Client
------------------------	--------------------------------------	--------------------------------	--

Trips and contacts PPE & repairs	377 unduplicated	\$105770.95	\$280.56
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4a. Do costs per person appear reasonable? Yes_ No

If no, please explain:

Yes this cost per person is reasonable considering the range of services provided and the possibility that this support contributed to delaying a move to a higher level of care.

General Comments on Service Activity and Delivery:

CFC was open and working even during the worst of the pandemic in spring 2020, but we changed the way we worked to provide safety for both Specialists and clients. We eliminated having clients in the car, for all but the most necessary appointments (most MD offices canceled non-urgent appointments). We did shopping FOR rather than shopping WITH or DROPS. We established cleaning protocols to keep the cars safe. Most clients were hesitant about leaving their homes, but of course, still needed groceries and food and medication. Because we could no longer provide ride sharing and we had to disinfect the vehicles between trips each service unit took much longer than usual. Also staff had to wait with clients in the office parking lots, before medical appointments, because clients were not able to use waiting rooms. This complication extended the time each service took.

STAR had many Specialists off the road due to their own health concerns. At one point, we had only half our usual staff driving. When possible, we had them place re-assuring phone calls.

Targeting Compliance

1. Minority Elders Served

CFC Service	% of Minority Elders in the Elderly Population in the Catchment Area	Total Elderly Served	Total Minority Elderly Served	% of Minority Elderly Among Total Elders Served
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Older adults impacted by COVID-19	10.4% 2010 Census	377 unduplicated	182	48%
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1a. Did CFC, the Community Service Provider, meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes If Yes,

➤ To what do you attribute your success?

STAR continues to serve a large number of people from minority populations. We have had the Estrella program for many years, which serves Spanish-speaking clients with Spanish-speaking staff. We also have staff who speak Urdu, Arabic, Nepali, and Hindi. Many of our minority clients come to us via word of mouth from friends, relatives, and neighbors.

No

If No, please state the reason and outline specific action plan to reach the objective

1b. Does the Agency provide equal access to persons with Limited English Proficiency (LEP) as outlined by Federal Executive Order 13166 and Governor Cuomo's Statewide Language Access Policy (no. 26).

Yes No

If No, Please state the reason and outline specific action plan to reach the objective.

Catholic Family Center has Interpreter Services available for over 15 different languages through our Language Services Department. CFC also utilizes a phone interpreting service that is available for all staff.

Languages spoken in the Language Services Program:

<i>Arabic</i> <i>Burmese</i> <i>Cambodian</i> <i>Cantonese</i> <i>Hindi</i> <i>Italian</i> <i>Karen</i> <i>Lao</i>	<i>Nepali</i> <i>Punjabi</i> <i>Russian</i> <i>Somali</i> <i>Spanish</i> <i>Thai</i> <i>Ukrainian</i>
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2. Minority Elders with Low Incomes Served

CFC Service	% of Minority Elders with low incomes in the Elderly Population in the Catchment Area	Total Minority Elderly Served	Total Minority Elderly w/ Low Incomes	% of Minority Elderly w/ Low Incomes Among Total # Served
Older adults impacted by COVID-19	3.3.% 2010 Census	182	182	100% "Low income" is a program requirement

2a. Is CFC, the Community Service Provider, meeting its goals of providing services to minority elders with low incomes at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes

If Yes,

➤ to what do you attribute your success?

ALL STAR PARTICIPANTS ARE LOW INCOME.

Outreach and public relations to Hispanic communities and churches, as well as 'word of mouth' from current clients to others; also, diverse staff help spread the word to friends and family. To be eligible for this Program's service funding, clients must be low income.

No

If No,

➤ please state the reason and outline a specific action plan to reach the objective

3. Elders with the Greatest Economic Need

CFC Service	% of Elderly with low incomes in the elderly Population in the Catchment Area	Total Persons Served	Total No. of Elderly w/ Low Incomes Served	% of Elderly w/ Low Incomes Among Total Persons Served
Older adults impacted by COVID-19	14.2% 2010 Census	377 unduplicated	377	100% "Low income" is a program requirement

3a. Is CFC, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within Monroe County?

Yes ✓ **If Yes,**

➤ To what do you attribute your success?

ALL STAR PARTICIPANTS ARE LOW INCOME.

Public relations and outreach, as above.

No **If No,**

please state the reason and outline specific action plan to reach the objective

4. Elders with the Greatest Social Need: Living Alone

CFC Service	% of Elderly Living Alone in elderly Population in Catchment Area	Total Persons Served	Total No. of Elderly who Live Alone Served	% of Elderly who Live Alone Among Total Persons Served
Older adults impacted by COVID-19	27% 2010 Census	377 unduplicated	292	77%

4a. Is CFC , the Community Service Provider, meeting its goals of providing services to the elderly with the greatest social need at least in proportion to their representation in the total elderly population within catchment area?

Yes ✓ If Yes,

- to what do you attribute your success?

Public Relations, outreach, and word of mouth – there is great need in the community and people that live alone are more likely to need our services, as their family may be unable to provide consistent assistance.

No If No,

- please state the reason and outline specific action plan to reach the objective

5.Frail and Disabled Elders

CFC Service	% of Frail or Disabled Elders in Elderly Population in Catchment Area	Total Persons Served	Total No. of Frail or Disabled Elderly Served	% of Frail or Disabled Elderly Among Total Persons Served
Older adults impacted by COVID-19	26.6% 2010 Census	377 unduplicated	377	100%

5a. Is CFC, the Community Service Provider, meeting its goals of providing services to the elderly with frailty or disability at least in proportion to their representation in the total elderly population within the County catchment area?

Yes ✓ No If No,

- to what do you attribute your success?

People who are frail or disabled are more likely to need STAR services.

- please state the reason and outline specific action plan to reach the objective

General Comments on Service Targeting:

The target is low income isolated seniors living in Monroe County. STAR is challenged to fulfill the community need and current participant requests are a priority. COVID services were provided to existing clients, but we had a number of new clients sign up because they were hesitant to leave their homes for grocery shopping.

General Management: Contracts & Services

1. PeerPlace and ContrackHQ Reporting

1. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via *Peer Place*, and County Contract HQ.

Primary ContrackHQ person: Virginia Clark, Associate Department Director
Back-up ContrackHQ person: Jennifer McDermott, Department Director

Measurements in ContrackHQ-Primary: Virginia Clark, Associate Director
Back-up: Jennifer McDermott, Department Director

PeerPlace data entry and Reports-Primary: Estella Velez, STAR Supervisor
Back-up: Angela Jackson, Lead Program Coordinator

1. Do the **NAPIS Client** and **Unit Counts** for the STAR services noted have a less than 10% missing data per the PeerPlace reporting system?

Yes No

Note: The Administration for Community Living (ACL) has imposed a requirement to ensure that missing data from states not exceed 10%.

CFC is unable to verify this and relies on MCOFA to notify us of missing data. Only government agencies can run the NAPIS reports. The program will gladly cooperate with the County to complete any missing data if notified of the deficiency.

2. Staffing

1a. Does CFC have adequate staff to perform the activities required under contract with MCOFA?

Yes No

If not, please explain the impact on the program or service and any steps being taken to improve staffing levels:

The demand for services is stretching our resources. We are generally able to meet the contracted goals, but we are not able to meet all client requests. Our current trips are primarily for medical/health reasons; we are unable to consistently meet the need/requests for non-essential trips even though those additional trips may positively impact a person's health/mental health/quality of life.

1b. Does CFC have a training plan designed to assist staff in carrying out assigned tasks?

Yes No

CFC agency policy AD-413-0 an Aging and Adult Department policy 400-003.

1c. Would a random check of CFC's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No

This information is not kept in personnel files in Human Resources but in Dept. files and also can be documented in minutes to meetings, monthly reports, specific CFC training and orientation paperwork etc. Each program provides individualized training. All training agendas/manuals are found in program files.

CFC agency policy AD-413-0

1d. Does CFC comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

CFC agency policy AD-431-0

1e. Is an EEO sign posted in a prominent location ?

Yes No

Where? Staff lounge and on bulletin boards throughout agency.

CFC agency policy AD-431-0

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

Such as: Offer additional help if needed, agency is accessible, Braille signs, provide phone accessories if needed, emergency strobe lights are used for people who are hearing impaired. Other accommodations are available upon request.

CFC agency policy # AD-444-0

1g. Does the CFC staffing pattern reflect the minority representation in the total population?

Yes No

Across the agency

1h. Can CFC document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No

CFC agency policy AD-406-0

3. Administrative Provisions

1. Are CFC staff activities consistent with prohibitions against participation in partisan activities?

Yes No

2. Are the facilities where CFC services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

3. Are the services carried out under MCOFA contract secular in nature?

Yes No

4. Has CFC given due recognition to the US. Administration on Aging, the New York State Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials? If yes, please provide samples of materials.

Yes No

5. Does CFC have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

We keep our records for seven years.

CFC agency policy AD-803-0

6. What provisions has CFC made to protect the confidentiality of customer (client) information?

Locked files, locked rooms, use of release of information forms, detailed policy on confidentiality that is greatly emphasized in agency and department orientation and trainings.

CFC agency policy AD-803-0, AD-805-0, AD-805-1, AD-805-3, AD-805-5, Aging and Adult Department policies 500-005, 100-003.

7. Does CFC have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services?

CFC has a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services.

CFC Service	Contribution System	
Older adults impacted by COVID-19 (all clients as well)	Yes <input checked="" type="checkbox"/>	No

Aging and Adult
Department 300-001

8. Does CFC have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

CFC agency policy AD- 501-4

9. Does CFC have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

CFC agency policy AD- 501-4

10. Does CFC have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

CFC agency policy AD-502-0

11. Does CFC make service sites and program information accessible to persons with disabilities?

Yes No

12. Does CFC solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or , on ways to make services more accessible and appealing to culturally diverse populations

Yes No

4. Interagency Coordination

1. Describe CFC's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Forms are completed by staff, and referrals are made via PeerPlace or telephone.

2. Has CFC worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Check as many as apply to CFC'S coordinative efforts:

- Participation in interagency meetings to plan and coordinate services
- Coordination of funding proposals with other human services organizations
- Coordination of referrals and follow-up transactions with other local service providers
- Development and implementation of a central assessment unit for services carried out by multiple agencies
- Working with other providers to update information of available services and eligibility
- Other coordinated activities: (please provide examples below)

EISEP Community Collaboration, Eldersource.

5. Service Promotion & Marketing

1. Indicate what regular means CFC employs to disseminate information to the public and approximately how often this occurs:

<i>Indicate Frequency</i>	Weekly	Monthly	Annually	Other: (Please specify)
Newsletters				Bi-annually
Radio: Public Service Announcements				As new services emerge
Radio: Programming				As requested
Television: Public Service Announcements				As appropriate
Television: Programming				Agency ads: Periodic throughout the year.
Public Presentations		<input checked="" type="checkbox"/>		Dept-wide – several times a month
Brochures/Pamphlet	<input checked="" type="checkbox"/>			As requested- several times a week

Other: Newspaper-op-ed, health safety fairs, sponsorship for programs, ads in population-specific newspapers,		√		As requested – across Dept – approx. monthly
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2. What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?

Please check all that apply:

Used Census or other data to identify target communities

- √ Translated program brochures and pamphlets into appropriate languages
- √ Encouraged persons served to tell friends and neighbors of available services
- √ Included minority staff and interns in local programs or in conducting outreach
- √ Coordinate with other agencies which serve low income families in order to identify elders who may be in need of services

Please note that during the pandemic, ability to publicize and perform outreach is limited.

Additional activities or strategies used to target services to minority elders

Please Specify:

6. Equipment Inventory

Reference Inventory Sheet for Equipment purchased via MCOFA contracts for services.

CFC Financial Management & Inventory Control

1. Does CFC maintain sufficient documentation for equipment purchased with MCOFA funds?

Yes √ No

Documentation:

Annual inventory list maintained and forms completed when new equipment is purchased but often equipment is purchased with alternate funds.

2. Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property?

Yes No

Documentation: Inventory lists and labels

3. Is the equipment purchased with MCOFA funds being used solely to benefit older persons (unless costs are appropriately pro-rated)?

Yes No

Safeguarding Funds & Protecting Assets

1. Are CFC staff who handle monies (with the exception of attorneys) bonded?

Yes No

CFC agency policies AD-301

CFC is self-insured through the Catholic Charities. We have liability insurance for all employees, which covers malpractice and thefts.

2. Are two individuals involved in counting customer (client) contributions?

Yes No

CFC agency policies AD-301

An Aging and Adult Services staff person and staff from the accounting department count the donations.

3. Are individuals who are authorized to sign checks involved in processing invoices?

Yes No

CFC agency policy AD-302-2

4. Are individuals who are authorized to sign check different from the person(s) who maintain payroll records?

Yes No

CFC agency policy AD-302-2

5. Is CFC maintained registration as a Charitable Organization with the Department of State?

Yes No

503 B Tax Exempt ID # 256186

5a. If no: Does CFC claim exemption from the registration (receiving less than \$25,000 in grants and contributions annually)?
 ___Yes ___No

Indicators of Success (Client)
PLEASE PROVIDE COMPILED RESULTS OF SATISFACTION SURVEYS

Overall Satisfaction	Projected number To Be Served	Actual Number Served	% b/a x 100
TimeFrame:	3/30/2020 TO 3/31/2021		
Total number of People served	200	377	188%
Number of surveys completed		770 mailed 246 returned (32% response rate although some could be a client completing twice)	Note: these results are for the entire program, not just the COVID-funded activities. Due to the anonymous nature of the surveys, it is impossible to separate it out.
Number Successful		Of the 246 overall surveys completed, 245 answered the question concerning overall satisfaction. Of these 234, indicated satisfaction.	
Per Cent Successful		96% actual	
Family Stability	Projected number To Be Served	Actual Number Served	
TimeFrame:	3/30/2020 TO 3/31/2021		
Total number of People served	200	377	188%
Number of surveys completed		770 mailed 246 returned (32% response rate although some could be a client completing twice)	Note: these results are for the entire program, not just the COVID-funded activities. Due to the anonymous nature of

			the surveys, it is impossible to separate it out.
Number Successful		Of the 246 overall surveys completed, 199 answered the question concerning overall satisfaction. Of these 177 indicated seeing improvement.	
Per Cent Successful	80%	89% actual	111%
NPS (Net Promoter Score)	Projected number To Be Served	Actual Number Served	% b/a x 100
TimeFrame:	3/30/2020 TO 3/31/2021		
Total number of People served	200	377	188%
Number of surveys completed		770 mailed 246 returned (32% response rate although some could be a client completing twice)	Note: these results are for the entire program, not just the COVID-funded activities. Due to the anonymous nature of the surveys, it is impossible to separate it out.
Number Successful		Of the 246 overall surveys completed, 244 answered the question concerning NPS.	
Per Cent Successful	85%	84% actual	99%

AGENCY COMMENTS

- Committed & Knowledgeable Staff – including bi-lingual staff.
- Continuous Performance Quality Improvement efforts – agency, department, and program wide
- Agency Vehicle Driving Policy helps insure safe driving.

- Agency support in responding to COVID pandemic, in the form of safety protocols, PPE for staff and clients, financial support.

MCOFA COMMENTS

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**Town of Parma
Hilton-Parma Senior Center**

59 Henry Street
Rochester, NY 14468

Program Representative/Coordinator:

- **Thomas Venniro – Director**
- **Joe Battaglia/Sherry Farrell - Coordinators**

Phone: (585) 392-9030

Fax: N/A

Email: tvenniro@parmany.org

Funding Period: 1/1-12/31/2020

Evaluation Date: 8/12/2021
MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y ___X___N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served		3,000	916 ¹	2,225 Congregate 575 Home Dleivered Meals
% Successful		90%	30.5%	90%

¹Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. They began offering Grab N Go style meals (Home Delivered Meals) in June 2020.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Total # of Participants		43	17	20
% Satisfied		90%	100%	90%

[Completed Customer Satisfaction Analysis Attached](#)

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Please Indicate				
Total aged 75-84	43	22	50%	38%
Total aged 85+	16	20	19%	34%
Low Income (Less than 150%) of the Poverty Guideline)	43	50	50%	86%
LIM-Low Income Minority	17	1	16%	2%
Frail	16	8	19%	14%
Disabled	22	7	26%	12%
Lives Alone	55	30	65%	52%
Amer.Ind/Als.Native	0	0	<1%	0%
Asian	0	0	<1%	0%
Black, not Hispanic	1	0	1%	0%
Hispanic or Latino	1	0	1%	0%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	82	57	97%	98%
Other	0	0	<1%	0%
2 or More Races	0	0	<1%	0%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480

For each additional family member at 125%, add \$5,600

For each additional family member at 150%, add \$6,720

For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.

Daily average of ; # of Days Open

Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open (days meals offered)

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective:

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in June 2020. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return.

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	870	766	12%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

We experience several participants who sign up for the meals in advance and do not show up due to illness or other unknown reasons. It also appears that we are ordering a minimum number of meals on some days to offer the program. To prevent this from happening and reach the goal of less than 5% waste, we can notify those who regularly no show that it is not something we will tolerate going forward. That said, this gives off a somewhat unwelcoming tone. We will also continue to recruit new attendees for the days we are shy of the minimum which has been a challenge. Currently, we are considering offering less days per week as well.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **2,018.00** in participant contributions 1/1/20-12/31/20.

Actual per meal average of \$ **2.20**

1. Program Year Fiscal Reports

B. Actual collected \$ **8,920.12** in participant contributions 1/1/19-12/31/19.

Actual per meal average of \$ **3.79**

1. 2019 Program Assessment

C. **-342** % Change Total Collected **-72** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) once a week in June 2020.

E. How were the contributions used to enhance the program?

Contributions were primarily used to subsidize senior center programming by providing adequate funding for quality activities, equipment and staffing. These funds allow us to offer free and subsidized programs in addition to program enhancements such as entertainment, keepsakes, special dessert, and additional activities.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **50 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **25**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective:

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) once a week in June 2020. These meals brought new and different participants due to

the pandemic and increased economic insecurities. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point the center will better be able to attract new participants.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County?

- Evening Meals
- Senior Trip Announcements
- Westside News Press Releases
- Facebook
- Monthly/Seasonal Newsletters
- Seasonal Brochure
- Bulletin Boards
- Community Partners (such as Emergency Food Shelf)

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Village sets the procedure, and Staff reviews as updated.
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Town conducts a training every few years and the Village conducts the drills.
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: 11/10/2020
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last drill conducted with Fire Inspection on 11/10/2020.
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Monthly Fire and Safety Inspections of the facility are conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Village Office maintains files
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Annually offered, two-year certification. Is there a policy? Village Office maintains files
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parks and Rec Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parks and Rec Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parks and Rec Office, but brought down to lunch area for use
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch room
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch room
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch room
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parks and Rec Office
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch room
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch room
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch room and Recreation Office
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch room and Recreation Office
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: Annually – Results Provided in June of 2020.
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: As updated, or upon hire Minutes maintained: No
Training is provided quarterly with <u>agendas and attendances documented.</u> Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dustin Young received food safety training in 2020. Program Staff received fire safety training in April 2021. Program Staff received food delivery training. All staff received COVID-19 guideline, safety, and cleaning training regularly throughout 2020. There was not as much training in 2020 due to COVID-19.
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: 1:1 meetings with Director Frequency: Annually or as needed.
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Annually or as needed
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local civic groups, food establishments, and markets for evening meals or to enhance lunches.

There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual

A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Monthly (typically) Minutes maintained: Yes, kept in Recreation Office
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At lunches/evening meals during announcements and recognition events.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: Dec 2017, Checked Dec 2018
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Translation Services Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments:

As was for most agencies, 2020 was a difficult year, especially for our Senior Programming after March 13. Most of our seniors were not in need of grab and go meals and other than phone calls; we did not have the opportunity to interact with our participants as we typically have. We know that we lost several of our regular participants during this time as well.

MCOFA Comments: The Hilton-Parma senior center was able to meet the needs of their participants during the close down for COVID. Due to the low demand, they were able to deliver meals directly to the participant's homes, which also allowed for face-to-face check-ins and helped reduce loneliness while there.

2. Areas in need of attention

Town/Agency Comments:

Monitoring waste always seems to be a challenge. Additionally, as in recent years, but now more than ever, we would really like to focus on our outreach efforts in 2021 and beyond. Given the circumstances we feel that the aging will need support and socialization opportunities more than ever. Lastly, we will be bringing on new staff and volunteers and will look to enhance our training efforts.

MCOFA Comments: The Town would benefit, as they stated, from increased Outreach to increase their overall attendance. If able to do so, their waste meals would likely go down. The Town will best be able to reassess what their program needs when able to reopen fully.

3. Additional resources/technical assistance requested

Town/Agency Comments: **No comments.**

MCOFA Comments: None at this time.

Program: Hilton-Parma Senior Center, Meal Planning (Lunch (Contract / Program Period:

Contractor: Town of Parma January 1, 2020 - December 31, 2020

Address: 59 Henry Street Monroe County Vendor #: 11105753

Hilton, NY 14468 Contract Reference #:

Federal CFDA #: HHS 93.045, 93.053

Contact: Tom Venniro, Parks & Recreation Director Phone/E-mail: tvenniro@pamany.org

Budget Summary Form

1.	Personnel	\$	28,668
2.	Fringe Benefits		-
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		-
6.	Other Expenses		-
7.	Contractual		22,935
8.	Food/Meals		-
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)	\$	51,603
11.	Anticipated Income		9,999
12.	Nutrition Services Incentive Program Funds <i>(if applicable)</i>		2,168
13.	Net Total (Line 10 minus 11 & 12)		39,436
14.	Subcontractor Match <u>40.72%</u>		16,058
15.	MCOFA Funds (Line 13 minus 14)	\$	23,378
16.	Other Resources <i>(do not include in Budgetary Information above)</i>		

Line 10: AIP Service Delivery:

			Units	Unit Cost	Total Cost
IIIC-1	Line 7	Congregate Meals	3,000	16.80	50,403
IIIC-1	Line 14	Outreach	50	24.00	1,200
Other	Line 16	Senior Center Rec & Ed'		-	

Center Name: Hilton Parma Senior Center

Satisfaction Survey Analysis

Total Distributed: 20

Total Participants: 17

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	14	3			48	51	94
Have you participated in the Grab N Go meals option	6		11		29	51	57
Do you have access to a computer/the internet	10		7		37	51	73
Would you participate in online center activities if they were offered	3	4	10		27	51	53
Has the center helped you during the pandemic	9	1	5	2	34	45	76
Has the center improved the quality of your life	16	1			50	51	98

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
17				51	51	100

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

It's been sad and lonely without the center, use alternate location for activities, more activities needed, 2-4 hrs duration get us out of the house, 1/2 day local bus trips and All day out of town, would like more variety in the meals, continue to get info out to people, Start a phone tree to help stay connected, We really miss Bingo, perhaps piano/guitar lessons

**Monroe County Department of Human
Services' Office for the Aging
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY**
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

ALZHEIMER'S ASSOCIATION – ROCHESTER CHAPTER
Alzheimer's Association Information and Assistance

Contract Period: 1/1/2020- 12/31/2020
Funding Source: Federal Title III-E Caregiver
Amount of Contract: \$131,283

Date of Site Visit:	No site visit due to COVID19
MCOFA Monitor:	April Ernisse
President/CEO:	Teresa Galbier
Program Contact:	Amanda Drobnica, Senior Dir. of Programs (585)358-4950 aldrobnica@alz.org

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No

If Yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

II. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
I&A and Care Consultations	2,780	2,735	98%

1a. Describe reason(s) for any variances:

Service	Projected Units	Actual Units	% of Projection
I&A – Social, educ., programs, support groups, etc.	3,947	2,591	66%

1b. Describe reason(s) for any variances: Program service delivery transitioned to all virtual offerings in March 2020. All program types were offered but fewer individuals attended programs than projected.

Service	Projected Units	Actual Units	% of Projection
Public Information/Education	20	21	105%

1c. Describe reason(s) for any variances:

2. Persons Served

ALZHEIMER'S ASSOCIATION	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
I&A	1,456	2,124	145.88%

2a. Describe reason(s) for any variances:

3. Service Waiting Lists

ALZHEIMER'S ASSOCIATION	Waiting List Maintained?		Average number of clients waiting for services per month	Which services are clients waiting for?
	Yes	No		
I&A		X	N/A	N/A

3a. Comments:

4. Expenditures

ALZHEIMER'S ASSOCIATION	Total Projected Expenditures	Actual Expenditures	% of Projection
I&A	\$131,283	\$131,283	100%

4a. Describe reason(s) for any variances:

ALZHEIMER'S ASSOCIATION	Persons Served	Total Expenditures	Average Cost Per Client
I&A	2,124	\$131,283	\$61.81

4b. Do costs per person appear reasonable? Yes
 No

If no, please explain: This is the average cost per client served (some clients received multiple services).

ALZHEIMER'S ASSOCIATION Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
I&A and Care Consultations	\$27.45	31.88	+4.43
I&A – Social, educ., programs, support groups, etc.	\$13.93	15.49	+1.56
Public Information/Education	\$209.00	189.30	-19.70

4c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost:

4d. Additional Comments on Service Activity and Delivery:

III. Targeting Compliance

Populations Served

ALZHEIMER'S ASSOCIATION	Projected Number Served	Projected % of Total Served	Actual Number Served	Actual % of Total Served
Low income	226	15.52%	76	3.58%
Minority	305	21%	323	15.21%
Low Income Minority	60	4.12%	30	1.41%
Frail/Disabled	n/a	n/a	n/a	n/a
Living Alone	n/a	n/a	n/a	n/a

1a. Is ALZHEIMER'S ASSOCIATION, the Community Service Provider, meeting its targeting goals?

Yes No

1b. If Yes, to what do you attribute your success?

If No, please state the reason and outline specific action plan to reach the objective:

Not all individuals served in 2020 provided demographic information. An electronic sign-in/demographic form was created and distributed to individuals but response rates were low. Of the individuals served, 607 of 2124 provided their income level and 1172 of 2124 provided their race/ethnicity. 12.5% of individuals that provided their income level were low income and 27.6% of individuals that provided their race/ethnicity were minorities.

1c. Additional comments on Targeting:

IV. General Management: Contracts & Services

Staffing

1a. Does ALZHEIMER'S ASSOCIATION have adequate staff to perform the activities required under contract with MCOFA?

Yes No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does ALZHEIMER'S ASSOCIATION have a training plan designed to assist staff in carrying out assigned tasks?

Yes No

1c. Would a random check of ALZHEIMER'S ASSOCIATION's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No

1d. Does ALZHEIMER'S ASSOCIATION comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

1e. Is an EEO sign posted in a prominent location?

Yes No

Where? Sign is in the reception/front desk area.

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

Such as: Our offices reside in Monroe Community Hospital-with appropriate entrances for those in need. Office doors and office spaces are adequately designed to accommodate disabilities. Individuals worked from home for nine months, accommodations were made to ensure all staff had appropriate technology and office equipment.

1g. Does the ALZHEIMER'S ASSOCIATION staffing pattern reflect the minority representation in the total population?

Yes No

1h. Can ALZHEIMER'S ASSOCIATION document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No

2. Administrative Provisions

2a. Are staff activities consistent with prohibitions against participation in partisan activities?

Yes No

2b. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

2c. Are the services carried out under MCOFA contract secular in nature?

Yes No

2d. Has ALZHEIMER'S ASSOCIATION given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes No

2e. Does ALZHEIMER'S ASSOCIATION have a written policy regarding the use of Ancillary funding?

Yes No

2f. Does ALZHEIMER'S ASSOCIATION have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

2g. What provisions has ALZHEIMER'S ASSOCIATION made to protect the confidentiality of customer (client) information?

All constituent information is protected in our databases and only entered into a secure server that staff need to enter personal passcode to access. All emails are protected by Virtru. Staff are trained to comply with HIPAA regulations.

2h. Does ALZHEIMER'S ASSOCIATION have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

2i. Does ALZHEIMER'S ASSOCIATION have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

Please describe: Surveys are sent to individuals participating in services provided.

2j. Policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

2k. Does ALZHEIMER'S ASSOCIATION make service sites and program information accessible to persons with disabilities?

Yes No

2l. Do accounting records support amounts reported on vouchers and do units of service tie in to programmatic reports?

Yes No

2m. Is ALZHEIMER'S ASSOCIATION Compliant with prohibitions on using public funds to support sectarian, political and lobbying activities?

Yes No

3. PeerPlace and ContrackHQ Reporting

3a. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via The NYSOFA Data Base PeerPlace, and County Contract HQ.

Primary ContrackHQ person: Amanda Drobnica, Senior Director of Programs and Services

Back-up ContrackHQ person: Colleen Bober, Grants Manager

3b. Please identify any challenges or concerns with completing PeerPlace and/or ContrackHQ reporting:

N/A

4. Interagency Coordination

4a. Describe ALZHEIMER'S ASSOCIATION's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

There is a formal referral form that is filled in by staff and sent to only our approved partner organization for additional support we may not offer.

4b. Has ALZHEIMER'S ASSOCIATION worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Please describe coordination and collaboration during this contract year:

We have worked closely with Lifespan on multiple levels to plan for outreach and caregiver education that is unique to each of our groups. We also plan our support groups in collaboration with Lifespan care manager to ensure we are not duplicating efforts. We meet with partner organizations monthly to identify barriers and strengths in our service delivery. We plan collectively.

5. Performance Outcomes and Enhancements

5a. Satisfaction Surveys

ALZHEIMER'S ASSOCIATION	2020 Projected Percentage of Satisfied Clients	2020 Actual Percentage of Satisfied Clients
Satisfaction surveys	90%	97.6%

5b. Performance Enhancement

Were there any programmatic changes during the year that affected the scope or quality of service?

Yes No

If yes, please describe briefly: On March 15, the Alzheimer's Association transitioned all programs and services to a virtual platform. There was no gap in service to our constituents and all programs offered in person were subsequently offered virtually. While the Association maintained all programs and services, participation was lower

than what was expected in person. Association staff heard from constituents that the reason for decreased participation included difficulty joining programming when their loved one living with dementia was with them all day, being unfamiliar with the technology needed to participate, and simply being focused on the immediate health and safety of their families. The Association maintained contact with constituents to help them through this time and provided care & support wherever possible.

Please describe plans for continuous program improvement: Results from programmatic surveys are routinely evaluated for program improvement. Constituent feedback has helped staff to create guides for joining virtual programs and offer programs at various days/times.

5c. Does ALZHEIMER'S ASSOCIATION solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations?

Yes No

Please describe: We have a Diversity and Inclusion Committee that meets quarterly and a cohort of volunteers that reside in the communities we serve. The D&I Committee is led by a volunteer chair who meets with the Senior Director of Programs Each prior to the full committee meeting to create an agenda and discuss important topics. At each meeting committee members are asked for their opinion on programs that are being planned. Additionally, our committee members use their other community connections to help Association staff schedule outreach and build partnerships. Each volunteer has an assigned staff manager who meets with the volunteer regularly. It is an open dialogue with the volunteer to elicit feedback for program improvement.

V. Assessment Conclusion

AGENCY COMMENTS

Strengths: We continue to identify new opportunities within our county to better serve our constituents. Following a switch to virtual program offerings, we continued to offer all programs and services with little to no gap in service to our constituents. We hold community forums and engage our community in our decision making. We increased our reach in diverse communities and built upon relationships.

Needs: We need continued funding to deliver necessary supports, education and care services to those living with dementia and their caregivers.

MCOFA COMMENTS

Strengths: Alzheimer's Association is an effective program for caregivers of those with Alzheimer's disease and other dementias. They were able to adapt to the needs of clients

during the onset of the COVID19 pandemic by transitioning to virtual programming and maintaining safe and effective connections to those they were serving.

Needs: Alzheimer's Association should continue to pursue outreach to hard-to-reach clients to ensure all those in the community who need services are able to obtain them.

Compliance areas in need of attention: N/A

Special note: This annual evaluation was completed via a desk review process. Due to Alzheimer's Association staff continuing to work remotely due to COVID19, no site visit was conducted.

Monroe County Department of Human
Services' Office for the Aging
2020

ANNUAL PROGRAM AND SERVICE ASSESSMENT - COVID19 ADDENDUM

MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

LIFESPAN
In Home Contact and Support

Contract Period: 3/20/2020- 12/31/2020
Funding Sources: CARES ACT FCC3 Funding
Amount of Contract: \$150,000

Date of Site Visit: July 9, 2021
MCOFA Monitor: April Ernisse
President/CEO: Ann Marie Cook
Program Contact: Jody Rowe, COO
585-244-8400
jrowe@lifespans-roch.org

I. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
In Home Contact and Support	6,000	5953	99%

1a. Describe reason(s) for any variances: This includes food, masks, and pet deliveries.

2. Persons Served

PROGRAM	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
In Home Contact and Support	750	1120	149%

2a. Describe reason(s) for any variances: The need for support was overwhelming!

3. Expenditures

PROGRAM	Total Projected Expenditures	Actual Expenditures	% of Projection
In Home Contact and Support	\$150,000	150,000	100%

3a. Describe reason(s) for any variances:

PROGRAM	Actual Number of Persons Served	Actual Expenditures	Average Cost Per Client
In Home Contact and Support	1120	150,000	133.92

3b. Do costs per person appear reasonable? Yes No

If no, please explain:

Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
In Home Contact and Support	\$25.00	25.20	.20

3c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost:

3d. Additional Comments on Service Activity and Delivery:

Feedback from staff and clients during COVID:

“I am making my calls. A lot of the care receivers don’t understand what’s going on. Caregivers report that the isolation is making them feel stir crazy and very lonely. (I feel lonely not being in the office!) When I call them to let them know that we are checking to see if they are okay or if we can do anything for them, many have gotten emotional to think that Lifespan was touching base ‘just to check on them.’ Some have reported that they have not been in contact with anyone.”

“The isolation really is taking its toll on people and it is amazing that just letting someone know that they are being thought of can mean so much.”

“I did a couple of deliveries yesterday and the one that touched my heart deeply was when I delivered to a 96-year-old woman in East Rochester. She was very nervous and needed Depends, pads and cranberry juice. I went to Wegmans and was able to find them. I rang the doorbell, knocked and there was no response. I called nine times until she finally answered and asked if I could go in because she wasn't able to come down the stairs with the walker. I took the items out the bags and put them on the table for her. While doing that she got a phone call from a pharmacist at Wegmans instructing her to call Marie Hildred from Lifespan so a Lifespan staff member could pick up her prescription. I told her that I was from Lifespan. I went back and got her prescription. She was SO appreciative and thanked Lifespan for the help. She was really in need and I'm so thankful I was there to help her!!!!”

“I’m sure everyone who is delivering supplies to clients is getting similar feedback, but I spoke to a client’s friend today who delivered groceries from Lifespan to an elder abuse client (food couldn’t be delivered directly to client’s house for safety reasons). The client’s friend said that he was so happy, smiling from ear-to-ear when she showed up with the food that was donated to him. He expresses his gratitude to Lifespan!!”

4. COVID-19 Services - Conclusion

Agency Comments -

Please describe changes, adaptations, challenges, and successes as related to providing additional services during the COVID-19 Major Disaster Declaration period:

At the beginning of the pandemic, mid-March-July, Lifespan took on supporting older adults with obtaining food, medications, and other household goods. These additional funds supported staff from programs that had to temporarily close and helped us maintain their employment while serving over

1000 clients. Our staff did personal shopping for clients who could not safely leave their home, picked up medications.

This team provided back up to the NY Connects team, who could not keep up with the call volume.

These funds also allowed us to purchase surface pro tablets for the Eldersource care managers and our health care coordinators so they could assist older adults with telehealth appointments, due to doctor offices being closed.

Due to the circumstances of the pandemic, we recognized a need to help older adults connect via the internet. We worked with a computer consultant to create a series of YouTube How to Videos:

Posted “How to Videos” on our Website	With the help of Daniel Jones https://www.danielteaches.com/ we posted the following videos. Introduction to Instacart Setting Up Instacart Shopping, Paying & Delivery by Instacart How to Skype How to use Facetime How to use Facebook Messenger How to Use Grubhub How to download apps Part 1, Part 2 How to use Zoom Part 1, Part 2, Part 3 HYPERLINK "https://www.youtube.com/watch?v=Koi7TosTeY8" How to shop Online: Walmart Part 1, Part 2 How to use “Libby” (a library app)
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MCOFA Comments –

Lifespan was able to quickly and effectively pivot their services to meet the emergency needs of clients in the Monroe County area that arose as a result of the COVID-19 pandemic. They demonstrated great flexibility in adapting services and staff to provide food, prescription delivery, PPE, technology assistance, and other necessary services to isolated and quarantining clients. Their services during the pandemic were vital to ensuring the safety and wellbeing of vulnerable individuals in the community.

**Monroe County Department of Health and Human
Services Office for the Aging**

Program Evaluation and Contract Compliance Division

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Legal Assistance of Western New York, Inc.

2020 Legal Services Program for the Elderly

Amount of Contract:	\$50,545
Funding Period:	January 1, 2020 to December 31, 2020
Funding Sources:	OAA Title III-B Special Programs for the Aging
Key Contacts:	Lori O'Brien, Managing Attorney Jeffrey Nieznanski, Supervising Attorney

MCOFA Monitor: Perry Brown

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior year monitoring that required corrective actions to address areas of non-compliance? No

If Yes, please describe

Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

Does Not Apply

Service Activity Review

1. Units of Service

LawNY Service	Projected Units	Actual 2020 Units	% of Projection
Legal Services	1600	3507	219%

1a. Describe reason(s) for any variances: Actual hours (units) spent on this grant include various services other than direct representation. For example, LawNY provides support services such as case consultations with other agencies on potential referrals to LawNY.

LawNY	Projected No. of Services	Actual No. of Unduplicated Services in 2020	% of Projection
Legal Services	400	446	112%

2a. Describe reason(s) for any variances:

LawNY began providing a Seniors Information Line service on February 1, 2018 as a way to better serve individuals seeking legal information. This legal service delivery system allowed us to serve more individuals than projected.

3. Service Waiting Lists

LawNY Service	Waiting List Maintained?		If Yes, please state the reason (check all that apply)	# of referrals made to other Service Providers in 2020
	Yes	No		
Legal Services		X	<input type="checkbox"/> Lack of Funding <input type="checkbox"/> Lack of Staff <input type="checkbox"/> Other: Please Specify _____ _____	151 (made to private attorneys on our Elder Law Panel, Legal Aid Society, Volunteer Legal Services Project, and Monroe County Bar Association)

4. Expenditures

4a. Describe reason(s) for any variances:

Annual MCOFA funding of \$50,545 compares to LawNY's cost to provide services in 2020 of \$252,903. Program funding has been flat for most of the 30 years of this grant while LawNY has seen annual increases in its costs for staff and other expenses.

5. Actual Cost Per Customer (Client/Service)

LawNY Service	No. of Services	Actual 2020 Expenditures	Average Cost Per Service
Legal Services	446	\$252,903 Total (\$50,545 MCOFA funds)	\$567.05

a. Do costs appear reasonable? Yes No

LawNY's 2020 expenditures decreased 18.2% from 2019, when expenditures increased 6.3% from the prior year. This compared with a 16.4% increase in costs for 2018 and a 23.3% increase for 2017. Cost is based on staff utilization on the project and associated costs. MCOFA funded only 20% of program expenditures in 2020.

If no, please explain:

6. Outcomes

Outcome Objective #1

Low income seniors will access funding sources and better manage their assets, enabling them to achieve desired health care and/or improve/maintain health status and overall quality of life. This objective measures outcomes of all cases and information line calls other than housing, which is addressed as Outcome Objective #2 below.

Performance Section #1

Indicator of Success: Assessing income and support programs; health care options, including end-of-life considerations; utilizing referral and advocacy services and avoiding debt and poor health habits and conditions. Success rates are based on the number of cases closed in which the program took action(s) on behalf of an eligible client that addressed the client's legal problem.

	Year 2020 Projection	Actual Year 2020	Current Year Projection	Next Year Projection
Time Frame	01/01/20- 12/31/20	01/01/20-12/31/20	01/01/21-12/31/21	01/01/22-12/31/22
Total No. of Participants	370	342	370	370
# Successful	322	333	322	322
% Successful	87%	97.4%	87%	87%

Basis for 2020 Projection: (Source & relevant statistics) Data Collection from Legal Server case management system. Total cases closed and information line services compiled above were within the time period indicated. Total services for each individual outcome objective are compiled from Legal Server Problem Code Categories. The total number of successful cases are from Legal Server Case Closing Reasons corresponding with indicators of success.

Outcome Objective #2

Seniors will obtain/maintain appropriate, affordable housing.

Performance Section #2

Indicator of Success: Prevent and delay eviction to give time to seek other housing, obtain access to housing, avoid or delay foreclosure or other loss of housing. Services are provided to overcome denial of rights, including habitability, utility, and other housing matters. Services include advice, referral, litigation, and non-litigation advocacy services. Information line data is not included in this outcome objective category. Success rates are based on the number of cases closed in which the program took action(s) on behalf of an eligible client that addressed the client’s legal problem.

	Year 2020 Projection	Actual Year 2020 (Cases Only)	Current Year Projection	Next Year Projection
Time Frame	01/01/20-12/31/20	01/01/20-12/31/20	01/01/21-12/31/21	01/01/22-12/31/22
Total No. of Participants	60	58	60	60
# Successful	54	55	54	54
% Successful	90%	94.8%	90%	90%

Basis for Next Year’s Projection: (Source & relevant statistics) Data Collection from Legal Server case management system. Total cases closed within time period stated. Total cases for each individual outcome objective pulled by corresponding Legal Server Problem Code. Total number successful cases are from Legal Server Case Closing Reasons corresponding with indicators of success.

Note: In response to a surge in evictions after Courts reopened from the pandemic, in 2020 we joined with Telesca Center partners to form a Tenant Defense Project, a jointly-run pilot project by Rochester’s legal services community to provide tenants free access to attorneys in eviction cases. Funded by the City of Rochester, the County of Monroe and local foundations, the Tenant Defense Project aims to provide legal advice and full representation for all tenants in the greater Rochester area.

Outcome Objective #3

Seniors and their non-professional caregivers will increase/maintain their mental and emotional wellness. This outcome objective measures the total closed seniors cases, counting as successful all those except those in which there was “no case made.” This outcome objective combines all services (cases and information line) in the totals below.

Performance Section #3

Indicator of Success: Seniors in need of legal information, advice, or representation will receive appropriate and competent legal services, resulting in increased mental and emotional well-being. Seniors with housing, consumer, health, or income maintenance issues receive advice, referrals, litigation and advocacy services to increase/maintain their mental and emotional health. Success rates are based on the number of cases closed in which the program took action(s) on behalf of an eligible client that addressed the client’s legal problem.

	Year 2020 Projection	Actual Year 2020	Current Year Projection	Next Year Projection
Time Frame	01/01/20-12/31/20	01/01/20-12/31/20	01/01/21-12/31/21	01/01/22-12/31/22
Total No. of Participants	400	458	400	400
# Successful	350	446	350	350
% Successful	88%	97.4*%	88%	88%

***Success rate calculated using** 217 successful outcomes out of 229 total cases, and 229 successful information line services.

Basis for Next Year’s Projection: (Source & relevant statistics) Data Collection from Legal Server case management system. Total cases closed within time period stated. Total cases for each individual outcome objective are from corresponding Legal Server Problem Codes. Total number successful cases from Legal Server Case Closing Reasons corresponding with indicators of success.

General Comments on Service Activity and Delivery

Information relating to outreach and education events is included under "General Comments on Service Targeting."

With regard to direct legal assistance, LawNY continues to provide comprehensive legal services to individuals sixty years of age and above in Monroe County and leverages other funding sources and referral systems to expand upon services available. Considering all of our Monroe County programs, including the project being assessed, in 2020 LawNY's Rochester office closed 694 cases for individuals sixty and above. This number does not include individuals provided with help through our information line. Of these individuals, 208 received assistance in income maintenance issues, 137 in housing matters, 224 in health law, 26 in consumer matters, 8 in employment, 8 in family law, and 83 received assistance with estate matters, powers of attorney, advanced care directives and other miscellaneous matters.

A review of the cases that LawNY opened for Older Adults in the last twelve months demonstrates the types of civil legal problems facing this population, as well as our capacity in these legal areas. The problems include: nursing home evictions, debtor relief, landlord-tenant, public utilities, pensions, government benefits, elder abuse, financial exploitation, Medicaid and Medicare, home and community-based care, homeownership issues, mortgage foreclosures, estate matters, advanced directives, including powers of attorney, and a number of other matters.

In 2020, our seniors information line continued to allow us to provide ready access to legal information and services that older adults need.

Additionally, we have continued to provide services to individuals impacted by elder abuse and financial exploitation through the following activities:

EMDT: In 2020, we continued participation in the Monroe County Enhanced Multi-Disciplinary Team. Consisting of social workers from Adult Protective Services, the Monroe County Office for the Aging, a geriatric psychiatrist, a forensic accountant, district attorneys, attorneys general, financial service providers, law enforcement, and other professionals serving abused elders, we meet up to twice a month to develop remedies and strategies to assist victims recover from abuse and financial exploitation.

Crime Victims Legal Network Project: LawNY continues to participate in the Crime Victims Legal Network Project, a Vision 21 initiative. The Project helps to identify and address the unmet civil legal needs of crime victims while also raising public awareness of the civil legal needs of crime victims. The Project focuses on the 57 counties outside of New York City and is a partnership between Empire Justice Center (EJC), the New York State Office of Victim Services, the University at Albany's Center for Human Services Research, and Pro Bono Net.

General Comments on Service Activity and Delivery (continued)

Crime Victims Program: LawNY provides legal assistance to crime victims through a subcontract with the Empire Justice Center and with funding through the Office of Victims Services. The project began on January 1, 2019. The project prioritizes work with the elderly, who are at an increased risk of victimization. The project identifies and addresses unmet civil legal needs of crime victims through informational and brief services, direct legal assistance, and collaboration among legal and non-legal service providers. LawNY provides wraparound services to crime victims in the civil legal services areas involving the essentials of life--income, health and housing. LawNY also provides legal services directly related to the crime in areas such as applying for crime victim compensation, elder abuse, financial exploitation, misuse of money by fiduciaries and representatives, identity theft and fraud.

Elder Justice Works Elder Justice Fellowships: Beginning July 1, 2020, LawNY has been host to three Equal Justice Fellows in the Equal Justice Works Elder Justice Program. One of the Fellows is based in our Rochester office. The Elder Justice Program mobilizes 22 Fellows across the country to address the gap in civil legal services for victims of elder abuse and exploitation. Fellows serve at legal services organizations for a two-year term, where they work with victims of elder abuse and exploitation to enforce their rights and address wide-ranging civil legal issues, such as financial exploitation, housing, protection orders, guardianship, and public benefits, and make referrals to other supportive services. Fellows are part of a nationwide cohort aimed at increasing coordinated, multidisciplinary responses to the victimization of older adults.

II. Targeting Compliance

1. Minority Elders Served

LawNY Service	Projected % of Minority Elders Served in 2020	Total Services in 2020	Projected Total Minority Elders Served In 2020	% of Minority Elders Among Total Elders Served
Legal Services	38%	446	173*	38.7%

*The total number of elderly minorities served is determined by applying the percentage of elderly minorities whose cases were closed to the total number of services rendered in 2020. Of the 446 total elders successfully served in 2020, 217 had cases closed in 2020. The remaining 229 services were information line calls in which demographic and minority information was not collected. Of the 217 closed cases, 84 were minorities, which is 38.7% of the 217 total cases. Accordingly, this 38.7 percent multiplied by 446 services results in an extrapolated number of total minorities served of 173.

1a. Is LawNY, the Community Service Provider, meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes **If Yes,**

To what do you attribute your success? LawNY met its goal of 38% minority elders served. LawNY maintains collaborative projects with other community agencies to assist in targeting those most in need of services. We provide legal services, training, and outreach to individuals eligible for our services as well as for caseworkers and employees of community organizations so that the staff members of the agencies may better serve their target populations.

Many of these organizations serve minority members of our community. Through these relationships we are able to reach out into the community to educate the elder population regarding the legal services that we offer and connect with individuals who need assistance. Outreach efforts are planned in locations that our target populations frequent for their convenience and increased attendance. This data is best viewed in conjunction with the Minority Elders with Low Incomes Served results below.

No **If No,** please state the reason and outline a specific action plan to reach the objective (use a separate sheet if necessary).

LawNY Service	Projected % of Minority Elders with Low Incomes Served In 2020 Under 100% FPIG	Total Minority Elders Served in 2020 Under 100% FPIG	Total Elders Served (excluding information line cases)	% of Minority Elders with Incomes Below 100% FPIG
Legal Services	12.5%	35	217	16.1%

2a. Is LawNY, the Community Service Provider, meeting its goals of providing services to minority elders with low incomes at least in proportion to their representation in the total elderly population within Monroe County?

X **Yes** **If Yes,**

To what do you attribute your success?

LawNY prioritizes service to underserved populations with the greatest need.

_____ **No** **If No,** please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

LawNY Service	Projected % of Low Income Elders served in 2020	Total Cases in 2020	Total No. of Low Income Elders served in 2019	% of Elders served under 100% and 150% FPIG in 2019
Legal Services	31% under 100% FPIG	217	88 under 100% FPIG	40.6%
	50% under 150% FPIG		154 under 150% FPIG	71.0%

3a. Is LawNY, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within LawNY's catchment area?

➤ **X** **Yes** **If Yes,** to what do you attribute your success?

➤ LawNY focuses on priorities of the low income community in Monroe County. In addition, as explained above we target our outreach and collaboration to areas and organizations that serve the low income community.

Even for seniors with incomes over 150%, many of those are under 200%, and many need long term home care services.

 No **If No**, please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

4. Elders with the Greatest Social Need: Living Alone

LawNY Service	Projected % of Elders Living Alone Among Total persons Served in 2020	Total Services in 2020	Total Cases (Household Size is Known)	Total Cases: Elders who Lived Alone Served in 2020	% of Elders who Live Alone Among Total Cases
Legal Services	50%	446	217	165	76.0%

4a. Is LawNY, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest social need at least in proportion to their representation in the total elderly population within Monroe County?

 X **Yes** **If Yes**,

To what do you attribute your success?

We reach many individuals due to our outreach efforts, referrals from community organizations, self-referrals and referrals from former clients. The community agencies that are referring clients to our office work with and assist individuals that have the most social and financial need. Prior to the Covid-19 pandemic we served individuals in their homes, hospitals and nursing homes to reach the most vulnerable and isolated persons in need.

 No **If No**, please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

5. Frail and Disabled Elders

LawNY Service	Projected % of Frail or Disabled Elders Among Total Persons Served in 2020	Total Services in 2020	Total Cases (Household Size is Known)	Total No. of Frail or Disabled Elders Served in 2020	% of Frail or Disabled Elders Among Total Persons Served
Legal Services	40%	446	217	130	59.9%

5a. Is LawNY, the Community Service Provider, meeting its goals of providing services to the elderly with frailty or disability at least in proportion to their representation in the total elderly population within LawNY's catchment area?

Yes **If Yes,**

To what do you attribute your success?

We reach many individuals through our outreach efforts, referrals from community organizations, internal referrals and referrals from former clients. While Covid-19 has made home visits to clients infeasible during most of 2020, we have moved to virtual meetings to the extent possible.

➤ **No** **If No,** please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

General Comments on Service Targeting:

We maintain continuous outreach to our target client population and track all presentations within our timekeeping database. The database maintains records on where presentations were done, which individuals from our staff participated in the presentation, what language the presentations were in, and the makeup of the audiences (i.e. clients, case managers, etc.). In 2020 staff within the Rochester Office of LawNY conducted 278 outreach events, 114 presentations and community training reaching 9958 community members. We distributed at least 30,034 brochures and outreach materials. Due to the global pandemic we pivoted to virtual platforms conducting most training and presentations utilizing platforms such as Zoom. We increased our usage of social media including Facebook live. Between March and August 2020 in collaboration with Foodlink, 20,000 flyers were distributed to Monroe County residents in food distribution boxes. Through the Justice for All initiative, in 2020 we also worked together with other civil legal services organizations to plan a joint event for human agency staff regarding the availability of civil legal services. The work culminated in an event on March 31, 2021 that reached 180 participants.

Notable presentations, outreach and community collaborations include:

- On August 4, 2020, LawNY presented an Outreach Webinar to approximately 75 Community Advocates with detailed information about the services we provide and how to access them.
- In response to many involuntary nursing home discharges, LawNY participates in a statewide Nursing Home Transfer Taskforce, in coalition with the NY Office of the State Long Term Care Ombudsman program, Lifespan, Empire Justice Center, Disability Rights New York, the Center for Elder Law and Justice, Monroe County Adult Protective Services, and others.
- LawNY actively engages with the elder law bar, including the Monroe County Bar Association Elder Law Committee, the New York State Bar Association's Elder Law programs and its listserv.
- In July 2020, we provided outreach to community advocates on our services regarding the financial exploitation of seniors.
- LawNY leads the Greater Rochester Medical-Legal Collaborative for High-Risk Seniors, a collaborative of community partners addressing issues for high risk seniors. Additionally, LawNY continues to participate in the Monroe County Long Term Care Council.
- LawNY continues to engage in a community lawyering service delivery model that brings our services out into the community to ensure at risk and hard to reach populations can access our services.
- Begun in 2017 and suspended in 2020 due to Covid-19, our Seniors Legal Services Project has provided monthly assistance onsite at Lifespan to eligible older adults in need of a power of attorney. We continue to provide assistance remotely to individuals seeking assistance with these services throughout the pandemic.
- Pre-Covid-19, LawNY's Rochester office had also provided onsite assistance at multiple sites at Rochester Regional Health, the Monroe/Rochester library system, the Veterans Outreach Center, Monroe County health care clinics and a number of other locations. We continued to accept referrals from these sites while our services were remote.

- LawNY increased our engagement with online methods of information dissemination. We created a significant number of new pandemic related legal information materials which can be found on our website at www.lawny.org. Topics related to obtaining and maintaining public benefits, economic impact payments, evictions, age 62 lease terminations, foreclosures, family court, utility shut offs, student loans, nursing homes, health insurance, and more. We analyzed our metrics from April 1, 2020 to March 31, 2021 and found the following:

Audience Engagement on Social Media Channels People Reached (total): 84,298 Likes, Comments & Shares (total): 1,983 Material Website Views (for lawny.org) Page Views (total): 88,309 Unique Page Views (total): 79,659

III. General Management: Contracts & Services

1. Staffing

1a. Does LawNY have adequate staff to perform the activities required under contract with MCOFA?

Yes

No. If not, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does LawNY have a training plan designed to assist staff in carrying out assigned tasks?

Yes

No

1c. Would a random check of LawNY's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes All training and legal education received by advocates is tracked through our case management system (LegalServer). All attorneys are required to complete a requisite number of Continuing Legal Education credits.

No

1d. Does LawNY comply with Affirmative Action and Equal Opportunity guidelines?

Yes

___ No

1e. Is an EEO sign posted in a prominent location ?

X Yes. Where? On the bulletin board in the kitchen at our office location at 1 W. Main Street. Given that many employees are working remotely a pdf version of the EEO sign can be found on LawNY's internal online staff site.

___ No

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

X Yes. Such as: Placement of staff offices, handicap access, additional equipment for staff, home visits, large print materials, etc.

___ No

1g. Does the LawNY staffing pattern reflect the minority representation in the total population?

X Yes

___ No

1h. Can LawNY document outreach efforts to recruit targeted individuals to fill vacant positions?

X Yes

___ No

1i. Were there any programmatic changes initiated during the grant year that impacted the scope or quality of service?

X Yes

___ No

If Yes please discuss briefly:

In July 2020, we employed three full time Equal Justice Works Elder Justice Fellows to work on elder abuse cases. One Fellow works on Monroe County cases out of the Rochester office.

The biggest impact on our programming in 2020 was the effect of the pandemic itself. LawNY pivoted our outreach strategies to virtual. We continued some in person outreach but only those events that could be conducted in a socially distanced manner. See above narratives that include information about our outreach strategies. In addition, most LawNY staff worked remotely during the pandemic. This increased the amount of virtual and telephonic services. With the outbreak of Covid-19, we had to curtail our "POA Days" at Lifespan, where our attorneys would meet on selected dates once a month to create powers of attorneys for clients. We have transitioned to virtual

client meetings where possible and look forward to resuming our POA Day services when practicable.

The Rochester office of LawNY also piloted an online application for services beginning in March of 2020. Approximately 300 applications for assistance were received through this additional method of engaging the community.

- 1j. Does LawNY provide equal access to persons with Limited English Proficiency (LEP) as outlined by Federal Executive Order 13166 and Governor Cuomo's Statewide Language Access Policy (no.26)?

Yes

No

If no, please state the reason and outline specific action plan to reach the objective.

2. Administrative Provisions

1. Are LawNY staff activities consistent with prohibitions against participation in partisan activities?

Yes

No

2. Are the facilities where LawNY services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes

No

3. Are the services carried out under MCOFA contract secular in nature?

Yes

No

4. Has LawNY given due recognition to the US Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes

No

5. Does LawNY have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes

No

6. What provisions has LawNY made to protect the confidentiality of customer (client) information?

As a law office, we must follow rules and regulations governing attorney-client privilege and confidentiality. All staff is trained about maintaining confidentiality and volunteers must sign confidentiality agreements.

7. Does LawNY have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services?

LawNY Service	Contribution System	
	Yes	No
Legal Services	X	

8. Does LawNY have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes

No

9. Does LawNY have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes

No

10. Does LawNY have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes

No

11. Does LawNY make service sites and program information accessible to persons with disabilities?

Yes

No

12. Does LawNY solicit input from their customers and constituents, including customers and constituents that are frail, disabled, and/or minority, on ways to make services more accessible and appealing to culturally diverse populations?

Yes

No

3. Interagency Coordination

1. Describe LawNY's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

LawNY utilizes its own case management system, LegalServer, which records client specific information and details of services provided. Referrals to outside organizations are tracked in LegalServer.

2. Has LawNY worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Check as many as apply to LawNY's coordinative efforts:

- Participation in interagency meetings to plan and coordinate services
- Coordination of funding proposals with other human services organizations
- Coordination of referrals and follow-up transactions with other local service providers
- Memos of Understanding or similar agreement with other organizations
- Development and implementation of a central assessment unit for services carried out by multiple agencies
- Working with other providers to update information of available services and eligibility

Other coordinative activities: LawNY participates in the Greater Rochester Medical-Legal Collaborative for High Risk Seniors. LawNY is part of the Monroe County Enhanced Multidisciplinary Team (E-MDT), which is comprised of professionals from various disciplines focused on investigation, intervention, and prevention of financial exploitation of older adults.

4. Service Promotion & Marketing

1. Indicate what regular means LawNY employs to disseminate information to the public and approximately how often this occurs:

<i>Indicate Frequency</i>	Weekly	Monthly	Annually	Other: (Please specify)
___ Newsletters				
___ Radio: Public Service Announcements				
<u>__X_</u> Radio: Programming				LawNY staff utilize radio when opportunities are available. In 2021 we have begun utilizing radio ads for programming related to health law services. We are planning for PSAs related to housing discrimination.
___ Television: Public Service Announcements				
___ Television Programming :				
<u>__X_</u> Public Presentations		X		
<u>__X_</u> Brochures/ Pamphlets	X			
<u>__X_</u> Other: Large Scale Outreach/Service Events: Project Homeless Connects			X	
<u>__X_</u> Other: Print/Online media publications: In 2020, LawNY services were mentioned in multiple newspaper and online articles.				X

2. What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?

Please check all that apply:

- Used Census or other data to identify target communities
- Translated program brochures and pamphlets into appropriate languages
- Sent newsletters or announcements to organizations that serve minority populations, disabled populations
- Publicized services through press releases, radio, television and/or local publications
- Located service delivery centers/offices in target communities
- Encouraged persons served to tell friends and neighbors of available services
- Sought out/accepted local speaking engagements to meetings and conferences sponsored by associations or other organizations that include minorities
- Included minority staff and interns in local programs or in conducting outreach
- Coordinated with other agencies which serve low income families in order to identify elders who may be in need of services
- Additional activities or strategies used to target services to minority elders

Please Specify: See above mentioned Large Scale Outreach & Service Events.

Some projects utilize direct mailings to low-income areas, such as our Nutrition Outreach Education Project, resulting in additional cases for seniors also needing legal services.

6. Equipment Inventory

On the attached "Equipment Inventory & Disposition Form" please indicate any changes of equipment purchased via MCOFA contracts, or equipment disposed of which had been purchased via MCOFA contracts, during the grant year.

Not applicable.

IV. Assessment Conclusion

In conveying general comments regarding LawNY's overall assessment of service delivery and contract compliance, please address the following areas:

Overall assessment of the strengths of LawNY:

AGENCY COMMENTS:

As demonstrated over our 53 years of service to our community, our strengths include collaborative relationships with community agencies throughout Monroe County, our commitment to serving low income populations, and our focus on overcoming barriers to legal representation. We provide outreach and presentations to community agencies, and other organizations serving individuals age 60 and above. We routinely accept invitations to speak and present to both staff of other human service organizations, and to consumer populations.

LawNY uses the NY Department of Health's Health Commerce System to satisfy contract requirements. LawNY also uses its own secure LegalServer database to compile outcome and demographic information, and for reporting of client statistics. This secure source provides detailed case management data on services to clients. LawNY agrees to provide aggregate data to the statewide Health Commerce System data base on an ongoing basis.

ADDITIONAL AGENCY COMMENTS:

The legal needs of Older Adults in Monroe County are immense. We are proud to have provided 30 years of cost-efficient legal services as Monroe County's Older Americans Act Title III-B provider. Nevertheless, our MCOFA funding continues to provide only a fraction of the cost of providing services to seniors we serve under this grant. Specifically, MCOFA funding for LawNY's Seniors Project as a percentage of our actual 2020 expenditures (of \$252,903) was 20% of total costs. This means our program is largely dependent on outside sources of funding. Accordingly, we have requested that our annual funding of \$50,545 be increased to \$100,000.

MCOFA COMMENTS:

MCOFA Contract: Financial Monitoring

LAWNY Financial Management & Inventory Control

Inventory Control – If no equipment was purchased with MCOFA funds move on to “LAWNY Financial Management, Safeguarding Funds & Protecting Assets”

1. Does LAWNY maintain sufficient documentation for equipment purchased with MCOFA funds?

Yes No ****Not Applicable**

Documentation:

2. Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property?

Yes No ****Not applicable**

3. Is the equipment purchased with MCOFA funds being used solely to benefit older persons (Unless costs are appropriately pro-rated)?

Yes No ****Not applicable**

Documentation:

Financial Management & Inventory Control Monitoring Form

MCOFA Contract

LawNY Financial Management

Safeguarding Funds & Protecting Assets

1. Are LawNY staff who handle monies (with the exception of attorneys) bonded?

Yes No

Documentation: see attached.

2. Are two individuals involved in counting customer (client) contributions?

Yes No

Documentation: See attached page 17 of accounting manual. Contributions received by our administrator are forwarded to finance staff for deposit.

3. Are individuals who are authorized to sign checks involved in processing invoices?

Yes No

Documentation: Only finance staff has access to accounting systems and check stock. No finance staff serve as check signers.

4. Are individuals who are authorized to sign checks different from the person(s) who maintain payroll records?

Yes No

Documentation: Payroll records are maintained by finance staff. See attached list.

5. Has LawNY maintained registration as a Charitable Organization with the Department of State?

Yes No

Documentation: see attached (#01-77-17).

5a. If no: does LawNY claim exemption from the registration (receiving less than \$25,000 in grants and contributions annually)?

Yes No ****Not applicable**

Documentation:

Monroe County Office for the Aging

Program Evaluation and Contract Compliance 2021

PROGRAM SERVICE ASSESSMENT

CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT

LEGAL SERVICES OF WESTERN NEW YORK, INC.

LEGAL SERVICES TO OLDER ADULTS IMPACTED BY COVID-19

Contract Period: 3/20/2020- 3/31/2021

Amount of Contract: \$50,000

Date of Site Visit: April 21, 2021

Managing Attorney: Lori M. O'Brien

Supervising Attorney: Jeffrey P. Nieznanski

MCOFA Monitor: Perry M. Brown, Jr.

I. OUTCOME OBJECTIVES AND PERFORMANCE MEASURES

NUMBER OF SERVICES: PROJECTED AND ACTUAL

<i>Legal Services Of Western NY CARES Services</i>	Projected	Actual	% of Projection
Legal Services to Low Income Seniors: Number Served	200 (total participants projected)	142	71%
Number of low income Seniors able to manage assets and maintain health status	200 (total participants projected)	92	46%
Number of seniors maintaining appropriate housing	200 (total participants projected)	50	25%

1a. Describe reason(s) for any variances:

42 individuals were over 150% of FPIG, and 16 were provided with legal information, so we did not gather their full income information. A total of 200 Older Adults were served by the project. Ninety seven percent of Older Adults served were under 300% of the FPIG. The six individuals that were served whose income was over 300% of the FPIG have significant factors that created a barrier to accessing legal assistance through the private bar.

2. OUTCOME OBJECTIVE: NUMBER OF PERSONS SERVED BY THIS PROGRAM

<i>Service</i>	Projected	Actual	% of Projection
Older adults impacted by COVID-19	200	200	100%

2a. Describe reason(s) for any variances:

No variances.

OUTCOME OBJECTIVE: NUMBER OF UNITS PROPOSED AND ACTUAL

<i>Legal Services of Western NY</i>	PROJECTED UNITS	ACTUAL UNITS	% of Projection
Legal advocacy, legal representation and outreach services provided to Older Adults impacted by COVID-19.	1600	1708.1	107%

- 1039.1 hours were supported directly by this funding.
- There were 669 hours contributed in-kind through other funding sources.

3a. Describe reason(s) for any variances:

No variances.

Expenditures

<i>Legal Services of Western NY</i>	Projected Expenditures	Actual Expenditures	% of Projection
COVID-19 Funding	\$50,000	\$50,000	100%

4a Describe reason(s) for any variances:

No variances.

- Eviction or ejection from home or nursing facilities, assisted living facilities, and similar residential settings;

- Elder abuse or neglect issues with imminent danger and need for immediate intervention.

A review of the actual services provided indicated the following breakdown by primary problem:

67 people received assistance in landlord/tenant disputes or problems with renting. 6 people received assistance relating to their homeownership. 59 people received assistance with food stamps. 16 people received assistance with another type of public benefit income (such as unemployment insurance, their stimulus check, or HEAP). 35 people received assistance with enrollment in health insurance or access to care. 10 people received assistance with advanced directives or powers of attorney. 7 received assistance in some other matter, including debt/credit problems, wage garnishment, victim rights, licensure, and employment law.

Data Collection and Evaluation

Legal Assistance of Western New York, Inc. captured additional case information in order to report to the Monroe County Office for the Aging (MCOFA) individual case matters impacted by COVID-19. Legal Assistance of Western New York, Inc. modified our internal case management database, Legal Server, to capture information relating to program participants directly and indirectly impacted by COVID-19.

COVID-direct: This is a case directly impacted by COVID-19. It might mean that the client has health care, housing, economic, employment or any other legal need directly related to their COVID-19 testing or diagnosis, or the COVID-19 testing or diagnosis of an immediate family member. The case would not be happening but for the client or member of their household's status as being tested for or testing positive for COVID-19, or due to COVID-19 diagnosis.

Examples:

1. The client cannot go home because their health aides (required because they have 24/7 care) will not come into their home because a household member (in this case a child) has COVID-19.

2. The client is a DV victim who does not wish to permit court ordered visitation because the batterer's new girlfriend was recently exposed to COVID-19 and is in current self-isolation.

3. The client cannot work as they have been exposed to COVID-19 and are isolated for a time period as required, and/or are waiting for their test results. Their employment is terminated as a result.

4. The client has COVID-19 and cannot work. Their employment is terminated as a result.

COVID-impact: These are cases where the client or a member of their household is not suffering due to a COVID-19 issue or diagnosis but the legal issue or remedy available to the client is impacted by COVID-19, by "NYS on PAUSE," or COVID-19 Court Administrative or Executive Orders.

Examples:

1. A client who is being evicted and will have to be advised about the COVID-19 stay on evictions.
2. The client asserts that they are unemployed because they cannot telework while their children lack daycare or school placements during the pandemic.
3. The client has applied for SNAP benefits; in-person interviews are suspended. Their SNAP benefits are delayed.

All 200 participants served under this opportunity were impacted either directly or indirectly by the global pandemic. A review of the actual services provided indicate that 8 Older Adults were impacted directly by COVID and 192 Older Adults were impacted indirectly by COVID as defined above.

II. Targeting Compliance

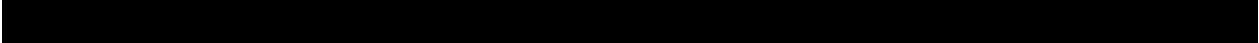
1. Minority Elders Served

LawNY Service	Projected % of Minority Elders Served	Total Services	Total Minority Elders Served	% of Minority Elders Among Total Elders Served
Legal Services; Older adults impacted by COVID-19		200	96	48%

1a. Is LawNY, the Community Service Provider, meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?

 X Yes

No **If No,** please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).



LawNY Service	Projected % of Minority Elders with Low Incomes Served	Total Elders Served	Total Elders Served (excluding information only cases)	% of Minority Elders with Incomes Below 100%
Legal Services; Older adults impacted by COVID-19		200	184	55% (53/96)

2a. Is LawNY, the Community Service Provider, meeting its goals of providing services to minority elders with low incomes at least in proportion to their representation in the total elderly population within Monroe County?

X **Yes** **If Yes,**

To what do you attribute your success? Low income was defined as under 150% of the FPIG. All elders of color, but one, served were under 300% FPIG. LawNY maintains collaborative projects with other community agencies to assist in targeting those most in need of services. We provide legal services, training, and outreach to individuals eligible for our services as well as caseworkers and employees of community organizations so that the staff members of the agencies may better serve their target populations. Many of these organizations serve minority members of our community. Through these relationships we are able to reach out into the community to educate the elder population regarding the legal services that we offer and connect with individuals who need assistance. Due to the pandemic, LawNY pivoted to virtual and other models of community engagement in order to continue to maintain accessibility to the community we serve. We provided virtual community training and presentations, used social media and distributed high volumes of outreach materials to community sites. In collaboration with Foodlink LawNY distributed 20,000 informational flyers regarding our services within prepackaged food distribution boxes.

 No **If No,** please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).



LawNY Service	Projected % of Low Income Elders served	Total Cases	Total No. of Low Income Elders served	Elders served under 100% and 150% FPIG
Legal Services; Older adults impacted by COVID-19		184	142	87 under 100% 55 between 100% and 150%

- Older adults receiving legal information services (16 in total) were not factored into the total case number above because LawNY collects only a limited amount of demographic information for those individuals.

3a. Is LawNY, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within LawNY’s catchment area?

➤ X **Yes** If Yes,

See above response regarding community engagement. LawNY prioritizes population with limited resources. For the Older Adults in our community LawNY also factors in increased expenses for health care, long term care and other fixed debts when determining whether an Older Adult is able to afford services from the private bar.

 No If No, please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

4. Elders with the Greatest Social Need: Living Alone

LawNY Service	Projected % of Elders Living Alone Among Total persons Served	Total Services	Total Cases (Household Size is Known)	Total Cases: Elders who Lived Alone Served	% of Elders who Live Alone Among Total Cases
Legal Services; Older adults impacted by COVID-19		200	184	133	72.3%

- Older adults receiving legal information services (16 in total) were not factored into the total case number above because LawNY collects only a limited amount of demographic information for those individuals.

4a. Is LawNY, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest social need at least in proportion to their representation in the total elderly population within Monroe County?

X **Yes** If Yes,

To what do you attribute your success?

We reach many individuals due to our outreach efforts, referrals from community organizations, self-referrals and referrals from former clients. The community agencies that are referring clients to our office work with and assist individuals that have the most social and financial need. In addition, we serve individuals in their homes, hospitals and nursing homes to reach the most vulnerable and isolated persons in need.

 No **If No**, please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

5. Frail and Disabled Elders

LawNY Service	Projected % of Frail or Disabled Elders Among Total Persons Served	Total Services	Total Cases (Household Size is Known)	Total No. of Frail or Disabled Elders Served	% of Frail or Disabled Elders Among Total Persons Served
Legal Services; Older adults impacted by COVID-19		200	184	84	45.65%

- Older adults receiving legal information services (16 in total) were not factored into the total case number above because LawNY collects only a limited amount of demographic information for those individuals.

5a. Is LawNY, the Community Service Provider, meeting its goals of providing services to the elderly with frailty or disability at least in proportion to their representation in the total elderly population within LawNY’s catchment area?

 X **Yes** **If Yes,**

We reach many individuals due to our outreach efforts, referrals from community organizations, self-referrals and referrals from former clients. The community agencies that are referring clients to our office work with and assist individuals that have the most social and financial need. In addition, we serve individuals in their homes, hospitals and nursing homes to reach the most vulnerable and isolated persons in need.

➤ **No** **If No**, please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

General Comments on Service Targeting:

We maintain continuous outreach to our target client population and track all presentations within our timekeeping database. The database maintains records on where presentations were done, which individuals from our staff participated in the presentation, what language the presentations were in, and the makeup of the audiences (i.e. clients, case managers, etc.).

In 2020, Rochester Office LawNY staff conducted 278 outreach activities, as well as 114 presentations and community training events, reaching 9,958 community members. We distributed at least 30,034 brochures and outreach materials. Due to the global pandemic we pivoted to virtual platforms conducting most trainings and presentations utilizing platforms such as Zoom. We increased our usage of social media including Facebook live. Between March and August 2020 in collaboration with Foodlink, 20,000 flyers were distributed to Monroe County residents in food distribution boxes. Through the Justice for All initiative, in 2020 we also worked together with other civil legal services organizations to plan a joint event for human agency staff regarding the availability of civil legal services. The work culminated in an event on March 31, 2021 that reached 180 participants.

Notable presentations, outreach and community collaborations include:

- On August 4, 2020, LawNY presented an Outreach Webinar to approximately 75 Community Advocates with detailed information about the services we provide and how to access them.
- In response to many involuntary nursing home discharges, LawNY participates in a statewide Nursing Home Transfer Taskforce, in coalition with the NY Office of the State Long Term Care Ombudsman program, Lifespan, Empire Justice Center, Disability Rights New York, the Center for Elder Law and Justice, Monroe County Adult Protective Services, and others.
- LawNY actively engages with the elder law bar, including the Monroe County Bar Association Elder Law Committee, the New York State Bar Association's Elder Law programs and its listserv.
- In July 2020, we provided outreach to community advocates on our services regarding the financial exploitation of seniors.
- LawNY leads the Greater Rochester Medical-Legal Collaborative for High-Risk Seniors, a collaborative of community partners addressing issues for high risk seniors. Additionally, LawNY continues to participate in the Monroe County Long Term Care Council.
- LawNY continues to engage in a community lawyering service delivery model that brings our services out into the community to ensure at risk and hard to reach populations can access our services.
- Begun in 2017 and suspended in 2020 due to Covid-19, our Seniors Legal Services Project has provided monthly assistance onsite at Lifespan to eligible older adults in need of a power of attorney. We continued to provide assistance remotely to individuals seeking assistance with these services throughout the pandemic.
- Pre-Covid-19, LawNY's Rochester office had also provided onsite assistance at multiple sites at Rochester Regional Health, the Monroe/Rochester library system, the Veterans

Outreach Center, Monroe County health care clinics and a number of other locations. We continued to accept referrals from these sites while our services were remote.

- In response to a surge in evictions after Courts reopened from the pandemic, in 2020 we joined with Telesca Center partners to form a Tenant Defense Project, a jointly-run pilot project by Rochester’s legal services community to provide tenants free access to attorneys in eviction cases. Funded by the City of Rochester, the County of Monroe and local foundations, the Tenant Defense Project aims to provide legal advice and full representation for all tenants in the greater Rochester area.
- LawNY increased our engagement with online methods of information dissemination. We created a significant number of new pandemic related legal information materials which can be found on our website at www.lawny.org. Topics related to obtaining and maintaining public benefits, economic impact payments, evictions, foreclosures, family court, utility shut offs, student loans, nursing homes, health insurance, and more. We analyzed our metrics from April 1, 2020 to March 31, 2021 and found the following:

Audience Engagement on Social Media Channels People Reached (total): 84,298 Likes, Comments & Shares (total): 1,983 Material Website Views (for lawny.org) Page Views (total): 88,309 Unique Page Views (total): 79,659

General Management: Contracts & Services

III. General Management: Contracts & Services

1. Staffing

1a. Does LawNY have adequate staff to perform the activities required under contract with MCOFA?

Yes

No. If not, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does LawNY have a training plan designed to assist staff in carrying out assigned tasks?

Yes

No

1c. Would a random check of LawNY's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes

All training and legal education received by advocates is tracked through our case management system (LegalServer). All attorneys are required to complete a requisite number of Continuing Legal Education credits.

No

1d. Does LawNY comply with Affirmative Action and Equal Opportunity guidelines?

Yes

No

1e. Is an EEO sign posted in a prominent location ?

Yes. Where?

On the bulletin board in the kitchen at our office location at 1 W. Main Street. Given that many employees are working remotely a pdf version of the EEO sign can be found on LawNY's internal online staff site.

No

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes. Such as:

Placement of staff offices, handicap access, additional equipment for staff, home visits, large print materials, etc.

No

1g. Does the LawNY staffing pattern reflect the minority representation in the total population?

Yes

No

The number of staff of color in the LawNY Rochester office exceeds the percentage of the minority population in Monroe County. LawNY does recognize that we have little

representation among supervisory positions and is actively making efforts to improve. LawNY's DEI committee is working on recommendations currently to revise our internal policies to reflect a more diverse, equitable and inclusive organization.

1h. Can LawNY document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes

No

1i. Were there any programmatic changes initiated during the grant year that impacted the scope or quality of service?

Yes

No

If Yes please discuss briefly:

The biggest impact on our programming in 2020 was the effect of the pandemic itself. LawNY pivoted our outreach strategies to virtual. We continued some in person outreach but only those events that could be conducted in a socially distanced manner. See above narratives that include information about our outreach strategies. In addition, most LawNY staff worked remotely during the pandemic. This increased the amount of virtual and telephonic services. With the outbreak of Covid-19, we had to curtail our "POA Days" at Lifespan, where our attorneys would meet on selected dates once a month to create powers of attorneys for clients. We have transitioned to virtual client meetings where possible and look forward to resuming our POA Day services when practicable.

The Rochester office of LawNY also piloted an online application for services beginning in March of 2020. Approximately 300 applications for assistance were received through this additional method of engaging the community.

1j. Does LawNY provide equal access to persons with Limited English Proficiency (LEP) as outlined by Federal Executive Order 13166 and Governor Cuomo's Statewide Language Access Policy (no.26)?

Yes

No

If no, please state the reason and outline specific action plan to reach the objective.

2. Administrative Provisions

1. Are LawNY staff activities consistent with prohibitions against participation in partisan activities?

Yes

No

2. Are the facilities where LawNY services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes

No

3. Are the services carried out under MCOFA contract secular in nature?

Yes

No

4. Has LawNY given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes

No

5. Does LawNY have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes

No

6. What provisions has LawNY made to protect the confidentiality of customer (client) information?

As a law office, we must follow rules and regulations governing attorney-client privilege and confidentiality. All staff is trained about maintaining

confidentiality and volunteers must sign confidentiality agreements. In addition, within the Rochester office we have held two staff meetings that reviewed confidentiality and remote work. We also purchased locking filing rolling carts for staff members to move confidential documents between home and work.

7. Does LawNY have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services?

LawNY Service	Contribution System	
	Yes	No
Legal Services	X	

8. Does LawNY have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes
 No

9. Does LawNY have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes
 No

10. Does LawNY have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes
 No

11. Does LawNY make service sites and program information accessible to persons with disabilities?

Yes
 No

12. Does LawNY solicit input from their customers and constituents, including customers and constituents that are frail, disabled, and/or minority, on ways to make services more accessible and appealing to culturally diverse populations?

Yes

No

3. Interagency Coordination

1. Describe LawNY's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

LawNY utilizes its own case management system, LegalServer, which records client specific information and details of services provided. Referrals to outside organizations are tracked in LegalServer.

2. Has LawNY worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Check as many as apply to LawNY's coordinative efforts:

- Participation in interagency meetings to plan and coordinate services
- Coordination of funding proposals with other human services organizations
- Coordination of referrals and follow-up transactions with other local service providers
- Memos of Understanding or similar agreement with other organizations
- Development and implementation of a central assessment unit for services carried out by multiple agencies
- Working with other providers to update information of available services and eligibility

Other coordinative activities: LawNY participates in the Greater Rochester Medical-Legal Collaborative for High Risk Seniors. LawNY is part of the Monroe County Enhanced Multidisciplinary Team (E-MDT), which is comprised of professionals from various disciplines focused on investigation, intervention, and prevention of financial exploitation of older adults.

4. Service Promotion & Marketing

1. Indicate what regular means LawNY employs to disseminate information to the public and approximately how often this occurs:

Indicate Frequency	Weekly	Monthly	Annually	Other: (Please specify)
___ Newsletters				
___ Radio: Public Service Announcements				
__X_ Radio: Programming				LawNY staff utilize radio when opportunities are available. In 2021 we have begun utilizing radio ads for programming related to health law services. We are planning for PSAs related to housing discrimination.
___ Television: Public Service Announcements				
___ Television Programming :				
__X_ Public Presentations		X		
__X_ Brochures/ Pamphlets	X			
__X_ Other: Large Scale Outreach/Service Events: Elder Law Fair, Valor Day, Project Homeless Connect			X	
__X_ Other: Print/Online media publications: In 2020, LawNY services were mentioned in multiple newspaper and online articles.				X

2. What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?

Please check all that apply:

- Used Census or other data to identify target communities
- Translated program brochures and pamphlets into appropriate languages
- Sent newsletters or announcements to organizations that serve minority populations, disabled populations
- Publicized services through press releases, radio, television and local publications
- Located service delivery centers/offices in target communities
- Encouraged persons served to tell friends and neighbors of available services
- Sought out/accepted local speaking engagements to meetings and conferences sponsored by associations or other organizations that include minorities
- Included minority staff and interns in local programs or in conducting outreach
- Coordinated with other agencies which serve low income families in order to identify elders who may be in need of services
- Additional activities or strategies used to target services to minority elders

Please Specify: See above mentioned Large Scale Outreach & Service Events.

Some projects utilize direct mailings to low-income areas, such as our Nutrition Outreach Education Project, resulting in additional cases for seniors also needing legal services.

6. Equipment Inventory

Not applicable.

IV. Assessment Conclusion

In conveying general comments regarding LawNY's overall assessment of service delivery and contract compliance, please address the following areas:

Overall assessment of the strengths of LawNY:

AGENCY COMMENTS:

As demonstrated over our 53 years of service to our community, our strengths include collaborative relationships with community agencies throughout Monroe County, our commitment to serving low income populations, and our focus on overcoming barriers to legal representation. We provide outreach and presentations to community agencies, and other organizations serving individuals age 60 and above. We routinely accept invitations to speak and present to both staff of other human service organizations, and to consumer populations.

LawNY uses the NY Department of Health's Health Commerce System to satisfy contract requirements. LawNY also uses its own secure LegalServer database to compile outcome and demographic information, and for reporting of client statistics. This secure source provides detailed case management data on services to clients. LawNY agrees to provide aggregate data to the statewide Health Commerce System data base on a monthly basis.

ADDITIONAL AGENCY COMMENTS:

This funding was instrumental in our ability to provide expanded services to individuals impacted by the global pandemic.

LAWNY Financial Management & Inventory Control

Inventory Control – If no equipment was purchased with MCOFA funds move on to “LAWNY Financial Management, Safeguarding Funds & Protecting Assets”

1. Does LAWNY maintain sufficient documentation for equipment purchased with MCOFA funds?

Yes No ****Not Applicable**

Documentation:

2. Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property?

Yes No ****Not applicable**

3. Is the equipment purchased with MCOFA funds being used solely to benefit older persons (Unless costs are appropriately pro-rated)?

Yes No ****Not applicable**

Documentation:

Financial Management & Inventory Control Monitoring Form

MCOFA Contract

LawNY Financial Management

Safeguarding Funds & Protecting Assets

1. Are LawNY staff who handle monies (with the exception of attorneys) bonded?

Yes No

Documentation: see attached.

2. Are two individuals involved in counting customer (client) contributions?

Yes No

Documentation: See attached page 17 of accounting manual. Contributions received by our administrator are forwarded to finance staff for deposit.

3. Are individuals who are authorized to sign checks involved in processing invoices?

Yes No

Documentation: Only finance staff has access to accounting systems and check stock. No finance staff serve as check signers.

4. Are individuals who are authorized to sign checks different from the person(s) who maintain payroll records?

Yes No

Documentation: Payroll records are maintained by finance staff. See attached list.

5. Has LawNY maintained registration as a Charitable Organization with the Department of State?

Yes No

Documentation: see attached (#01-77-17).

5a. If no: does LawNY claim exemption from the registration (receiving less than \$25,000 in grants and contributions annually)?

Yes No ****Not applicable**

Documentation:

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**Lifespan
Wolk Cafe**
25 Franklin Street
Rochester, NY 14604

Program Representative/Coordinator: Ellen Apetz

Person Completing Assessment: Kris Santillo

Phone: 585-232-3617

Fax: 585-232-5256

Email: ksantillo@lifespan-roch.org

eapetz@lifespan-roch.org

Funding Period: January 1- December 31st, 2020

Evaluation Date: 9/7/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y ___X___N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served	(6,091 Lunch 1,344 Breakfast) 7,435 Total	10,542 ¹	4,568 Congregate Lunch 1,008 Congregate Breakfast 1,859 Home Delivered Meals
% Successful	90%	141%	90%

¹Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in March 2020.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Total # of Participants	100	297	70
% Satisfied	90%	86%	90%

[Completed Customer Satisfaction Analysis Attached](#)

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Please Indicate				
Total aged 75-84	100	74	50%	21%
Total aged 85+	38	15	19%	4%
Low Income (Less than 150%) of the Poverty Guideline)	100	235	50%	68%
LIM-Low Income Minority	40	153	18%	44%
Frail	38	75	19%	22%
Disabled	54	117	27%	34%
Lives Alone	130	221	65%	64%
Amer.Ind/Als.Native	1	1	<1%	<1%
Asian	6	2	3%	<1%
Black, not Hispanic	82	170	41%	49%
Hispanic or Latino	32	11	16%	3%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	88	141	44%	41%
Other	12	3	6%	<1%
2 or More Races	8	9	4%	3%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20. (6,091 Lunch + 1344 Breakfast)
 Daily average of ; # of Days Open (used lunch projection only)
 Program Year Contract

1. Actual # of eligible meals served: ; %.
 Actual Daily average of ; Actual # of Days Open

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) daily in March of 2020 using Meals on Wheels meals then switching to twice weekly in October with the Grab N Go meals from Goodwill, the regular caterer. These meals brought new and different participants due to the pandemic and increased economic insecurities.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	9,813	9,813	0%

- 1. Program Year Viewbuilder Event Profile Meal Units
- 2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above
- 3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **3,136.06** in participant contributions 1/1/20-12/31/20.

Actual per meal average of \$ **.32**

1. Program Year Viewbuilder Event Profile Meal Units

B. Actual collected \$ **12,267.04** in participant contributions 1/1/19-12/31/19.

Actual per meal average of \$ **1.82**

1. 2019 Program Assessment

C. **-74** % Change Total Collected **-82** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) daily in March 2020. The pandemic coupled with increased economic insecurities led to an overall reduction in contributions.

E. How were the contributions used to enhance the program? *With the center closed for in-person programs, the program coordinator purchased items to assemble self-care goody bags which were delivered to members. Holiday themed treats were also purchased and delivered throughout the year to maintain a social connection with members.*

5. OUTCOME OBJECTIVE #5: To provide outreach* to **80 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **212**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) daily in March 2020. These meals brought new and different participants due to the pandemic and increased economic insecurities.*

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County? *During grab and go meal deliveries, staff dropped off monthly newsletters to area apartment buildings in the city center area.*

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifespan Health & Safety Policy on file.
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Semi-annual inspections (Apr/Oct) through Cintas, service reports available upon request
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Kit in office - NARCAM kit located in office & at front desk No Defibrillator-not required
Monthly Fire and Safety Inspections of the facility are conducted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Log maintained? No, due to program closure. We will work to create a log for 2021.
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training: Every 2 years Is there a policy: Per job descriptions
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In PC's office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In PC's office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At front desk
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In lock box
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign posted on lock box and bulletin board in café area
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin board in café area
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin board in café area
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin board at main office
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin board in café area
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin board in café area
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On monthly newsletter
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On monthly newsletter
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In PC's office
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: For fiscal year Apr 2020 – March 2021, the audit was conducted July 2021 by The Bonadio Group
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Team meetings are held monthly

The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Monthly or as needed Minutes maintained: Yes
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifespan staff trainings are available quarterly. Staff is encouraged to participate in food safety trainings shared by MCOFA.
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Performance Evaluations Frequency: Annually
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Performance Evaluations are completed annually
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rochester Public Library, Cornell Co-op Extension, Hochstein School of Music, Foodlink, WinnResidential, Medical Motors, Pathstone
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the Café area
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corporate Compliance including PHI/PII trainings held annually
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognition included in printed monthly newsletters Newsletters are also available on Lifespan's website
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Monthly Jan – March 2020 Minutes maintained: Yes
Participants are notified who their site council/Project Council members are?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Program Coordinator is working to recruit Project Council members.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: 08/2020
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Language Line available
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Safe Zone" sign placed on bookcase by entryway

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: The Wolk Café is a program of Lifespan of Greater Rochester Inc, a premier agency on aging. At Lifespan, excellent customer service, ongoing staff training and access to community resources are provided at the highest level. With the onset of the COVID-19 pandemic, the Wolk Café closed its doors March 13, 2020 and remained closed until July 2021. Café staff was nimble enough to pivot and continue serving members via virtual programs and personally delivered meals, essential personal care items and masks. Staff made hundreds of well check calls to all registered members to ensure needs were met and offer reassurance during this unsettling and frightening time.

Below is the Wolk Café's COVID-19 response data:

	Total
Meals on Wheels delivered (March – August)	6,918
Foodlink boxes	785
Wellness calls (units recorded starting in April)	1,056
Virtual programs (launched in July)	85

Outdoor in-person tai chi (August - October)	11
Grab & Go's delivered Tues & Thurs beginning Sept.	1,470

MCOFA Comments: Lifespan's Wolk Café responded in force to meet their area's needs when the centers were closed due to the pandemic. They quickly began delivery To Go meals provided through Meals on Wheels along with goody bags and personal need items. They made sure to maintain contact with participants old and new to help them from feeling isolated. They were able to reach and surpass most projections: doubling the daily average meals served, serving 141% of projected meals, 172% projected people served and almost tripling their outreach efforts. The center was able to do this while maintain a 0% waste factor. Those served were very diverse with a majority identifying as low income, specifically low-income minorities, and those that live alone, key demographics for the program. The center excelled in their response and remained flexible through many changes..

2. Areas in need of attention

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

3. Additional resources/technical assistance requested

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

<p>Program: <u>CSI Lily Café</u> <u>Recreation & Education</u></p> <p>Contractor: <u>Lifespan of Greater Rochester</u></p> <p>Address: <u>1900 South Clinton Ave</u> <u>Rochester, NY 14618</u></p> <p>Contact: <u>Jody Rowe</u> <u>Chief Operating Officer</u></p>	<p>Contract / Program Period: <u>04/01/20-12/31/20</u></p> <p>Monroe County Vendor #: <u>11103793</u></p> <p>Contract Reference #: _____</p> <p>Federal CFDA #: _____</p> <p>Phone/E-mail: <u>585-244-8400 ext 131</u> <u>jrowe@lifespan-roch.org</u></p>
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Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	-
7. Contractual	1,190
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources <i>(do not include in Budgetary Information above)</i>	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Line 21	30	39.67	1,190

2020 Lifespan CSI Lily Cafe Revised.xls

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

<p>Program: <u>CSI Senior Center</u> <u>Recreation & Education</u></p> <p>Contractor: <u>Lifespan of Greater Rochester</u></p> <p>Address: <u>1900 South Clinton Ave</u> <u>Rochester, NY 14618</u></p> <p>Contact: <u>Jody Rowe</u> <u>Chief Operating Officer</u></p>	<p>Contract / Program Period: <u>04/01/20-12/31/20</u></p> <p>Monroe County Vendor #: <u>11103793</u></p> <p>Contract Reference #: _____</p> <p>Federal CFDA #: _____</p> <p>Phone/E-mail: <u>585-244-8400 ext 131</u> <u>jrowe@lifespan-roch.org</u></p>
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Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	-
7. Contractual	1,190
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources <i>(do not include in Budgetary Information above)</i>	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Senior Rec & ED	30	39.67	1,190

Program: Lifespan Wolk Café at Sibley Square
IIIC Funding

Contract / Program Period:
01/01/20-12/31/20

Contractor: Lifespan of Greater Rochester

Monroe County Vendor #: 11103793

Address: 1900 South Clinton Ave
Rochester, NY 14618

Contract Reference #: _____

Federal CFDA #: 93.045

Contact: Jody Rowe
Chief Operating Officer

Phone/E-mail: 585-244-8400 ext 131

jrowe@lifespan-roch.org

Budget Summary Form	Total
1. Personnel	\$ 18,014
2. Fringe Benefits	3,603
3. Equipment	-
4. Travel	944
5. Maintenance & Operations	49,589
6. Other Expenses	5,945
7. Contractual	-
8. Food/Meals	\$ -
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 78,095
11. Anticipated Income	14,870
12. Net Total (Line 10 minus 11)	63,225
13. Subcontractor Match 25.7%	16,280
14. MCOFA Funds (Line 12 minus 13)	\$ 46,945
15. Other Resources (do not include in Budgetary Information above)	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Outreach	80	65.76	5,261
Congregate meals	7435	9.80	72,834

2020 Lifespan IIIC 2020 Senior Center.xlsx

Program: Lifespan Wolk Café at Sibley Square
CSE Funding

Contract / Program Period:
04/01/20-3/31/21

Contractor: Lifespan of Greater Rochester

Monroe County Vendor #: 11103793

Address: 1900 South Clinton Ave
Rochester, NY 14618

Contract Reference #: _____

Federal CFDA #: n/a

Contact: Jody Rowe
Chief Operating Officer

Phone/E-mail: 585-244-8400 ext 131

jrowe@lifespan-roch.org

Budget Summary Form	Total
1. Personnel	\$ 62,056
2. Fringe Benefits	12,411
3. Equipment	-
4. Travel	2,420
5. Maintenance & Operations	33,431
6. Other Expenses	10,576
7. Contractual	6,000
8. Food/Meals	-
9. Purchase of Service	3,806
10. Total Program Budget (Lines 1 to 9)	\$ 130,700
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	130,700
13. Subcontractor Match 38.8%	50,700
14. MCOFA Funds (Line 12 minus 13)	\$ 80,000
15. Other Resources (do not include in Budgetary Information above)	-

AIP Service Delivery:		Units	Unit Cost	Total Cost
Line 21	Rec and Ed	1543	84.71	130,700

2020-21 Lifespan CSE Senior Ctr.xls

Center Name: Wolk Cafe

Satisfaction Survey Analysis

Total Distributed: 115

Total Participants: 297

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening					301	<u>15</u> / 345	87%
Have you participated in the Grab N Go meals option					210	<u>115</u> / 345	61%
Do you have access to a computer/the internet					244	<u>112</u> / 336	73%
Would you participate in online center activities if they were offered					262	<u>110</u> / 330	79%
Has the center helped you during the pandemic					262	<u>15</u> / 345	76%
Has the center improved the quality of your life					289	<u>112</u> / 336	86%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
				319	<u>169</u> / 327	98%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

**Monroe County
Department of Human
Services' Office for the
Aging
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

LIFESPAN OF GREATER ROCHESTER, INC.

2020

Elder Abuse Prevention, Respite and
Intervention Services

Amount of Contract: \$20,000 (OFA) + 94,303 (DHS) = \$114,303
Funding Period: January 1, 2020 to December 31, 2020
Funding Sources: Title IIIB, and Monroe County DHS
Key Contact: Paul Caccamise, Vice-President, Lifespan

Date of Site Visit: 7/15/2021

MCOFA Monitor: Perry Brown

Others Participating: Paul Caccamise, VP for Program
Kelly Zunner-Daniels, Director,
Upstate Elder Abuse Center

I. Past performance/Previous recommendations

1. Review Findings/Units of Service

1. Were there findings from the prior year's monitoring that required corrective actions to address areas of non-compliance?

Yes No N/A

If yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

1a. Projected Units of Service

LIFESPAN EAP & Respite Services	Projected Units 2020	Actual 2020 Units	% of Projection
Elder Abuse Prevention & Respite Care: OFA UNITS	250	235	94%

1a. Describe reason(s) for any variances:

2. Projected Persons Served

LIFESPAN Respite Services	Projected No. of Persons Served	Actual No. of Unduplicated Persons Served in 2019	% of Projection
Elder Abuse Prevention & Respite Care	250	235	94%

2. Describe reason(s) for any variances.

The Covid pandemic depressed the number of referrals to the UpEAC, in particular in the beginning month of the public health emergency.

3. Intervention Services

LIFESPAN Service	Projected Interventions	Actual Interventions
# served	250	235
# successful	215	179*
% successful	86%	76%

*extrapolated from 114 closed cases surveyed through phone (or face to face) follow up contacts: of 114, 76% reported reduction or elimination of abuse.

3. Describe reason(s) for any variances:

Face to face follow up contacts were suspended in 2020. 76% represents a drop in successful interventions from previous years. The limited contact UpEAC had with clients face to face with clients during much of the year may have contributed to a lower rate of impactful outcomes.

4. Respite Services

LIFESPAN Service	Projected Respite	Actual Respite
# served	20	5
# successful	19	5
% successful	95%	NA*

Measure of success in respite cases not defined. Respite cases are included in general follow up survey of EAPP cases (see #3.)

5. Expenditures

LIFESPAN Service	Projected Expenditures	Actual 2020 Expenditures	% of Projection
EAP Respite Care	\$20,000	\$7,218	36%

4. Describe reason(s) for any variances: served fewer clients with respite services

LIFESPAN Service	Projected Expenditures	Actual 2020 Expenditures	% of Projection
EAP Intervention	\$94,303	\$94,303	100%

4a. Describe reason(s) for any variances: N/A

6. Actual Cost per Client

LIFESPAN Service	No. of Persons Served	Actual 2020 Expenditures	Average Cost Per Client
EAP Respite Care	5	\$7,218	\$1,444
EAP Intervention	235	\$94,225	\$401

5a. Do costs per person appear reasonable? Yes No

If no, please explain:

General Comments on Service Activity and Delivery:

II. Targeting Compliance

1. Minority Elders Served

LIFESPAN Service Combined	% of Minority Elders in Elderly Population In Catchment Area	Total Elders Served	Total Minority Elders Served	% of Minority Elders Among Total Elders Served
	29.5%*	235	50	19%

1a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes If Yes, to what do you attribute your success?

*Monroe County only (2019 US Census Quick Facts estimates)

Lifespan conducts ongoing outreach to minority communities. Racial/ethnic background info is not available for 42 clients so the proportion of minority elders in the caseload for 2020 may be higher.

No If No, please state the reason and outline specific action plan to reach the objective.

2. Minority Elders with Low Incomes Served

LIFESPAN Service Combined	% of Minority Elders with Low Incomes In Elderly Population In Catchment Area	Total Elders Served	Total Minority Elders with Low Incomes Served	% of Minority Elders with Low Incomes Among Total No. of Elders Served
EAP Respite & Intervention	3.3%	235	22*	9.4%

2a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to minority elders with low incomes at least in proportion to their representation in the total elderly population within the service provider's catchment area?

*Note: Income data was not available for 112 clients.

Yes

If Yes,

➤ to what do you attribute your success?

LIFESPAN concentrates on targeting minority clients by doing presentations to area minority churches, minority groups through its EAPP, Fraud and Scams program and through outreach publicity in minority publications and in the mainstream media.

No

If No,

please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

3. Elders With The Greatest Economic Need

LIFESPAN Service Combined	% of Elders With Low Incomes In Elderly Population In catchment area	Total Persons Served	Total No. of Elders with Low Incomes Served	% of Elders with Low Incomes Among Total Persons Served**
EAP Respite & Intervention	7% (Monroe County)* 15% (City of Rochester)*	235	49	20.9%

*based on US Census American Community Survey data – 2010-2014; residents over 65 living in poverty.

**percentage of clients in Monroe County with annual incomes below \$15,000 per year.

3a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within LIFESPAN's catchment area?

Yes

If Yes, to what do you attribute your success?

No

If No, please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

4. Elders with the Greatest Social Need: Living Alone

LIFESPAN Service Combined	% of Elders Living Alone in The Elderly Population Catchment Area	Total Persons Served	Total No. of Elders who Live Alone Served	% of Elders who Live Alone Among Total Persons Served
EAP Respite & Intervention	44.7%*	235	78	33%

**American Community Survey – US Census – 2015 estimate for non-institutionalized older adults 60 years+ in Monroe County*

***These are clients listed as living alone in the EAPP database.*

4a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest social need at least in proportion to their representation in the total elderly population within LIFESPAN’s catchment area?

Yes **If Yes**, to what do you attribute your success?

NYS OCFS Trust Fund project has brought

No **If No**, please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

5. Frail And Disabled Elders

LIFESPAN Service Combined	% of Frail or Disabled Elders in Elderly Population In Catchment area	Total Persons Served	Total No. of Frail or Disabled Elders Served	% of Frail or Disabled Elders Among Total Persons Served
EAP Respite & Intervention	28.1%*	235	100	42.5%

**American Community Survey – 2015 estimate for 60+ population in Monroe County, NY*

5a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to the elderly with frailty or disability at least in proportion to their representation in the total elderly population within LIFESPAN's catchment area?

Yes **If Yes,** to what do you attribute your success?

Lifespan has conducted extensive outreach to healthcare facilities and practitioners in the past four years which may account in part for the high percentage of clients referred with frailty/chronic disability.

No **If No,** please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

5b. Is your Agency responsive to "LEP"?

Limited English Proficiency – Individuals who do not speak English as their primary Language and have limited ability to read, speak, write, or understand English can be Limited English proficient.

Brochures are written to be understandable to persons with moderate literacy in written English. Some agency materials are translated into Spanish. Some agency training is delivered in Spanish or other languages. Lifespan has staff who are proficient in some languages other than English. The agency has a contract with Language Line for over the phone interpretation and also contracts with other interpreter services (EZ Translation, Language Intelligence, CDR) for ASL and other languages.

X Yes **No**

If No, Please state the reason and outline specific action plan to reach the objective

5c. Is your Agency responsive to LGBT Clients?

X Yes **No**

If No, Please state the reason and outline specific action plan to reach the objective

Lifespan has inclusive, non-discrimination policies in place which includes service to LGB and transgender individuals. Staff receives training and is knowledgeable about culturally competent service to LGBT older adults. Lifespan has assigned a care

coordinator to do connect with Rainbow Seniors ROC for consultations with caregivers through the Finger Lakes Caregiver Institute. UpEAC has a grant from the NYS Children and Family Trust Fund to do outreach, education and intervention around elder abuse in the LGBT community. Since the dissolution of the Out Alliance in June 2020, Lifespan has teamed up with Trillium Health for outreach and education purposes.

III. General Management: Contracts & Services

1. Staffing

1a. Does LIFESPAN have adequate staff to perform the activities required under contract with MCOFA?

Yes

No *Workloads in EAPP are manageable with current staff. The Program also utilizes MSW students from area colleges.*

1b. Does LIFESPAN have a training plan designed to assist staff in carrying out assigned tasks?

- Yes No **Cultural Competency LS-116 of Program Policies and Procedures states Lifespan will offer on-going, in-services, and follow-up in-services, will increase staff knowledge of various cultures and of generational differences and enable them to work effectively with consumers from various cultures.*
- Staff receive mandatory orientation to culturally competent practice in a new staff orientation session following their hire. In addition to those in-services we have a small committee that organizes other trainings and in-services throughout the year (i.e., work with persons with disabilities, trauma in older adults, etc.). Clinical supervisor meets with each staff person for case planning, monitoring of their work and knowledge development.*
-

1c. Would a random check of LIFESPAN's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No **Kept in Human Resources -all in-service materials and includes the sign in sheets for who attend. Separate files are also maintained for six years for Lifespan-sponsored training that qualifies for licensed social worker CE contact hours. (Lifespan is a NYSED-approved provider of CE courses.)*

1d. Does LIFESPAN comply with Affirmative Action and Equal Opportunity guidelines?

Yes No **We have a formal written Equal Employment Opportunity Policy and a formal Affirmative Action-kept in Human Resources.*

1e. Is an EEO sign posted in a prominent location ? **Posted on employee bulletin board at employee entrance.*

Yes No

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No **Lifespan facilities are handicap accessible / interpreters are available for deaf person who use ASL. Renovations in 2016 include handicap accessible restrooms and hearing loops in three large meeting rooms for hard of hearing with T-coil hearing aids.*

1g. Does the LIFESPAN staffing pattern reflect the minority representation in the total population?

For 2020- White 83%, African American 10%, Asian <1%, ---Hispanic 4%, 2 or more races 3%

Yes No

1h. Can LIFESPAN document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No **The recruitment efforts including efforts to recruit Minorities is documented in the Affirmative Action plan.*

2. Administrative Provisions

1. Are LIFESPAN staff activities consistent with prohibitions against participation in partisan activities?

Yes

No

**Prohibition against partisan political activities is contained in Lifespan policy# 113FP*

2. Are the facilities where LIFESPAN services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes

No

3. Are the services carried out under MCOFA contract secular in nature?

Yes

No

4. Has LIFESPAN given due recognition to the US. Administration on Aging, the New York State Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials.

Yes

No

**Acknowledged in UpEAC brochures and other materials.*

5. Does LIFESPAN have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes

No

**Record retention guidelines are contained in policy # LS 110. Records are now kept for ten years.*

6. What provisions has LIFESPAN made to protect the confidentiality of customer (client) information?

Confidentiality and HIPAA policies are in place within Lifespan. Training is given regarding confidentiality to each new staff person hired as well as in ongoing training during annual corporate compliance training (Policy # LS 103).

7. Does LIFESPAN have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services?

Contribution System	
Yes	No
X	

**All Lifespan staff are trained to encourage donations.*

8. Does LIFESPAN have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

**Lifespan's grievance policy is contained in policy # LS 114.*

9. Does LIFESPAN have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

**Lifespan distributes client satisfaction & surveys. In the EAPP program, staff contact clients by phone or in person to evaluate the impact of the intervention and for customer feedback on service provided.*

10. Does LIFESPAN have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

**See policy # LS-100.*

11. Does LIFESPAN make service sites and program information accessible to persons with disabilities?

Yes No

12. Does LIFESPAN solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or , on ways to make services more accessible and appealing to culturally diverse populations

Yes

No

**See policy regarding Culturally Competent Practice: policy # LS 116. Lifespan has an active Diversity Equity and Inclusion Committee that guides the agency and makes recommendations about outreach and competent service to minority groups. Lifespan also distributes customer surveys in person and on line to clients and constituents to solicit feedback about our services.*

3. Interagency Coordination

1. Describe LIFESPAN's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Data Base (PeerPlace) - an electronic system is used to track referrals made to outside organizations as well as to record case activity.

2. Has LIFESPAN worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes

No

**See policy # LS-112 (Referral of Clients for Services)*

If yes, please provided examples of this coordination:

**Eldersource uses PeerPlace for intakes, referrals and information sharing. A common database used by aging service programs minimizes chances of duplication of services.*

**EAPP meets with Adult Protective staff periodically to coordinate efforts around elder abuse cases.*

**EAPP collaborates with Alzheimer's Association, Ibero, Trillium Health, Legal Aid, Willow, LawNY, URMIC and other agencies and organizations to coordinate service to individual clients and to avoid duplication of service.*

4. Service Promotion & Marketing

1. Indicate what regular means LIFESPAN employs to disseminate information to the public and approximately how often this occurs:
 - *Public awareness commercials (PSAs and paid ads as funding permits)
 - *brochures distributed (ongoing)
 - *Presentations by staff (2020 – EAPP staff conducted trainings and presentations for nearly 3,200 individuals (nearly all virtual presentations).
 - *Editorials and other newspaper articles (occasional)
2. What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?
 - *took part in community health fairs
 - *presentations and tabling events at minority churches
 - *public awareness commercials
 - *translated agency brochures into Spanish
 - *coordinate with other agencies which serve low income minority)

5. Equipment Inventory

Reference Enclosed Inventory Sheet for Equipment purchased via MCOFA contracts for services.

6. PeerPlace and ContractHQ Reporting

1. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via *Peer Place*, and County Contract HQ.

Primary ContractHQ person: Paul Caccamise, VP for Program
Back-up ContractHQ person: Jane Kress, Contract Manager

Primary Case Management-PeerPlace: All case managers/social workers
Back up person: NA

Measurements in ContractHQ-Primary: Paul Caccamise, VP for Program
Back-up: Kelly Zunner-Daniels, Director, UpEAC

PeerPlace Reports-Primary: Kelly Zunner-Daniels, Director, UpEAC
Back-up: Tracey Siebert, Social Worker

1. Do the **NAPIS Client** and **Unit Counts** for the Program services noted have a less than 10% missing data per the PeerPlace reporting system?

N/A Yes ____ No

7. Financial Management-Inventory Control Monitoring

1. Does LIFESPAN maintain sufficient documentation for equipment purchased with MCOFA funds? yes

Documentation: *Receipts and information are logged in on specific invoices for each purchase made under each funder --LS 111 FP*

2. Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property? yes

Documentation: inventory chart

3. Is the equipment purchased with MCOFA funds being used solely to benefit older persons and/or their informal family caregivers (Unless costs are appropriately pro-rated)? yes

Documentation: inventory chart

8. Financial Management-Safeguarding Funds & protecting Assets

1. Are LIFESPAN staff who handle monies (with the exception of attorneys) bonded? *Yes, the agency as a whole is bonded, not each individual employee*

Documentation: *LS-101FP

2. Are two individuals involved in counting customer (client) contributions?
Yes

Documentation: LS-101-FP

3. Are individuals who are authorized to sign checks involved in processing invoices? No

Documentation: LS-100-FP

4. Are individuals who are authorized to sign checks different from the person(s) who maintain payroll records? Yes

Documentation: LS-100-FP

5. Has LIFESPAN maintained registration as a Charitable Organization with the Department of State? Yes

Documentation: 501(c)(3), Charities Reg. Number: 05-19-45

5a. If no: does LIFESPAN claim exemption from the registration (receiving less than \$25,000 in grants and contributions annually)?

Documentation:

IV. Assessment Conclusion

In conveying general comments regarding Lifespan's overall assessment of service delivery and contract compliance, please address the following areas:

Please see the Contractor Annual Service Report.

**Monroe County
Department of Human
Services' Office for the
Aging
Program Evaluation and
Contract Compliance**

**2020 ANNUAL PROGRAM AND SERVICE
ASSESSMENT**

MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

AS Funded by: Older Americans Act of 2016, As Amended and NYS Funds

CONTRACTOR

LIFESPAN OF GREATER ROCHESTER, INC.

Financial Management Assistance Program

EXPENDITURES

Title III-B (1/1/20 to 12/31/20)	-----	\$ 54,050
NYS CSE (4/1/20 to 3/31/21)	-----	\$ 26,403
SSC3* (3/20/20 to 3/31/21)	-----	\$ <u>50,000</u>
		\$ 130,453

***Amendatory allocation**

Date of Assessment: 09/28/21
MCOFA Monitor: Kitty Koul
Others Participating: Gabriel Geiger, Lifespan Program Manager

I. Past performance/Previous recommendations

1. Review Findings/Units of Service

1. Were there findings from the prior year’s monitoring that required corrective actions to address areas of non-compliance?

Yes ___ No X

If yes, were all findings from MCOFA’s previous monitoring efforts satisfactorily addressed?

II. Service Activity Review

1. Units of Service

<i>LIFESPAN Service Units</i>	Projected # of Units (2020)	Actual # of Units (2020)	% of Projection (2020)
FM – CSE & Title III-B	7,462	5,941	79.61%
FM – SSC3 3/20/20-3/31/21 COVID	2,000	1509	75.45%

Describe reason(s) for any variances: Number of units served is lower due to COVID-19 pandemic.

2. Projected Persons Served (One-to-One)

LIFESPAN Service	Projected # of persons 60 +Served (2020)	Actual # of Unduplicated Persons Served (2020)	% of Projection (2020)
FM – CSE & Title III-B	376	406	107%
FM – SSC3	81	116	143.21%

Describe reason(s) for any variances:

3. Service Waiting Lists

Financial Management	Waiting List Maintained?		If Yes, please check all that apply & current # on wait list.	Resulting number of referrals to other agencies in 2020
Waiting List	Yes 17 - 41	No	<input checked="" type="checkbox"/> Lack of Funding <input checked="" type="checkbox"/> Lack of Staff Other: Please Specify The wait list varied throughout the year 17 - 41, it was 23 in December	0

4. Expenditures

LIFESPAN Service	Projected Expenditures (2020-2021)	Actual Expenditures (2020)	% of Projection (2020)
Financial Management	\$130,453 (includes amendment)	\$130,453	100%

Describe reason(s) for any variances:

5. Actual Cost Per Customer (Client)

LIFESPAN Service	# of Persons Served (2020)	Actual Expenditures (2020)	Average Cost Per Client (2020)
Financial Management	406	\$130,453	\$321.31
MCOFA Funds			

Do costs per person appear reasonable? X Yes ___ No

If no, please explain:

6. Actual Cost Per Unit

LIFESPAN Service	Projected Cost Per Unit	# of Units (2020)	Actual Expenditures (2020)	Average Cost Per Unit (2020)
Financial Management	\$12.88	5,941	\$130,453	\$21.96
MCOFA Funds				

Do costs per person appear reasonable? X Yes ___ No

If no, please explain:

III. Outcome Measures

ContractHQ Update

Please review HQ Outcome measures for accuracy

1) **Outcome Objective #2:**

To maintain and/or increase the financial stability and independence of older adults in the community through money management services.

Timeframe	Projected 2020	Actual 2020	Projected 2021	Projected 2022
Total # of People Served	372	406	200	200
# Successful	335	369	180	180
Percent Successful	90%	91%	90%	90%

2) Outcome Objective #3:

To recruit and train Financial Management volunteers

Indicator of Success: Number of volunteers recruited and trained meet set target			
Time Frame	Assement Year Projection 1/1/20 - 12/31/20	Assessment Year Actual 1/1/20 - 12/31/20	Current Year Projection 1/1/21 - 12/31/21
Projected Total No. of Financial Management Volunteers	60	95	60
% Successful	90%	90%	90%
Basis for Next Year Projection (source & relevant statistics):			

3) Outcome Objective #4:

Overall Satisfaction with Lifespan Financial Management Program

Indicator of Success: Seniors will be satisfied with Financial Management services. From the annual Satisfaction Survey, the question "Overall, the services Lifespan provided me financial intervention services that increased my ability to protect and manage my assets satisfactorily" will have a combined percentage of "Strongly Agree" and "Agree".			
Time Frame	Assement Year Projection 1/1/20 - 12/31/20	Assessment Year Actual 1/1/20 - 12/31/20	Current Year Projection 1/1/21 - 12/31/21
# of responses received	74	104	74
# of satified participants	N/A	97	67
% Satisfied	90%	93.3	90%
Basis for Next Year Projection (source & relevant statistics): Unduplicated individuals served			

4) Outcome Objective #6:

Contributions - To collect a minimum of \$400 CSE Budget and \$400 Title IIIB Budget in participant contributions during the contract period from 01/01/2020 to 12/31/2020.

Actual Collected: \$468.00

Actual Per I&A session Average: \$0.08

5a. Performance Measure

Describe method for measuring program performance:

Program performance is measured by satisfaction surveys and the volunteer reports which summarize the hours of service provided, the financial and non-financial activity on behalf of the client. These tools and resources, coupled with the length of services provided are indicators of the effectiveness and satisfaction of the Financial Management. They all demonstrate the older adults' ability to maintain their independence in the community.

5b. Analysis & Plans for Continuous Program Improvement

Describe process for program analysis and plans for program improvement:

Our data and survey tools provide statistical data necessary to continually revise our program to meet the needs of our clients. Health fairs, seminars, newsletter and other outreach activities help the community to understand the effectiveness of our program. We schedule monthly new volunteer orientation, certification and in-service programs to provide additional improvement opportunities for volunteers and thereby the clients whom we serve. (NOTE: Please see question 5c below for additional specific examples). We have trained a select group of volunteers to connect telephonically with and follow-up with the clients that are on our Wait List because they need our help now and a true wait list would be a dis-service.

5c. Specific Program Improvements

Based upon answer provided in 5b. above, describe specific examples on adjustments made to improve program based upon feedback received per 6d above: process for program analysis and plans for program improvement:

The select group of volunteers connect and follow-up with the clients that are on our Wait List, because they need our help now and a true wait list would be a dis-service. The volunteers assist the clients on the phone and provide resolution and guidance on a variety of issues (creditor, housing, link with resources, etc.) until a home visitation FM volunteer becomes available.

General Comments on Service Activity and Delivery:

III. Targeting Compliance

1. Minority Elders Served

LIFESPAN Service	Projected % of Minority Elders	Total Elders Served	Total Minority Elders	% of Minority Elders Among Total Elders Served
Financial Management	13%	406	92	22.66%

1a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes X **If Yes,**

To what do you attribute your success? Outreach and referral source experience

No _____ **If No,** _____

Please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

2. Minority Elders with Low Incomes Served

LIFESPAN Service	Projected % of Minority Elders with Low Incomes	Total Elders Served in 2020	Total Minority Elders with Low Incomes	% of Minority Elders with Low Incomes Among Total Elders Served
Financial Management	4.09%	406	52	12.81%

2a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to minority elders with low incomes at least in proportion to their representation in the total elderly population within the service provider’s catchment area?

Yes X If yes,

To what do you attribute your success? Outreach and referral source experience

No _____ If No,

Please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

3. Elders with the Greatest Economic Need.

LIFESPAN Service	Projected % of Elders with Low Incomes Served	Total Persons Served in 2020	Total No. of Elders with Low Incomes Served ?	% of Elders with Low Incomes Among Total Persons Served
Financial Management	20%	406	62	15.27%

3a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within LIFESPAN's catchment area?

Yes X If Yes,

To what do you attribute your success? Outreach and referral source experience

No ____ If No,

Please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

4. Elders with the Greatest Social Need: Living Alone

LIFESPAN Service	Projected % of Elders Living Alone	Total Persons Served in	Total No. of Elders who Live Alone	% of Elders who Live Alone Among Total Persons Served
Financial Management	27.47%	406	216	53.20%

4a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest social need at least in proportion to their representation in the total elderly population within LIFESPAN's catchment area?

Yes X

If Yes, To what do you attribute your success? Outreach and referral source experience

No _____ If No, explain why?

General Comments on Service Targeting:

IV. General Management: Contracts and Services

NOTE: For the following "General Management" sections please provide source documents (as reasonable) at time of site visit by MCOFA Program Monitor.

1. Staffing

1a. Does LIFESPAN have adequate staff to perform the activities required under contract with MCOFA

Yes ___ No x

If not, please explain the impact on the program or service and any steps being taken to improve staffing levels:

Targeted outreach difficult to accomplish. Wait list in effect.

1b. What are your counseling parameters to assist beneficiaries (i.e., office hours, counselor availability, etc.)?

Category	Number
Number of Trained Staff Counselors	1
Number of Trained Volunteer Counselors	95
Number of Counseling Sites and personal residences*	1
Number of Training Sites with Internet Access Available	1
Number of Counselors Trained to Use Internet-based Counseling and Enrollment Resources (Plan Finder, etc.)	95

*Counseling is done at Clients home

1c. Does LIFESPAN have a training plan designed to assist staff in carrying out assigned tasks?

Yes X No ___

1d. Would a random check of LIFESPAN's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications?

Yes No

1e. Does LIFESPAN comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

1f. Is an EEO sign posted in a prominent location?

Yes No

If Yes, Where? Staff and copy room at Lifespan

1g. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

Such as: Handicap parking, automatic doors, Deaf & Hard of Hearing service with interpreters who speak ASL

1h. Does the LIFESPAN Financial Management staffing pattern reflect the minority representation in the total population?

Yes No

If no, please explain: Our agency staffing pattern does reflect the minority representation in the total population and they do provide services to FM clients through our referral process to other programs.

1i. Can LIFESPAN document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No

1i. Were there any programmatic changes initiated during the grant year that impact the scope or quality of service?

Yes No

If yes, please discuss briefly: trained volunteers to assist staff with clerical duties, enabling staff to work with clients in hard to assign situations.

- 1j. Does Financial Management provide equal access to persons with Limited English Proficiency (LEP) as outlined by *Federal Executive Order 13166 and Governor Cuomo's Statewide Language Access Policy (no.26)*?

Yes No

If no, please state the reason and outline specific action plan to reach the objective

2. Administrative Provisions

1. Are LIFESPAN staff activities consistent with prohibitions against participation in partisan activities?

Yes No

2. Are the facilities where LIFESPAN services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

3. Are the services carried out under MCOFA contract secular in nature?

Yes No

Has LIFESPAN given due recognition to the US. Administration on Community Living, the New York State Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes No

If "Yes", please provide samples of source documents.

See attached FM brochure

If "No", please address plan to accomplish.

4. Does LIFESPAN have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

If yes, please specifically identify where this can be found?

Lifespan - Records Retention policy (LS-118-FP)

5. What provisions has LIFESPAN made to protect the confidentiality of customer (client) information?

Confidentiality & HIPAA policies are in place and reinforced with staff at meetings, conferences, trainings, & during individual supervision. All clients are provided with documents regarding confidentiality and no information is shared without written consent of the client. Case files are kept electronically on Peer Place - a highly secure system with HIPPA protections. A service is also in place for confidential document destruction.

6. Does LIFESPAN have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services?

LIFESPAN Service	Contribution System	
	Yes	No
Financial Management	x	

- 6a. If yes, how are contributions utilized?

Contributions are incorporated into the program budget to cover expenses.

7. Does LIFESPAN have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes ___x___ No ___

8. Does LIFESPAN have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes ___x___ No ___

9. Does LIFESPAN have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes ___x___ No ___

10. Does LIFESPAN make service sites and program information accessible to persons with disabilities?

Yes No

11. Does LIFESPAN solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, on ways to make services more accessible and appealing to culturally diverse populations?

Yes No If yes please document your source.

Client Surveys

3. Interagency Coordination

1. Describe LIFESPAN's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Referrals to other programs that use the NYSOFA PeerPlace database are made through the referral function within the database. When a referral is made to another organization that does not support our database's electronic referrals, the consent of the customer and subsequent referral details are entered into a case note in their record.

2. Has LIFESPAN worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Check as many as apply to LIFESPAN's coordinative efforts:

Participation in interagency meetings to plan and coordinate services (CFC, Jewish Family Services)

Coordination of funding proposals with other human services organizations (CFC, Jewish Family Services)

Coordination of referrals and follow-up transactions with other local service providers (EISEP, Elder Abuse Prevention, Future Care Planning, GRAPA, TRAC/STAR, GAP, CFC, Medical Motors, UR Home Care - Meals on Wheels, Wellness Counseling, Community mental health services)

Memos of Understanding or similar agreement with other organizations (CFC, Jewish Family Services)

Development and implementation of a central assessment unit for services carried out by multiple agencies

- x___ Working with other providers to update information of available services and eligibility (NY Connects Website, Eldersource Website, GRAPE Guide)
- x___ Other coordinative activities (please list): Lifespan staff work in a coordinated effort with discharge planners and other hospital based staff, mental health professionals, various city and town departments and programs, employer sponsored events, medical offices, Adult Protective Services, faith communities, attorneys and other businesses that interact with older adults. Our staff participates as speakers and panel members on regional and statewide conferences, as well as for local organizations looking for information on all older adult services, including mental health programs. Many of these result in referrals to assist the isolated and vulnerable older adult.

4. Service Promotion & Outreach

1. Indicate what regular means LIFESPAN employs to disseminate information to the public and approximately how often this occurs:

<i>Indicate Frequency</i>	Weekly	Monthly	Annually	Other: (Please specify)
x___ Newsletters	x			periodic
x___ Television Programming				periodic
x___ Public Presentations				periodic
x___ Brochures/Pamphlets				periodic
x___ Other: RSVP				periodic

2. What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?

Please check all that apply:

- ___ Used Census or other data to identify target communities
- ___ Translated program brochures and pamphlets into appropriate language
- ___ Sent mailings to target population
- ___ Sent newsletters or announcements to organizations that serve minority populations, disabled populations
- ___ Publicized services through press releases, radio, television and local publications
- ___ Located service delivery centers/offices in target communities
- ___ Encouraged persons served to tell friends and neighbors of available service
- ___ Sought out/accepted local speaking engagements to meetings and conferences sponsored by associations or other organizations that include minorities
- ___ Included minority staff and interns in local programs or in conducting outreach
- ___ Coordinate with other agencies which serve low income families in order to identify elders who may be in need of services
- ___ Additional activities or strategies used to target services to minority elders

Please Specify:

5. Equipment Inventory

Please list any equipment purchased via MCOFA contract (or disposed of) and documentation, identification and degree of any shared usage of this equipment.

Attachment: "Equipment Inventory and Disposition Form"

V. Assessment Conclusion

In conveying general comments regarding LIFESPAN's overall assessment of service delivery and contract compliance, please address the following areas:

AGENCY COMMENTS:

The COVID pandemic created many challenges and a new way of addressing client needs. We continued to be challenged in serving elders in city neighborhoods because volunteers will not travel and so staff needs to make those home visits. We do not have sufficient staff to do so along with coordinating the program. The Financial Management clients are served by many dedicated volunteers and our staff which enables older adults to maintain their independence in the community, because their bills and financial matters are addressed. Although the "3 B's of budget, bill pay, balancing" is the basis for our services, often we assist our clients with other more complex financial and non-financial services. Clerical volunteers dropped, creating more challenges to address the survey and wait list clients to make sure that we stay connected until a volunteer is assigned.

MCOFA COMMENTS:

The Financial Management Program at Lifespan serves a valuable service to older adults in Monroe County. The service provided allows many older adults to remain living independently in their own homes. This assistance organizes and sorts out various bills & sets up a schedule to pay bills in a timely fashion. The service provides a peace of mind for older adults and allows for clarity for each clients' financial situation.

Compliance areas in need of attention: none

Additional resources or technical assistance needed: none

AGENCY COMMENTS: none

MCOFA COMMENTS: none

**Monroe County Office For
the Aging
Program Evaluation and
Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

AS Funded by: Older Americans Act of 2016, As Amended and NYS Funds

CONTRACTOR

LIFESPAN OF GREATER ROCHESTER, INC.

Health Insurance Information and Counseling Assistance Program

EXPENDITURES

HIICAP (04/01/20 to 03/31/21) -----	\$ 39,337
NYS CSE (04/01/20 to 03/31/21) -----	\$ 55,250

TOTAL	\$ 94,587
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Date of Assessment: 09/28/21
MCOFA Monitor: Kitty Koul
Others Participating: Gabriel Geiger

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

___ Yes ___ No: If No, please describe

I. Service Activity Review

1. Units of Service

<i>Lifespan Service Units</i>	Projected # of units (2020)	Actual # of units (2020)	% of Projection (2020)
HIICAP	11,255	40,022	355%

1a. Describe reason(s) for any variances:
This includes PeerPlace and Stars data.

2. Projected Persons To Be Served (One-to-One)

<i>Lifespan Service</i>	Projected No. of Persons Served (2020)	Actual Unduplicated Number of Persons Served (2020)	% of Projection (2020)
HIICAP	2,364	6,531	276%

2a. Describe reason(s) for any variances:
This includes PeerPlace and Stars data.

3. Service Waiting Lists

HIICAP	Waiting List Maintained?		If Yes, please check all that apply & current # on wait list.	Resulting number of referrals to other agencies in 2020
	Yes	No		
Waiting List	Yes x	No	<input type="checkbox"/> Lack of Funding <input checked="" type="checkbox"/> Lack of Staff Other: Please Specify Calls cannot be answered live because of the volume of calls. During OEP it may take a few days to return calls.	0

4. Expenditures

<i>Lifespan Service</i>	Total Projected Expenditures (2020-2021)	Total Actual Expenditures (2020)	% of Projection (2020)
HIICAP	\$94,587	\$94,587	100%

Describe reason(s) for any variance:

5. Actual Cost per person served

Lifespan Service	Persons Served (2020)	Total Expenditures (2020)	Average Cost Per Client (2020)
HIICAP	6,073 Face to Face 5,299 presentations 11,372 total	\$94,587	\$8.32

Does cost per client seem reasonable?

Yes X No

6. Actual Unit per person served

Lifespan Service	Projected Cost Per Unit (2020)	Actual # of Units (2020)	Actual Total Expenditures (2020)	Average Cost Per Unit (2020)
HIICAP	\$8.45	40,022	\$94,587	\$2.36

Does cost per unit seem reasonable?

Yes X No

II. Outcome Measures

ContractHQ Update

Please review HQ Outcome measures for accuracy

1a. Performance Measure

Measurement Instrument

We utilize a survey instrument to measure and to determine the older adults and/or caregiver's increased level of knowledge (understanding) and satisfaction after receiving information from HIICAP.

A survey/evaluation is provided after counseling sessions and presentations. We receive numerous unsolicited thank you notes.

1b. Analysis & Plans for Continuous Program Improvement

We compile the survey results and evaluate on a quarterly basis. We assess and modify our services as necessary based on the survey results. We will continue to provide Medicare 101, Medicare Update and other similar programs to the community. Our Medicare presentations are listed on the Lifespan website and our newsletters; we submit announcements to the area community and faith-based organizations and news outlets. Our comparison sheet is also available on our website.

1. Objectives

Outcome Objective #2: To provide counseling services and community presentations to older adults

Performance Section #2a

Indicator of Success: Total Number of Unduplicated individuals that received counseling services meet set target			
Time Frame	Assement Year Projection 1/1/20 - 12/31/20	Assement Year Actual 1/1/20 - 12/31/20	Current Year Projection 1/1/21 – 12/31/21
Projected Total No. of Participants that got Counseling	2,248	5,299	2364
% Successful	90%	97.54%	90%
Basis for Next Year Projection (source & relevant statistics): Medicare beneficiaries continue to increase and so does the need of existing beneficiaries all that translates to increased need for these services.			

Performance Section #2b

Indicator of Success: Total Number of Unduplicated individuals that attend Community Presentations meet set target

Time Frame	Assement Year Projection 1/1/20 - 12/31/20	Assessment Year Actual 1/1/20 – 12/31/20	Current Year Projection 1/1/21 – 12/31/21
Projected Total No. of Participants that attended Community Presentations	2,256	5,299	2684
% Successful	90%	96%	90%

Basis for Next Year Projection (source & relevant statistics):
 Medicare beneficiaries continue to increase and so does the need of existing beneficiaries, it's aall about information and what's the latest. Our presentations are well attneded.

Outcome Objective #3: To provide Community Presentations & Workshop

Performance Section #3

Indicator of Success: Total Number of community presentations & workshops meets set target

Time Frame	Assement Year Projection 1/1/20 - 12/31/20	Assessment Year Actual 1/1/20 – 12/31/20	Current Year Projection 1/1/21 – 12/31/21
Projected Total No. of Community Presentations & Workshop	40	59	40
% Successful	90%	96%	90%

Basis for Next Year Projection (source & relevant statistics):
 There is one constant, heaalth insurance providers change policies annually, so the Medicare beneficiaries need the information that we present to make good choices that meet their needs.

Outcome Objective #4: To recruit and train HIICAP volunteers

Performance Section #4

Indicator of Success: Number of volunteers recruited and trained meet set target				
Time Frame	Assement Year Projection 1/1/20 - 12/31/20	Assessment Year Actual 1/1/20 – 12/31/20	Current Year Projection 1/1/21 – 12/31/21	
Projected Total No. of HIICAP Volunteers	20	29	20	
% Successful	90%	100%	90%	
Basis for Next Year Projection (source & relevant statistics): The maturation of volunteers and the ability to train additional volunteers is always challenging.				

Outcome Objective #5: Overall Satisfaction with HIICAP Services

Indicator of Success: Seniors will be satisfied with HIICAP services. From the annual Satisfaction Survey, the question "Overall, the services Lifespan provided me helped me understand medicare insurance options and the cost for programs available to me" will have a combined percentage of "Strongly Agree" and "Agree".

Time Frame	Assement Year Projection 1/1/20 - 12/31/20	Assessment Year Actual 1/1/20 – 12/31/20	Current Year Projection 1/1/21 – 12/31/21
# of Participants Responded	450	122	450
# of satisfied Participants	N/A	119	405
% satisfied	90%	97.5%	90%

Basis For Next Years Projection (source and relevant statistics):

Our goal is to provide non-biased information to help Medicaare beneficiarie make the best choices based on their needs. The are always very appreciative of our efforts.

2. Contributions

Contract/Application Objective #6: To collect a minimum of \$1,000 CSE Budget in participant contributions during the contract period from 01/01/2020 to 12/31/2020.

Actual Collected : \$907.35

Actual Per I&A session Average: \$6.69

III. Targeting Compliance

General Comments on Service Targeting:

Health Insurance Information, Counseling & Assistance Program (HIICAP) serves consumers throughout Monroe County with about half of all those served residing in the City of Rochester where there is a high concentration of minorities and low-income residents. We also partner with Community Place to ensure that we have a bilingual staff person available to communicate effectively with clients. Lifespan's Vice President of Programs is not only a licensed social worker but fluent in several languages, including Russian, Spanish and a number of Asian languages. Lifespan has also contracted with Language Line Solutions, a national telephonic interpreting service, which provides real time interpreting in the phone in over 200 languages and dialects. In addition, translation services covering more than 40 languages are available through CFC's refugee and resettlement program. These available services increase the ability to respond to all who call for assistance. We also give special focus to the towns which have the largest older adult populations (Irondequoit, Greece, Brighton, and East Rochester). Additional outreach has occurred with other growing low income, older adult populations as demonstrated with the census, such as Perinton, Gates, Webster and Penfield.

HIICAP continues to have outreach and link with neighborhood groups, wide-array of faith-based churches and organizations and senior citizens' clubs or groups in these areas. We attend community events and arrange presentations geared to educate participants about our services for older adults in Monroe County. We distribute brochures (English and Spanish) throughout the community on a regular basis. Outreach and Case Assistance are provided at Multi Aging Resource Centers and Senior Centers throughout the County.

HIICAP is committed to serving all populations and prides itself on its staff training of culturally competency topics. Each meeting the team focuses on various issues and team members take turns leading the discussions. The senior LGBT population has unique needs and increased vulnerability. We strive to reach out to them about our services through presentations at the Rainbow Sage senior group and other LGBT programs. Our staff attends trainings outside of normal program meetings and both agencies frequently offer in-services about this population, sexuality, and health related topics pertinent to the older LGBT community members.

In order to reach additional Asian clients our HIICAP Services staff will be working collaboratively with the Refugee Department at CFC to identify older refugees and to connect them to traditional senior services. Also, we participate in the Annual Asian and Pacific Island Association Fair. In-

services about this option have been presented to staff and the procedures for referrals have recently been worked out operationally.

HIICAP participates in countywide community health fairs and seeks opportunities to make presentations to older adults, caregivers and other service providers. Staff is in frequent communication with discharge planners and other hospital-based staff, mental health professionals, various city and town departments and programs, employer-sponsored events, medical offices, skilled nursing facilities, Adult Protective Services, faith communities, attorneys and other businesses that interact with older adults.

DOES LIFESPAN provide equal access to persons with Limited English Proficiency (LEP) as outlined by Federal Executive Order 13166 and Governor Cuomo’s Statewide Language Access Policy (no. 26).

x ___ Yes ___ No

Lifespan of Greater Rochester has staff who are proficient or who have familiarity with the following languages: Spanish, Italian, Hungarian, French, Russian, Mandarin Chinese, and Hindi. Lifespan also has an in-house ASL Interpreting Services program which can be accessed for deaf clients who use American Sign Language. The agency also arranges for professional interpreters for speakers of other languages through contract agencies, such as Catholic Family Center Interpreting Services or Language Intelligence Inc.

Lifespan and MCOFA have also contracted with Language Line Solutions, a national telephonic interpreting service, which provides real time interpreting on the phone in over 200 languages and dialects.

If **No**, Please state the reason and outline specific action plan to reach the objective.

1. Minority Elders Served

LIFESPAN Service	Projected % of Minority Elders Served	Total Elders Served	Total Minority Elders Served	% of Minority Elders Among Total Elders Served
HIICAP	13.83%	6,073	269	4.4%

Did utilize Peerplace and Stars. Stars does not give us access to this information. The percentage of minority elders served improved from last year.

1a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider’s catchment area?

Yes **If Yes,**

To what do you attribute your success?

No X **If No,**

Lifespan did not utilize PeerPlace for all entries, but did use Stars which does not give us access to this information which will skew this information.

Lifespan will continue outreach and education with community and faith-based organizations.

2. Minority Elders with Low Incomes Served

LIFESPAN Service	Projected % of Minority Elders with Low Incomes	Total Elders Served	Total Minority Elders with Low Incomes	% of Minority Elders with Low Incomes Among Total Elders Served
HIICAP	4.09%	6,073	89	1.46%

Did utilize PeerPlace and Stars. Stars does not give us access to this information. The percentage of minority elders with low incomes served improved from last year.

2a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to minority elders with low incomes at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes **If yes,**

To what do you attribute your success?

No **If No,**

Lifespan did not utilize PeerPlace for all entries, but did use Stars which does not give us access to this information which will skew this information.

Lifespan will continue outreach and education with community and faith-based organizations.

3. Elders with the Greatest Economic Need.

LIFESPAN Service	Projected % of Elders with Low Incomes Served	Total Persons Served	Total No. of Elders with Low Incomes	% of Elders with Low Incomes Among Total Persons Served
HIICAP	20%	6,073	1,301	21.42%

Did utilize PeerPlace, and Stars which does not give us access to this information.

3a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within LIFESPAN's catchment area?

Yes X If Yes,

To what do you attribute your success?

No ___ If No,

Please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

4. Elders with the Greatest Social Need: Living Alone

LIFESPAN Service	Projected % of Elders Living Alone	Total Persons Served	Total No. of Elders who Live Alone	% of Elders who Live Alone Among Total Persons Served
HIICAP	27.47%	6,073	323	5.32%

Did utilize PeerPlace & Stars. Stars does not give us access to this information. The percentage of minority elders living alone served improved from last year.

4a. Is LIFESPAN, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest social need at least in proportion to their representation in the total elderly population within LIFESPAN's catchment area?

Yes ___

If Yes, To what do you attribute your success?

No X___

If No, Please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary). The pandemic restricted outreach activities. This will increase going forward. New outreach strategies have been incorporated in 2021 to increase access to this population.

IV. General Management: Contracts and Services

1. Staffing

1a. Does HIICAP have adequate staff and volunteers to perform the activities required under the contract with MCOFA ?

Yes ___ No x___

If No please explain the impact on the service and any steps being taken to improve the staffing levels.

We have many more callers which require longer time commitment by staff and volunteers – so we cannot answer calls live as much as we would like to do so.

1b. What are your counseling parameters to assist beneficiaries (i.e., office hours, counselor availability, etc.)?

Category	Number
Number of Trained Staff Counselors	2
Number of Trained Volunteer Counselors	29
Number of Counseling Sites	5
Number of Training Sites with Internet Access Available	1

Number of Counselors Trained to Use Internet-based Counseling and Enrollment Resources (Plan Finder, etc.)	29
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1c. Does HIICAP have a training plan designed to assist staff and volunteers in carrying out assigned tasks?

Yes No

1d. Would a random check of HIICAP's personnel files verify the type of training provided for staff, including the date, presenter and his/her qualifications?

Yes No

1e. Does HIICAP comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

1f. Is EEO sign posted in a prominent location?

Yes No Staff and copy room at Lifespan

1g. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No
 Handicap parking, automatic doors, Deaf & Hard of Hearing service with interpreters who speak ASL

1h. Can HIICAP document outreach efforts to recruit targeted individuals

Yes No

If Yes, please explain:

At presentations, we continually encourage participation as counselors, we distribute flyers.

1i. Were there any programmatic changes initiated during the year that impact the scope or quality of service?

Yes No

If yes please discuss briefly:

Appointments could be made on-line and virtual appointments were available evenings and 7 days a week in addition to the regular business hours.

2. Administrative Provisions

1. Are HIICAP staff activities considered consistent with prohibitions against participation in partisan activities?

Yes No

2. Are the facilities where HIICAP services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

3. Are the services carried out under MCOFA contract secular in nature?

Yes No

4. Has HIICAP given due recognition to the U.S. Administration on Community Living, the New York State Office For the Aging and Monroe County Office for the Aging, as appropriate, in program/service, brochures, flyers and other printed materials?

Yes No

5. Does HIICAP have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

6. What provisions has HIICAP made to protect the confidentiality of customer (client) information?

Confidentiality & HIPAA policies are in place and reinforced with staff at meetings, conferences, trainings, & during individual supervision. All clients are provided with documents regarding confidentiality and no information is shared without written consent of the client. Case files are kept electronically on Peer Place - a highly secure system with HIPPA protections. A service is also in place for confidential document destruction.

7. Does HIICAP have a system in place to allow customers (clients) to voluntarily contribute to the cost of service?

Yes No

If Yes, Please provide example

Self-addressed, stamped envelope provided at time of counseling provides an opportunity.

If no, briefly discuss plans for complying

7a. If yes, how are contributions utilized?

Contributions are incorporated in to the program budget to cover expenses.

8. Does HIICAP have a procedure that allows customers (clients) as well as applicants present grievances on the denial of services?

Yes ___ No ___

If Yes, please provide sample document:

Rights & Responsibilities document utilized by all programs.

9. Does HIICAP have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes ___ No ___

If yes, please provide sample document. A self-addressed stamped envelope.

10. Does HIICAP have a policy, procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracts?

Yes ___ No ___

11. Does HIICAP make service sites and program information accessible to persons with disabilities?

Yes ___ No ___

12. Does HIICAP solicit input from their customers and constituents, including customers and constituents who are frail, disabled, minority, on ways to make service more accessible and/or appealing to culturally diverse populations?

Yes ___ No ___

If yes, please provide sample document. Survey. Also, our documents specifically indicate that we serve everyone

3. Interagency Coordination

1. Describe HIICAP's procedure(s) for tracking referred customers' request for assistance to other organizations when the need for such services is identified:

Referrals to other programs that use the NYSOFA PeerPlace database are made through the referral function within the database. When a referral is made to another organization that does not support our database's electronic referrals, the consent of the customer and subsequent referral details are entered into a case note in their record.

2. Has HIICAP worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes x___ No ___

Check as many as apply to HIICAP coordinative efforts:

- Participation in interagency meetings to plan and coordinate services (CFC, Jewish Family Services)
- Coordination of funding proposals with other human services agencies (CFC, Jewish Family Services)
- Coordination of referrals and follow-up transactions with other local service providers (EISEP, Elder Abuse Prevention, Future Care Planning, TRAC/STAR, GAP, CFC, Medical Motors, UR Home Care - Meals on Wheels, Wellness Counseling, Community mental health services)
- Memos of Understanding or similar agreement with other organizations (CFC, Jewish Family Services, Town of Gates Recreation, Oasis)
- Development and implementation of a central assessment unit for services carried out by multiple agencies
- Working with other providers to update information of available services and eligibility (NY Connects Website, Eldersource Website, GRAPE Guide)
- Other coordinative activities:

Lifespan staff work in a coordinated effort with discharge planners and other hospital-based staff, mental health professionals, various city and town departments and programs, employer sponsored events, medical offices, Adult Protective Services, faith communities, attorneys and other businesses that interact with older adults. Our staff participates as speakers and panel members on regional and statewide conferences, as well as for local organizations looking for information on all older adult services, including mental health programs. Many of these result in referrals to assist the isolated and vulnerable older adult.

4. Service promotion & outreach

1. Indicate what regular means HIICAP employs to disseminate information to the public and approximately how often this occurs:

Indicate Frequency	Weekly	Monthly	Annually	Other (please specify
Newsletters				periodic
Radio : Public Service Announcements				periodic
Radio: Programming				periodic
Television: Public Service Announcements				periodic
Television: Programming				periodic
Public Presentations				periodic
Brochures/Pamphlets				periodic
Other: Newspaper and local magazines				periodic
e-mails to staff and volunteers with up-to- date changes and news				weekly
Interviews with media				periodic

2. What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?

Please check all that apply:

- Used Census or other data to identify target communities
- Translated program brochures and pamphlets into appropriate languages.
- Sent mailing to target populations
- Sent newspapers or announcements to organizations that serve Minority populations, disabled population
- Publicized services through press releases, radio, television and local publications
- Located service delivery centers/offices in target communities
- Encouraged persons served to tell friends and neighbors of available services
- Sought out/accepted local speaking engagements to meetings and conferences sponsored by associations or other organizations that include minorities
- Included minority staff, in-kind staff and interns in local programs or conducted outreach
- Coordinate with other agencies which serve low income families in order to identify elders who may be in need of services
- Additional activities or strategies used to target services to minority elders

Please Specify: Latino, African American Health Coalitions, Anthony Jordan Health Center, St Joseph's Neighbor Center

3. What "barriers" if any, has the HIICAP program experienced that hinder outreach efforts?

Staff is focused on client counseling and does not have the time for outreach, additional funding would address this issue.

5. Equipment Inventory

1. Please list any equipment purchased via MCOFA contract and document identification and degree of any shared usage of this equipment
2. Were there any disposals in 2020 of equipment involving MCOFA funds ?
Yes _ No ___

If yes, please complete the attached "Inventory and Disposal Form". none

V. Assessment Conclusion

In conveying general comments regarding LIFESPAN's overall assessment of service delivery and contract compliance, please address the following areas:

AGENCY COMMENTS:

The COVID pandemic created many challenges, but thanks to a terrific team of staff and volunteers, we were able to expand the days and hours for actual counseling sessions. We were able to virtually serve clients 7 days per week and in the evenings. Outreach did suffer due to inability to do tabling events. We do participate with African American and Latino groups to share information about our programs. We switched to virtual presentations. Our program coordinator actively engages volunteer participation in additional educational opportunities which makes the program so much stronger.

MCOFA COMMENTS: The HIICAP program at Lifespan continues to maintain a reputation as one of the most effective programs in NY State. The program has a dedicated cadre of long time volunteers. The program coordinator brings new ideas and energy and has reinvigorated the program to approach service delivery in a more efficient and effective manner. The program coordinator and the volunteers have done a good job despite the challenges the community faced due to COVID pandemic.

Compliance areas in need of attention: Outreach efforts needs to increase.

For Example:

- 4.4% of the Elders served by the HIICAP Program in 2020 were Minority Elders. The percent indicated in the contract narrative was 13.83%.
- 1.46% of the Elders served by the HIICAP Program in 2020 were Minority Elders with Low Income. The percent indicated in the contract narrative was 4.09%.
- 5.32% of the Elders served by the HIICAP Program in 2020 were Elders who Live Alone. The percent indicated in the contract narrative was 27.47%.

The HIICAP Program did show a slight improvement in serving Minority Elders in the Community as compared to 2019. This is not a compliance issue.

Additional resources or technical assistance needed: none

AGENCY COMMENTS: We are serving clients year-round and do not have adequate staffing, additional funding would help to alleviate this situation and aid us in reaching target groups. The pandemic restricted our ability to participate in tabling events that serve low-income Black, Latino & other low-income populations. We participated at every event we came to learn about. As we move forward, we anticipate more tabling events which will reach these populations. This year we will be working with inner city pharmacy to educate consumers about Medicare health insurance options.

MCOFA COMMENTS: The HIICAP program continues to become more complicated with numerous options & nuances to the myriad of health insurance plans available. As staffing is a continuous challenge for this program, MCOFA and HIICAP Program Coordinator need to collaborate to develop a concerted plan to address this issue.

HIICAP needs to make a more concerted effort in reaching the population that mirrors Monroe County as a whole. This program is currently underserving low-income Black, Latino & other low-income populations. No doubt the pandemic restricted outreach activities. New outreach strategies have been incorporated in 2021 to increase access to this population. MCOFA will assist in providing strategies and technical advice in serving these aforementioned populations.

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**Lifetime Assistance
Lodge at the Canal Sweden Senior Center
133 State Street
Brockport, NY 14420**

Program Representative/Coordinator: Kyle Preston
Person Completing the Assessment: Jennifer Lapinski &
Kyle Preston
Phone: 585-426-4120 ext 3434
Fax: 585-429-5612
Email: kyle.preston@lifetimeassistance.org
Funding Period: January 1- December 31, 2020

Evaluation Date: 9/14/21
MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y ___X_N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served		3,983	2,047	2,987 Congregate 996 Home Delivered Meals
% Successful		90%	51%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in October 2020 after using Meals on Wheels provided meals from March to September(included in total).

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Total # of Participants		23	8(out of 12 distributed)	15
% Satisfied		90%	100%	90%

[Completed Customer Satisfaction Analysis Attached](#)

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Please Indicate				
Total aged 75-84	23	9	50%	27%
Total aged 85+	9	5	19%	15%
Low Income (Less than 150%) of the Poverty Guideline)	23	18	50%	55%
LIM-Low Income Minority	8	1	18%	3%
Frail	9	8	19%	24%
Disabled	12	9	26%	27%
Lives Alone	29	10	65%	30%
Amer.Ind/Als.Native	0	0	0%	0%
Asian	1	0	1%	0%
Black, not Hispanic	1	1	3%	3%
Hispanic or Latino	1	1	3%	3%
Nat.Haw./Pac.Islander	0	0	0%	0%
White	41	30	92%	91%
Other	1	0	1%	0%
2 or More Races	1	1	2%	3%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480

For each additional family member at 125%, add \$5,600

For each additional family member at 150%, add \$6,720

For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.

Daily average of ; # of Days Open

Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open Days meals served

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) twice weekly in October 2020 after using Meals on Wheels provided meals from March to September(included in total).*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	1010	984	3%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement-Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **1,889.40** in participant contributions 1/1/20-12/31/20.
Actual per meal average of \$ **1.92**

1. Program Year Fiscal Reports

B. Actual collected \$ **7,390.71** in participant contributions 1/1/19-12/31/19.
Actual per meal average of \$ **1.88**

1. 2019 Program Assessment

C. **-74** % Change Total Collected **2** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) twice weekly in October 2020 after using Meals on Wheels provided meals from March to September. The later were delivered by volunteers so contributions were not able to be collected. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program? *Due to COVID 19 the contributions have not been significant. The contributions that we did receive, went to purchasing cleaning supplies.*

5. OUTCOME OBJECTIVE #5: To provide outreach* to **50 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **30**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) twice weekly in October 2020. These meals brought new and different participants due to the pandemic and increased economic insecurities. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point, the center will better be able to attract new participants.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County? *Made personal phone calls to seniors who attend our program for wellness checks. Went to complexes and handed out the menus that we made ourselves for the grab and go meals. Stayed open 2 days a week for the grab and go's. Used facebook for community outreach. Went with dietician to the Sweden Clarkson Rec Center to hand out the farmers market coupons.*

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? How are staff trained? Coordinator reviews with all periodically
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinator reviews periodically with all, Lifetime has annual training
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: January 2021 was last inspection
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? Town/Building owner maintains and completes
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Every 2 years Is there a policy? Yes
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office when not in use
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With Lock Box
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Room behind Kitchen and Front Hall at Center; also at Lifetime
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dining Room
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dining Room and Front Entrance
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: None due to COVID
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly

The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Weekly Minutes maintained: Yes
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAI conducts training with work crew more frequently than quarterly and in some cases, daily due to service plan goals. Agendas and attendance are documented in Precision Care per LAI DSP policy.
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Observation Frequency: Weekly
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: : Daily documentations and monthly reviews
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Daily Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Notified through peers and verbally by Jennifer Lapinski.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: 2017
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: None at this time.

MCOFA Comments: The center continues to do a great job serving their area seniors while supporting and keeping their staff safe through a pandemic. They were able to increase their per meal average contribution, collected during the first quarter while open for meals, up from \$1.88 last year. They also increased their total Outreach from the previous year, reaching out to make sure that their participants were getting their needs met and were connected with any needed resources. Over half served during this time were low income, and needed the support of the center.

2. Areas in need of attention

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

3. Additional resources/technical assistance requested

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

Program: <u>CSI Senior Center</u> <u>Recreation & Education</u>	Contract / Program Period: <u>04/01/20-12/31/20</u>
Contractor: <u>Lifetime Assistance Inc.</u>	Monroe County Vendor #: <u>11106803</u>
Address: <u>425 Paul Rd.</u> <u>Rocheater NY 14624</u>	Contract Reference #: _____ Federal CFDA #: _____
Contact: <u>Marty Reeners</u>	Phone/E-mail: <u>marty.reeners@lifetimeassistance.org</u> <u>585-784-3188</u>

Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	1,190
7. Contractual	-
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources (do not include in Budgetary Information above)	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Line 21		-	1,190

Program: Sweden Senior Center, Meal Planning Contract / Program Period:
 Contractor: LIFETIME ASSISTANCE January 1, 2020 - December 31, 2020
 Address: 425 Paul Road Monroe County Vendor #: 11106803
Rochester, NY Contract Reference #: _____
 Federal CFDA #: HHS 93.045,
 Contact: Marty Reeners Phone/E-mail: 784-3188
_____ marty.reeners@lifetimeassistance.org

Budget Summary Form

1.	Personnel	\$	23,400
2.	Fringe Benefits		-
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		-
6.	Other Expenses		-
7.	Contractual		-
8.	Food/Meals		-
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)	\$	23,400
11.	Anticipated Income		-
12.	Nutrition Services Incentive Program Funds (if applicable)		-
13.	Net Total (Line 10 minus 11 & 12)		23,400
14.	Subcontractor Match		3,400
		14.53%	
15.	MCOFA Funds (Line 13 minus 14)	\$	20,000
16.	Other Resources (do not include in Budgetary Information above)		-

Line 10: AIP Service Delivery:

			Units	Unit Cost	Total Cost
IIIC-1	Line 7	Congregate Meals	3,983	5.66	22,550
		Senior Rec & ED	0	-	-
IIIC-1	Line 14	Outreach	50	17.00	850
Other	Line 16	Senior Center Rec & Ed'		-	

Satisfaction Survey Analysis

Center Name: Sweden

Total Distributed: 12

Total Participants: 8

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	24	0	0	0	24	24	100%
Have you participated in the Grab N Go meals option	24	0	0	0	24	24	100%
Do you have access to a computer/the internet	3	0	7	0	10	24	42%
Would you participate in online center activities if they were offered	0	2	7	0	4	24	17%
Has the center helped you during the pandemic	24	0	0	0	24	24	100%
Has the center improved the quality of your life	24	0	0	0	24	24	100%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
24	0	0	0	24	24	100%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

_"The center is doing a great job integrating those with special needs, having them help us."

**MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING**

ASSESSMENT FOR PROGRAM FUNDING

2020

Service Name: Preparation and Delivery of Congregate Senior Center Meals

NYSOFA Service Category: Congregate Meals

Funding Sources:

Title III-C1 (01/01/2020 to 12/31/2020)	----- \$113,823
WIN (04/01/2020 to 03/31/2021)	----- \$168,993
Stimulus Funding HDC3	----- \$175,000
Title III-B-1	----- \$ 450
NSIP (01/01/2020 to 9/30/2020)	----- \$ 34,544
Monroe County Support	----- <u>\$ 16,197</u>
Total (all funds)	\$509,007

IDENTIFYING INFORMATION

Name of Sponsoring Organization: Goodwill of the Finger Lakes, Inc. & Monroe County, Inc.

Address: 422 South Clinton Avenue

City: Rochester **State:** New York **Zip:** 14620

Chief Executive Officer: Jennifer Lake

Name and Title of person to contact with questions regarding this Application:

Jennifer Lake, CEO

Phone Number: (585) 232-1111

Fax:

E-mail: jlake@goodwillfingerlakes.org

Assessment Date: 08/10/2021

Participants: MCOFA: Kitty Koul

Others participating: Mike Blair, Sue DiPiazza, Joe DelGrosso

Review Previous Findings

Were there findings from the prior monitoring that required corrective actions to address areas of non-compliance?

Yes ___ No X

If yes, please describe:

Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

Yes X No ___

If no, please describe:

Units of Service

Goodwill of the Finger Lakes, Inc.	Projected Units (2020)	Actual 2020 Units	% of Projection (2020)
Preparation and Delivery of Congregate Senior Center Meals	47,509 ¹	18,326 ¹	38.57% ¹
	100,259 ²	60,809 ²	52.88% ²
		61,234 ³	

1. Served Eligible Congregate Meals provided by Goodwill to MCOFA sponsored Senior Centers
2. Served Eligible Congregate Meals provided by Goodwill to Sixteen Senior Centers including the Towns. Data from PeerPlace: Congregate Meals (25, 179), Grab n Go (35,630), less Centro De Oro Lunches (1,950)
3. Ordered Congregate Meals provided by Goodwill. Sum of Breakfast (2, 111), Lunch (52, 651), and Shelf Stable (6, 472).

Describe reason(s) for any variances: Due to COVID-19 pandemic, Senior Centers were closed from March 20, 2021. Congregate Meals were replaced by "To-Go Meals"

Expenditures

Goodwill of the Finger Lakes, Inc.	Projected 2020 Expenditure	Actual 2020 Expenditures	% spent
NSIP	\$34,544.00	\$34,544.00	100%
Catering Services (WIN & Title IIIC-1)	\$299,463.00	\$282,181.50	94.22%
Catering Services (COVID Funding)	\$175,000.00	\$175,000.00	100%
Total	\$509,007.00	\$491,725.50	96.60%

Describe reason(s) for any variances:

Actual Cost Per Unit

Goodwill of the Finger Lakes, Inc.	Projected Cost	# of Meals Served	Actual 2020 Expenditures	Average Cost Per Unit
Congregate Meals (TOTAL FUNDS \$509,007)	\$8.06	54,762	\$491,725.50	\$8.98

Do costs per person appear reasonable?

Yes No

If no, please explain:

Outcomes

Does Goodwill of the Finger Lakes, Inc. have adequate staff to perform the activities required under contract with MCOFA?

Yes No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

Does Goodwill of the Finger Lakes, Inc. have a training plan to assist staff in carrying out assigned tasks, including elderly sensitivity training for clients served?

Yes No N/A

If yes, please be prepared to provide source documents that justify this response.

Would a random check of Goodwill of the Finger Lakes, Inc.'s personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No

Goodwill provides staff with relevant training including food safety and other compliance related training.

Does Goodwill of the Finger Lakes, Inc. comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

Is an EEO sign posted in a prominent location?

Yes No

If yes, where: Break rooms and bulletin boards

Are reasonable accommodations made for staff and volunteers with disabilities?

Yes X No _____

If yes, such as: Goodwill has a formal reasonable accommodation process for staff.

Does the Goodwill of the Finger Lakes, Inc. staffing pattern reflect the minority representation in the total population?

Yes X No _____

Can Goodwill of the Finger Lakes, Inc. document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes X No _____

If yes, please be prepared to provide source documents that justify this response.

Were there any programmatic changes initiated during the grant year that affect the scope or quality of service?

Yes X No _____

If yes please discuss briefly. Covid started at the very end of the contract system, new billing method from a new RFP. Goodwill started to produce new meal types including Grab and Go meals at the Sites.

Administrative Provisions

Are Goodwill of the Finger Lakes, Inc. staff activities consistent with prohibitions against participation in partisan activities?

Yes X No _____

Are the facilities where Goodwill of the Finger Lakes, Inc. services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes X No _____

Are the services carried out under MCOFA contract secular in nature?

Yes X No _____

Has Goodwill of the Finger Lakes, Inc. given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes X No _____

If yes, please be prepared to provide source documents that justify this response.

Does Goodwill of the Finger Lakes, Inc. have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes X No _____

Has Goodwill of the Finger Lakes, Inc. made provisions to protect the confidentiality of customer (client) information?

Yes ___ No N/A

If yes please discuss briefly.

Does Goodwill of the Finger Lakes, Inc. have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services?

Yes ___ No N/A

Briefly explain the process and how the voluntary nature of this process is shared with the Customer (client) : N/A

Does Goodwill of the Finger Lakes, Inc. have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes ___ No X We have not needed to deny services to anyone.

If yes, please be prepared to provide source documents that justify this positive response.

Does Goodwill of the Finger Lakes, Inc. have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes X No ___

If yes, please be prepared to provide source documents that justify this response. Monthly County feedback sheets or tell in person or a phone call.

Does Goodwill of the Finger Lakes, Inc. have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes ___ No N/A

If yes, please be prepared to provide source documents that justify this response.

Does Goodwill of the Finger Lakes, Inc. make service sites and program information accessible to persons with disabilities?

Yes ___ No N/A

Does Goodwill of the Finger Lakes, Inc. solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or, on ways to make services more accessible and appealing to culturally diverse populations? i.e. Satisfaction Surveys

Yes ___ No X This is done by Monroe County, not Goodwill

If yes, please be prepared to provide source documents that justify this response.

Is Goodwill of the Finger Lakes, Inc. responsive to "LEP"?

Limited English Proficiency – Individuals who do not speak English as their primary language and have limited ability to read, speak, write, or understand English can be limited English proficient

Yes X No ___

Interagency Coordination

Describe Goodwill of the Finger Lakes, Inc.'s procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified: N/A

Has Goodwill of the Finger Lakes, Inc.. worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort (Do not include MCOFA)?

Yes ___ No N/A

If yes, please acknowledge names of other providers/organizations and provide examples:

Equipment Inventory

Please provide updated Inventory Sheet for Equipment purchased via MCOFA contracts for services.

No new inventory was purchased in 2020. See attached list.

Financial Monitoring

Goodwill of the Finger Lakes, Inc. Inventory Control

Does Goodwill of the Finger Lakes, Inc. maintain sufficient documentation for equipment purchased with MCOFA funds?

Yes ___ No N/A - Equipment is no longer purchased with MCOFA funds.

Documentation:

Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property?

Yes X No N/A

Documentation:

Is the equipment purchased with MCOFA funds being used solely to benefit older persons (Unless costs are appropriately pro-rated)?

Yes ___ No N/A

Documentation:

Are Goodwill of the Finger Lakes, Inc. staff who handle monies (with the exception of attorneys) bonded?

Yes _____ No N/A _____ The organization is bonded

Documentation:

Are two individuals involved in counting customer (client) contributions?

Yes _____ No N/A _____

Documentation:

Are individuals who are authorized to sign checks involved in processing invoices?

Yes _____ No X _____

Documentation:

Are individuals who are authorized to sign check different from the person(s) who maintain payroll records?

Yes X _____ No _____

Documentation:

Does Goodwill of the Finger Lakes, Inc. maintain registration as a Charitable Organization with the Department of State?

Yes X _____ No _____

Documentation:

If No: does Goodwill of the Finger Lakes, Inc. claim exemption from the registration (receiving less than \$25,000 in grants and contributions annually)?

Yes _____ No X _____

Documentation:

Conclusions

1. Problems & Concerns

None

2. Overall Comments

Goodwill is actively involved in community based activities. Goodwill is very accommodating and their catering program is a collaborative effort with MCOFA. They were actively involved in serving the community and willing to adapt to their needs as required. During the COVID-19 pandemic, Goodwill planned, prepared and delivered Grab N Go Meals to Senior Centers and Yogurt bags to community. These meals met the minimum calories standards set by NYSOFA and were planned based on

availability of food during the COVID-19 pandemic. MCOFA has a good communication with the Goodwill. The feedback we received from the older adults for the Grab n Go Program was positive. Goodwill has been a very good strategic partner and always ready to help in serving the older adults in the community. MCOFA expects Goodwill to keep providing nutritious meals for the Monroe County Nutrition Program as they are doing now.

3. Recommendations

4. Suggestions

In conveying general comments regarding Goodwill of the Finger Lakes, Inc.'s overall assessment of service delivery and contract compliance, please address the following areas: None



**MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING**

ASSESSMENT FOR PROGRAM FUNDING

2020

Service Name: Registered Dietitian Services

NYSOFA Service Category: Nutrition Program

Funding Sources:

Title III-C1 (01/01/2020 to 12/31/2020)	----- \$49,182
Stimulus Funding HDC3	
(03/20/2020 to 03/31/2021)	----- \$17,000
Monroe County Support	----- <u>\$ 5,465</u>
Total (all funds)	\$71,647

IDENTIFYING INFORMATION

Name of Sponsoring Organization: Goodwill of the Finger Lakes, Inc. & Monroe County, Inc.

Address: 422 South Clinton Avenue

City: Rochester **State:** New York **Zip:** 14620

Chief Executive Officer: Jennifer Lake

Name and Title of person to contact with questions regarding this Application:

Jennifer Lake, CEO

Phone Number: (585) 232-1111

Fax:

E-mail: jlake@goodwillfingerlakes.org

Assessment Date: 08/10/2021

Participants: MCOFA: Kitty Koul

Others participating: Joe DelGrosso, Cindy Rapp, Mike Blair, Sue DiPiazza

Review Previous Findings

Were there findings from the prior monitoring that required corrective actions to address areas of non-compliance?

Yes ___ No X

If yes, please describe:

Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

Yes X No ___

If no, please describe:

Units of Service

Goodwill of the Finger Lakes, Inc.	Projected Units	Actual 2019 Units	% of Projection
# of Nutrition Counseling Units	216	69	31.94%
# of Nutrition Education Units	13,000	15,049	115.76%

Total 15,049 Nutrition Education units provided by Goodwill staff. Data from PeerPlace.

410 participants attended Nutrition Education Presentation

2,300 Farmer Market Coupons were distributed in 2020

5,702 newsletters were distributed to Senior Centers

6,637 newsletters were distributed to Meals on Wheels participants

Total 69 hours of Nutrition Counseling provided by Goodwill staff to 37 unduplicated Clients

Describe reason(s) for any variances: Due to COVID-19 pandemic, Senior Centers were closed from March 20, 2021. Nutrition Counseling was provided via phone consultations and in some cases video (Zoom).

Expenditures

Goodwill of the Finger Lakes, Inc.	Projected 2020 Expenditure	Actual 2020 Expenditures	% spent
Registered Dietitian	\$71,647.00	\$41,836.15	58.39%

Describe reason(s) for any variances: _Due to COVID-19 Pandemic all Senior Centers were closed.

Actual Cost Per Unit

Goodwill of the Finger Lakes, Inc.	Projected Cost	Actual # of Hours	Actual 2020 Expenditures	Average Cost Per Unit
Registered Dietitian Services (TOTAL FUNDS 71,647)	\$35.03	1,186.75	\$41,836.15	\$35.25

Do costs per person appear reasonable?

Yes No

If no, please explain:

Outcomes

Outcome Objective #4: To train Meal Sites to monitor and provide technical assistance with Nutrition Screening Initiative (NSI)

Performance Section #1

Indicator of Success: Training given to all projected units of service provided				
	Assesment Year Projection	Assessment Year Actual	Current Year Projection	
Time Frame	1/1/20 - 12/31/20	1/1/20– 12/31/20	1/1/21– 12/31/21	
% Successful	90%	N/A*	90%	
Basis for Next Year Projection (source & relevant statistics):				

* This is not a compliance issue. Due to COVID-19 Pandemic all Senior Centers were closed after March 20, 2020.

Outcome Objective #5: To provide nutrition education to Older Adults served by all MCOFA programs to discuss health goals and challenges during the contract year.

Performance Section #1

Indicator of Success: For each senior center excluding Monroe Community Hospital, RD provides one group presentation every other month				
	Assesment Year Projection	Assessment Year Actual	Current Year Projection	
Time Frame	1/1/20 - 12/31/20	1/1/20– 12/31/20	1/1/21– 12/31/21	
% Successful	90%	N/A	90%	
Basis for Next Year Projection (source & relevant statistics):				

* This is not a compliance issue. Due to COVID-19 Pandemic all Senior Centers were closed after March 20, 2020.

Performance Section #2

Indicator of Success: RD will provide one nutrition education article per month for Congregate Meals and one nutrition education article per month for Home Delivered Meal Program			
	Assesment Year Projection	Assessment Year Actual	Current Year Projection
Time Frame	1/1/20 - 12/31/20	1/1/20– 12/31/20	1/1/21– 12/31/21
% Successful	90%	100%	90%
Basis for Next Year Projection (source & relevant statistics):			

Outcome Objective #7: RD will provide an annual handout for the Senior Farmers' Market Nutrition Program

Performance Section #1

Indicator of Success: RD will provide an annual handout for the Senior Farmers' Market Nutrition Program and support distribution of coupons to older adults in the community			
	Assement Year Projection	Assement Year Actual	Current Year Projection
Time Frame	1/1/20 – 12/31/20	1/1/20 – 12/31/20	1/1/21 - 12/31/21
% satisfied	100%	100%	100%
Basis For Next Years Projection (source and relevant statistics):			

General Service Management

1. Reports and Monitoring

- A. Are Peerplace units submitted in a timely fashion?
A1. Monthly YES NO
- A2. Name of Primary PeerPlace Person: Joe DelGrosso
- A3. Name of Secondary PeerPlace Person: N/A
- A4. Do the NAPIS Client and Unit Counts for counseling services have <10% missing data per the PeerPlace reporting system?
 YES NO

2. Nutrition Counseling and Nutrition Education Customer Satisfaction & Compliance

- A. Attach samples of forms used to collect data. Copy of survey attached. 81% of Sites participated. Of those that participated, 100% knew that Nutrition Counseling was available to them, and 100% received the Dietitian's Desk Newsletter. On a scale of 1-5, 5 being the highest, Sites rated their satisfaction with the newsletter as 4.46.
- B. Did you learn anything significant or new ideas to improve service? YES NO
If yes, Please explain. If not, why not, and provide a sampling of submitted comments from clients.
We gathered useful comments and ideas for future nutrition education activities.
- C. Is equal access provided to persons with Limited English Proficiency (LEP) as outlined by 12-PI-08, 13-TAM-01, and Governor Cuomo's Statewide Language Access Policy (no. 26)? YES NO
- D. Are individuals providing counseling knowledgeable about the LGBT older adults in the community? YES NO
- E. Are you in compliance with the Americans with Disabilities Act (ADA) requirements? YES NO

Program Compliance

Check indicates "Yes" or "In compliance" unless otherwise noted.

1. Program Management

- A screening / intake process adequately identifies congregate, EISEP, and home delivered meal participants who require a referral for nutrition counseling.
- Counseling by registered dietitians is provided as required. If others provide counseling, they are supervised by a registered dietitian.
- Nutrition counseling and follow-up activities are documented.
- Counseling activities such as referral source, referral date, and date of counseling are documented.
- Evaluative methods are in place to determine the outcome of nutrition counseling intervention.
- Counseling sessions are observed by program monitor at least annually.

2. Participant Eligibility

- Counseling eligibility requirements comply with NYSOFA requirements.

3. Counseling Indicators

- A registered dietitian evaluates the participant's nutritional needs and develops an appropriate plan.
- A separate nutrition assessment tool is used by the dietitian. Comment on adequacy and use.
- Written instruction and / or handouts are provided as needed.

Staffing

Does Goodwill of the Finger Lakes, Inc. have adequate staff to perform the activities required under contract with MCOFA?

Yes No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

Does Goodwill of the Finger Lakes, Inc. have a training plan to assist staff in carrying out assigned tasks?

Yes No

If yes, please be prepared to provide source documents that justify this response.

What is the Registered Dietitian's experience and history in dealing with older adults?

Goodwill of the Finger Lakes employs two dietitians under this contract. Each have worked directly for or as a contractor for Office for the Aging for > 5 years. They each also possess experience working with older adults in the clinical settings such as nursing homes and long-term care facilities.

Would a random check of Goodwill of the Finger Lakes, Inc.'s personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No

Were there any programmatic changes initiated during the grant year that affect the scope or quality of service?

Yes No

If yes please discuss briefly.

With the advent of the Covid-19 pandemic, the implementation of nutrition counseling moved to phone consultations and in some cases video (Zoom). Materials normally provided in-person were instead mailed to participants. In addition, there was a sharp decrease in referrals early in the pandemic, as many programs re-adjusting their service delivery, if not completely shut down. The in-person component of nutrition education at Senior Centers was also suspended at this time and continued that way through 2020. Nutrition education written materials were not impacted in terms of production, although delivery may have been reduced at Senior Centers with closures and moving to the Grab & Go model.

Administrative Provisions

Are Goodwill of the Finger Lakes, Inc. staff activities consistent with prohibitions against participation in partisan activities?

Yes No

Are the facilities where Goodwill of the Finger Lakes, Inc. services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

Are the services carried out under MCOFA contract secular in nature?

Yes No

Has Goodwill of the Finger Lakes, Inc. given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes No

If yes, please be prepared to provide source documents that justify this response.

Does Goodwill of the Finger Lakes, Inc. have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

Has Goodwill of the Finger Lakes, Inc. made provisions to protect the confidentiality of customer (client) information?

Yes No

If yes please discuss briefly.

Almost all activities that contain client information are conducted in PeerPlace. A small amount of notes and assessments taken on paper are locked in a file cabinet within a locked office. The key to the file cabinet is only available to the registered dietitian.

Does Goodwill of the Finger Lakes, Inc. have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services?

Yes No

Briefly explain the process and how the voluntary nature of this process is shared with the Customer (client): A satisfaction survey, which includes instructions and materials needed to mail a contribution to MCOFA, is given out or mailed at the time of each counseling session.

Does Goodwill of the Finger Lakes, Inc. have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No We have not needed to deny services to anyone. Should it be necessary, we would utilize procedures used by MCOFA as part of their other programs and services, such as the meal program.

If yes, please be prepared to provide source documents that justify this positive response.

Does Goodwill of the Finger Lakes, Inc. have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

If yes, please be prepared to provide source documents that justify this response.

Does Goodwill of the Finger Lakes, Inc. have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

If yes, please be prepared to provide source documents that justify this response.

Does Goodwill of the Finger Lakes, Inc. make service sites and program information accessible to persons with disabilities?

Yes No

Does Goodwill of the Finger Lakes, Inc. solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or, on ways to make services more accessible and appealing to culturally diverse populations? i.e. Satisfaction Surveys

Yes No

If yes, please be prepared to provide source documents that justify this response.

Is Goodwill of the Finger Lakes, Inc. responsive to "LEP"?

Limited English Proficiency – Individuals who do not speak English as their primary language and have limited ability to read, speak, write, or understand English can be limited English proficient

Yes No

Interagency Coordination

Describe Goodwill of the Finger Lakes, Inc.'s procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Peerplace is used for referrals.

Has Goodwill of the Finger Lakes, Inc.. worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort (Do not include MCOFA)?

Yes X No _____

If yes, please acknowledge names of other providers/organizations and provide examples:

EISEP/ Case Management, CFC/JFS, Lifespan, Senior Centers.

Financial Monitoring

Are Goodwill of the Finger Lakes, Inc. staff who handle monies (with the exception of attorneys) bonded?

Yes _____ No N/A

Documentation:

Are two individuals involved in counting customer (client) contributions?

Yes _____ No N/A

Documentation:

Are individuals who are authorized to sign checks involved in processing invoices?

Yes _____ No X

Documentation:

Are individuals who are authorized to sign check different from the person(s) who maintain payroll records?

Yes X No _____

Documentation:

Does Goodwill of the Finger Lakes, Inc. maintain registration as a Charitable Organization with the Department of State?

Yes X No _____

Documentation:

If No: does Goodwill of the Finger Lakes, Inc. claim exemption from the registration (receiving less than \$25,000 in grants and contributions annually)?

Yes _____ No X

Documentation:

Conclusions

1. Problems & Concerns

Due to the COVID-19 pandemic and Senior Centers being closed, Senior Centers could not conduct their annual customer satisfaction survey.

2. Overall Comments

Goodwill provides MCOFA with two dietitians under this contract. The dietitians also possess experience working with older adults in the clinical settings such as nursing homes and long-term care facilities.

Goodwill is actively involved in helping MCOFA provide satisfactory Nutrition Counseling and Nutrition Education services to the older adults in the community. Nutrition Counseling services were provided to older adults via phone consultations and in some cases video (Zoom).

In 2020, the Registered Dietitians from Goodwill also oversaw the Senior Farmers' Market Nutrition Program for the first time and were successful in distributing all the Farmers' Market Coupons to older adults in the community in a timely manner.

3. Recommendations

Continue to have dietitians and providers work together to ensure the program meets all requirements and best practice standards. Increase efforts to receive referrals and educate providers.

4. Suggestions

In conveying general comments regarding Goodwill of the Finger Lakes, Inc.'s overall assessment of service delivery and contract compliance, please address the following areas:



**Monroe County Department of
Human Services' Office for the
Aging
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY**
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

LIFESPAN

Matter of Balance/Falls Prevention Program

Contract Period: 1/1/2020- 12/31/2020

Funding Source: Federal Title III-D

Amount of Contract: \$15,500

Total Funding: \$17,222.00

Date of Site Visit: July 9, 2021
MCOFA Monitor: April Ernisse
President/CEO: Ann Marie Cook
Program Contact(s): Sarah Otis, Health and Wellness Coordinator
(585) 520-6754
sotis@lifespan-roch.org

Jody Rowe, COO and Corporate Compliance
Officer
(585) 244-1800 x131
(585) 244-9114 (Fax)
jrowe@lifespan-roch.org

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No

If Yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

II. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
MOB	960	369	38%

1a. Describe reason(s) for any variances:

Due to the pandemic, MOB could not be offered for much of 2020. Maine Health was completing its pilot program through 2020 and was not available via Zoom. In-person classes were held in the first quarter, as well as 2 classes in the fall. Both classes in the fall of 2020 were suspended, for health and safety during the global pandemic. Tai chi was permissible to be offered virtually, per the Tai chi for Health Institute.

Service	Projected Units	Actual Units	% of Projection
Tai Chi for Arthritis	2560	4736	171%

1b. Describe reason(s) for any variances:

Total units for fall prevention: 3520 projected, 4736 actual, 136% of projection.

It should be noted: during the pandemic, a daily balance class was included for folks to attend for socialization, continuity of services, and to decrease the risk for isolation. Units from the daily balance class have been included in this total.

2. Persons Served

PROGRAM	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
MOB/Tai Chi	350	384	110%

2a. Describe reason(s) for any variances:

3. Service Waiting Lists

PROGRAM	Waiting List Maintained?		Average number of clients waiting for services per month	Which services are clients waiting for?
	Yes	No		
MOB/Tai Chi	X		50 potential participants	MOB

3a. Comments: MOB could not be offered on a virtual platform, as Maine Health was completing its pilot program. Data was needed by the developers of MOB to demonstrate a virtual offering would produce the same evidence-based results.

4. Expenditures

PROGRAM	Total Projected Expenditures	Actual Expenditures	% of Projection
MOB/Tai Chi	\$17,222.00	\$17,222.00	100%

4a. Describe reason(s) for any variances:

PROGRAM	Persons Served	Total Expenditures	Average Cost Per Client
MOB/Tai Chi	384	\$17,222.00	\$4.50

4b. Do costs per person appear reasonable? X__ Yes ___ No

If no, please explain:

PROGRAM Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
Health Promotion	4.89	3.60	-1.29

4c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost:

4d. Additional Comments on Service Activity and Delivery:

Due to the pandemic, MOB was not offered for much of 2020. 4 classes ran in the first quarter, and in-person classes were suspended in March 2020. Two classes began in the third quarter, with one class finishing up at the Webster Recreation Center. An MOB class began at Lifespan in October; however, it was suspended, per CDC, state, local, and Lifespan policy, due to health and safety concerns.

III. Targeting Compliance

1. Populations Served

MOB/Tai Chi	Projected Number Served	Projected % of Total Served	Actual Number Served	Actual % of Total Served
Low income	54	15.51%	N/A-Not captured in H&W data collection	N/A
Minority	41	13.83%	52	14%
Low Income Minority	14	4.09%	N/A-income not captured	N/A
Frail/Disabled	92	26.39%	115	30%
Living Alone	96	27.47%	192	50%

1a. Is MOB/Tai Chi, the Community Service Provider, meeting its targeting goals?

X__ Yes ___ No

1b. If Yes, to what do you attribute your success?

2020 was a scary year with much required isolation. Lifespan's health and wellness programs successfully pivoted to virtual offerings, removing barriers which kept some harder to reach, mobility-challenged individuals from attending classes.

Transportation was not an issue, as folks could attend virtual Tai chi in the privacy and comfort of their own homes. This option was appealing to those folks, who might not have been able to travel to a location for a class, or who were unsure about doing movement around other people.

If No, please state the reason and outline specific action plan to reach the objective:

1c. Additional comments on Targeting:

IV. General Management: Contracts & Services

1. Staffing

1a. Does MOB/Tai Chi have adequate staff to perform the activities required under contract with MCOFA?

X___ Yes ___ No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does MOB/Tai Chi have a training plan designed to assist staff in carrying out assigned tasks?

X___ Yes ___ No

1c. Would a random check of MOB/Tai Chi's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

X___ Yes ___ No

1d. Does MOB/Tai Chi comply with Affirmative Action and Equal Opportunity guidelines?

X___ Yes ___ No

1e. Is an EEO sign posted in a prominent location?

X___ Yes ___ No

Where? Employee hallway

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

X___ Yes ___ No

Such as: Staff and volunteers were provided with the option for 1:1 practice sessions before leading a virtual class. Materials were mailed for those needing visual aids. Interpreting services available to those with hearing impairments. Closed captioning is offered on the Zoom platform as well. Virtual Tai chi was offered with instruction in both seated and standing positions, promoting inclusion

for folks with heightened mobility or balance challenges. Instruction is provided visually, auditorily, and kinesthetically, to accommodate all types of learning styles. Additionally, the Lifespan location has handicap accessible doors, restrooms, etc. to accommodate those with mobility challenges.

1g. Does the MOB/Tai Chi staffing pattern reflect the minority representation in the total population?

X___ Yes ___ No

1h. Can MOB/Tai Chi document outreach efforts to recruit targeted individuals to fill vacant positions?

X___ Yes ___ No

2. Administrative Provisions

2a. Are staff activities consistent with prohibitions against participation in partisan activities?

X___ Yes ___ No

2b. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another?

X___ Yes ___ No

2c. Are the services carried out under MCOFA contract secular in nature?

X___ Yes ___ No

2d. Has MOB/Tai Chi given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

X___ Yes ___ No

Please provide copy of most recent brochure/flyer: X Electronic or X Print

2e. Does MOB/Tai Chi have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

X___ Yes ___ No

2f. What provisions has MOB/Tai Chi made to protect the confidentiality of customer (client) information?

Confidentiality & HIPAA policies are in place and reinforced with staff at meetings, trainings, & during individual supervision. All clients are provided with documents regarding confidentiality and no information is shared without consent. Client records are kept electronically on Peer Place, a highly secure system with HIPAA protections. Data from classes is collected and stored in a locked cabinet until forms are converted to electronic copies. Confidential document destruction is then utilized.

2g. Does MOB/Tai Chi have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

X___ Yes (N/A) ___ No

Please describe:

No client is turned away from a health and wellness program. If a participant does not feel MOB or Tai chi is a good fit, Lifespan will work with the participant to find another class or assist with guiding them to other options available.

2h. Does MOB/Tai Chi have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

X___ Yes ___ No

Please describe:

Customer surveys/evaluations are distributed at the end of each workshop. This captures participant feedback, suggestions, and room for improvement.

2i. Policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

X___ Yes ___ No

2j. Does MOB/Tai Chi make service sites and program information accessible to persons with disabilities?

X___ Yes ___ No

2k. Do accounting records support amounts reported on vouchers and do Units of service tie in to programmatic reports?

X___ Yes ___ No

2l. Is MOB/Tai Chi Compliant with prohibitions on using public funds to support sectarian, political and lobbying activities?

X___ Yes ___ No

3. PeerPlace and ContrackHQ Reporting

3a. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via The NYSOFA Data Base PeerPlace, and County Contract HQ.

Primary ContrackHQ person: Sarah Otis, Health and Wellness Coordinator
Back-up ContrackHQ person: Jody Rowe, COO, Julie Battaglia, Health Educator

3b. Please identify any challenges or concerns with completing PeerPlace and/or ContrackHQ reporting:

N/A-Classes, participants, units, and outcome measures are reported on the PeerPlace and ContrackHQ platforms.

4. Interagency Coordination

4a. Describe MOB/Tai Chi's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Health and Wellness Coordinator connects participants in need of additional supports and services to NY Connects as the central location for referral and linkage. Confidential online records are then maintained and stored securely via Peer Place.

4b. Has MOB/Tai Chi worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

X___ Yes ___ No

Please describe coordination and collaboration during this contract year:

Sarah Otis is the Health and Wellness Coordinator for Lifespan with responsibility for A Matter of Balance (MOB,) Living Healthy-Chronic Disease Self-Management Program (CDSMP,) Living Healthy with Diabetes-Diabetes Self-Management Program (DSMP,) Aging Mastery Program (AMP,) and Tai Chi for Arthritis. Sarah is full-time, providing coordination for these five evidence-based programs for the county. Her responsibilities include coordinating the requests for MOB classes in the community, recruiting volunteer coaches to provide the 8-week sessions, providing coach training, co-teaching to maintain skills and command of material, and outreach to senior center coordinators who may consider being a host site for a MOB program. She also collaborates with office managers and case managers of those who reside in affordable housing communities.

During the pandemic, Lifespan collaborated with the Maplewood Lily Café to offer Tai chi classes outdoors in the rose garden. We also coordinated with the folks who used to attend the Lifespan Westside MARC, providing Tai chi at Greece Canal Park, as well as outside the Lifespan Downtown Sibley Café. We also offered classes to the community via Zoom in collaboration with Episcopal SeniorLife, as well as with Rochester Management/Plymouth Gardens. Health and Wellness also partnered to offer daily balance classes with the team under the Finger lakes Caregiver Institute.

5. Performance Outcomes and Enhancements

5a. Satisfaction Surveys

MOB/Tai Chi	Projected Percentage of Satisfied Clients	Actual Percentage of Satisfied Clients
Satisfaction surveys	98%	99%

5b. Performance Enhancement

Were there any programmatic changes during the year that affected the scope or quality of service?

Yes No

If yes, please describe briefly:

2020 was a year of concern, anxiety, forced social-distancing, and isolation. In-person classes were not a safe option due to the COVID-19 pandemic. MOB had never been trialed, tested, and proven to be successful on a virtual platform prior to the pandemic, and therefore could not be offered via Zoom. During the first quarter of 2020, in-person MOB and Tai chi ran successfully, and with wonderful feedback from clients. The pandemic suspended all in-person activities, including health and wellness classes. Team health and wellness made a smooth transition to virtual Tai chi, providing continuity of services, inclusion, socialization, and enhancing physical, emotional, and social health. Virtual Tai chi was well attended, folks signed up for most classes offered, and gave feedback they felt valued, connected, and thankful to have virtual programming.

5c. Please describe plans for continuous program improvement:

Health and Wellness Coordinator regularly provides update trainings to instructors/coaches, at a minimum of twice yearly, to ensure fidelity and consistent instruction. Wellness Coordinator also attends update trainings, skill-builders, and provides practice Zoom sessions to both volunteers and participants. Wellness Coordinator also serves as the Western Regional Coordinator with the Department of Health's ACL grant geared towards expanding falls prevention efforts across NYS. This has connected our instructors from Monroe County with other facilitators across NYS, promoting collaboration, sharing of ideas, and encouraging coach retention. Health and Wellness Coordinator also trained a new health educator in all evidence-based programs, including A Matter of Balance. She taught in-person with the Health and Wellness Coordinator at the Webster Recreation Center. Health and Wellness also now has a cohesive wellness team, for more efficient delivery of services.

5d. Does MOB/Tai Chi solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations?

X___ Yes ___ No

Please describe:

Lifespan routinely makes presentations to low-income groups and makes its services known to minority populations through publicity in the general media as well as through talks, booths and information tables at health fairs and other events sponsored by minority churches, agencies and health care institutions such as federally qualified health care centers such as Anthony Jordan Health Center. Due to the pandemic, Tai chi classes were smoothly transitioned to the Zoom platform, promoting consistency, continuity, and a feeling of connectedness during a period of intense isolation and required distancing from one another. MOB units were low, as the program was not permissible to be offered virtually, however Tai chi ran successfully and with a significant, positive response.

Lifespan also worked with Monroe County Office for the Aging, to obtain devices to bridge the digital divide. IPADs can be loaned out to folks without a device or Internet connection, for the purpose of attending a virtual workshop. This further promotes inclusion and targets harder to reach populations, due to limited access and/or technology.

V. Assessment Conclusion

AGENCY COMMENTS

Strengths: Highly successful, smooth transition to virtual Tai chi, achieving 171% of our targeted units. Also trained new health educator in all evidence-based programs. Offered daily balance class, Monday-Friday, for connectedness and social and physical well-being.

Needs: ALWAYS WORKING TO BOOST POOL OF VOLUNTEERS, which is hard during a pandemic.

MCOFA COMMENTS

Strengths: The MOB/Falls Prevention program team was able to effectively adapt to the challenges raised by the COVID-19 pandemic. Despite restrictions on meeting in person, the program was able to maintain the integrity of the program while effectively serving clients virtually, outside, and in socially distanced venues. Staff were able to not only provide education in falls prevention skills, but maintained an important social connection to isolated clients.

Needs: See agency comments above.

Compliance areas in need of attention: N/A

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Southwest Area Neighborhood Association, Inc.

Montgomery Southwest Senior Center

10 Cady Street
Rochester, NY 14608

Program Representative/Coordinator: Viola Curry

Phone: 585-436-3090

Fax: 585-235-0102

Email: vcurry@swanonline.org

Funding Period: June 1, 2020- December 31, 2020

Evaluation Date: 10/6/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y__X__N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes

II. Program Objectives

III. Program Compliance

IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	7/1/20-12/31/20	7/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served	1,456	3,046	3,000 Congregate 1,000 Home Delivered Meals
% Successful	90%	209%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began delivering Grab N Go style bulk meals (Home Delivered Meals) weekly in September 2020 after using Meals on Wheels provided meals from March to September daily (July through September included in total).

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	7/1/20-12/31/20	7/1/20-12/31/20	1/1/21-12/31/21
Total # of Participants	33	47	25
% Satisfied	90%	99%	90%

[Completed Customer Satisfaction Analysis Attached](#)

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe: 1) Identifying a data person 2) High Food Waste percentage

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO A Data person was not identified until 2021

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1 Please Indicate	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Total aged 75-84	33	37	50%	49%
Total aged 85+	12	16	19%	21%
Low Income (Less than 150%) of the Poverty Guideline)	65	45	100%	59%
LIM-Low Income Minority	33	25	50%	33%
Frail	8	8	19%	11%
Disabled	10	9	26%	12%
Lives Alone	42	30	65%	39%
Amer.Ind/Als.Native	1	0	<1%	0%
Asian	2	1	3%	1%
Black, not Hispanic	27	56	41%	74%
Hispanic or Latino	10	0	16%	0%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	29	1	44%	1%
Other	4	0	6%	0%
2 or More Races	3	1	4%	1%

1. From PeerPlace Program Year Served Client Summary Report

Due to no regular data entry person only minimal data was entered by MCOFA; no new registrations were entered or updated during this time period. This data reflected here might not be a true capture of demographics.

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.
 Daily average of ; # of Days Open
 Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began delivering Grab N Go style bulk meals (July through September Home Delivered Meals) weekly in September 2020 after using Meals on Wheels provided meals from March to September daily (included in total). The pandemic coupled with a changed meal schedule led to an overall increase in seniors that were in need and served.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	3,064	3,064	0%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

The pandemic coupled with a changed meal schedule led to an overall increase in seniors that were in need and served. All meals were requested via an RSVP system and any extras were shared as doubles or new identified needs.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **2,348.38** in participant contributions 7/1/20-12/31/20.
Actual per meal average of \$ **.77**

1. Program Year Fiscal Reports

B. Actual collected \$ **7,961.93** in participant contributions 1/1/19-12/31/19.
Actual per meal average of \$ **2.05**

1. 2019 Program Assessment

C. **n/a** % Change Total Collected **n/a** % Change Daily Average

D. Contribution projection objective met? YES NO

This Program Year being only 6 months plus the pandemic led to an overall reduction in contributions that made this goal unattainable..

E. How were the contributions used to enhance the program? In light of the pandemic and desire to ensure the health and safety of the participants the funds were used to ensure staff remained in place during the pandemic as well as items to engage the Seniors. The decline in collections due to the unanticipated closure made it difficult to apply desired enhancements.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **50 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **0**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: The center has since identified a dedicated data person who has already started to update the data in Peer Place. The center also had minimal staff active during the pandemic and had to prioritize services. We were able to complete some Outreach as the need in our community was great. Once the center was able to reopen, we were able to begin Outreach again.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County? We have networked with our existing client base and created alliances with community partners to enhance what our center offers the neighborhood.

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? How are staff trained? Meetings as needed.
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinator reviews periodically with all
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: July 2021
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No defibrillator (not required)
Monthly Fire and Safety Inspections of the facility are conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? No
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? CPR/first aid annually; as needed Is there a policy? Not formal, required every other month to receive training/education of sorts

Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office when not in use
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With Lock Box
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Cooler Wall
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Cooler Wall
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	By microwave
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Hall
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On Contributions Poster
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Cooler Wall
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly Newsletter
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Newsletter monthly
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: July 2021

Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: As needed Minutes maintained: No
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff for program 1 FT and with that – team member met with Management as required and reviewed necessary information pertaining to program.
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Observation Frequency: As needed
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: : Annually
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EX: Lifetime Assistance, Lifespan Eldersource, Southwest Common Council, Public Library, Jefferson Family Medical Center, Ghandi Institute
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Members do not attend; this should be encouraged upon reopening. No meetings during this period.
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Daily Minutes maintained: No

Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: 2017
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: We made sure our seniors had what they needed to succeed during COVID while they could not come to the center. We worked hard to use this time to build and restructure the center to better enhance the services available upon reopening. We were able to access the United Way grant to add in a garden and paint the interior of the building. This let us enhance the appearance of the center and highlight local art.

MCOFA Comments: Despite many barriers, the center did a great job helping their seniors over the last year during a pandemic. Montgomery SWAN worked with both Meals on Wheels then Goodwill to deliver food to their participants. The coordinator ensured she spent time with anyone who needed it, in a safe way. They called any seniors they did not see regularly to connect them with any resources needed. This use of an RSVP system for meals as well as increased need helped them achieve a 0% waste for meals. They may want to continue this model upon reopening for in person meals.

2. Areas in need of attention

Town/Agency Comments: We found out during this time that the Lifetime Assistance team did not intend to return to the kitchen and we had to work to create a new team to meet the communities need. We have been able to increase our support staff to help the Coordinator focus on the seniors.

MCOFA Comments: Montgomery SWAN will work on capturing all of their service offered now that they have a data person to record. During this period, they relied on MCOFA to assist. They continue to build their team to meet losses they had over the past year.

3. Additional resources/technical assistance requested

Town/Agency Comments: Continued support.

MCOFA Comments: As needed.

Program: Southwest Senior Center
 Contractor: Montgomery Neighborhood Center
 Address: 10 Cady Street
Rochester, NY 14608
 Contact: Woody Hammond
Omar Mohamed

Contract / Program Period:
July 1, 2020- December 31, 2020
 Monroe County Vendor #: 105943
 Contract Reference #: _____
 Federal CFDA #: 93-045
 Phone/E-mail: woodyhammond@hotmail.com
omar@swanonline.org

Budget Summary Form

1.	Personnel		\$	10,816
2.	Fringe Benefits			2,032
3.	Equipment			-
4.	Travel			-
5.	Maintenance & Operations			6,544
6.	Other Expenses			750
7.	Contractual			5,401
8.	Food/Meals			810
9.	Purchase of Service			-
10.	Total Program Budget (Lines 1 to 9)		\$	26,353
11.	Anticipated Income			6,075
12.	Nutrition Services Incentive Program Funds	(if applicable)		
13.	Net Total (Line 10 minus 11 & 12)			20,278
14.	Subcontractor Match (not needed, covered by county funding)	1.37%		278
15.	MCOFA Funds (Line 13 minus 14)		\$	20,000
16.	Other Resources	(do not include in Budgetary Information above)		-

Line 10: Service Delivery:			Units	Unit Cost	Total Cost
III C1	Line 7	Congregate Meals	1,456	11.02	16,040
III C1	Line 14	Outreach	50	32.78	1,638
III C1	Line 14	I&A Wellness Checks	50	24.70	1,235
III C1	Line 14	In-Home-Support	1500	4.98	7,440
Other	Line 16	Senior Center Rec & Ed'		-	

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IIIC1	Line 14	In-Home-Support	1500	4.96	7,440
Other	Line 16	Senior Center Rec & Ed'		-	

Satisfaction Survey Analysis

Center Name: **Montgomery SWAN**

Total Distributed: **50**

Total Participants: **47**

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	47(141)	0	0	0	141	141	100%
Have you participated in the Grab N Go meals option	36(108)	1(2)	9	0	119	141	84%
Do you have access to a computer/the internet	20(60)	5(10)	22	0	92	141	65%
Would you participate in online center activities if they were offered	16(48)	18(32)	13	0	93	141	66%
Has the center helped you during the pandemic	46(138)	0	1	0	139	141	99%
Has the center improved the quality of your life	46(138)	1(2)	0	0	140	141	99%

¹Do not count *No Answer* in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
47(141)	0	0	0	141	141	100%

¹Do not count *No Answer* in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Town of Chili

3237 Chili Ave
Rochester NY 14624

Program Representative/Coordinator: Michael Curley

Phone: 585-889-4680

Fax: N/A

Site Name: Chili Senior Center

Email: mcurley@townofchili.org

Funding Period: January 1 – December 30, 2020

Evaluation Date: 8/26/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y__X__N
If yes, detail:

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Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served	5,000	8,834	3,600 Congregate 1,200 Home Delivered Meals
% Successful	90%	177%	90%

¹Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in May 2020.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/20-12/31/20
Total # of Participants	100	60	60
% Satisfied	90%	94%	90%

[Completed Customer Satisfaction Analysis Attached](#)

For 2020, the projected total served was used for the projected surveyed. This is difficult to achieve as the surveys are distributed during lunch, which has a smaller average attendance of around 40.

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1 Please Indicate	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Total aged 75-84	110	194	50%	41%
Total aged 85+	38	116	19%	25%
Low Income (Less than 150%) of the Poverty Guideline)	100	173	50%	37%
LIM-Low Income Minority	32	2	16%	<1%
Frail	38	29	19%	6%
Disabled	52	33	26%	7%
Lives Alone	130	177	65%	38%
Amer.Ind/Als.Native	1	0	<1%	0%
Asian	4	4	2%	<1%
Black, not Hispanic	14	15	7%	<1%
Hispanic or Latino	6	8	3%	<1%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	172	388	86%	83%
Other	1	0	<1%	0%
2 or More Races	2	1	1%	<1%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.

Daily average of ; # of Days Open

Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open

Days open for meals

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective:

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	8,127	8,107	<1%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement-Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **19,850.75** in participant contributions 1/1/20-12/31/20.
Actual per meal average of \$ **2.45**

1. Program Year Fiscal Reports

B. Actual collected \$ **13,437.96** in participant contributions 1/1/19-12/31/19.
Actual per meal average of \$ **3.09**

1. 2019 Program Assessment

C. **48** % Change Total Collected **-21** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) twice weekly in May 2020.

E. How were the contributions used to enhance the program? *The contributions allow the Town of Chili to continue to offer this program while using town tax dollars/budget in other areas to enhance the overall quality of life for our senior population. Without this contribution, other programs and services may have to be reduced or eliminated.*

5. OUTCOME OBJECTIVE #5: To provide outreach* to **225 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **139**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective:

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) twice weekly in May 2020. These meals brought new and different participants due to the pandemic and increased economic insecurities. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point, the center will better be able to attract new participants.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County? *The Town of Chili sends a Town Newsletter to all Chili residents three times a year informing them of the services we provide. We also partner with local churches and organizations so they can also inform their members of our services. Additional marketing and outreach include emails, posters, flyers, and direct word of mouth with residents at the Chili Community Center.*

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Signs in center, Policy in Office How are staff trained? Staff meetings, Town Training
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: Nov 2019
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? Yes, with the Town of Chili
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Monthly as needed Is there a policy? Yes
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic from done at Front Counter, paper form kept in Sr. Office.
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recreation Office
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recreation Office
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Town Administration Offices
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Counter
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conducted Annually by an outside company.
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Quarterly Minutes maintained: yes, in the office
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: : Evaluations Frequency: yearly or as needed
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Yearly or as needed
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wegmans, AGAPE PT, The Legacy, Lifespan, Food Link, NAMI, Wilmott Cancer Institute, Parkinson's Association, and more.
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Four times a year Minutes maintained: Council Member maintains
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: May 2019
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Telephonic Interpreter Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: None at this time.

MCOFA Comments: The center was able to exceed expectations in many ways, meeting the increased need for access to resources during a pandemic. They far exceeded their projected meals, even with having almost two months without serving any. In addition to the Grab N Go meals, they were able to bread and pastries through community connections, which their participants appreciate. The center continues to leverage their town's resources for the benefit of their seniors served. Their previous long time Coordinator retired mid-way through the year, however the new center coordinator is passionate about serving their seniors and is bringing new energy and direction to the program. The center was able to surpass their projected unduplicated served as well as overall contributions, drawing in new participants that they hope to continue working with through their centers return to congregate meals in 2021.

2. Areas in need of attention

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

3. Additional resources/technical assistance requested

Town/Agency Comments:

MCOFA Comments: None at this time.

<p>Program: <u>CSI Senior Center</u> <u>Recreation & Education</u></p> <p>Contractor: <u>Town of Chili</u></p> <p>Address: <u>3235 Chili Avenue</u> <u>Rochester NY 14624</u></p> <p>Contact: <u>Mary Anne Sears</u></p>	<p>Contract / Program Period: <u>04/01/20-12/31/20</u></p> <p>Monroe County Vendor #: <u>1110869</u></p> <p>Contract Reference #: _____</p> <p>Federal CFDA #: _____</p> <p>Phone/E-mail: <u>masears@townofchili.org</u></p>
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Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	-
7. Contractual	1,190
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources <i>(do not include in Budgetary Information above)</i>	-

AIP Service Delivery:		Units	Unit Cost	Total Cost
	Line 21	4	297.50	1,190

Town of Chili CSI 2020.xls

Program: Town of Chili Senior Center, Meal Planning Contract / Program Period:
 Contractor: Town of Chili January 1, 2020- December 31, 2020
 Address: 3333 Chili Ave Monroe County Vendor #: 11101869
Rochester, NY 14624 Contract Reference #: _____
 Federal CFDA #: HHS 93.045, 93.053
 Contact: _____ Phone/E-mail: _____

1.	Personnel	\$	25,245
2.	Fringe Benefits		7,574
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		-
6.	Other Expenses		-
7.	Contractual		39,071
8.	Food/Meals		-
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)	\$	71,890
11.	Anticipated Income		14,560
12.	Nutrition Services Incentive Program Funds		3,614
	<i>(if applicable)</i>		
13.	Net Total (Line 10 minus 11 & 12)		53,716
14.	Subcontractor Match	13.50%	7,249
15.	MCOFA Funds (Line 13 minus 14)	\$	46,467
16.	Other Resources		-
	<i>(do not include in Budgetary Information above)</i>		

Line 10: AIP Service Delivery:

			Units	Unit Cost	Total Cost
III-C-1	Line 7	Congregate Meals	5,000	12.58	62,890
III-C-1	Line 14	Outreach	225	40.00	9,000
Other	Line 16	Senior Center Rec & Ed'		-	-

Satisfaction Survey Analysis

Center Name: **Chili**

Total Distributed: **60**

Total Participants:

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	99	40	7	0	146	180	81%
Have you participated in the Grab N Go meals option	144	0	12	0	156	180	87%
Do you have access to a computer/the internet	129	0	17	0	146	180	81%
Would you participate in online center activities if they were offered	45	42	23	1(0)	110	177	62%
Has the center helped you during the pandemic	162	6	3	0	171	180	95%
Has the center improved the quality of your life	153	12	2	1(0)	167	177	94%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
174	2	0	1	176	177	99%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Town of Greece

3 Vince Tofany Blvd.
Rochester, NY 14612

Program Representative/Coordinator: Gina Edwards

Phone: 585-720-2939

Fax: 585- 720-2954

Email: gedwards@greeceny.gov

Site Name: Greece Senior Center

Funding Period: January 1- December 31, 2020

Evaluation Date: 8/31/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y__X__N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served	8,000	5,404	5,625 Congregate 1,875 Home Delivered Meals
% Successful	90%	68%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in May 2020.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/20-12/31/20
Total # of Participants	108	13(out of 25 distributed)	25
% Satisfied	90%	90%	90%

[Completed Customer Satisfaction Analysis Attached](#)

For 2020, the projected total served was used for the projected surveyed. This is difficult to achieve as the surveys are distributed during lunch, which has a smaller average attendance of around 25.

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Please Indicate				
Total aged 75-84	108	50	50%	41%
Total aged 85+	41	20	19%	17%
Low Income (Less than 150%) of the Poverty Guideline)	108	49	50%	40%
LIM-Low Income Minority	34	3	16%	2%
Frail	41	7	19%	6%
Disabled	56	11	26%	9%
Lives Alone	140	60	65%	50%
Amer.Ind/Als.Native	0	1	<1%	<1%
Asian	4	2	2%	2%
Black, not Hispanic	15	3	7%	2%
Hispanic or Latino	11	2	5%	2%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	187	105	87%	87%
Other	1	2	<1%	2%
2 or More Races	4	3	2%	2%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.

Daily average of ; # of Days Open

Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open

Program Year Viewbuilder Event Profile Meal Units

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in May 2020.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	5,852	4,899	16%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.
The waste factor was higher than 5% due to weather related issues and participant illness, participants were told to stay home if they felt ill in any way.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **4,363.14** in participant contributions 1/1/20-12/31/20.
Actual per meal average of \$ **0.89**

1. Program Year Fiscal Reports

B. Actual collected \$ **10,445.83** in participant contributions 1/1/19-12/31/19.
Actual per meal average of \$ **1.54**

1. 2019 Program Assessment

C. **-58** % Change Total Collected **-42** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) daily at the end of May 2020. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program?

Contributions collected are used for equipment and supplies to enhance the program and making it possible to serve To Go meals. Importance was placed on making the pickup of meals convenient and interactive for all involved.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **50 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **8**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) daily at the end of May 2020. These meals brought new and different participants due to the pandemic and increased economic insecurities. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point, the center will better be able to attract new participants.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County? Year round, through caseworker and staff phone calls.

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Electronically on Shared Drive How are staff trained? Annual training
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual training held
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: 03/2021
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? Building Maintenance Maintains
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Annually Is there a policy? Yes
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blanks-front desk; completed in Gina's Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blanks-front desk; completed in Gina's Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Desk
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Desk
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Bulletin Board
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Bulletin Board
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Bulletin Board
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administrative Office
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Bulletin Board
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Bulletin Board
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tables and Front Counter
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Center and website.
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gina's Office
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: Feb 2020
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Annually Minutes maintained: Yes
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: One on One Meetings Frequency: Annually, or as needed Frequency:
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Annually
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ex: Lifespan, Physical Therapists in local community, etc.
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Monthly except Summer months Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly meeting of Site Council.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: 04/2017
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Telephonic Interpreter Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: None at this time.

MCOFA Comments: After being closed for the pandemic, the senior center was the first to return to 5 days of meals as soon as they felt safe and the To Go meals was available. This kept their daily average of meals served as near normal. The center was able to compliment these meals utilizing their outdoor space offering classes and music until they were able to slowly invite the participants back inside for expanded events. The center was able to remain flexible with the changes the pandemic brought and made sure their senior's needs were met.

2. Areas in need of attention

Town/Agency Comments: None at this time.

MCOFA Comments: Given the pandemic, any areas that fell short of their original projections are likely due to participant's response and need to stay safe during the pandemic as well as a general change in the way services were offered.

3. Additional resources/technical assistance requested

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

<p>Program: <u>CSI Senior Center</u> <u>Recreation & Education</u></p> <p>Contractor: <u>Town of Greece Community Center</u></p> <p>Address: <u>3 Vince Tofany Blvd</u> <u>Rochester, NY 14612</u></p> <p>Contact: <u>Peter O'Brien</u> <u>Director of Parks and Recreation</u></p>	<p>Contract / Program Period: <u>04/01/20-12/31/20</u></p> <p>Monroe County Vendor #: <u>11104341</u></p> <p>Contract Reference #: _____</p> <p>Federal CFDA #: _____</p> <p>Phone/E-mail: <u>585-720-72034</u> <u>pobrien@greecenyc.gov</u></p>
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Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	-
7. Contractual	1,190
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources <i>(do not include in Budgetary Information above)</i>	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Line 21	9	132.22	1,190

Program: Greece Community & Senior Center Meal Planning Contract / Program Period:

Contractor: Town of Greece January 1, 2020 - December 31, 2020

Address: 1 Vince Tofany Blvd
Rochester, NY 14612

Monroe County Vendor #: 11104341

Contract Reference #: _____

Federal CFDA #: HHS 93.045 & 93.053

Contact: Jon Hellmann - Budget
Peter O'Brien - Programs

Phone/E-mail: 585-723-2320 - jhellman@greeceny.gov
585-748-5447 - pobrien@greeceny.gov

Budget Summary Form

1.	Personnel		\$	43,048
2.	Fringe Benefits			22,729
3.	Equipment			-
4.	Travel			-
5.	Maintenance & Operations			-
6.	Other Expenses			-
7.	Contractual			65,253
8.	Food/Meals			-
9.	Purchase of Service			-
10.	Total Program Budget (Lines 1 to 9)		\$	131,030
11.	Anticipated Income			11,000
12.	Nutrition Services Incentive Program Funds	<i>(if applicable)</i>		5,782
13.	Net Total (Line 10 minus 11 & 12)			114,248
14.	Subcontractor Match "Minimum 10%"	40.08%		45,791
15.	MCOFA Funds (Line 13 minus 14)		\$	68,457
16.	Other Resources	<i>(do not include in Budgetary Information above)</i>		

Line 10: AIP Service Delivery:

			Units	Unit Cost	Total Cost
IIIC-1	Line 7	Congregate Meals	8000	15.88	127,030
IIIC-1	Line 14	Outreach	50	80.00	4,000

Satisfaction Survey Analysis

Center Name: Greece Community + Senior Center

Total Distributed: 25

Total Participants: 13

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	33	2	1	0	36	39	92%
Have you participated in the Grab N Go meals option	39	0	0	0	39	39	100%
Do you have access to a computer/the internet	12	0	9	0	21	39	54%
Would you participate in online center activities if they were offered	9	4	8	0	21	39	54%
Has the center helped you during the pandemic	33	0	2	0	35	39	90%
Has the center improved the quality of your life	30	4	1	0	35	39	90%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
39	0	0	0	39	39	100%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

Grab n' Go option - wonderful
I'm waiting for Covid-19 vaccine

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Town of Henrietta

515 Calkins Road
Henrietta, NY 14467

Program Representative/Coordinator: Shelly Gorino

Phone: 585-334-4030

Fax: 585-359-7002

Email: sgorino@henrietta.org

Location Name: Town of Henrietta Senior Center

Funding Period: January 1- December 31, 2020

Evaluation Date: 8/13/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y__x__N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served		10,000	9,445 ¹	6,750 Congregate 2,250 Home Delivered Meals
% Successful		90%	94%	90%

¹Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in April 2020.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		1/1/20-12/31/20	1/1/20-12/31/20	1/1/20-12/31/20
Total # of Participants		162	20	50
% Satisfied		90%	98%	90%

[Completed Customer Satisfaction Analysis Attached](#)

For 2020, the projected total served was used for the projected surveyed. This is difficult to achieve as the surveys are distributed during lunch, which has a smaller average attendance of around 50. The 2020 survey was distributed with Grab N Go’s making return rate even lower.

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Please Indicate				
Total aged 75-84	163	129	50%	36%
Total aged 85+	62	60	19%	17%
Low Income (Less than 150%) of the Poverty Guideline)	163	258	50%	71%
LIM-Low Income Minority	52	28	16%	8%
Frail	62	30	19%	8%
Disabled	85	36	26%	10%
Lives Alone	211	154	65%	43%
Amer.Ind/Als.Native	2	2	<1%	<1%
Asian	20	20	6%	6%
Black, not Hispanic	26	28	8%	8%
Hispanic or Latino	10	10	3%	3%
Nat.Haw./Pac.Islander	2	1	<1%	<1%
White	263	285	81%	79%
Other	3	2	1%	<1%
2 or More Races	7	3	2%	<1%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.
 Daily average of ; # of Days Open
 Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open (days a meal was offered)

¹Program Year Viewbuilder Event Profile Meal Units

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective:

Collaborative efforts to feed seniors in this community. We offered Grab N Go meals and any needed food or supplies (toilet paper, masks, etc.) that the seniors might need. This decreased their need to go to grocery stores and potentially expose themselves to the virus.

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	8,896	8,834	<1%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **9,519** in participant contributions 1/1/20-12/31/20.
Actual per meal average of \$ **1.02**

1. Program Year Fiscal Reports

B. Actual collected \$ **28,614.95** in participant contributions 1/1/19-12/31/19.
Actual per meal average of \$ **3.35**

1. 2019 Program Assessment

C. **-200** % Change Total Collected **-228** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in April 2020. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program?

We used these funds to supply personal care items, gloves, masks, etc. with each meal.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **40 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **28**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective:

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in April 2020. These meals brought new and different participants due to the pandemic and increased economic insecurities. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point, the center will better be able to attract new participants.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County?

Town publications, collaboration with Rush Henrietta Food Terminal and the Rush Henrietta School District.

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Annually How are staff trained? Town training PERMA
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annually
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: October 2020
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? No
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Annually- PERMA Is there a policy? yes
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Desk
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Desk
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Desk
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Desk
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board and Lunch Binder
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board and Lunch Binder
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board and Lunch Binder
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Town Hall offices
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board and Lunch Binder
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Desk
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board and Front Desk
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: Annually, Feb/March 2020
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: As needed Minutes maintained: No

Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Performance Reviews Frequency: Annually
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Annually
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ex: Sheriff's Office, School District, Healthcare agencies, senior living communities, Rush Henrietta Food Terminal, etc.
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly calendar and menu posted monthly on Town website.
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: : Daily during lunch(when open for Congregate) Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Council Reps share meeting notes with entire group.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: Non food 2017, Food service 02/2018
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Interpretek Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: We appreciate the flexibility and support from the county to be able to execute our ideas to make sure the seniors have the needed supports.

MCOFA Comments: The center was able to exceed expectations in many ways. The coordinator was very quick to initiate offering a To Go style meal option after the centers were closed due to the pandemic. In addition, they were able to offer groceries and care items to supplement the meals. The center collaborated with the Town of Brighton Senior Center to offer meals to their area seniors until they were able to arrange their own. The center was able to surpass their projected unduplicated served, especially seniors under the poverty lines. The center was also able to reach their projected meals served goal. The center continues to leverage their town's resources for the benefit of their seniors served. The coordinator is often offering innovation solutions and ideas for all.

2. Areas in need of attention

Town/Agency Comments: We understand everyone did the best they could with rapidly changing information, however in the beginning of the shut down the communication was not as good as it could have been. There was a delay since often the county had to wait to hear from the state or other health agencies.

MCOFA Comments: None at this time.

3. Additional resources/technical assistance requested

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

Program: Henrietta Senior Center, Meal Planning Contract / Program Period:
 Contractor: Town of Henrietta January 1, 2020 - December 31, 2020
 Address: _____ Monroe County Vendor #: 11104914
 _____ Contract Reference #: _____
 _____ Federal CFDA #: HHS 93.045, 93.053
 Contact: Shelly Gorino, Program Coordinator Phone/E-mail: _____

Budget Summary Form

1.	Personnel	\$	72,280
2.	Fringe Benefits		-
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		-
6.	Other Expenses		-
7.	Contractual		78,145
8.	Food/Meals		-
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)	\$	150,425
11.	Anticipated Income		30,030
12.	Nutrition Services Incentive Program Funds (if applicable)		7,227
13.	Net Total (Line 10 minus 11 & 12)		113,168
14.	Subcontractor Match	20.11%	22,754
15.	MCOFA Funds (Line 13 minus 14)	\$	90,414
16.	Other Resources (do not include in Budgetary Information above)		-

Line 10: AIP Service Delivery:

			Units	Unit Cost	Total Cost
IIIC-1	Line 7	Congregate Meals	10,000	14.88	148,825.00
IIIC-1	Line 14	Outreach	40	40.00	1,600
IIIC-1		Transportation		-	
Other	Line 16	Senior Center Rec & Ed'		-	

Center Name: Hennietta

Satisfaction Survey Analysis

Total Distributed: 50

Total Participants: 20

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	15 (45)	3 (6)		2(0)	51	54	94%
Have you participated in the Grab N Go meals option	20 (60)				60	60	100%
Do you have access to a computer/the internet	13 (39)	1(2)	6		47	60	78%
Would you participate in online center activities if they were offered	2(6)	4 (12)	12		30	60	50%
Has the center helped you during the pandemic	19 (57)	1(2)			59	60	98%
Has the center improved the quality of your life	19 (57)	1(2)			59	60	98%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
20				60	60	100%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

Very grateful for the services & fun provided. Priceless
praise outstanding staff for an exceptional job. I appreciate
the meals and depend on them.
Doing a great job to make sure we are OK.
I hope it opens soon.

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Town of Irondequoit

154 Pinegrove Ave
Rochester, NY 14617

Program Representative/Coordinator: Amanda Miller,
Coordinator; Jenna Kazak, Director

Phone: 585-392-9030

Fax: 585-336-6084

Email: amiller@irondequoit.org; jsergeant@irondequoit.org

Site Name: Irondequoit Senior Center

Funding Period: January 1- December 31, 2020

Evaluation Date: 9/15/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y ___X_N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served	8,250	6,016	5,813 Congregate 1,938 Home Delivered Meals
% Successful	90%	73%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in June 2020.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Total # of Participants	60	26	45
% Satisfied	90%	89%	90%

[Completed Customer Satisfaction Analysis Attached](#)

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Please Indicate				
Total aged 75-84	60	42	50%	35%
Total aged 85+	23	47	19%	39%
Low Income (Less than 150%) of the Poverty Guideline)	60	56	50%	46%
LIM-Low Income Minority	19	5	16%	4%
Frail	23	27	19%	22%
Disabled	31	27	26%	22%
Lives Alone	78	70	65%	58%
Amer.Ind/Als.Native	0	0	<1%	0%
Asian	1	1	1%	>1%
Black, not Hispanic	5	11	4%	9%
Hispanic or Latino	4	1	3%	>1%
Nat.Haw./Pac.Islander	0	1	<1%	>1%
White	112	103	93%	85%
Other	1	0	1%	0%
2 or More Races	1	2	1%	2%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.

Daily average of ; # of Days Open

Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open (Days Meals Served)

Program Year Viewbuilder Event Profile Meal Units

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) twice weekly in June of 2020.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	5,000	4,698	6%

1. Program Year Viewbuilder Event Profile Meal Units

2. Program Year Viewbuilder Event Profile Meal Units, Does not include Meals on Wheels, Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

With COVID 19 and the trickle effect it caused within the Senior Community, sometimes the numbers were very hard to guesstimate and there were several occasions where regulars would not show and would not let us know ahead of time. Our goal to prevent this in the future would be to try to adjust ahead of time and request lower numbers.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **4,463.60** in participant contributions 1/1/20-12/31/20.

Actual per meal average of \$ **.95**

1. Program Year Fiscal Reports

B. Actual collected \$ **18,387.37** in participant contributions 1/1/19-12/31/19.

Actual per meal average of \$ **2.76**

1. 2019 Program Assessment

C. **-76** % Change Total Collected **-66** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) twice weekly in June 2020. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program?

Contributions enhanced the program by allowing us to create small additions to add in to the Grab and Go meals such as Chili kits, Chicken Noodle soup kits, crafting activities etc. These were all things the seniors could bring home to gain some happiness during the quarantine.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **400 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **0**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) twice weekly in June 2020. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point the center will better be able to attract new participants. The center also relies on their Health Fair for Outreach, which was not held in 2020 due to COVID.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County?

We serve all populations by including all Section-8 housing and other underserved housing units within our Community when sending out information regarding programming and other opportunities. We work with Medical Motors to provide transportation to those in need. We also work with a variety of Community organizations to assist in the need of anyone in our community to learn more about government assistance programs.

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Policy Binder in Office How are staff trained? Annual Training
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Training
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: April 2021
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? Maintenance completes them
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? As needed, on the job Is there a policy? Town Policy
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Desk
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Desk
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Town Hall
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room, Newsletter and Front Desk
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room and Newsletter
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: 2020
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Daily Minutes maintained: No

Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Performance Evaluations Frequency: Annual
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Twice a year
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EX: Lifespan, AARP, Eldersource, Lifetime Care
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Four times a year Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	How? We currently do not have a project council member rep. We have not found a senior who would be interested.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: April 2017
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Telephonic Interpreter Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: Our strengths would be the Communication between the staff and the participants. We went above and beyond with phone calls, cards, care packages, and socially distanced visits to maintain positive communications with our Seniors throughout the entire year. Also, learning to work with the curves that have been thrown at us.

MCOFA Comments: The center did an excellent job of keeping their seniors engaged and entertained through unique special event days and take home activities to accompany their To Go meals. This helped them reach their unduplicated served goal and 73% of their projected meals at a reduced schedule and after being closed for 2 months. The center was able to almost double their daily average utilizing the To Go meal option. The center saw an increase in overall satisfaction this contract period, up from 86.7% the previous year.

2. Areas in need of attention

Town/Agency Comments: Transportation for Seniors in need. Being more precise with meal numbers, although 2020 was a very tricky year.

MCOFA Comments: The center had 6% food waste due to some last minute cancellations and no shows for the To Go meals. This was a difficult year to predict meals due to the nature of the pandemic.

3. Additional resources/technical assistance requested

Town/Agency Comments: None at this time.

MCOFA Comments: As needed.

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

<p>Program: <u>CSI Senior Center</u> <u>Recreation & Education</u></p> <p>Contractor: <u>Department of Recreation</u></p> <p>Address: <u>1280 Titus Avenue</u> <u>Rochester, NY 14617</u></p> <p>Contact: <u>Denisse Ramos</u></p>	<p>Contract / Program Period: <u>04/01/20-12/31/20</u></p> <p>Monroe County Vendor #: <u>106111</u></p> <p>Contract Reference #: _____</p> <p>Federal CFDA #: _____</p> <p>Phone/E-mail: <u>585-336-7266</u> <u>dramos@irondequoit.org</u></p>
--	--

Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	-
7. Contractual	1,190
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources <i>(do not include in Budgetary Information above)</i>	-

AIP Service Delivery:		Units	Unit Cost	Total Cost
	Line 21	12	99.17	1,190

Program: Town of Irondequoit Contract / Program Period: January 1, 2020 - December 31, 2020
 Contractor: Irondequoit Parks and Recreation Monroe County Vendor #: 11101611
 Address: 1280 Titus Avenue Contract Reference #: _____
Rochester, NY 14617 Federal CFDA #: HHS 93.045, 93.053
 Contact: Denisse Ramos Phone/E-mail: 585-336-7266
_____ dramos@irondequoit.org

Budget Summary Form

1.	Personnel		\$	41,844
2.	Fringe Benefits			16,442
3.	Equipment			-
4.	Travel			-
5.	Maintenance & Operations			5,500
6.	Other Expenses			-
7.	Contractual			66,977
8.	Food/Meals			-
9.	Purchase of Service			-
10.	Total Program Budget (Lines 1 to 9)		\$	130,763
11.	Anticipated Income			20,000
12.	Nutrition Services Incentive Program Funds	<i>(if applicable)</i>		5,962
13.	Net Total (Line 10 minus 11 & 12)			104,801
14.	Subcontractor Match	"Minimum 10%"		19.15%
15.	MCOFA Funds (Line 13 minus 14)		\$	84,728
16.	Other Resources	<i>(do not include in Budgetary Information above)</i>		

Line 10: AIP Service Delivery:

			Units	Unit Cost	Total Cost
IIIC-1	Line 7	Congregate Meals	8,250	15.75	129,963
IIIC-1	Line 14	Outreach	400	2.00	800
Other	Line 16	Senior Center Rec & Ed'		-	-

Jenna
Sergeant

Satisfaction Survey Analysis

Center Name: Irondequoit Senior Center

Total Distributed:

Total Participants: 26

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	18 54	7 14	1 1	—	69	78	88.5%
Have you participated in the Grab N Go meals option	13 39	—	13 13	—	52	78	66.7%
Do you have access to a computer/the internet	11 33	—	15 15	—	48	78	61.5%
Would you participate in online center activities if they were offered	6 18	5 10	15 15	—	43	78	55.1%
Has the center helped you during the pandemic	20 60	3 6	3 3	—	69	78	88.5%
Has the center improved the quality of your life	17 51	4 12	4 4	1	67	75	89.3%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
23 69	1 2	0	2 0	71	72	98.6%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

Great Job! / The ladies that hand out meals are always friendly/cheerful - Thank You All!
Loves Food / Love the Wellness checks / Helping when I need food & help /
friendly staff / Happy to stay connected with wellness calls / want return until
safe / Never disappointed / center hasn't helped except wellness calls / misses friends /
Doesn't feel comfortable coming back until there's a vaccine / offer transportation /
open up / Happy with GNG meals /

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Town of Ogden

269 Ogden Center Road
Spencerport, NY 14559

Program Representative/Coordinator: Valerie Collins

Phone: 585-252-3250

Fax: 585-352-4590

Email: nutrition@ogdenny.com

Site Name: Ogden Senior Center

Funding Period: January 1 – December 31, 2020

Evaluation Date: 9/13/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y__**X**__N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total

	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served	4,000	982	2,625 Congregate 875 Home Delivered Meals
% Successful	90%	25%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in September 2020.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey

	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Total # of Participants	40	20	20
% Satisfied	90%	92%	90%

[Completed Customer Satisfaction Analysis Attached](#)

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1 Please Indicate	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Total aged 75-84	40	17	50%	33%
Total aged 85+	15	16	19%	31%
Low Income (Less than 150%) of the Poverty Guideline)	40	27	50%	52%
LIM-Low Income Minority	2	3	2%	6%
Frail	15	8	19%	15%
Disabled	21	8	26%	15%
Lives Alone	52	31	65%	60%
Amer.Ind/Als.Native	0	0	<1%	0%
Asian	0	0	<1%	0%
Black, not Hispanic	1	0	1%	0%
Hispanic or Latino	1	1	1%	2%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	78	49	97%	94%
Other	0	1	<1%	2%
2 or More Races	0	1	<1%	2%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480

For each additional family member at 125%, add \$5,600

For each additional family member at 150%, add \$6,720

For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.

Daily average of ; # of Days Open

Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in September 2020.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	800	701	12%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Meals on Wheels meals, Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal. (Please note the waste came from Jan-March Congregate meals) *Unpredictable, inclement weather always contributes to the waste factor here at the Ogden Senior Center. We are now asking our seniors to reserve a meal ahead of time, reducing the quantity of meals ordered which will decrease the high waste factor.*

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement-Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **1,941.77** in participant contributions 1/1/20-12/31/20.

Actual per meal average of \$ **2.77**

1. Program Year Fiscal Reports

B. Actual collected \$ **7,997.61** in participant contributions 1/1/19-12/31/19.

Actual per meal average of \$ **2.54**

1. 2019 Program Assessment

C. **-76** % Change Total Collected **9** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in September 2020. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program? *Contributions collected help fund entertainers, various supplies, and enhance special occasion events such as parties.*

5. OUTCOME OBJECTIVE #5: To provide outreach* to **100 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **0**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in September of 2020. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point, the center will better be able to attract new participants.*

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County? *We host programs throughout the year that are open to all members of the community. Examples include distributing farmer's market coupons, AARP Safe Drivers Course, and our annual flu shot clinic.*

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Policies are in the Office How are staff trained? Fire Department holds a training
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Department training
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: Unfortunately, the building was closed for most of 2020 due to the pandemic and the fire extinguishers were not serviced. They have recently been serviced (2021) and are now compliant.
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? No, completed by Center staff and building owners
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? CPR/First Aid offered annually Is there a policy? None officially

Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locked to check in desk
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With lock box
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The menu is displayed in several locations throughout the center as well as hard copies available for participants.
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A printed and online copy of the recreation calendar is provided monthly.
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: March 2019

Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: As needed Minutes maintained: no
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training is acquired throughout the year in various ways including; fire drills, speakers providing emergency preparation guidance, and MCOFA RD in service training.
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How Staff Reviews Frequency: Annually or as needed
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Annually or as needed
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ex: Eldersource, Foodlink, Spencerport Ecumenical Food Cupboard, AARP, etc
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Currently, recognition is provided with the use of brochures, flyers, and many printed materials. . In addition to brochures, flyers, and printed materials we are actively using our Facebook page to advertise upcoming meals and events.
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: At least 4 x a year Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We publish our Project Council members in our monthly newsletter.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: Nov 2018
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Language Line Solutions Interpreter Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: *The pandemic has forced us to become resourceful when servicing the needs of the seniors in our community. It has also contributed to finding new ways to present programming, resulting in new creative events being implemented at the Ogden Senior Center.*

MCOFA Comments: While the center had a greatly reduced offering of meals once closed for the pandemic, they were able to maintain their daily average for meals served, and increase their average per meal contribution. A majority of those served during the year hit two key demographics: low income (52% and lives alone 60%. The center increased their overall satisfaction this year, as demonstrated on their satisfaction surveys, up from 89% the previous year. The center was able to implement new ideas to engage the seniors both at their homes and in the drive through line for the To Go meals.

2. Areas in need of attention

Town/Agency Comments: *None at this time.*

MCOFA Comments: The center continues to struggle with their meals wasted, have 12% this year, which was predominantly in the first quarter when they were open for congregate meals. This period presents increased weather incidents which impacts attendance. The center has implemented an RSVP system that has been utilized during the closure for To Go meals successfully.

3. Additional resources/technical assistance requested

Town/Agency Comments: *None at this time.*

MCOFA Comments: None at this time.

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

Program: <u>CSI Senior Center</u> <u>Recreation & Education</u>	Contract / Program Period: <u>04/01/20-12/31/20</u>
Contractor: <u>Town of Ogden</u>	Monroe County Vendor #: <u>11101809</u>
Address: <u>269 Ogden Center Rd.</u> <u>Spencerport, NY 14559</u>	Contract Reference #: _____
	Federal CFDA #: _____
Contact: <u>Hon Gay Lenhard, Supervisor</u> <u>James Butera, Finance</u>	Phone/E-mail: 617-6120 supervisor@ogdenny.cc finance@ogdenny.com

Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	1,190
7. Contractual	-
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources (do not include in Budgetary Information above)	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Line 21 Senior Rec and Ed.	4	297.50	1,190

Program: Ogden Senior Center Contract / Program Period: January 1, 2020 - December 31, 2020
 Contractor: Town of Ogden Monroe County Vendor #: 11101809
 Address: 269 Ogden Center Rd. Contract Reference #: _____
Spencerport, NY 14559 Federal CFDA #: HHS 93.045 & 93.053
 Contact: Hon Gay Lenhard, Supervisor Phone/E-mail: 617-6120 supervisor@ogdenny.cc
James Butera, Finance finance@ogdenny.com

Budget Summary Form

1. Personnel		\$ 29,600
2. Fringe Benefits		3,555
3. Equipment		-
4. Travel		-
5. Maintenance & Operations		3,000
6. Other Expenses		-
7. Contractual		32,677
8. Food/Meals		-
9. Purchase of Service		-
10. Total Program Budget (Lines 1 to 9)		\$ 68,832
11. Anticipated Income		8,500
12. Nutrition Services Incentive Program Funds	<i>(if applicable)</i>	2,891
13. Net Total (Line 10 minus 11 & 12)		57,441
14. Subcontractor Match "Minimum10%"	47.52%	18,504
15. MCOFA Funds (Line 13 minus 14)		\$ 38,937
16. Other Resources	<i>(do not include in Budgetary Information above)</i>	

Line 10: AIP Service Delivery:

			Units	Unit Cost	Total Cost
IIIC-1	Line 7	Congregate Meals	4,000	16.33	65,332
IIIC-1	Line 14	Outreach	100	35.00	3,500
Other	Line 16	Senior Center Rec & Ed'		-	-

Satisfaction Survey Analysis

Center Name: Ogden

Total Distributed: 25

Total Participants: 20

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	42	12			54	60	90
Have you participated in the Grab N Go meals option	36		8		44	60	73
Do you have access to a computer/the internet	36		8		44	60	73
Would you participate in online center activities if they were offered	9	12	11		32	60	53
Has the center helped you during the pandemic	21	4	11		36	60	60
Has the center improved the quality of your life	51	2	2		55	60	91.6

¹Do not count *No Answer* in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
30	8		6	38	42	90

¹Do not count *No Answer* in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

Responses included: Lack of fellowship, miss the connection with people, miss socialization (regarding closed centers), precook the meals, and "hurry up and open".

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Town of Pittsford

35 Lincoln Avenue
Pittsford, NY 14534

Program Representative/Coordinator: Dolores DeCoste

Phone: 585-248-6235

Fax: 585-249-5408

Email: ddecoste@townofpittsford.org

Site Name: Pittsford Senior Center

Funding Period: January 1 to December 31, 2020

Evaluation Date: 8/26/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y ___X___N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served	4,500	2,142	3,225 Congregate 1,075 Home Delivered Meals
% Successful	90%	48%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in May 2020.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/20-12/31/20
Total # of Participants	63	35	30
% Satisfied	90%	96%	90%

[Completed Customer Satisfaction Analysis Attached](#)

For 2020, the projected total served was used for the projected surveyed. This is difficult to achieve as the surveys are distributed during lunch, which has a smaller average attendance of around X.

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1 Please Indicate	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Total aged 75-84	63	25	50%	29%
Total aged 85+	24	35	19%	41%
Low Income (Less than 150%) of the Poverty Guideline)	63	22	50%	26%
LIM-Low Income Minority	20	3	16%	3%
Frail	24	4	19%	5%
Disabled	33	9	26%	10%
Lives Alone	81	39	65%	45%
Amer.Ind/Als.Native	0	0	<1%	0%
Asian	6	1	5%	1%
Black, not Hispanic	3	1	2%	1%
Hispanic or Latino	1	3	1%	3%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	116	78	93%	91%
Other	0	1	<1%	1%
2 or More Races	1	0	1%	0%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.
 Daily average of ; # of Days Open
 Program Year Contract

1. Actual # of eligible meals served: ; %.
 Actual Daily average of ; Actual # of Days Open Open for Meals
 Program Year Viewbuilder Event Profile Meal Units

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in May 2020.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	1,952	1,952	0%

- 1. Program Year Viewbuilder Event Profile Meal Units
- 2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above
- 3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement-Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **5,524.4** in participant contributions 1/1/20-12/31/20.
Actual per meal average of \$ **2.83**

1. Program Year Fiscal Reports

B. Actual collected \$ **11,660.57** in participant contributions 1/1/19-12/31/19.
Actual per meal average of \$ **3.34**

1. 2019 Program Assessment

C. **-53%** % Change Total Collected **-15%** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly at the end of May 2020. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program?

We use the contributions to foster the health and social well-being of older adults through a variety of programs, learning activities and social interaction.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **50 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **70**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective:

We describe the many benefits and opportunities our program provides to all seniors who contact us in person at our senior center and with telephone inquiries. We encourage seniors to attend our programs and follow up regularly with them by phone or in person. We emphasize the life enhancing benefits for seniors when they join our programs.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County?

We immediately follow up on referrals from Lifespan and other county agencies and social workers. We contact these individuals and offer free transportation to and from our senior center for those who require it. There is not cost for lunch for those with low or no income. Our facility is handicapped accessible. There are no entrance stairs. Our elevator easily accommodates wheelchairs and walkers. Our staff serves lunch to those who cannot serve themselves. We warmly greet each participant upon arrival at our facility. We emphasize socialization, nutritional benefits and physical well-being as they become a part of our program.

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Stored in Rec Office and plans in halls How are staff trained? Town Fire Warden conducts annually
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Town conducts training annually
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: January 15, 2021 Fire extinguisher inspection
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success Log maintained? Monthly, yes Fire drills are conducted bi-monthly. Presentations by fire marshal provided to participants
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? Building Maintenance Director maintains
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Annually Is there a policy? Yes

Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office when not in use or on sign in desk for lunch
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached to lock box
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dining Room
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallway sign in table
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallway sign in table
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recreation Office
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dining Room
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallway sign on table, bulletin board, seniors' office
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallway sign on table, bulletin board, seniors' office
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: March 2021

Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: weekly Minutes maintained: yes
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training is provided on a monthly basis to all employees and more frequently as necessary
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Annual Review and weekly meetings
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Annually
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Online recognition given through Town of Pittsford's website as well as menus, flyers, brochures
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: : Four Times a Year Minutes maintained: Yes
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Council members conduct Quarterly presentations to participants Which include question and answer Sessions after each presentation.

There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated:2017
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Telephonic Interpreter Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: We continuously strive to improve our programs and offerings. Our participants often advise us that the social connections, which were lacking during Covid have been rekindled as they participate in the Lunch Club 60 program in the building. For this, they are very grateful, as it has enhanced their quality of life. We cannot underestimate the importance of the excellent partnership we have with Monroe County Office of the Aging and with ABVI Goodwill.”

MCOFA Comments: The Pittsford Senior Center began serving the offered To Go meals curbside weekly in May. Though they did not reach many of their original projected goals, they did very well considering the reduction in services. The center was able to utilize the circumstances to surpass their outreach, making sure those in need in the community were served and hopefully fostering new relationships with area seniors. They maintained a 0% waste, using their RSVP system for the To Go Meals. Pittsford was able to implement online classes that the seniors enjoyed and helped maintain socialization for those homebound. The center also saw an increase in overall satisfaction per the completed survey, as the area seniors were grateful for the contact and assistance during a stressful event.

2. Areas in need of attention

Town/Agency Comments: None at this time.

MCOFA Comments: Given the pandemic, any areas that fell short of their original projections are likely due to participant's response and need to stay safe as well as a general change in the way services were offered.

3. Additional resources/technical assistance requested

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

Program: CSI Senior Center
Recreation & Education

Contract / Program Period:
04/01/20-12/31/20

Contractor: Town of Pittsford

Monroe County Vendor #: 11103250

Address: 11 S. Main Street
Pittsford, NY 14534

Contract Reference #: _____

Federal CFDA #: _____

Contact: Delores DeCoste

Phone/E-mail: 585-248-6235

ddecoste@townofpittsford.org

Budget Summary Form		Total
1. Personnel		\$ -
2. Fringe Benefits		-
3. Equipment		-
4. Travel		-
5. Maintenance & Operations		-
6. Other Expenses		-
7. Contractual		1,190
8. Food/Meals		
9. Purchase of Service		-
10. Total Program Budget (Lines 1 to 9)		\$ 1,190
11. Anticipated Income		-
12. Net Total (Line 10 minus 11)		1,190
13. Subcontractor Match	25.0%	298
14. MCOFA Funds (Line 12 minus 13)		\$ 892
15. Other Resources	(do not include in Budgetary Information above)	-

AIP Service Delivery:		Units	Unit Cost	Total Cost
Line 21		15	79.33	1,190

Program: Pittsford Senior Center, Meal Planning Contract / Program Period:
 Contractor: Town of Pittsford January 1, 2020 - December 31, 2020
 Address: 11 South Main St Monroe County Vendor #: 11103250
Pittsford, NY 14534 Contract Reference #: _____
 Federal CFDA #: HHS 93.045, 93.053
 Contact: Jessie Hollenbeck, Rec Director Phone/E-mail: 585-248-6284
Gregory Duane, Finance Director 585-248-6225

Budget Summary Form

1.	Personnel	\$	32,548
2.	Fringe Benefits		6,839
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		-
6.	Other Expenses		-
7.	Contractual		35,174
8.	Food/Meals		-
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)	\$	74,561
11.	Anticipated Income		11,500
12.	Nutrition Services Incentive Program Funds (if applicable)		3,252
13.	Net Total (Line 10 minus 11 & 12)		59,809
14.	Subcontractor Match 29.62%		17,716
15.	MCOFA Funds (Line 13 minus 14)	\$	42,093
16.	Other Resources (do not include in Budgetary Information above)		

Line 10: AIP Service Delivery:

			Units	Unit Cost	Total Cost
IIIC-1	Line 7	Congregate Meals	4,500	15.79	71,061
IIIC-1	Line 14	Outreach	50	70.00	3,500
Other	Line 16	Senior Center Rec & Ed'		-	-

Satisfaction Survey Analysis

Center Name: Pittsford

Total Distributed: 40

Total Participants: 35

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	84	8	1	0	95	105	90
Have you participated in the Grab N Go meals option	102	0	1	0	103	105	98
Do you have access to a computer/the internet	69	4	10	0	83	105	79
Would you participate in online center activities if they were offered	21	22	17	0	60	105	57
Has the center helped you during the pandemic	93	8	0	0	101	105	96
Has the center improved the quality of your life	93	8	0	0	101	105	96

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
105	0	0	0	105	105	100

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

_____ See attached

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Town of Webster

1350 Chiyoda Drive
Webster, NY 14580

Program Representative/Coordinator: Daphne Geoca

Phone: 585-872-7103

Fax: 585-872-7111

Email: dgeoca@ci.webster.ny.us

Location Name: Webster Senior Center

Funding Period: January 1- December 31, 2020

Evaluation Date: 8/24/2021

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y__X__N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served	8,000	4,771 ¹	5,4328 Congregate 1,813 Home Delivered Meals
% Successful	90%	60%	90%

¹Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. Meals on Wheels provided meals to deliver to the center for participants with need from the time of closure through early September. The center began offering Grab N Go style meals (Home Delivered Meals) the last week in July 2020. These are all included in the total.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	1/1/20-12/31/20	1/1/20-12/31/20	1/1/20-12/31/20
Total # of Participants	63	28	45
% Satisfied	90%	94%	90%

[Completed Customer Satisfaction Analysis Attached](#)

For 2020, the projected total served was used for the projected surveyed. This is difficult to achieve as the

surveys are distributed during lunch, which has a smaller average attendance of around 42. The survey's this year were distributed with Grab N Go meals, and return rate was low.

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report. Best estimate as there was overlap in services and many anonymous clients

FROM OBJECTIVE #1	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Please Indicate				
Total aged 75-84	63	37	50%	37%
Total aged 85+	24	23	19%	23%
Low Income (Less than 150%) of the Poverty Guideline)	63	61	50%	62%
LIM-Low Income Minority	20	4	16%	4%
Frail	24	4	19%	4%
Disabled	33	6	26%	6%
Lives Alone	81	53	65%	54%
Amer.Ind/Als.Native	0	0	<1%	0%
Asian	3	2	2%	2%
Black, not Hispanic	1	2	1%	2%
Hispanic or Latino	3	0	2%	0%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	119	91	95%	92%
Other	0	2	<1%	2%
2 or More Races	0	0	<1%	0%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.
 Daily average of ; # of Days Open
 Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open (days meals offered)
 Program Year Viewbuilder Event Profile Meal Units

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. Meals on Wheels provided meals to the center for participants with need from the time of closure through early September. The center began offering bulk Grab N Go style meals weekly (Home Delivered Meals) the last week in July 2020 and slowly increased frequency. These bulk meals make the daily average high.

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	4979 ⁴	4,698	5.6% ⁴

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

4. Please make sure this number is consistently entered to get a true picture of the Waste Factor.

If above 5%, please state reasons and outline a plan to reach the goal.

Some participants have moved on, passed away, moved into assisted living or were reluctant to attend due to

COVID. For some prior to COVID, their ability to come and go made it difficult to predict who could make it in to our facility. Once COVID hit, it was also difficult to predict who would show for the grab n go meals. We will attempt to estimate more accurately the number of participants by looking at history, the participants' ability to come to the facility as well as evaluate other programs going on at the center that may attract or detract from attendance.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **5,154.72** in participant contributions 1/1/20-12/31/20.

Actual per meal average of \$ **1.08**

1. Program Year Fiscal Reports

B. Actual collected \$ **12,930.43** in participant contributions 1/1/19-12/31/19.

Actual per meal average of \$ **1.92**

1. 2019 Program Assessment

C. **-151** % Change Total Collected **-78** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. Meals on Wheels provided meals to the center for participants with need from the time of closure through early September. The center began offering bulk Grab N Go style meals weekly (Home Delivered Meals) the last week in July 2020 and slowly increased frequency. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program?

Contributions are rolled back into the program.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **50 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **7**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. Meals on Wheels provided meals to the center for participants with need from the time of closure through early September. The center began offering bulk Grab N Go style meals weekly (Home Delivered Meals) the last week in July 2020 and slowly increased frequency. These meals brought new and different participants due to the pandemic and increased economic insecurities. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point, the center will better be able to attract new participants.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County? *The center uses the various recreation center programs attendance located within the building to promote the program as well as our quarterly newsletter.*

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Policy on Town Shared Drive How are staff trained? Fire Marshall Annual training or as needed
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sept 2020 by McCarthy's Fire Supply Co and monthly on 1 st day of month by our staff
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? Yes, the Commissioner maintains
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Annual Is there a policy? Yes
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room, locked after in Office
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee Area
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee Area
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee Area
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Office
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee Area
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee Area
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In monthly newsletter, in coffee area, & lounge
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In monthly newsletter, in coffee area, & lounge
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Informal most days

The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: As needed Minutes maintained: No
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Observation, feedback as needed Frequency: Weekly
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Annually or as needed
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EX: AARP, Catholic Family Center, GVPT (physical therapy), Lifespan, Wellness360, various "Talks on Tuesday" presenters, WASPS
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: At least four times a year; Project Council members manage Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbally at lunch
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: April 2017
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Telephonic Interpreter Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: None at this time.

MCOFA Comments: The center and Coordinator did a good job in the face of a pandemic. The Coordinator was new to the position this program year and was able to adapt to the changing needs during the pandemic. Though the center's total days open for meals was greatly reduced during this period, when they served they doubled their average served with a majority of those served qualifying as low income, a key demographic of the overall program. The center was able to meet the needs of their older adults who per the survey were satisfied. They managed to have a 5% waste factor.

2. Areas in need of attention

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

3. Additional resources/technical assistance requested

Town/Agency Comments: None at this time.

MCOFA Comments: None at this time.

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

<p>Program: <u>CSI Senior Center</u> <u>Recreation & Education</u></p> <p>Contractor: <u>Webster Parks & Recreation</u></p> <p>Address: <u>1350 Chiyoda Dr</u> <u>Webster, NY 14580</u></p> <p>Contact: <u>Daphne Geoca</u></p>	<p>Contract / Program Period: <u>04/01/20-12/31/20</u></p> <p>Monroe County Vendor #: <u>11103607</u></p> <p>Contract Reference #: _____</p> <p>Federal CFDA #: _____</p> <p>Phone/E-mail: <u>585-872-7103 x7105</u></p>
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Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	-
7. Contractual	1,190
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources <i>(do not include in Budgetary Information above)</i>	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Line 21	40	24.29	1,190

Program: Webster Senior Center
 Contractor: Webster Parks and Recreation
 Address: 1350 Chiyoda Drive
Webster, NY 14580
 Contact: Mark Yaeger, Commissioner

Contract / Program Period:
January 1, 2020 - December 31, 2020
 Monroe County Vendor #: 11103607
 Contract Reference #: _____
 Federal CFDA #: HHS 93.045, 93.053
 Phone/E-mail: 872-7100
myaeger@ci.webster.ny.us

Budget Summary Form

1.	Personnel	\$	43,058
2.	Fringe Benefits		3,161
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		2,000
6.	Other Expenses		-
7.	Contractual		65,153
8.	Food/Meals		
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)	\$	113,372
11.	Anticipated Income		14,000
12.	Nutrition Services Incentive Program Funds (if applicable)		5,782
13.	Net Total (Line 10 minus 11 & 12)		93,590
14.	Subcontractor Match "Minimum 10%"		22,195
			23.72%
15.	MCOFA Funds (Line 13 minus 14)	\$	71,395
16.	Other Resources (do not include in Budgetary Information above)		-

Line 10: AIP Service Delivery:			Units	Unit Cost	Total Cost
IIIC-1	Line 7	Congregate Meals	8,000	13.91	111,272
IIIC-1	Line 14	Outreach	50	42.00	2,100
Other	Line 16	Sr Center Rec., & Ed'	1671	-	-

Satisfaction Survey Analysis

Center Name: *Webster*

Total Distributed:

Total Participants: *78*

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	<i>IIII IIII IIII</i>	<i>IIII</i>		<i>I</i>	<i>78</i>	<i>81</i>	<i>96%</i>
Have you participated in the Grab N Go meals option	<i>IIII</i>		<i>IIII IIII</i>	<i>I</i>	<i>41</i>	<i>81</i>	<i>50%</i>
Do you have access to a computer/the internet	<i>IIII IIII IIII</i>	<i>I</i>	<i>IIII IIII</i>		<i>65</i>	<i>84</i>	<i>77%</i>
Would you participate in online center activities if they were offered	<i>IIII</i>	<i>IIII</i>	<i>IIII IIII IIII</i>	<i>III</i>	<i>40</i>	<i>75</i>	<i>53%</i>
Has the center helped you during the pandemic	<i>IIII IIII IIII</i>	<i>II</i>	<i>II</i>	<i>III</i>	<i>63</i>	<i>69</i>	<i>91%</i>
Has the center improved the quality of your life	<i>IIII IIII IIII</i>	<i>IIII</i>	<i>I</i>	<i>III</i>	<i>64</i>	<i>69</i>	<i>94%</i>

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
<i>IIII IIII IIII</i>			<i>II</i>	<i>78</i>	<i>78</i>	<i>100%</i>

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Town of Wheatland

22 Main Street
Scottsville, NY 14546

Program Representative/Coordinator: Shanna Fraser

Phone: 585-889-1284

Fax: 585-889-2933

Email: seniors@townofwheatland.org

Site Name: Town of Wheatland Senior Center

Funding Period: January 1- December 31, 2020

Evaluation Date: 9/9/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budget](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y__X__N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Eligible Meals Served		2,500	1,138 ¹	1,688 Congregate 563 Home Delivered Meals
% Successful		90%	46%	90%

¹Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) in May 2020.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		1/1/20-12/31/20	1/1/20-12/31/20	1/1/21-12/31/21
Total # of Participants		23	24	20
% Satisfied		90%	100%	90%

[Completed Customer Satisfaction Analysis Attached](#)

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 12/31/20.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1 Please Indicate	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Total aged 75-84	23	15	50%	43%
Total aged 85+	9	10	19%	29%
Low Income (Less than 150%) of the Poverty Guideline)	23	14	50%	40%
LIM-Low Income Minority	7	1	16%	3%
Frail	9	9	19%	26%
Disabled	12	7	26%	20%
Lives Alone	29	16	65%	46%
Amer.Ind/Als.Native	0	0	<1%	0%
Asian	0	1	<1%	3%
Black, not Hispanic	2	0	4%	0%
Hispanic or Latino	1	0	2%	0%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	42	33	93%	94%
Other	0	0	<1%	0%
2 or More Races	0	0	<1%	0%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 12/31/20.
 Daily average of ; # of Days Open
 Program Year Contract

1. Actual # of eligible meals served: ; %.
 Actual Daily average of ; Actual # of Days Open

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in May 2020.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	924	898	3%

- 1. Program Year Viewbuilder Event Profile Meal Units
- 2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above
- 3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **1,009.16** in participant contributions 1/1/20-12/31/20.

Actual per meal average of \$ **1.12**

1. Program Year Fiscal Reports

B. Actual collected \$ **5,556.52** in participant contributions 1/1/19-12/31/19.

Actual per meal average of \$ **2.76**

1. 2019 Program Assessment

C. **-82** % Change Total Collected **-59** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in May 2020. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program?

With the pandemic, we did not collect contributions after 3/16/2020 but we maintained our program by delivering grab n go meals and activity packets to our seniors. I also called the seniors one a week to check in. I scheduled vaccine appointments for our seniors and drove them to their appointments also. I also delivered library books and puzzles for those that could go out. We remained connected to our seniors although we couldn't physically be together.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **50 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **5**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in May 2020. These meals brought new and different participants due to the pandemic and increased economic insecurities. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point the center will better be able to attract new participants.*

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County?

We have reached out to the residents of low income housing in Wheatland to advertise what our centers offer. We have sent flyers, we have had our current participants share information with friends and we have shared information with the local food pantry.

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these		<input type="checkbox"/>	<input type="checkbox"/>	How are staff trained? Fire Marshall conducts Quarterly training
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: November 2020
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* It is recommended these are complete more frequently for success
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? Building Dept. completes and tracks
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? CPR/First Aid- every 2 years Is there a policy? No
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desk, locked at night
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desk
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entrance at Desk
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Window
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food line
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entrance at Desk
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front desk, website
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front desk, website
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: Jan 2020 (every January)
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily

The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: 2 years CPR/ First Aid, Annual for Town required. Town Clerk
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: MCOFA, Observation Frequency: Annually at minimum, as needed
Written staff performance evaluations are conducted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frequency: Not performed
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EX: Eldersource, Local Community Speakers on various topics
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Continues to recruit but no one is willing to attend
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: : Monthly Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily announcements contain info For participants
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: April 2017
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Town Court Translation Services covers the center
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: Our seniors are happy that we are back to in-person programs (2021). Our participation since the pandemic remains consistent. As a small center, we are able to provide individualized attention to each participant.

MCOFA Comments: Being located in rural town, Wheatland Senior center has always acted like a second family due to its size and this continued during the pandemic making weekly calls to seniors to help reduce isolation and make sure needs were met. The center delivered weekly food and activities. This personal touch made a difference. Wheatland's previous Coordinator and Kitchen Manager retired at the end of the year, with a new Coordinator and Kitchen Manager replacing them.

2. Areas in need of attention

Town/Agency Comments: We are trying to increase our participation and member rates.

MCOFA Comments: None at this time.

3. Additional resources/technical assistance requested

Town/Agency Comments: Our dishwasher has been out of service since July 2021 and we really need a new one. We would also like to get new chairs for our senior center that are more ergonomic for senior citizens.

MCOFA Comments: None at this time.

Satisfaction Survey Analysis

Center Name: *Wheatland*

Total Distributed: *24*

Total Participants: *24*

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	8	6	3	—	39	51	76.5
Have you participated in the Grab N Go meals option	12	—	5	—	41	51	80.4
Do you have access to a computer/the internet	10	1	6	—	38	51	74.5
Would you participate in online center activities if they were offered	3	7	7	—	40	51	78.4
Has the center helped you during the pandemic	14	1	—	2	44	45	97.8
Has the center improved the quality of your life	17	—	—	—	51	51	100

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
16	1	—	—	50	51	98

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

see attached

**MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING**

ASSESSMENT FOR PROGRAM FUNDING

2020

Service Name: Senior Transportation

NYSOFA Service Category: Transportation

Funding Sources:

Title IIIB 01/01/2020 to 12/31/2020 (\$222,561 – after \$187,629 reduction)

CSE 04/01/2020 to 03/31/2021 (\$117,459)

AAA 01/01/2020 to 12/31/2020 (\$40,952)

Monroe County Support (\$58,841))

Total (all funds) \$439,813

IDENTIFYING INFORMATION

Name of Sponsoring Organization: Medical Motor Service of Rochester & Monroe County, Inc.

Address: 608 South Clinton Avenue

City: Rochester **State:** New York **Zip:** 14620

Chief Executive Officer: Robert P. Topel, Executive Director

Name and Title of person to contact with questions regarding this Application:

Jeanine Frenz, CFO

Phone Number: (585) 654-6030 ext. 222

Fax: (585) 654-9697

E-mail: Jfrenz@medicalmotors.org

Site Visit:

Participants: **MCOFA:** Jim Nasso, Steve Newcomb

MMS: Jeanine Frenz, Bob Topel

Review Previous Findings

Were there findings from the prior monitoring that required corrective actions to address areas of non-compliance?

Yes _____ No _____

If yes, please describe:

Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

Yes _____ No _____

If no, please describe:

Units of Service

MEDICAL MOTOR SERVICE	Projected Units	Actual 2020 Units	% of Projection
Objective #4 in the Contract Narrative Application- Senior Center and Special Event Transportation	44,500	9,088	20%
Objective #6 in the Contract Narrative Application- Dialysis Transportation	3000	3,478	116%
TOTALS	47,500	12,566	26%

Describe reason(s) for any variances:

Due to the COVID 19 pandemic, Senior Centers shut down in March 2020. One center reopened in September 2020, while the rest reopened in the summer of 2021.

The above units represent trips taken for calendar year 2020.

Projected Persons Served

MEDICAL MOTOR SERVICE	Projected # of Persons Served	Actual # of Unduplicated Persons Served in 2020	% of Projection
II Objective #2 in the Contract Narrative Application IB, AAA and CSE	431	194	45%

Describe reason(s) for any variances: The number of passengers decreased from recent years. Less service was provided compared to previous years as the rides provided greatly relies on the number of participants at senior centers which have also felt a decrease in overall numbers. In addition, many older adults are still driving themselves to senior centers. COVID 19 pandemic and closure of senior centers.

Service Waiting Lists

MEDICAL MOTOR SERVICE	Waiting List Maintained?		If Yes, please state the reason (check all that apply)	# of referrals made to other Service Providers in 2020
	Yes	No		
Transportation		x	<input type="checkbox"/> Lack of Funding <input type="checkbox"/> Lack of Staff <input type="checkbox"/> Other: Please Specify _____ _____ _____ _____	<u>List Agencies</u>

Expenditures

Describe reason(s) for any variances:

Actual Cost Per Unit (Ride)

MEDICAL MOTOR SERVICE	# of One way Rides	Actual 2020 Expenditures	Average Cost Per Ride
Transportation (TOTAL FUNDS \$439,813)	6,322	(12 month calendar year) \$115,270	\$18.23

The above expenditures are for IIB for the calendar year 2020 and for AAA and CSE for 4/1/20-3/31/21. The trip allocation corresponds to the same period.

Do costs per person appear reasonable?

Yes No

If no, please explain:

Outcomes

Outcome Objective #1 To provide safe, door to door transportation services to older adults wishing to attend Monroe County sponsored nutrition sites as well as an adult social day care center and grandparent support program.

Performance Section #1

Indicator of Success: Unduplicated individuals will receive safe door-to-door transportation.			
	Assement Year Projection	Assessment Year Actual	Current Year Projection
Time Frame	1/1/20 - 12/31/20	1/1/20– 12/31/20	1/1/21– 12/31/21
Total No. of Participants Projected	431	194	510
% Successful	90%	45%	
Basis for Next Year Projection (source & relevant statistics):			

Outcome Objective #2 To provide general passenger satisfaction with; the ease of scheduling a ride, the courtesy of the driver and safety of the vehicle and driver.

Performance Section #2

Indicator of Success: Seniors will be satisfied with transportation services. From the annual Satisfaction Survey, the question "Overall, Medical Motor Service meets my transportation needs." will have a combined percentage of "Strongly Agree" and "Agree".			
	Assement Year Projection	Assement Year Actual	Current Year Projection
Time Frame	1/1/20 – 12/31/20	1/1/20 – 12/31/20	1/1/21 - 12/31/21
# of passengers surveyed	431	6 surveys returned	510
% satisfied	90%		90%
Basis For Next Year's Projection (source and relevant statistics): Unduplicated individuals served			

Performance Measure Instrument: name, brief description and attach a copy

Please note that due to the senior centers closing in 2020, we were unable to survey most of the riders.

Measurement Timetable:

Contributions

Contract/Application Objective #5: To collect a minimum of \$23,167 in senior center participant contributions during the contract period from 01/01/2020 to 3/31/2021. Per trip average of \$0.50

Actual Collected: \$ 3,224.35 Actual Per Trip Average: **\$.35**

Contract/Application Objective #7: To collect a minimum of \$3,848 in participant contributions during the contract period from 01/01/2020 to 3/31/2021. Per trip average of \$1.00

Actual Collected: \$ 2,680.39 Actual Per Trip Average: **\$.77**

Compliance for both Funding Streams III-B & CSE

FROM OBJECTIVE #1	NUMBER of Persons to be served		PERCENTAGE of Persons to be served	
	Projected/Actual		Projected/Actual	
Please Indicate	Projected/Actual		Projected/Actual	
Total Unduplicated Client Counts	431	194	100%	45%
Total aged 75+	152	67	35.40%	34.5%
Total aged 85+	51	56	12.05%	28.9%
Poverty Level (less than150%)	67	119	15.51%	61.3%
LIM-Low Income Minority	18	62	4.09%	32%
Frail	X ¹	57	X ¹	29.4%
Disabled	X ¹	64	X ¹	33%
Lives Alone	118	107	27.47%	55.2%
Amer.Ind/Als.Native	0	0	0%	0%
Asian	7	0	1.60%	0%
Black, not Hispanic	36	68	8.33%	35.1%
Nat.Haw./Pac.Islander	0	0	0%	0%
Hispanic or Latino	19	24	4.58%	12.4%
White	371	81	86.07%	41.8%
Other	1	17	.27%	8.8%
2 or more Races	1	4	.26%	2%

¹ Frail and Disabled were projected together as 135 people at 26.27%, they are tracked separately in Peer place

Is MEDICAL MOTOR SERVICE, the Community Service Provider, meeting its goals of providing services to older persons at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes No

If yes, to what do you attribute your success?

Riders are all referred from congregate meal and social adult day sites. Dialysis riders are often referred from social workers at the dialysis units or through NY Connects.

If no please state the reason and outline specific action plan to reach the objective. Use a separate sheet if necessary

General Comments on Service Targeting

Staffing

Does MEDICAL MOTOR SERVICE have adequate staff to perform the activities required under contract with MCOFA?

Yes ____ No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

Due to the impact of the pandemic, we have been unable to adequately staff for all of the senior centers, namely Irondequoit, Greece and Webster. We are continuing our recruitment efforts in order to get more drivers.

Does MEDICAL MOTOR SERVICE have a training plan to assist staff in carrying out assigned tasks, including elderly sensitivity training for clients served?

Yes No ____

If yes, please be prepared to provide source documents that justify this response.

We will be reaching out to our partners at Lifespan to implement elderly sensitivity training.

Would a random check of MEDICAL MOTOR SERVICE'S personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No ____

Does MEDICAL MOTOR SERVICE comply with Affirmative Action and Equal Opportunity guidelines?

Yes No ____

Is an EEO sign posted in a prominent location?

Yes No ____

If yes, where: Staff break room

Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No ____

If yes, such as: MMS has an accessible entrance, as well as designated parking. All of our offices are on one floor.

Does the MEDICAL MOTOR SERVICE staffing pattern reflect the minority representation in the total population?

Yes No ____

Can MEDICAL MOTOR SERVICE document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No ____

If yes, please be prepared to provide source documents that justify this response.

Were there any programmatic changes initiated during the grant year that affect the scope or quality of service?

Yes No ____

If yes please discuss briefly. During the past year, we provided grocery deliveries in partnership with Lifespan and ABVI. We also provided transportation to get older adults to the polls, as well as transportation for vaccinations (February and March 2021).

Administrative Provisions

Are MEDICAL MOTOR SERVICE staff activities consistent with prohibitions against participation in partisan activities?

Yes No

Are the facilities where MEDICAL MOTOR SERVICE services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

Are the services carried out under MCOFA contract secular in nature?

Yes No

Has MEDICAL MOTOR SERVICE given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes No

If yes, please be prepared to provide source documents that justify this response.

Does MEDICAL MOTOR SERVICE have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

Has MEDICAL MOTOR SERVICE made provisions to protect the confidentiality of customer (client) information?

Yes No

If yes please discuss briefly.

Our scheduling and dispatching software system can only be accessed by individuals with appropriate credentials. As employees leave our employment, their access is immediately terminated.

Does MEDICAL MOTORS have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services?

Yes No

Briefly explain the process and how the voluntary nature of this process is shared with the Customer (client):

All contributions are either made anonymously using locked boxes or collected by the nutrition site and then a check is sent to Medical Motor Service. We encourage passengers to make a \$1.00 contribution for each one way trip. There are also posters notifying participants hung in the vehicles used to transport for those rides.

Does MEDICAL MOTOR SERVICE have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes ____ No ____ *Not applicable. Medical Motor Service does not approve or deny services; it is the responsibility of the senior centers to approve service.*

If yes, please be prepared to provide source documents that justify this positive response.

Does MEDICAL MOTOR SERVICE have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No ____

If yes, please be prepared to provide source documents that justify this response.

Does MEDICAL MOTOR SERVICE have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No ____ Eligibility is determined by the individual senior centers.

If yes, please be prepared to provide source documents that justify this response.

Does MEDICAL MOTOR SERVICE make service sites and program information accessible to persons with disabilities?

Yes No ____

Does MEDICAL MOTOR SERVICE solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or, on ways to make services more accessible and appealing to culturally diverse populations? i.e. Satisfaction Surveys

Yes No ____

If yes, please be prepared to provide source documents that justify this response.

Is Medical Motor Service responsive to "LEP"?

Limited English Proficiency – Individuals who do not speak English as their primary language and have limited ability to read, speak, write, or understand English can be limited English proficient

Yes No ____

Interagency Coordination

Describe MEDICAL MOTOR SERVICE'S procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Has MEDICAL MOTOR SERVICE worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort (Do not include MCOFA)?

Yes No

If yes, please acknowledge names of other providers/organizations and provide examples:

ElderONE and Jewish Home of Rochester

Check as many as apply to coordinated efforts: If checked, please be prepared to provide documentation:

- Participation in interagency meetings to plan and coordinate services
- Coordination of funding proposals with other human services organizations
- Coordination of referrals and follow-up transactions with other local service providers
- Memos of Understanding or similar agreement with other organizations
- Development and implementation of a central assessment unit for services carried out by multiple agencies
- Working with other providers to update information of available services and eligibility

Other coordinative activities:

Service Promotion & Marketing

Indicate what regular means MEDICAL MOTOR SERVICE employs to disseminate information to the public and approximately how often this occurs:

Indicate Frequency	Weekly	Monthly	Annually	Other: (Please specify)
<input checked="" type="checkbox"/> Newsletters				1-2 times per year
<input type="checkbox"/> Radio: Public Service Announcements				

___ Radio: Programming				
___ Television: Public Service Announcements				
___ Television: Programming				
___ Public Presentations				
___ Brochures or Pamphlets				
Other WEBSITE				

What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?

- ___ Used Census or other data to identify target communities
- ___ Translated program brochures and pamphlets into appropriate languages
- ___ Sent mailings to target population
- ___ Sent newsletters or announcements to organizations that serve minority populations, disabled populations
- ___ Publicized services through press releases, radio, television and local publications
- ___ Located service delivery centers/offices in target communities
- ___ Encouraged persons served to tell friends and neighbors of available services
- ___ Sought out/accepted local speaking engagements to meetings and conferences sponsored by associations or other organizations that include minorities
- ___ Included minority staff and interns in local programs or in conducting outreach
- Coordinate with other agencies which serve low income families in order to identify elders who may need services
- ___ Additional activities or strategies used to target services to minority elders

Please Specify:

Equipment Inventory

Please provide updated Inventory Sheet for Equipment purchased via MCOFA contracts for services. (Attached)

Financial Monitoring

MEDICAL MOTOR SERVICE Financial Management & Inventory Control

Does MEDICAL MOTOR SERVICE maintain sufficient documentation for equipment purchased with MCOFA funds?

Yes No

Documentation:

Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property?

Yes No

Documentation:

Is the equipment purchased with MCOFA funds being used solely to benefit older persons (Unless costs are appropriately pro-rated)?

Yes No

Documentation:

Are MEDICAL MOTOR SERVICE staff who handle monies (with the exception of attorneys) bonded?

Yes No

Documentation:

Insurance policy

Are two individuals involved in counting customer (client) contributions?

Yes No

Documentation:

Drivers who collect contributions bring the contributions in to finance staff where they are secured in a safe until counted. Two individuals from the finance department count and sign off on all contributions.

Are individuals who are authorized to sign checks involved in processing invoices?

Yes _____ No

Documentation: _The person who has authority to process invoices, cannot sign checks.

Are individuals who are authorized to sign check different from the person(s) who maintain payroll records?

Yes No _____

Documentation: _The person responsible for processing payroll does not have check signing authority

Does MEDICAL MOTOR SERVICE maintain registration as a Charitable Organization with the Department of State?

Yes No _____

Documentation: Annual CHAR 500 reports are files and copies are maintained on file at or agency.

If No: does MEDICAL MOTOR SERVICE claim exemption from the registration (receiving less than \$25,000 in grants and contributions annually)?

Yes _____ No _____

Documentation:

CONCLUSIONS

1. Additional resources/technical assistance requested:

Agency Comments:

MCOFA Comments:

2. Areas in need of attention:

Agency Comments:

MCOFA Comments:

3. Overall Assessment /Summary:

Agency Comments:

MCOFA Comments:

**Monroe County Department of
Human Services' Office for the
Aging**

2020-2021

ANNUAL PROGRAM AND SERVICE ASSESSMENT -

**MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY**
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

LIFESPAN

*Aging Mastery Program (AMP)
Chronic Disease Self-Management Program (CDSMP)/
Diabetes Self-Management Program (DSMP)*

Contract Period: 1/1/2020- 3/31/2021

Funding Source: NY State CSE

Federal Title IIID

Amount of Contract: \$33,000

Date of Site Visit: July 9, 2021
MCOFA Monitor: April Ernisse
President/CEO: Ann Marie Cook
Program Contact(s): Sarah Otis, Health and Wellness Coordinator
(585) 287-6439
sotis@lifespan-roch.org

Jody Rowe, COO and Corporate Compliance
Officer
(585) 244-1800 x131
(585) 244-9114 (Fax)
jrowe@lifespan-roch.org

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No

If Yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

II. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
Health Promotion - AMP	1117	276	25%

1a. Describe reason(s) for any variances: The COVID-19 pandemic suspended all in-person classes in March 2020. AMP classes were transitioned to Zoom, and the class which began in March at the Lifespan Eastside MARC with 13 participants, resumed virtually in April. It was well-attended and well-received, and virtual AMP classes ran in May and November as well. This severely impacted our reach, therefore impacting our units.

Service	Projected Units	Actual Units	% of Projection
Health Promotion - CDSMP/DSMP	150	53	35%

1b. Describe reason(s) for any variances: The COVID-19 pandemic suspended all in-person classes in March 2020. CDSMP and DSMP were not allowed to be offered virtually until the fall of 2020. One in-person class ran from February-March 2020. Another class began in November; however, it was suspended, per CDC guidelines for health and safety. This severely impacted our reach, therefore impacting our units.

2. Persons Served

PROGRAM	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
AMP/CDSMP/DSMP	136	63	46%

2a. Describe reason(s) for any variances: The COVID-19 pandemic greatly impacted the delivery of health and wellness workshops. As noted above, Lifespan successfully delivered an in-person CDSMP class from February-March 2020, at which point all in-person classes were suspended due to COVID-19. Another in-person class started in November but was again suspended due to the pandemic. Virtual classes will be offered in 2021.

3. Service Waiting Lists

PROGRAM	Waiting List Maintained?		Average number of clients waiting for services per month	Which services are clients waiting for?
	Yes	No		
AMP/CDSMP/DSMP	X		50	All

3a. Comments:

The pandemic severely impacted service delivery. AMP was successfully transitioned to a virtual offering, however DSMP and CDSMP could not be offered until the second half of the year.

4. Expenditures

PROGRAM	Total Projected Expenditures	Actual Expenditures	% of Projection
AMP/CDSMP/DSMP	\$33,000	\$33,000	100%

4a. Describe reason(s) for any variances:

PROGRAM	Persons Served	Total Expenditures	Average Cost Per Client
AMP/CDSMP/DSMP	63	\$33,000	\$52.40

4b. Do costs per person appear reasonable? Yes No

If no, please explain:

PROGRAM Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
Health Promotion – AMP/CDSMP/DSMP	\$32.97	\$52.40	+19.43

4c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost: The COVID-19 pandemic greatly impacted service delivery of AMP, CDSMP, and DSMP. AMP was successfully transitioned virtually; however, it was not permissible to offer CDSMP or DSMP until the second half of the year. The population which has historically gravitated towards these workshops are those with moderate to lower means. Many folks who might have attended an in-person workshop were not allowed to do so due to the global pandemic. They also lacked the technology to attend virtually.

4d. Additional Comments on Service Activity and Delivery:

III. Targeting Compliance

1. Populations Served

PROGRAM	Projected Number Served	Projected % of Total Served	Actual Number Served	Actual % of Total Served
Low income	21	15.51%	N/A	N/A
Minority	15	13.83%	10	16%
Low Income Minority	6	4.09%	N/A	N/A
Frail/Disabled	36	26.39%	10	16%
Living Alone	37	27.47%	10	16%

1a. Is AMP/CDSMP/DMSP, the Community Service Provider, meeting its targeting goals?

Yes No

1b. If yes, to what do you attribute your success?

The Aging Mastery Program (AMP) evidence-based program is promoted throughout Monroe County to the senior centers and other community locations where older adults gather or can travel for classes. These programs are geared toward older adults who live in the community setting and are interested in gaining knowledge about their chronic diseases and ways to manage in a healthful manner. Due to the COVID-19 pandemic, health and wellness classes made a smooth transition to virtual programming through Zoom, for ongoing health promotion and social connectedness. This was the case for AMP, however CDSMP and DSMP were not available for a virtual offering until later into the year. Classes are promoted through social media, e-mail contact blasts, and virtual newsletters sent out by the Lifespan Maplewood Lily Café and the Lifespan Sibley Wolk Café, in downtown Rochester.

Workshops are regularly updated on the Lifespan website and are also promoted via town recreation calendars and local health publications.

Lifespan's health and wellness team is well connected with the YMCA network in Monroe County and outreach will be done across the YMCAs as well as through the MARCs (Multipurpose Aging Resource Centers). In the future, as deemed safe during the pandemic, outreach will be done at health fairs, especially those held in minority faith communities or community centers. We currently work closely with Rainbow Seniors ROC, the former SAGE group from the Out Alliance to connect with the LGBTQ community. Relationship-building has taken place with several primarily African American faith communities to provide health and wellness classes and offer other caregiver education. We also work with interpreters at Catholic Family Center to offer refugees to participate in wellness classes if they desire.

Lifespan regularly sends out a newsletter to 7000+ people with information about upcoming programs or news of benefit to older adults and caregivers.

In addition, the senior LGBTQ population has unique needs and increased vulnerability to be underserved. Wellness classes were provided to the Rainbow Seniors ROC in 2020, and Health and Wellness Coordinator will continue to collaborate with these folks to ensure equity in community class offerings. Until in-person programming is a safe option, all wellness classes will be offered virtually, on the Zoom platform.

The Health and Wellness Coordinator will be looking to expand to new locations to reach the underserved, including such affordable housing complexes as Dunn Towers, Plymouth Gardens, Seneca Towers, Fairport Apartments, Calkins Corner, other Rochester Management locations, as well as urban community centers. Classes will also be held in collaboration with the Lifespan Maplewood Lily Café and Sibley Wolk Café, in downtown Rochester. Lifespan has also opened a new site for future community programming, St. Bernard's, also in the city of Rochester. Lifespan is also opening a MARC within the Jewish Community Center, further promoting inclusion of all backgrounds.

If No, please state the reason and outline specific action plan to reach the objective:

1c. Additional comments on Targeting:

Due to the Health Promotion/aggregate event category of this service, certain demographic information (ie, income) is not tracked. Therefore it is not available for Targeting purposes.

IV. General Management: Contracts & Services

1. Staffing

1a. Does AMP/CDSMP/DMSP have adequate staff to perform the activities required under contract with MCOFA?

X___ Yes ___ No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does AMP/CDSMP/DMSP have a training plan designed to assist staff in carrying out assigned tasks?

X___ Yes ___ No

1c. Would a random check of AMP/CDSMP/DMSP's personnel files verify the type of training provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

X___ Yes ___ No

1d. Does AMP/CDSMP/DMSP comply with Affirmative Action and Equal Opportunity guidelines?

X___ Yes ___ No

1e. Is an EEO sign posted in a prominent location?

X___ Yes ___ No

Where? Employee hallway

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

X___ Yes ___ No

Such as: Health and Wellness has utilized interpreting services for older adults who are hard of hearing. Zoom classes are recorded when requested, for further studying and/or listening in a quieter setting. Captioning is also available. Classes are taught visually, auditorily, and kinesthetically, when applicable.

1g. Does the AMP/CDSMP/DMSP staffing pattern reflect the minority representation in the total population?

X___ Yes ___ No

1h. Can AMP/CDSMP/DMSP document outreach efforts to recruit targeted individuals to fill vacant positions?

X___ Yes ___ No

2. Administrative Provisions

2a. Are staff activities consistent with prohibitions against participation in partisan activities?

X___ Yes ___ No

2b. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another?

X___ Yes ___ No

2c. Are the services carried out under MCOFA contract secular in nature?

X___ Yes ___ No

2d. Has AMP/CDSMP/DMSP given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

X___ Yes ___ No

Please provide copy of most recent brochure/flyer: X Electronic or X___ Print

2e. Does AMP/CDSMP/DMSP have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

X___ Yes ___ No

2f. What provisions has AMP/CDSMP/DMSP made to protect the confidentiality of customer (client) information?

Confidentiality & HIPAA policies are in place and reinforced with staff at meetings, trainings, & during individual supervision. All clients are provided with documents regarding confidentiality and no information is shared without consent from the client. Client records are kept electronically on Peer Place - a highly secure system with HIPAA protections. A service is also in place for confidential document destruction. Data from classes is collected and stored in a locked cabinet until the forms are then converted to electronic copies, and the service for confidential document destruction is utilized.

2g. Does AMP/CDSMP/DMSP have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

X___ Yes ___ No

Please describe: No interested participant is denied or turned away from a Lifespan health and wellness workshop. If a class is not a good fit for an individual, health and wellness team will work with that client to find a more suitable workshop and/or guidance on other options.

2h. Does AMP/CDSMP/DMSP have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

Please describe: The participant information survey is administered to participants at the first session, collecting demographic information, diagnoses, health insurance information and participants' self-rating of health and quality of life.

The participant satisfaction survey is then administered to participants at the last session, inquiring about:

- Increased knowledge about lifestyle changes
- Dealing more effectively with health
- Improving quality of life
- Making positive changes
- Recommending the workshop to a friend

This survey includes a section for participant comments regarding information learned, feedback and suggestions, and satisfaction with the workshop. The Health and Wellness Coordinator will include these participant comments in program reports.

2i. Policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

2j. Does AMP/CDSMP/DMSP make service sites and program information accessible to persons with disabilities?

Yes No

2k. Do accounting records support amounts reported on vouchers and do units of service tie in to programmatic reports?

Yes No

2l. Is AMP/CDSMP/DMSP Compliant with prohibitions on using public funds to support sectarian, political and lobbying activities?

Yes No

3. PeerPlace and ContrackHQ Reporting

3a. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via The NYSOFA Data Base PeerPlace, and County Contract HQ.

Primary ContrackHQ person: Sarah Otis, Health and Wellness Coordinator
Back-up ContrackHQ person: Jody Rowe, COO, Julie Battaglia, Health Educator

3b. Please identify any challenges or concerns with completing PeerPlace and/or ContrackHQ reporting:

There are no issues or concerns with completing PeerPlace and/or ContrackHQ currently.

4. Interagency Coordination

4a. Describe AMP/CDSMP/DMSP's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Health and Wellness Coordinator connects participants in need of additional supports and services to NY Connects as the central location for referral and linkage. Confidential online records are then maintained and stored securely via Peer Place.

4b. Has AMP/CDSMP/DMSP worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

X ___ Yes ___ No

Please describe coordination and collaboration during this contract year:

Lifespan has established internal referral mechanisms for programs at Lifespan to connect clients with services they need or request within the agency. This includes NY Connects for internal referrals, as well as in collaboration with other departments such as Health Care Coordination, the Finger lakes Caregiver Institute, with the Lifespan Lily Café at the Maplewood YMCA, Downtown Sibley Lifespan Café, and the Home Safe Home Program.

Health and Wellness team coordinates with multiple programs within Lifespan to link folks to additional supports and services. This includes linking older adults to Health Care Coordination, care management, financial services, insurance information, or other areas of need. Linkage and coordination between Lifespan and medical providers also strengthen support to older adults challenged by living with one or multiple chronic conditions. Participants in a Living Healthy workshop are given support and information to address their concerns posed by living with a chronic condition, as well as physical, emotional, social, and financial hardships facing older adults in Monroe County.

The team also coordinated with community recreation centers, Episcopal Senior Life, and senior centers to provide socially distanced and virtual services.

During the COVID-19 pandemic, Lifespan as an agency, came together, to support one another as well as the community, for continuity of care and services.

5. Performance Outcomes and Enhancements

5a. Satisfaction Surveys

AMP/CDSMP/DMSP	Projected Percentage of Satisfied Clients	Actual Percentage of Satisfied Clients
Satisfaction surveys	95%	100%

5b. Performance Enhancement

Were there any programmatic changes during the year that affected the scope or quality of service?

X___ Yes ___ No

If yes, please describe briefly:

2020 was a year of concern, anxiety, forced social-distancing, and isolation. In-person classes were not a safe option due to the COVID-19 pandemic. CDSMP/DSMP had never been trialed, tested, and proven to be successful on a virtual platform prior to the pandemic, and therefore could not be offered via Zoom until the later part of the year. During the first quarter of 2020, in-person CDSMP and AMP ran successfully, and with wonderful feedback from clients. The pandemic suspended all in-person activities, including health and wellness classes. Team health and wellness made a smooth transition to virtual AMP, providing continuity of services, inclusion, socialization, and enhancing physical, emotional, and social health. Virtual AMP was well attended, and gave feedback they felt valued, connected, and thankful to have virtual programming.

5c. Please describe plans for continuous program improvement:

Health and Wellness Coordinator regularly provides update trainings to instructors/coaches, at a minimum of twice yearly, to ensure fidelity and consistent instruction. Wellness Coordinator also attends update trainings, skill-builders, and provides practice Zoom sessions to both volunteers and participants. Health and Wellness Coordinator also trained a new health educator in all evidence-based programs, including CDSMP and DSMP. Health and Wellness also now has a cohesive wellness team, for more efficient delivery of services.

5d. Does AMP/CDSMP/DMSP solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations?

X___ Yes ___ No

Please describe:

Feedback was solicited through mailed and emailed evaluations. Lifespan routinely makes presentations to lower-income groups and makes its services known to minority populations through publicity in the general media as well as through talks, booths and information tables at health fairs and other events sponsored by minority churches, agencies, and health care institutions such as federally qualified health care centers such as Anthony Jordan Health Center. Due to the pandemic, AMP classes were smoothly transitioned to the Zoom platform, promoting consistency, continuity, and a feeling of connectedness during a period of intense isolation, and required distancing from one another. CDSMP/DSMP units were low, as the program was not permissible to be offered virtually, however AMP ran successfully and with a significant, positive response.

Lifespan also worked with Monroe County Office for the Aging, to obtain devices to bridge the digital divide. IPADs can be loaned out to folks without a device or Internet connection, for the purpose of attending a virtual workshop. This further promotes inclusion and targets harder to reach populations, due to limited access and/or technology.

V. Assessment Conclusion

AGENCY COMMENTS

Strengths: During a global pandemic, Lifespan came together as an agency and as a health and wellness team, providing ongoing services to older adults in Monroe County. Participants felt connected, supported, and appreciated, through education, being together virtually, and making progress towards better health, despite COVID-19.

Needs: N/A

MCOFA COMMENTS

Strengths: Despite the challenges of the COVID-19 pandemic, the AMP and CDSMP/DSMP programs were able to adapt, as allowable by regulatory bodies, to provide virtual and socially distanced programming. Although the programs needed to be paused and restarted to ensure safety of clients and integrity of program delivery, the health and wellness team was able to provide an important service and social connection to isolated individuals in the community.

Needs: N/A

Compliance areas in need of attention: N/A

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020-21**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Community Place of Greater Rochester

145 Parsells Ave
Rochester, New York 14609

Program Representative/Coordinator: Marisol Ubinas

Phone: 585-288-0021

Fax: 585-288-8662

Email: mubinas@communityplace.org

Funding Period: April 1, 2020- March 31, 2021

Evaluation Date: 9/27/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budgets](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y X N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes

II. Program Objectives

III. Program Compliance

IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22
Eligible Meals Served	4,972	2,824	3,000 Congregate 1,000 Home Delivered Meals
% Successful	90%	57%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering the To Go Meals in Bulk (5 meals) every other week starting in October 2020 after using Meals on Wheels provided meals from March to September(included in total) that were delivered directly by Meals on Wheels.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey			
	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22
Total # of Participants	65	35	20
% Satisfied	90%	98%	90%

[Completed Customer Satisfaction Analysis Attached](#)

For 2020, the projected total served was used for the projected surveyed. This is difficult to achieve as the surveys are distributed during lunch, which has a smaller average attendance of around 22.

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

- High Waste Factor (28%), Low Meals Served (49% of projection)

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 3/31/21.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1 Please Indicate	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Total aged 75-84	65	39	50%	31%
Total aged 85+	25	10	19%	8%
Low Income (Less than 150%) of the Poverty Guideline)	130	109	100%	87%
LIM-Low Income Minority	23	92	18%	73%
Frail	25	17	19%	13%
Disabled	34	21	26%	17%
Lives Alone	84	80	65%	63%
Amer.Ind/Als.Native	1	1	<1%	<1%
Asian	4	0	3%	0%
Black, not Hispanic	53	47	41%	37%
Hispanic or Latino	21	69	16%	55%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	57	9	44%	7%
Other	8	3	6%	2%
2 or More Races	5	3	4%	2%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 3/31/21.
 Daily average of ; # of Days Open
 Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open

Program Year Viewbuilder Event Profile Meal Units

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering the To Go Meals in Bulk (5 meals) every other week starting in October 2020 after using Meals on Wheels provided meals from March to September (included in total) that were delivered directly by Meals on Wheels.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	2,117	2,112	<1%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **38.75** in participant contributions 4/1/20-3/31/21.
Actual per meal average of \$ **.05**

1. Program Year Fiscal Reports

B. Actual collected \$ **2,391.53** in participant contributions 4/1/20-3/31/21.
Actual per meal average of \$ **0.58**

1. 2019 Program Assessment

C. **-98** % Change Total Collected **-91** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering the To Go Meals in Bulk (5 meals) every other week starting in October 2020 after using Meals on Wheels provided daily meals from March to September (included in total) that were delivered directly by Meals on Wheels. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program? *They were used for program enhancements.*

5. OUTCOME OBJECTIVE #5: To provide outreach* to **57 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **0**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the contract. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point, the center will better be able to attract new participants.*

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County?

Our outreach strategies are multi-faceted and include:

- Social media posts (Facebook, Community Place website).
- Distribution of program pamphlets and brochures.
- Agency tours and presentations.
- Intra-agency collaboration (cross referrals among programs in Community Place).
- Word of mouth.
- Door to door – we have used this strategy in the past, but due to COVID we did not use it. However, with the opening of the program, staff will be using it more.
- Senior Center brochure and flyers are included in Eldersource Bilingual Care Manager packets.
- All brochures and program information are available in both English and Spanish.

- Center attendees participate in agency events to conduct outreach.
- Center attendees are encouraged to refer friends, family and neighbors that may be interested in the program.
- Recruitment targeted to senior apartment complexes (this has not been used in the past year).

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Shared Drive How are staff trained? Staff Meetings
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This information is in the employee manual. It is provided at orientation and the information is also posted in ADP.
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: January 2021
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire drills are conducted quarterly.
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No defibrillator but Jordan Health is outside of the center for support
Monthly Fire and Safety Inspections of the facility are conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? The Operations Manager maintains a monthly log which is available for review.

All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Quarterly Is there a policy? Community Place has emergency response policies. All staff are trained and receive a copy. It is also posted in ADP.
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinator's Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinator's Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locked inside room when not in use
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serving Line Wall
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dining Room
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Hall and Bulletin Board (out of date)
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serving Line Wall
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Center/Building doors
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Center bulletin board/extras in sign-in book
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Center bulletin board/extras in sign-in book
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director's Office
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: August 2020
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Staff meetings weekly, Dietician Quarterly trainings Minutes maintained: yes
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Senior Center staff receive training in food safety and sanitation. In addition, the organization provides all-staff trainings on a quarterly basis. Copies of agendas and attendance are with HR/admin. The program director may identify further training for staff based on program and/or individual needs.
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Staff meetings weekly, Center Meetings monthly, as needed
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: 3 months, annually, or as needed
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EX: Eldersource, Mental Health Assoc., Catholic Family Center
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Senior Center is on CPGR's youtube page and Center also has a page on Facebook called "CPGR Senior Center". Wording is on the Senior Center newsletter. We have contacted our development officer to add the correct wording on our social media.
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None held during this period.

Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Monthly Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On Schedule/agenda shared/posted by Coordinator.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: 2019
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: The Community Place of Greater Rochester Senior Center continues to be a valuable resource for seniors in the Rochester area. We have a myriad of services that include: nutritious meals; health and wellness programs; cultural activities and events; public benefits information and counseling; volunteer and civic engagement opportunities; and social and recreational activities. Based on feedback from program participants, we added expanded arts and crafts; have planned more field trips and cultural events; established a lending library (tablets); provided technology classes; and added a choir and a reading club. The comprehensive nature of the organization also allows staff to address other participant needs in an expeditious manner- for example, providing referrals to our Family Services Unit for program participants who may be in need of food or financial assistance.

Additionally, the interdependent collaboration between the Senior Corps programs within the department allows us to leverage program volunteers to provide companionship and assistance to frail elders needing extra help. Lastly, our staff reflect the population it serves. The team in Aging Services works cohesively to ensure that all seniors feel this is a program that can contribute to their personal growth.

MCOFA Comments: The center did a good job of making sure their participants needs were met during the pandemic. They did biweekly deliveries of bulk foods sent accompanied by activities to help with boredom and isolation. The coordinator and staff made wellness check calls to ensure their participants needs were being met or they were connected with resources. Majorities of those served by this center are low income (87%), specifically low-income minority (73%) and so were the most in need for support during the pandemic. The center has the most diverse participants from a neighborhood and a very diverse staff to reflect their participants including bilingual coordinator.

2. Areas in need of attention

Town/Agency Comments: Needed attention is in the area of contributions-Participants will be reminded about the importance of contributing in the center. Transportation remains the main resource needed. Some attendees live out of the service area and must rely on other transportation (friends, family). They choose to attend our center because they have developed long-standing relationships with other participants. The center was unable to perform true outreach due to being closed for the length of this program year and hopes to resume when safe to do so.

MCOFA Comments: The center's contributions were low but considering a large majority of their participants are low income; this was expected during a global pandemic that has caused economic insecurities. This will be a trend to watch once the center is reopened fully to Congregate meals.

3. Additional resources/technical assistance requested

Town/Agency Comments: Some center participants are not able to use tablets previously purchased due to them not having access to internet services that they can afford. They do have an opportunity, however, to use the tablets while they are in the center.

MCOFA Comments: As needed.

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

Program: CSI Senior Center
Recreation & Education

Contract / Program Period: 04/01/20-12/31/20

Contractor: The Community Place of Greater Rochester, Inc Monroe County Vendor #: 11105182

Address: 145 Parsells Ave
Rochester, NY 14609

Contract Reference #: _____
Federal CFDA #: N/A

Contact: Carmen Carrasquillo, Chief Programs Officer, ccarrasquillo@communityplace.org 327-7200 x179
Karen Collins, Accounting Manager, kcollins@communityplace.org 327-7200 x121

Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	1,190
7. Contractual	-
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources (do not include in Budgetary Information above)	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Line 21		-	1,190

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

Program: Community Place Senior Center (CSE FUNDS)

Contract / Program Period:

Contractor: Community Place of Greater Rochester, Inc.

April 1, 2020 - March 31, 2021

Address: 145 Parsells Avenue

Monroe County Vendor #: 11105182

Rochester, New York 14609

Contract Reference #: _____

Federal CFDA #: N/A

Contact: Carmen Carrasquillo, Chief Programs Officer, ccarrasquillo@communityplace.org 327-7200 x179
Karen Collins, Accounting Manager, kcollins@communityplace.org 327-7200 x121

Budget Summary Form

1.	Personnel		3,617
2.	Fringe Benefits		543
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		9,174
6.	Other Expenses		-
7.	Contractual		-
8.	Food/Meals		-
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)		\$ 13,334
11.	Anticipated Income		
12.	Nutrition Services Incentive Program Funds	(if applicable)	
13.	Net Total (Line 10 minus 11 & 12)		13,334
14.	Subcontractor Match	25.00%	3,334
15.	MCOFA Funds (Line 13 minus 14)		\$ 10,000
16.	Other Resources	(do not include in Budgetary Information above)	-

Line 10: AIP Service Delivery:

	Line 7	Congregate Meals		-	
	Line 14	Outreach		-	
CSE	Line 16	Senior Center Rec & Ed ¹	360	37.04	13,334
	Other			-	-

Program: Community Place Senior Center (WIN Funds) Contract / Program Period: _____
 Contractor: The Community Place of Greater Rochester, Inc. April 1, 2020- March 31, 2021
 Address: 145 Parsells Avenue Vendor #: 11105182
Rochester, NY 14609 Contract Reference #: _____
 Federal CFDA #: n/a
 Contact: Carmen Carrasquillo, Chief Programs Officer, ccarrasquillo@communityplace.org 327-7200 x179
Karen Collins, Accounting Manager, kcollins@communityplace.org 327-7200 x121

Budget Summary Form

1.	Personnel	\$	22,669
2.	Fringe Benefits		4,080
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		16,045
6.	Other Expenses		610
7.	Contractual		-
8.	Food/Meals		-
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)	\$	43,404
11.	Anticipated Income		5,012
12.	Nutrition Services Incentive Program Funds (if applicable)		
13.	Net Total (Line 10 minus 11 & 12)		38,391
14.	Subcontractor Match	0.00%	
15.	MCOFA Funds (Line 13 minus 14)	\$	38,392

16.	Other Resources (do not include in Budgetary Information above)		
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Line 10: AIP Service Delivery:			Units	Unit Cost	Toal Cost
WIN	Line 7	Congregate Meals	4,972	8.33	41,424
WIN	Line 14	Outreach	57	34.74	1,980
WIN	Line 16	Senior Center Rec & Ed'		-	
Other				-	-

Center Name: CPGR

Satisfaction Survey Analysis

Total Distributed:

Total Participants: 35

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	29 (87)	3 (6)	3		93	105	89%
Have you participated in the Grab N Go meals option	12 (36)	0	23		59	105	56%
Do you have access to a computer/the internet	9 (27)	2 (4)	24		55	105	52%
Would you participate in online center activities if they were offered	22 (66)	8 (16)	5		87	105	83%
Has the center helped you during the pandemic	33 (99)	0	2		101	105	96%
Has the center improved the quality of your life	35 (99)	2 (4)	0		103	105	98%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
				0	105	

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020-21**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**Charles Settlement House
Charles Settlement House Senior Center and
Dunn Towers**

71 Parkway
Rochester, New York 14608

Program Representative/Coordinator: Roseann Lackey

Phone: 585-445-3895

Fax: 585-277-0839

Email: Roseann.lackey@cshroc.org

Funding Period: April 1, 2020- March 31, 2021

Evaluation Date: 9/29/21

MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budgets](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y X N
If yes, detail:

Contents:

- | |
|---|
| I. Performance Projection and Previous Outcomes |
| II. Program Objectives |
| III. Program Compliance |
| IV. Conclusions |

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total

	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22
Eligible Meals Served	8,325 Lunches 2,589 Breakfasts	4,192 (2,759 CSH SC + 615 DT1+818 DT2)	6,000 Congregate Lunches 1,747 Congregate Breakfast 2,583 Home Delivered Meals
% Successful	90%	38%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering the To Go Meals weekly May 20th; switched to weekly To Go Bulk meals (5 meals) for December 2nd through March 3rd switching back to individual To Go meals until they were able to open for Congregate later in 2021. Dunn Towers I and II began offering weekly To Go meals 6/10/20-12/2/20 and Bulk To Go Meals 2/3/21 through 5/19/20.

B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey

	Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame	4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22
Total # of Participants	80	15	25
% Satisfied	90%	93%	90%

[Completed Customer Satisfaction Analysis Attached](#)

For 2020, the projected total served was used for the projected surveyed. This is difficult to achieve as the

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 3/31/21.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Please Indicate				
Total aged 75-84	80	23	50%	35%
Total aged 85+	30	13	19%	20%
Low Income (Less than 150%) of the Poverty Guideline)	80	50	50%	76%
LIM-Low Income Minority	30	11	18%	17%
Frail	30	38	19%	58%
Disabled	42	40	26%	61%
Lives Alone	104	48	65%	73%
Amer.Ind/Als.Native	1	2	<1%	3%
Asian	5	1	3%	2%
Black, not Hispanic	66	11	41%	17%
Hispanic or Latino	27	2	16%	3%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White	70	47	44%	71%
Other	10	1	6%	2%
2 or More Races	6	1	4%	2%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480

For each additional family member at 125%, add \$5,600

For each additional family member at 150%, add \$6,720

For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 3/31/21. (8,325 Lunches + 2,589 Breakfasts)
 Daily average of ; # of Days Open (used lunches)
 Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open

Program Year Viewbuilder Event Profile Meal Units

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering the To Go Meals weekly 5/20/20; switched to weekly To Go Bulk meals (5 meals) for 12/2/20 through 3/3/21 switching back to individual To Go meals until they were able to open for Congregate later in 2021. Dunn Towers I and II began offering weekly To Go meals 6/10/20-12/2/20 and Bulk To Go Meals 2/3/21 through 5/19/20.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	3,638	2,536	30%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

Our high waste factor was due to Dunn Towers and Senior Center, meals were ordered and delivered at CSH so really very limited waste. Dunn Towers had seniors RSVP and some would show to pick up and some would come one day and not the other. We wanted to make sure that the seniors at the high rise would have access to food. As time went on Covid struck the high rise and the building was closed we still tried to deliver meals to them but it didn't work. Dunn Towers opened and closed again and we discontinued providing meals to them. We were asked start providing meals again in October 2021, they will be meeting as a group and a program will be attached. We have agreed to a 8 week trail to see how many will be attending at both sites. A RSVP system will be put in effect.

Please see answer to #1 above for Pandemic closure information.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **1,834** in participant contributions 4/1/20-3/31/21.
Actual per meal average of \$ **.72**

1. Program Year Fiscal Reports

B. Actual collected \$ **11,504.92** in participant contributions 4/1/19-3/31/20.
Actual per meal average of \$ **1.39**

1. 2019 Program Assessment

C. **-84** % Change Total Collected **-48** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering Grab N Go style meals (Home Delivered Meals) weekly in May 2020. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program? They were used for program enhancements.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **80 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **20**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *No opportunities to go out to do outreach due to Covid shut down. Once we get back to somewhat normal we will continue to go to neighborhood outreach events, meetings, churches and other events that attract seniors.*

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County?

Since we are located in the heart of the City and serve the low-income population we are able not only to provide a senior center meal and activities but we have a food pantry, family developers, and youth programs (for seniors who are taking care of grandchildren) all of these services are available as one stop shopping. In addition, the outreach component gives us the opportunity to inform the unserved and underserved of the services available to them at Charles Settlement House and the senior center.

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Shared Drive How are staff trained? Staff Meetings
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This information is in the employee manual. It is provided at orientation and the information is also posted in ADP.
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: September 2020 appointment set for October 2021.
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire drills are conducted quarterly.
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No defibrillator but Jordan Health is outside of the center for support

Monthly Fire and Safety Inspections of the facility are conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? The Operations Manager maintains a monthly log which is available for review.
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Quarterly Is there a policy? Community Place has emergency response policies. All staff are trained and receive a copy. It is also posted in ADP.
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinator's Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinator's Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locked inside room when not in use
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serving Line Wall
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dining Room
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Hall and Bulletin Board (out of date)
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serving Line Wall
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Center/Building doors
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Center bulletin board/extras in sign-in book
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Center bulletin board/extras in sign-in book
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director's Office
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: May 2021
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Staff meetings weekly, Dietician Quarterly trainings Minutes maintained: yes
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Senior Center staff receive training in food safety and sanitation. In addition, the organization provides all-staff trainings on a quarterly basis. Copies of agendas and attendance are with HR/admin. The program director may identify further training for staff based on program and/or individual needs.
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Staff meetings weekly, Center Meetings monthly, as needed
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: 3 months, annually, or as needed
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EX: Eldersource, Mental Health Assoc., Catholic Family Center
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Senior Center Coordinator has reached out to the Development Coordinator about adding recognition to the program page on the agency website when the website is updated. All flyers, calendars, brochures, etc all have this recognition attached.
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None held during this period.

Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Monthly Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On Schedule/agenda shared/posted by Coordinator.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: 2019
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: Adaptability – being able to adjust. With COVID we were able to contact and do wellness checks on a daily or weekly basis. We provided meals, and case management if needed. We were only a phone call away for food (food pantry), making appointments for shots and even providing transportation when needed.

MCOFA Comments: The center continues to do a great job serving their area seniors while supporting and keeping their staff safe through a pandemic. They went the extra step to deliver all meals and ensure their seniors were able to access food as well as created activities to help keep them engaged. The area seniors they serve has high rates of poverty and were in need of the support. In spite of this they were able to increase their per meal average contribution.

2. Areas in need of attention

Town/Agency Comments: Increase outreach to attract new members and maintaining the health of the seniors who are already coming to Senior Center. With most services, not open yet or limited staff, being able to provide the programs the seniors want and need.

MCOFA Comments: Both Dunn I and Dunn II had high waste and will benefit from the plan laid out within this assessment to attach an activity to the meals in an effort to increase attendance. The center continues to explore different ways to engage the seniors there.

3. Additional resources/technical assistance requested

Town/Agency Comments: OFA has provided additional resources thru out this pandemic, we are very fortunate and we know whatever need we might have they will try to help.

MCOFA Comments: None at this time.

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

Program: CSI Senior Center
Recreation & Education

Contract / Program Period:
04/01/20-12/31/20

Contractor: Charles Settlement House

Monroe County Vendor #: 11103796

Address: 71 Parkway
Rochester NY 14608

Contract Reference #: _____

Federal CFDA #: _____

Contact: Roseann Lackey, Program Manager
Karen Collins, Accounting Manager

Phone/E-mail: Roseann.Lackey@cshroc.org
kcollins@communityplace.org

Budget Summary Form		Total
1. Personnel		\$ -
2. Fringe Benefits		-
3. Equipment		-
4. Travel		-
5. Maintenance & Operations		-
6. Other Expenses		-
7. Contractual		1,190
8. Food/Meals		-
9. Purchase of Service		-
10. Total Program Budget (Lines 1 to 9)		\$ 1,190
11. Anticipated Income		-
12. Net Total (Line 10 minus 11)		1,190
13. Subcontractor Match	25.0%	298
14. MCOFA Funds (Line 12 minus 13)		\$ 892
15. Other Resources	<i>(do not include in Budgetary Information above)</i>	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Line 21		-	1,190

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

Program: Northwest Rochester Sr Center
(Rec & Ed' Services)

Contract / Program Period:
April 1, 2020- March 31, 2021

Contractor: Charles Settlement House Senior Center
Address: Charles Settlement House
71 Parkway
Rochester, New York 14608

Monroe County Vendor #: 11103796
Contract Reference #: _____
Federal CFDA #: N/A

Contact: Karen Collins, Accounting Manager
Roseann Lackey, Program Manager

Phone/E-mail: kcollins@communityplace.org
roseann.lackey@cshroc.org

Budget Summary Form		Total
1.	Personnel	13,848
2.	Fringe Benefits	2,631
3.	Equipment	-
4.	Travel	-
5.	Maintenance & Operations	16,265
6.	Other Expenses	2,134
7.	Contractual	-
8.	Food/Meals (Nutrition Services Only)	
9.	Purchase of Service	-
10.	Total Program Budget (Lines 1 to 9)	34,878
11.	Anticipated Income	-
12.	Net Total (Line 10 minus 11)	34,878
13.	Subcontractor Match	19.7% 6,858
14.	MCOFA Funds (Line 12 minus 13)	28,020
15.	Other Resources (do not include in Budgetary Information above)	-

AIP Service Delivery/Resource Allocation:			Units	Unit Cost	Total Cost
CSE	Line 16	Senior Center Rec & Ed	1200	29.07	34,878
				-	
Other	Line 21				-
<i>include OFA Funded Units Only</i>					

2020-21 Charles House CSE Draft.xlsx
Summary Page #1

Program: Charles Settlement House Senior Center Contract / Program Period: _____
 Contractor: Charles Settlement House April 1, 2020- March 31, 2021
 Address: 71 Parkway Monroe County Vendor #: 11,106,017.00
Rochester, New York 14608 Contract Reference #: _____
 Federal CFDA #: 93.045
 Contact: Karen Collins, Accounting Manager Phone/E-mail: kcollins@communityplace.org
Roseann Lackey, Program Manager roseann.lackey@cshroc.org

Budget Summary Form

1.	Personnel	\$	45,080
2.	Fringe Benefits		7,675
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		3,126
6.	Other Expenses		6,054
7.	Contractual		-
8.	Food/Meals		-
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)	\$	61,935
11.	Anticipated Income		12,995
12.	Nutrition Services Incentive Program Funds (if applicable)		
13.	Net Total (Line 10 minus 11 & 12)		48,940
14.	Subcontractor Match not required for WIN Funding	0.00%	-
15.	MCOFA Funds (Line 13 minus 14)	\$	48,940
16.	Other Resources (do not include in Budgetary Information above)		134,936

Line 10: AIP Service Delivery:			Units	Unit Cost	Total Cost
WIN	Line 7	Congregate Meals	10,914	5.67	61,935
WIN	Line 14	Outreach			

NOTE: Matching Funds are not a Requirement of the WIN Program

Center Name: CSH
Elishe McCall

Satisfaction Survey Analysis

Total Distributed:

Total Participants: **15**

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	36	2	2	0	45	40	88%
Have you participated in the Grab N Go meals option	21	0	8	0	45	29	64%
Do you have access to a computer/the internet	3	8	10	0	45	21	46%
Would you participate in online center activities if they were offered	3	8	10	0	45	21	46%
Has the center helped you during the pandemic	24	8	3	0	45	35	77%
Has the center improved the quality of your life	36	6	0	0	45	42	93%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)
²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?
 Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
39	4	0	0	45	43	95%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)
²Total Divided by Total possible x 100

Comments/Concerns:

**Monroe County Department of
Human Services' Office for the
Aging**

2020-2021

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY**
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

LIFESPAN
Geriatric Addictions Program (GAP)

Contract Period: 4/1/2020- 3/31/2021

Funding Source: NY State CSE

Amount of Contract: \$35,000

Date of Site Visit: July 7, 2021
MCOFA Monitor: April Ernisse
President/CEO: Ann Marie Cook
Program Contact: Paul Caccamise, Vice President for Program
(585) 244-8400 x115
(585) 244-9114 (Fax)
pcaccamise@lifespanspan-roch.org

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No

If Yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

II. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
Health Promotion	400	2,324	581%

1a. Describe reason(s) for any variances:

Due to a previous definition of Health Promotion, all contacts are counted, including contacts with professionals, calls on behalf of clients, etc. In future, per NYSOFA Standard Definitions, only sessions with clients will be counted as Health Promotion.

2. Persons Served

PROGRAM	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
GAP	40	98	245%

2a. Describe reason(s) for any variances:

3. Service Waiting Lists

PROGRAM	Waiting List Maintained?		Average number of clients waiting for services per month	Which services are clients waiting for?
	Yes	No		
GAP		X		

3a. Comments:

GAP strives to engage with clients as soon as possible after a referral is made.

GAP does not have a wait list as the program's belief is that when an older adult asks for help with their substance misuse that it is imperative to engage immediately and address the issues.

4. Expenditures

PROGRAM	Total Projected Expenditures	Actual Expenditures	% of Projection
GAP	\$35,000	\$35,000	100%

4a. Describe reason(s) for any variances:

PROGRAM	Persons Served	Total Expenditures	Average Cost Per Client
GAP	98	35,000	\$357

4b. Do costs per person appear reasonable? Yes No

If no, please explain:

PROGRAM Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
Health Promotion	\$116.67	\$15	-101.67

4c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost:

Unit cost lower due to high number of contacts.

4d. Additional Comments on Service Activity and Delivery:

III. Targeting Compliance

1. Populations Served

PROGRAM	Projected Number Served	Projected % of Total Served	Actual Number Served	Actual % of Total Served
Low income	15	37%	48	49%
Minority	10	21%	28	29%
Low Income Minority	5	13%	25	26%
Frail/Disabled	24	60%	73	74%
Living Alone	24	60%	55	56%

1a. Is GAP, the Community Service Provider, meeting its targeting goals?

Yes No

1b. If Yes, to what do you attribute your success?

GAP has found success through word-of-mouth, presentations to Senior Centers, Black churches, healthcare professionals, enriched housing facilities, and at health fairs.

If No, please state the reason and outline specific action plan to reach the objective:

1c. Additional comments on Targeting:

IV. General Management: Contracts & Services

1. Staffing

1a. Does GAP have adequate staff to perform the activities required under contract with MCOFA?

Yes No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does GAP have a training plan designed to assist staff in carrying out assigned tasks?

Yes No

1c. Would a random check of GAP's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes* No

*Note that this information is not kept in Personnel Files but in files for individual workshops offered at Lifespan that staff attend that are CEU-eligible. Information includes attendance list, course description and objectives, course evaluations.

1d. Does GAP comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

1e. Is an EEO sign posted in a prominent location?

Yes No

Where? It is posted on the employee bulletin board.

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

Such as: ADA compliant door openers; hearing loops installed in conference rooms; ASL interpreters for staff and volunteers who are deaf. (Lifespan has one staff person who uses ASL.)

1g. Does the GAP staffing pattern reflect the minority representation in the total population?

Yes No

There are only two positions in GAP. The positions require a background in substance abuse treatment and experience working with older adults.

1h. Can GAP document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No

GAP interviewed diverse individuals to fill the last vacancy in the program in 2020.

2. Administrative Provisions

2a. Are staff activities consistent with prohibitions against participation in partisan activities?

Yes No

2b. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

2c. Are the services carried out under MCOFA contract secular in nature?

Yes No

2d. Has GAP given due recognition to the U.S. Administration on Aging, the NY Office for the Aging and Monroe County Office for the Aging, as appropriate, in programs/service brochures, flyers, and other printed materials?

Yes No

Please provide copy of most recent brochure/flyer: Electronic or Print

Attached is a copy of a Substance Abuse Among Older Adults power point presentation with the appropriate recognition. The recognition will be specified on the GAP brochures at the next order. Currently GAP has 4 full boxes of brochures.

2e. Does GAP have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

2f. What provisions has GAP made to protect the confidentiality of customer (client) information?

Client files are kept in locked file cabinets and storage spaces. Client information is not shared with other providers without client consent. Client consent forms and information shared with other service providers include standards regarding prohibition of further disclosure without specific client consent.

2g. Does GAP have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

Please describe:

Lifespan has a written grievance policy which permits customers to file grievances and have them addressed by agency management and administration.

2h. Does GAP have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

Please describe:

Lifespan distribute customer feedback surveys to allow clients to provide feedback (anonymously if they wish).

2i. Policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

2j. Does GAP make service sites and program information accessible to persons with disabilities?

Yes No

2k. Do accounting records support amounts reported on vouchers and do units of service tie in to programmatic reports?

Yes No

2l. Is GAP Compliant with prohibitions on using public funds to support sectarian, political and lobbying activities?

Yes No

3. PeerPlace and ContrackHQ Reporting

3a. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via The NYSOFA Data Base PeerPlace, and County Contract HQ.

Primary ContrackHQ person: Ann Olin (PeerPlace)

Back-up ContrackHQ person: Paul Caccamise (ContrackHQ)

3b. Please identify any challenges or concerns with completing PeerPlace and/or ContrackHQ reporting:

ContrackHQ: It's unclear which contract year or quarter we are reporting on.

MCOFA comment: There were overlapping quarters/timeframes in HQ as GAP has transitioned from the Older Adult Wellness Initiatives contract to a standalone contract.

4. Interagency Coordination

4a. Describe GAP's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

GAP often coordinates with client PCPs and other healthcare providers. There is frequently a need to connect a GAP client with a chemical dependency provider for a detox program or individual counseling or a recovery group. Referrals are recorded in the case notes of the client file.

4b. Has GAP worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Please describe coordination and collaboration during this contract year:

In the past year Lifespan received a grant from the NY Health Foundation to serve GAP clients with complex health needs collaboratively with Lifespan's Healthcare Coordination team. The grant allows staff to work together to create service plans and coordinate services for individual clients. GAP supports the healthcare goals of the HCC program and vice versa, HCC supports the recovery plan GAP promotes with older clients who are misusing substances.

5. Performance Outcomes and Enhancements

5a. Satisfaction Surveys

GAP	Projected Percentage of Satisfied Clients	Actual Percentage of Satisfied Clients
Satisfaction surveys	90%	90%

Several Satisfaction Surveys were returned with 100% Satisfaction rating. 15 notes of appreciation and a \$50 Dollar for Dollar matching donation were received.

5b. Performance Enhancement

Were there any programmatic changes during the year that affected the scope or quality of service?

Yes No

If yes, please describe briefly:

As indicated previously, GAP and Lifespan's HCC program are working together to maximize the service potential of both programs with medical needs and Substance Use Disorder.

Changes and adaptations due to COVID-19 included:

- Transition from in-home to phone visits (March to May 2020).
- Some home visits conducted beginning in May as clients were comfortable.
- Contacted all previous clients from the past year to check in with needs.
- Scaled back home visits during COVID-19 case surges.

5c. Please describe plans for continuous program improvement:

GAP management submits monthly activity reports and or comprehensive quarterly reports so that the program manager and senior management can track the progress of the program and monitor achievement of performance goals.

5d. Does GAP solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations?

Yes No

Please describe: Lifespan and GAP continuously solicits customer feedback from clients, including in GAP, and is open to any suggestions for making the agency more accessible for services but does not specifically target frail, disabled clients.

V. Assessment Conclusion

AGENCY COMMENTS

Strengths:

1. **GAP was able to adapt its procedures to maintain client contact throughout the pandemic although home visits were suspended for blocks of time. The program was able to support clients through a time when the risk of relapse was high. For those who did relapse, GAP supported them to resume their journey on a path of recovery.**
2. **The program was able to meet performance goals in spite of the barriers created by the pandemic since March 2020.**
3. **The program is small but has very skilled, experienced staff.**
4. **GAP indeed fills a “gap” in the chemical dependency system in Monroe County as the only CD program able to use counseling and care management through home visits as its core method of intervention.**

Needs:

As an unlicensed substance abuse intervention program, GAP receives no OASAS funding. The program is always in need of supplemental funding to avoid budget deficits.

MCOFA COMMENTS

Strengths: GAP is a nimble program that effectively serves hard-to-reach clients in need of substance abuse services that may not be engaged in more mainstream treatment options. GAP was able to effectively adapt to the challenges of the COVID-19 pandemic and meet the needs of clients, while exceeding projections for clients served.

Needs: See Agency Comments above.

Compliance areas in need of attention: N/A

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020-21**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**IBERO American Action League
Centro De Oro Seniors Program**

485 N. Clinton Ave
(Previously 817 East Main Street-relocated 05/2021)
Rochester, NY 14605

Program Representative/Coordinator: Raquel Serrano
Phone: 585-256-8900 Ext. 123
Fax: 585-472-9889
Email: Raquel.serrano@iaal.org
Funding Period: April 1, 2020- March 31, 2021

Evaluation Date: 10/6/21
MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budgets](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y__X__N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22
Eligible Meals Served		10,929 Lunches 9,958 Breakfasts	2,353	8,197 Congregate Lunches 7,469 Breakfasts 654 Home Delivered Meals
% Successful		90%	11%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering the To Go Meals weekly starting in July 2020 in addition to using Meals on Wheels provided meals to a few identified high need seniors from March to June 2021 (04/20-03/21 included in total) that were delivered directly by Meals on Wheels.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22
Total # of Participants		40	31	40
% Satisfied		90%	100%	90%

[Completed Customer Satisfaction Analysis Attached](#)

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO

II. Program Objectives

See Program Year Application

1. **OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.**

A. Serve unduplicated older adults by 3/31/21.

1. Actual # unduplicated persons served: ; of objective.

1. From PeerPlace Program Year Served Client Summary Report.

FROM OBJECTIVE #1 Please Indicate	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Total aged 75-84	48	31	50%	34%
Total aged 85+	18	22	19%	24%
Low Income (Less than 150%) of the Poverty Guideline)	76	81	80%	88%
LIM-Low Income Minority	72	73	76%	79%
Frail	18	26	19%	28%
Disabled	25	33	26%	36%
Lives Alone	62	39	65%	42%
Amer.Ind/Als.Native	0	0	0%	0%
Asian	0	0	0%	0%
Black or African American	5	16	5%	17%
Hispanic or Latino	86	90	90%	98%
Nat.Haw./Pac.Islander	0	0	0%	0%
White	4	0	4%	0%
Other	1	0	1%	0%
2 or More Races	4	3	4%	3%

1. From PeerPlace Program Year Served Client Summary Report

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve total eligible meals by 3/31/21.(10,929 Lunches + 9,958 Breakfasts)
 Daily average of ; # of Days Open (used lunches)
 Program Year Contract

1. Actual # of eligible meals served: ; %.

Actual Daily average of ; Actual # of Days Open

Program Year Viewbuilder Event Profile Meal Units

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering the To Go Meals weekly starting in July 2020 in addition to using Meals on Wheels provided meals to a few identified high need seniors from March to June 2021 (04/20-03/21 included in total) that were delivered directly by Meals on Wheels.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	1,710	1,690	1%

1. Program Year Viewbuilder Event Profile Meal Units

2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above

3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ **1218.20** in participant contributions 4/1/20-3/31/21.

Actual per meal average of \$ **.72**

1. Program Year Fiscal Reports

B. Actual collected \$ **7,225.61** in participant contributions 4/1/20-3/31/21.

Actual per meal average of \$ **0.46**

1. 2019 Program Assessment

C. **-83** % Change Total Collected **57** % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began offering the To Go Meals weekly starting in July 2020 in addition to using Meals on Wheels provided meals to a few identified high need seniors from March to June 2021(04/20-03/21 included in total) that were delivered directly by Meals on Wheels. The pandemic coupled with a reduced meal schedule led to an overall reduction in contributions.

E. How were the contributions used to enhance the program?

They were used for program enhancements.

5. OUTCOME OBJECTIVE #5: To provide outreach* to **50 unduplicated older persons per contract period.** Program Year Contract

A. Actual outreach provided **61**

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective:

There was increased need in the pandemic to help more people. We went door to door in neighborhoods where there were underserved elders.

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County?

Social media has been huge with our community – the creation of a closed Facebook group for Spanish speaking elders and their caregivers has been essential. Also the use of our Latino Radio Station, PODER 97.1FM where seniors connect/listen to and through monthly Spanish newsletters that are mailed out to elder's homes.

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Folder in Office How are staff trained? Compliance Dept. trains annually; Coordinator trains twice a year
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Department came to complete training
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: September 2020
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Fire and Safety Inspections of the facility are conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? yes
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Quarterly Annual CPR /First Aid Is there a policy? IBERO policy
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of key staff) on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch room, money locked in Office at end of each day
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With Lock Box
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise Room and Hallway by lunch room
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board Lunch Room
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Room
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HR
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With Contribution Signs
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board in Lunch Room and Back Hallway
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallway outside lunch room and on bulletin board
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallway outside lunch room and on bulletin board
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: Feb 2019
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The staff/volunteers receive orientation and training on the proper methods and procedures pertaining to MCOFA guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Monthly, Minutes maintained: Notes are taken
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Senior Center staff receive training in food safety and sanitation. In addition, the organization provides all-staff trainings on a quarterly basis. Copies of agendas and attendance are with HR/admin. The program director may identify further training for staff based on program and/or individual needs.
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Evaluations Frequency: Monthly
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Annual, or as needed
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Community Place of Greater Rochester – Senior Companion Program; Lifespan Case Managers – Spanish; Catholic Family Center – Geriatric Mental Health; University of Rochester – Healthy Aging Research Program; Alzheimer’s Association – Bilingual Program; Fitbalanz Studio – Zumba Gold
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and Equal Opportunity guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None held during this period.
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Monthly Minutes maintained: No

Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly community meetings are held in the senior center, project council members have visibility amongst their peers. Their names and information are also included in the center's bulletin board.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe County Contract Office (Contract HQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: 2019
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Center Staff are all bilingual and some speak languages other than Spanish, their primary population.
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: The Monroe County Office for the Aging Program Monitor is constantly providing support to the senior center. She is very sensitive to the programmatic changes, cultural and language needs of the Centro de Oro monolingual program.

MCOFA Comments IBERO and its staff were one of the first centers to begin using online groups to maintain contact with their seniors, helping to make sure they were capable. When the center started a Grab N Go drive thru, they utilized fun theme days and activities to help keep the seniors engaged. They made frequent calls to help reduce isolation and connect their seniors with any needed resources. They did a great job maintaining their community at a time of great change and need. The center continues to serve the key demographics for the program with 58% 75 years or older, 88% low income, specifically 79% low-income minorities. As the only Hispanic center in the county, they were anxious to be able to get back together as a community. The center moved locations in May 2021.

2. Areas in need of attention

Town/Agency Comments: Not applicable.

Note: *During this pandemic year, the MCOFA agency has been very cautious, promoting health and looking for creative ways to support the needs of the elders.*

MCOFA Comments: None at this time.

3. Additional resources/technical assistance requested

Town/Agency Comments: Continuous support for transportation to and from the senior center to the elder's homes that would allow a fuller schedule for seniors to enjoy socializing and combatting isolation/depression.

MCOFA Comments: As needed.

Program: <u>Centro de Oro - CSE</u>	Contract / Program Period:
Contractor: <u>Ibero-American Action League, Inc.</u>	<u>April 1, 2020 March 31, 2021</u>
Address: <u>817 E. Main Street</u>	Monroe County Vendor #: <u>103235</u>
<u>Rochester, NY 14605</u>	Contract Reference #: _____
	Federal CFDA #: <u>n/a</u>
Contact: <u>Raquel Serrona, Director, Elder Services</u>	Phone/E-mail: <u>raquel.serrona@iaal.org</u>
<u>Amy Sargent, CFO</u>	<u>amy.sargent@iaal.org</u>

Budget Summary Form

1. Personnel	\$	14,250
2. Fringe Benefits		2,209
3. Equipment		-
4. Travel		-
5. Maintenance & Operations		-
6. Other Expenses		-
7. Contractual		-
8. Food/Meals		-
9. Purchase of Service		-
10. Total Program Budget (Lines 1 to 9)	\$	16,458
11. Anticipated Income		-
12. Nutrition Services Incentive Program Funds <i>(if applicable)</i>		-
13. Net Total (Line 10 minus 11 & 12)		16,458
14. Subcontractor Match	43.12%	7,096
15. MCOFA Funds (Line 13 minus 14)	\$	9,362
16. Other Resources <i>(do not include in Budgetary Information above)</i>		-

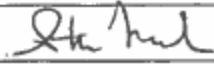
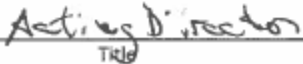
MCOFA Contract Breakdown		Total cost
CSE Budget	CSE Funds	9,362
CSI Budget	CSI Funds	892
WIN Budget		
WIN Budget	NSIP Funds	7,950
WIN Budget	WIN/County Funds	98,455
Total Contract MCOFA Funds		116,659

Subcontractor: Ibero-American Action League		Vendor #: 11103235	Program: Centro De Oro Senior Center	
Program Contact/ Telephone #:		Contract #:	Grant Period: 04/01/	
BUDGET CATEGORY	APPROVED BUDGET	ADDITIONS (DELETIONS)	REVISED BUDGET	NOTES / REMARKS
1. Personnel	76,559	-	76,559	
2. Fringe Benefits	11,867	-	11,867	
3. Equipment		-		
4. Travel	1,150	-	1,150	
5. Maintenance & Operations	10,570	9,430	20,000	Ibero claimed a greater proportion of centers maintenance and operation expenses. Expenses prorated for Senior Center operations
6. Other Expenses	1,125	-	1,125	
7. Contractual		-		
8. Food (If Applicable)		-		
9. Purchase of Service	29,945	(29,945)	-	Senior Nutrition Center Closed due to Covid19/Meals not internally generated
10. TOTAL BUDGET	131,216	(20,515)	110,701	Total Budget Change
11. Less: Anticipated Income	10,270	(5,974)	4,296	Donations lower than anticipated due to COVID19.
12. Less: NSIP Grant Funds	7,950	-	7,950	
13. NET TOTAL	112,996	(14,541)	98,455	NET Total Change
14. Subcontractor Match	14,541	(14,541)	-	Match Not required for WIN funding.
15. MCOFA FUNDS	98,455	-	98,455	No Change in MCOFA Funds

AIP Service Delivery	Units	Unit Cost	Total Cost
In home Support	2,578	14.13	36,440
Outreach	721	6.82	4,920
Congregate meals	440	17.01	7,485
Information & Services	1,072	57.70	61,856

Programmatic Justification/Explanation: (Attach additional pages if Necessary)
 NOTE: The major impact of this proposal on units of service, projected unduplicated counts, and client characteristics (targeting), should also be reflected on the appropriate AIP pages. All revised pages should be attached to this request. It is particularly important to describe the impact on target populations.

Meals not generated due to COVID19 suspension of nutrition program. Senior Center redirected it services to distribute HDM Grab n Go meals and providing I & A/Wellness checks

 MCOFA Approval  Acting Director 6-10-21

Title Date

MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING

SUPPORTING BUDGET SCHEDULE

<p>Program: <u>CSI Senior Center</u> <u>Recreation & Education</u></p> <p>Contractor: <u>Ibero-American Action League, Inc.</u></p> <p>Address: <u>817 E. Main Street</u> <u>Rochester, NY 14605</u></p> <p>Contact: <u>Raquel Serrano, Director, Elder Services</u> <u>Amy Sargent, CFO</u></p>	<p>Contract / Program Period: <u>04/01/20-12/31/20</u></p> <p>Monroe County Vendor #: <u>11103235</u></p> <p>Contract Reference #: _____</p> <p>Federal CFDA #: _____</p> <p>Phone/E-mail: <u>raquel.serrano@iaal.org</u> <u>amy.sargent@iaal.org</u></p>
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Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	1,190
5. Maintenance & Operations	-
6. Other Expenses	-
7. Contractual	-
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources (do not include in Budgetary Information above)	-

MCOFA Contract Breakdown		Total cost
CSE Budget	CSE Funds	9,362
CSI Budget	CSI Funds	892
WIN Budget		
WIN Budget	NSIP Funds	7,950
WIN Budget	WIN/County Funds	98,455
Total Contract MCOFA Funds		116,659

Ibero CSI budget 04-01-20_12-31-20.xls
Summary Page #1

Satisfaction Survey Analysis

Center Name: Centro de Oro

Total Distributed:

Total Participants: 31

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	30(90)			1(0)	90	90	100%
Have you participated in the Grab N Go meals option	31(93)				93	93	100%
Do you have access to a computer/the internet	10(30)	6(12)	15		57	93	63%
Would you participate in online center activities if they were offered	23(69)	5(10)	3	1(0)	82	90	91%
Has the center helped you during the pandemic	31(93)				93	93	100%
Has the center improved the quality of your life	31(93)				93	93	100%

¹Do not count *No Answer* in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
31(93)				93	93	100%

¹Do not count *No Answer* in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2020-21**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

Baden Street Settlement of Rochester, Inc.

MARC of Baden

86 Vienna Street
Rochester, NY 14605

Program Representative/Coordinator: Lois Burrows
Person Completing Assessment: Dolores Rodriguez,
Director Emergency & Family Assistance Dept.
Phone: 585-325-4910 ext. 1148
Fax: 585-546-3777
Email: lrobinson@badenstreet.org
Funding Period: April 1, 2020- March 31, 2021

Evaluation Date: 9/30/21
MCOFA Monitor: Tracy Collins

An Annual Evaluation is required by the Older Americans Act that programs be evaluated by Area Agency on Aging (MCOFA). The primary purpose of this evaluation is to review the contract and to ensure that all policies and practices are in compliance with applicable laws and requirements.

Fiscal

[See Attached Budgets](#)

Did you purchase any equipment with MCOFA dollars to provide any activities? ___Y X N
If yes, detail:

Contents:

I. Performance Projection and Previous Outcomes
II. Program Objectives
III. Program Compliance
IV. Conclusions

I. Program Goals

To provide individuals sixty years old and over a balanced meal, a place to socialize as well as participate in activities to help maintain their mental and physical well-being. Services provided through the center assist in affording participants the opportunity to remain healthy, independent and in their homes as long as possible.

1. Performance Projections and Outcomes

- A. **Performance Measurement-Eligible Meals Served** is the total number of eligible meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center.

Performance Measurement Timetable – Quarterly as shown in recorded Contract HQ Performance Measures

[See Program Year Application Outcome Objective #2 and Peer Place Program Year Served Client Summary Report](#)

Indicator of success: Total number of meals served throughout contract year meets or exceeds annual projection. Recorded quarterly but success rate determined by year end total				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22
Eligible Meals Served		3,973	1,692	2,700 Congregate 900 Home Delivered Meals
% Successful		90%	43%	90%

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began coordinating Meals on Wheels provided meals, delivered by volunteers, for the entirety of this contract period.

- B. **Performance Measurement-Customer Satisfaction Survey** a survey is distributed to regular participants within the program year to assess their opinions about the services offered at the senior center.

Performance Measurement Timetable-Yearly

[See Program Year Application Outcome Objective #3](#)

Indicator of success: A cumulative score of 90% or greater by the participants on the question “Has attending the center improved your quality of life?” on the Customer Satisfaction Survey				
		Assessment Year Projection	Assessment Year Actual	Current Year Projection
Time frame		4/1/20-3/31/21	4/1/20-3/31/21	4/1/21-3/31/22
Total # of Participants		37	21	15
% Satisfied		90%	100%	90%

[Completed Customer Satisfaction Analysis Attached](#)

2. Past performance/Previous recommendation

A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO If yes, please describe:
 - Low Contributions

B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?
 YES NO
 COVID prevented the center from reaching this projection again.

II. Program Objectives

[See Program Year Application](#)

1. OUTCOME OBJECTIVE #1: To serve eligible older adults in proportion to the number of low-income minority older persons in the service area.

A. Serve 74 unduplicated older adults by 3/31/21.

1. Actual # unduplicated persons served: **65¹** ; **88%** of objective.

[1. From PeerPlace Program Year Served Client Summary Report.](#)

FROM OBJECTIVE #1	NUMBER of Persons to served		PERCENTAGE of Persons to served	
	Projected	Actual ¹	Projected	Actual ¹
Please Indicate				
Total aged 75-84	37	27	50%	42%
Total aged 85+	14	10	19%	15%
Low Income (Less than 150%) of the Poverty Guideline)	74	62	100%	95%
LIM-Low Income Minority	37	39	50%	60%
Frail	14	3	19%	5%
Disabled	19	3	26%	5%
Lives Alone	48	42	65%	65%
Amer.Ind/Als.Native	1	0	<1%	0%
Asian	2	0	3%	0%
Black, not Hispanic	30	62	41%	95%
Hispanic or Latino	12	1	16%	2%
Nat.Haw./Pac.Islander	0	0	<1%	0%
White Non-Hispanic	33	2	44%	3%
Other	4	0	6%	0%
2 or More Races	3	0	4%	0%

[1. From PeerPlace Program Year Served Client Summary Report](#)

Effective April 1, 2020, the following 2020 poverty income guidelines are to be used in identifying low-income elderly.

Poverty Income Guidelines

Family Size	100%	125%	150%	185%
1	12,760	15,950	19,140	23,606
2	17,240	21,550	25,860	31,894
3	21,720	27,150	32,580	40,182
4	26,200	32,750	39,300	48,470

For each additional family member at 100%, add \$4,480
 For each additional family member at 125%, add \$5,600
 For each additional family member at 150%, add \$6,720
 For each additional family member at 185%, add \$8,288

1. OUTCOME OBJECTIVE #2: To serve nutritious meals that meet 1/3 the Dietary Reference Intake per meal for meals served during the contract year. Eligible meals are considered those meals served to seniors over 60, their spouses, their disabled and dependent children, and volunteers at the center who assist in delivering the nutrition program.

A. To serve 3,973 total eligible meals by 3/31/21.
 Daily average of 15 ; # of Days Open 261 Center is open 261 but no Friday meals April-December
 Program Year Contract

1. Actual # of eligible meals served: **1,692** ; **43** %.
 Actual Daily average of n/a ; Actual # of Days Open n/a
 Program Year Viewbuilder Event Profile Meal Units

2. Objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began coordinating Meals on Wheels provided meals, delivered by volunteers, for the entirety of this contract period.*

2. OUTCOME OBJECTIVE #6: To have a waste factor of 5% or less.

Program Year Contract

Waste Factor:

	Meals Ordered ¹	Meals Served ²	% Waste ³
Waste Factor	1,496	1,472	2%

- 1. Program Year Viewbuilder Event Profile Meal Units
- 2. Peer Place Program Year Served Client Summary Report, Does not include Special Events or Emergency Meals which are included in the Total Served Above
- 3. Subtract 'served' from 'ordered'; divide by 'ordered' then multiple by 100

If above 5%, please state reasons and outline a plan to reach the goal.

3. OUTCOME OBJECTIVE #3 See Table Above (I. 1. B. Performance Measurement- Customer Satisfaction Survey)

4. OUTCOME OBJECTIVE #4: To increase collection in participant contributions by 10% from last year.

Program Year Contract

A. Actual collected \$ 0 in participant contributions 4/1/20-3/31/21.

Actual per meal average of \$ 0

1. Program Year Fiscal Reports

B. Actual collected \$ 1,184.22 in participant contributions 4/1/20-3/31/21.

Actual per meal average of \$ 0.37

1. 2019 Program Assessment

C. -100 % Change Total Collected -100 % Change Daily Average

D. Contribution projection objective met? YES NO

Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the year. The center began coordinating Meals on Wheels provided meals, delivered by volunteers, for the entirety of this contract period. The use of volunteers severely limited the center's ability to collect contributions, coupled with increased economic insecurity due to a pandemic resulted in no contribution being collected.

E. How were the contributions used to enhance the program? They were used for program enhancements. N/A

5. OUTCOME OBJECTIVE #5: To provide outreach* to 50 unduplicated older persons per contract period. Program Year Contract

A. Actual outreach provided 0

Peer Place Program Year Served Client Summary Report

B. Outreach projection objective met? YES NO

If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective: *Due to COVID 19, all Senior Centers closed 3/16/20 and remained closed for in person meals and activities through the end of the contract. Congregate meals will resume in 2021 when the Office for Aging reopens the Nutrition program and participants feel safe to return. At this point, the center will better be able to attract new participants.*

What tools/opportunities have you used in reaching unserved/underserved populations matching the demographics of Monroe County?

It was unfortunate that the Center was closed for 1 year due to Covid-19 but in the meantime, we had informed the participants of resources available to them during such frightening times. These services included housing, food, utility, advocacy assistance and much more. We utilized Baden Street to refer any eligible seniors to our program upon reopen.

III. Program Compliance¹

1. Fire, Building & Health Code Compliance Procedures	Yes	No	Not Required	Comments
Site has fire emergency procedures that meet local fire codes and standards; participants and staff must be familiar with these	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where? Plan hung in doorway How are staff trained? Coordinator trains everyone in person as needed
All site staff are trained in the use of fire extinguishers and evacuation procedures and this is documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation Plans are posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are strategically placed and inspected annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: July 2020, the center was closed by RHA and unable to access during this period. An appointment has been scheduled.
Facility has at least two clearly identified and well-lit, unobstructed exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills are conducted annually and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Fire drills are conducted and completed twice a year.
Emergency kit is available and has proper supplies and a defibrillator on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No defibrillator, not required
Monthly Fire and Safety Inspections of the facility are conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Log maintained? RHA maintains the building
All staff is trained to respond to participant illnesses, accident or other emergencies as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of training? Annual Is there a policy? Baden Settlement does
Is there an up to date copy of your Emergency Disaster Preparedness Procedure Plan (including current phone, cell phone and pager numbers of	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

key staff) on file at MCOFA				
2. Postings/On file/ Available/ Replacement Signs	Yes	No	Not Required	Location
Registration Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Sign In Sheets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office
Lock Box Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taken out at lunch; stored in office
Envelopes Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Near office
Contribution Sign (including Guest Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On wooden Exit Door
Grievance Procedure Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office Door
Take Home Food Policy Sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Near Kitchen
"EEO is the Law" Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director's Office and HR
Poverty Level Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On Contribution Poster
Emergency Closing Poster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board in main entrance
Menu Displayed with certified statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MARC NEWS LETTER
Recreation Calendar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MARC NEWS LETTER
3. Compliance	Yes	No	Not Required	Comments
Reports are submitted on/or before the 10th of the month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to MCOFA in a timely manner when an issues arises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MCOFA Nutrition Program Policy Manual is on site and complied with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Agency/Town audited	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When: 4th Quarter 2020
Has regularly scheduled staff meetings to review goals, progress and problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The staff/volunteers receive orientation and training on the proper methods and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: As needed, lots of turnover Minutes maintained: No

procedures pertaining to MCOFA guidelines				
Training is provided quarterly with <u>agendas and attendances documented</u> . Required topics include but not limited to: Procedures for emergency situations, language assistance, food safety and sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As required.
Volunteers receive recognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not currently as no one stays long enough
Staff/volunteers progress is tracked to ensure compliance with program standards and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How: Observation Frequency: Daily
Written staff performance evaluations are conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Orientation Period, Annually, and as needed
Staff encourages participants to actively advocate on their own behalf with public officials, agencies and the news media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is currently working with other service providers to improve overall services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EX: Foodlink, City of Rochester, RHA, Eldersource
There is a suggestion box in use with review plan for suggestions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds are not used to advance any sectarian effort and services provided under this contract were secular in nature and scope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal access is granted to candidates regardless of policy view or party affiliation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with the Americans Disability Act (ADA) requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The center is in compliance with Affirmative Action and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Equal Opportunity guidelines?				
Provisions have been made to protect the confidentiality of participants' information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Congregate Services noted have a less than 10% missing data per the PeerPlace reporting system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the agency given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County DHS/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials as well as <u>online</u> ? *Monthly Coordinator's Report Checklist has most current wording	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
The agency has a written policy regarding retention of all Monroe County DHS/Office for the Aging contracted program and fiscal records for six (6) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specifics in MCOFA Nutrition Program Policy Manual
A representative attends Project Council meetings regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None held during this period.
Site Council meetings are held at least four times a year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency: Weekly Minutes maintained: No
Participants are notified who their site council/Project Council members are?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How? In person by coordinator. For the seniors participate in nominating said council.
There is representation at 90% of MCOFA Coordinators meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All updated insurance certificates naming the County of Monroe as additionally insured on file with the Monroe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

County Contract Office (Contract HQ)				
All Equipment Inventory & Disposition Forms updated and on file at MCOFA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last updated: 2017
The center is responsive to "LEP" Limited English Proficiency – limited ability to read, speak, write, or understand English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain: Tellmorr Contract
The center accommodates LGBT participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ As detailed in the Policy Manual , 19-PI-26 and Program Application

IV. Conclusions

1. Overall assessment of the strengths

Town/Agency Comments: None at this time.

MCOFA Comments: MARC of Baden made many phone calls to ensure that their senior's needs were met and connected them with resources as needed. They serve the programs key demographics of Older (57% 75 plus) Low Income (95%) seniors who live alone (65%). They needed the extra supports during this global pandemic.

2. Areas in need of attention

Town/Agency Comments: None at this time.

MCOFA Comments: Any area that they did not meet their projected goals was due to the COVID closures. The agency was unable to access their center during this time which made them: rely on volunteers, struggle to collect contribution if their members were able to and unable to perform any true outreach. These will all be continued upon reopen.

3. Additional resources/technical assistance requested

Town/Agency Comments: None at this time.

MCOFA Comments: As needed. this year we anticipate an increase of participants due to new recruits.

Program: <u>CSI Senior Center</u> <u>Recreation & Education</u> Contractor: <u>Baden Street Settlement</u> Address: <u>152 Baden Street</u> <u>Rochester, NY 14605</u> Contact: <u>Dolores Rodriguez-Program</u> <u>Curtis Henderson-Fiscal</u>	Contract / Program Period: <u>04/01/20-12/31/20</u> Monroe County Vendor #: <u>11104960</u> Contract Reference #: _____ Federal CFDA #: _____ Phone/E-mail: <u>445-6729 drodriguez@badenstreet.org</u> <u>445-6731 crhenderson@badenstreet.org</u>
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Budget Summary Form	Total
1. Personnel	\$ -
2. Fringe Benefits	-
3. Equipment	-
4. Travel	-
5. Maintenance & Operations	-
6. Other Expenses	1,190
7. Contractual	-
8. Food/Meals	-
9. Purchase of Service	-
10. Total Program Budget (Lines 1 to 9)	\$ 1,190
11. Anticipated Income	-
12. Net Total (Line 10 minus 11)	1,190
13. Subcontractor Match 25.0%	298
14. MCOFA Funds (Line 12 minus 13)	\$ 892
15. Other Resources <i>(do not include in Budgetary Information above)</i>	-

AIP Service Delivery:	Units	Unit Cost	Total Cost
Line 21	50	23.80	1,190

Program: MARC of Baden Street Contract / Program Period: _____
 Contractor: Baden Street Settlement April 1, 2020 - March 31, 2021
 Address: 152 Baden Street Monroe County Vendor #: 11104960
Rochester, NY 14605 Contract Reference #: _____
 Federal CFDA #: n/a
 Contact: Dolores Rodriguez-Program Phone/E-mail: 445-6729 drodriguez@badenstreet.org
Curtis Henderson-Budget 445-6731 crhenderson@badenstreet.org

Budget Summary Form

1.	Personnel	\$	20,731
2.	Fringe Benefits		1,875
3.	Equipment		-
4.	Travel		-
5.	Maintenance & Operations		-
6.	Other Expenses		-
7.	Contractual		-
8.	Food/Meals		-
9.	Purchase of Service		-
10.	Total Program Budget (Lines 1 to 9)	\$	22,606
11.	Anticipated Income		1,600
12.	Nutrition Services Incentive Program Funds (if applicable)		-
13.	Net Total (Line 10 minus 11 & 12)		21,006
14.	Subcontractor Match (Not Required for WIN)	0.00%	-
15.	MCOFA Funds (Line 13 minus 14)	\$	21,006

16.	Other Resources (do not include in Budgetary Information above)		-
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Line 10: Service Delivery:

			Units	Unit Cost	Total Cost
WIN	Line 7	Congregate Meals	3,973	5.06	20,106
WIN	Line 14	Outreach	50	50.00	2,500
WIN	Line 16	Senior Center Rec & Ed'		-	

Satisfaction Survey Analysis

Center Name: MARC

Total Distributed: _____

Total Participants: 21

Please Enter Totals for Each Column (Number of people who answered per column multiplied by the number assigned)

Do services from the Senior Center program help you to	Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
Would you feel comfortable returning to the center upon reopening	63	—	—	—	63	63	100%
Have you participated in the Grab N Go meals option	—	6	18	—	24	63	38%
Do you have access to a computer/the internet	15	18	7	—	40	63	33%
Would you participate in online center activities if they were offered	24	16	5	—	32	63	51%
Has the center helped you during the pandemic	63	—	—	—	63	63	100%
Has the center improved the quality of your life	63	—	—	—	63	63	100%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Would you recommend the Senior Center to friends and family members?

Please Enter Totals for Each Column

Yes (3)	Maybe (2)	No (1)	No Answer (0)	Total	Total Possible ¹	% ²
63	—	—	—	63	63	100%

¹Do not count No Answer in Total Possible (Total Actually Answered x 3)

²Total Divided by Total possible x 100

Comments/Concerns:

Better food selection

**Monroe County Department of
Human Services' Office for the
Aging**
2020-21

**ANNUAL PROGRAM AND SERVICE ASSESSMENT -
COVID19 ADDENDUM**

MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

LIFESPAN
NY Connects

Contract Period: 4/1/2020- 3/31/2021
**Funding Sources: CARES ACT ADRC Funding, NY State Community
Services for the Elderly (CSE)**
Amount of Contract: \$101,951

Date of Site Visit: July 9, 2021
MCOFA Monitor: April Ernisse
President/CEO: Ann Marie Cook
Program Contact: Jody Rowe, COO
585-244-8400
jrowe@lifespan-roch.org

I. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
I&A – COVID19 ADRC	1000	7045	700%
I&A – CSE	2000	1975	97%

1a. Describe reason(s) for any variances:

The call volume far exceeded what was anticipated. There were a large number of calls particularly related to food and emergency needs, 2020 Census, stimulus check questions, and vaccinations.

2. Expenditures

PROGRAM	Total Projected Expenditures	Actual Expenditures	% of Projection
NY Connects – COVID19 ADRC	\$64,809	64,809	100%
NY Connects – CSE	\$37,142	37,056.45	99%

2a. Describe reason(s) for any variances:

PROGRAM	Actual Number of Persons Served	Actual Expenditures	Average Cost Per Client
NY Connects – COVID19	3877	101,865.45	9.55

2b. Do costs per person appear reasonable? Yes No

If no, please explain:

Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
I&A – COVID19 ADRC	\$32.40	9.20	-23.20
I&A – CSE	\$37.14	18.76	-18.38

2c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost:

Higher anticipated units resulted in lower unit costs.

2d. Additional Comments on Service Activity and Delivery:

1. Successfully managed a virtual live call center while staff worked from home.
2. Achieved a *4% abandon rate during early 2020 virtual call operations. (*Note: caller options were changed resulting in fewer calls being recorded as abandoned. More calls diverted to VM.)
3. Calls increased after the first wave with 200-300 more calls/month as our region 'reopened' in the summer months.
4. Callers were given information about how to access food, food delivery, stimulus payment information, caregiver issues relative to the pandemic, facility visitation concerns, and mental health/emotional support needs due to isolation.
5. Coordination of COVID related services and resources, collaborating with other organizations and community leaders to manage constantly changing resources, in areas of food delivery services, rental assistance, eviction protocols, test/vaccine operations.

3. COVID-19 Services - Conclusion

Agency Comments -

Please describe changes, adaptations, challenges, and successes as related to providing additional services during the COVID-19 Major Disaster Declaration period:

The NY Connects team played a critical role in responding to the needs of older adults and persons with disabilities during the pandemic! In March 2020, the need to access food became a crisis for many! Our team jumped into action, putting together supports and provided reassurance for thousands who could not access food and household supplies on their own.

Lifespan transformed one of the program areas at 1900 South Clinton Ave into a food cupboard and took in donations, as well as purchased food items to support. Staff members delivered food, grocery shopped for special dietary restrictions and even provided support for pets in the home.

Lifespan, MCOFA, Foodlink, ABVI and Medical Motors Service partnered to deliver food boxes from March 2020-June 2021! Over 8,000 boxes of food were distributed.

The NY Connects team also took calls from clients who were lonely and isolated, we were able to provide 290 robotic cats and dogs.

The funds supported technology upgrades for the NY Connects, so they could perform their operations from home when necessary.

MCOFA Comments -

The Lifespan NY Connects program was able to quickly adapt to meet the emergency needs of the community during the COVID-19 pandemic. Lifespan ensured the smooth transition to remote work for staff while still maintaining the availability of the service to clients. NY Connects staff fielded a variety of calls related to food, rental assistance, basic needs, vaccinations, and other pandemic-related needs and effectively connected clients to information and resources in the community, or met the need through Lifespan itself. The NY Connects team was vital to providing essential information and services to older adults, individuals with disabilities, and caregivers in the community.

**Monroe County
Department of Human
Services' Office for the
Aging
Program Evaluation and
Contract Compliance**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

*AS Funded by: Older Americans Act of 2016, As Amended and NYS
Funds*

CONTRACTOR

Genesee Region Home Care, dba Lifetime Care

OASIS Program

EXPENDITURES

NYS CSE (4/1/20 to 3/31/21) ----- \$36,378

Date of Assessment: 7/7/21
MCOFA Monitor: Kitty Koul
Others Participating: Ann Cunningham

I. Past performance/Previous recommendations

1. Review Findings/Units of Service

1. Were there findings from the prior year's monitoring that required corrective actions to address areas of non-compliance?

Yes _____ No X_____

If yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

2. New York State OFA Database and ContractHQ Reporting

Please indicate the **Name and Job Title** of the person(s), and the back-up person(s) responsible for electronic reporting via *Peer Place*, and County Contract HQ for all programs pertaining to this assessment.

OASIS

Primary ContractHQ person: Ann Cunningham

Back-up ContractHQ person: John Veloski

NYSOFA Database Reporting

Primary: Donna Knapp

Back up: Sandra Potter

3. Units of Service

<u>Units of Service</u>	Projected Units	Actual Units	% of Projected Units
OASIS	1,000	316	31.6%

1. Identify/provide source documents: Oasis Database

1a. Describe reason(s) for any variances: Less offerings due to Covid-19 pandemic.

4. People Served

<u>People Served</u>	Projected # of unduplicated Persons Served	Actual # of unduplicated Persons Served	% of Projected persons actually served
OASIS	1,000	366	36.6%

1a. Describe reason(s) for any variances: Less individuals served than expected due to COVID-19 pandemic

5. Cost per Unit of Service

<u>Units of Service</u>	Program Funding/Total Units = Cost per Unit		
OASIS	\$48,503**	316	\$153.49

** includes \$12,125 in matching funds

1a. Describe reason(s) for any variances: More units scheduled than projected. Due to COVID-19 pandemic, less offerings and less people served.

6. Cost per Client

<u>Cost per Client</u>	Program Funding/Clients served = Cost per client		
OASIS	\$48,503**	366	\$132.52

** includes \$12,125 in matching funds

1a. Do costs per person appear reasonable? Yes X No

If no, please explain: The cost seems too high. This was due to less people being served during the COVID-19 pandemic.

General Comments on Service Activity and Delivery:

II. Targeting Compliance

1. Minority Clients Served

Service	Projected % of Minorities Served	Actual % of Minorities Served	Projected # of Minorities Served	Actual # of Minorities Served
OASIS	11%	6.8%	110	25

1a. Is OASIS, the Community Service Provider, meeting its goals of providing services to minority older adults at least in proportion to their representation in the total population within the service provider's catchment area?

Yes ___ If Yes,

➤ To what do you attribute your success?

No X If No,

➤ Please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

Continued outreach to underserved communities and populations including presentations to senior groups, church groups, health and wellness providers, etc. Low numbers also due to Covid shutdown.

1b. Please provide brief narrative of demographic breakdown of OASIS.

1.9% African American, 94.1% Caucasian, 0.4% Hispanic, 0.1% Native American, 0.3% Asian/Pacific Islander, 1.1% other. Average participant age is 72. 80.8% female, 18.9% male.

3. Limited English Proficiency (LEP)

1a. Is OASIS, the Community Service Provider, meeting its goals of providing services to people with Limited English Proficiency (LEP) at least in proportion to their representation of the total older adult population within Monroe County?

Yes X No ___

➤ If Yes, To what do you attribute your success?

Interpreting services available when needed.

➤ If No, Please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

General Comments on Service Targeting: This program continues to provide quality programming for older adult in our community within the assigned budget.

III. Outcome Objectives

Performance Goal	Performance Indicator	Actual Results
Ninety percent (90%) of individuals partaking in educational classes will report they have increased knowledge and/or learned something new from the course taken.	Performance measure is self reported by each participant via a Student Evaluation Form.	93%

1. Accomplishments in 2020.21

What accomplishments has Oasis achieved in the past year?

Continuing to be responsive to the needs and interests of members by providing stimulating, educational and rewarding.

Adding additional offerings to help improve health and fitness, including classes to strengthen bones, core muscles, balance and falls prevention.

Pivoted classes presented in person to Zoom after the shut down. Taught hundreds of participants the value of Zoom so they could connect with family and friends, enabling them to remain connected and less isolated.

2. Customer Satisfaction

Please provide source documents and results from actual clients served which indicates quality of services provided, i.e. Customer satisfaction survey, telephone follow up etc.

“Fascinating class.”

“Exercising keeps me fit and active”

“Grateful Oasis Rochester is available via Zoom.”

“Has helped me to become stronger and more in balance.”

3. Indicators of Success (Client)

90% of older adults age 60 and over taking recreation / educational classes will report that they have increased knowledge and/or learned something from the course taken.

Time Frame	Projection 4/1/19 – 3/31/20	Actual 4/1/19 – 3/31/20	Projection 4/1/20 – 3/31/21	Actual 4/1/20 – 3/31/21	Projection 4/1/21 – 3/31/22
Total number of People served	1640	1673	1000	1436	Program on Hold
% Satisfied	90%	94%	90%	93%	N/A

IV. General Management: Contracts & Services

1. Staffing

1a. Does Oasis have adequate staff to perform the activities required under contract with MCOFA?

Yes

No

If not, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does Oasis have a training plan designed to assist staff in carrying out assigned tasks? Yes

1c. Would a random check of Oasis personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered? Yes

1d. Does Oasis comply with Affirmative Action and Equal Opportunity guidelines? Yes

1e. Is an EEOC sign posted in a prominent location? Yes, at reception desk

1f. Are reasonable accommodations made for staff and volunteers with disabilities? Yes

1g. Does the Oasis staffing pattern reflect the minority representation in the total population? Yes

1h. Can Oasis document outreach efforts to recruit targeted individuals to fill vacant positions? Yes

2. Administrative Provisions

1. Are Oasis staff activities consistent with prohibitions against participation in partisan activities? Yes
2. Are the facilities where Oasis services and activities take place free from political posters and other evidence of advancing one political candidate over another? Yes
3. Are the services carried out under MCOFA contract secular in nature? Yes
4. Has Oasis given due recognition to the US. Administration on Aging, the New York State Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials? If yes, please provide samples of materials. Yes
5. Does Oasis have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years? Yes
6. What provisions has OASIS made to protect the confidentiality of customer (client) information?

Database is on a secure server. All paperwork under lock and key.

7. Does OASIS have a system in place to allow customers (clients) to voluntarily and confidentially contribute to program services? Yes
- 7a. If so, how are these contributions utilized?

To enhance existing and future programming.

8. Does Oasis have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services? Yes
9. Does Oasis have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel? Yes

Please describe procedure: Course surveys are distributed and collected after the completion of every course. Members are encouraged to provide feedback and can do so anonymously.

10. Does Oasis have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs? Yes
11. Does Oasis make service sites and program information accessible to persons with disabilities? Yes

12. Does Oasis solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or, on ways to make services more accessible and appealing to culturally diverse populations? Yes
13. Please describe procedure: Member surveys are provided after every course for feedback regarding current and future course specifics, audio/visual needs, building accessibility, etc.

3. Interagency Coordination

1. Describe Oasis procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Recommendations for services beyond Oasis such as Lifespan, Alzheimer's Association, etc. are made when needed.
2. Has Oasis worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes, especially with Lifespan.

4. Service Promotion & Outreach

Indicate what regular means does Oasis employ to disseminate information to the public and approximately how often this occurs:

Catalog is mailed out 3x per year to extensive mailing list, delivered to libraries, doctor's offices, Lifespan, senior living facilities. Public service announcements on WJZR radio. Electronic, print media, social media, website use. Presentations given throughout the year to senior groups, church groups, health and wellness provides, etc. Identification of new members through Lifetime Care, Excellus and other partners.

5. MCOFA Contract: Financial Monitoring-Inventory Control

Does Oasis maintain sufficient documentation for equipment purchased with MCOFA funds?

Funds are not used for equipment purchase.

Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property? N/A

Is the equipment purchased with MCOFA funds being used solely to benefit older persons (Unless costs are appropriately pro-rated)? N/A

Are staff who handle monies (with the exception of attorneys) bonded? Yes

Are two individuals involved in counting customer (client) contributions? Yes

Are individuals who are authorized to sign checks involved in processing invoices?
No, handled by separate departments.

Are individuals who are authorized to sign check different from the person(s) who
maintain payroll records? Yes

Is Oasis maintained registration as a Charitable Organization with the Department of
State? Yes

V. Assessment Conclusion

In conveying general comments regarding Oasis' overall assessment of service
delivery and contract compliance, please address the following areas:

Overall assessment of the strengths of OASIS:

AGENCY COMMENTS - Oasis provides lifelong learning opportunities, including
health/wellness and volunteer opportunities available to all adults in the Rochester
area. Goal is to help older adults age 50 and over live vibrant and healthy lives. The
MCOFA program funds are targeted toward older adults age 60 and over.

MCOFA COMMENTS - This program continues to provide quality programming for
older adult in our community.

Additional resources or technical assistance needed:

AGENCY COMMENTS – Oasis Rochester will be reaching out to assisted living
facilities and senior living facilities in partnership to provide quality programming to
area senior adults.

Oasis Rochester will continue to improve reporting of the measures in Peer Place
and ContrackHQ.

MCOFA COMMENTS - Oasis needs to make a more concerted effort in reaching the
population that mirrors Monroe County as a whole. This program is currently
underserving low-income people of color. MCOFA is willing to assist in providing
strategies and technical advice in serving these aforementioned populations.

Oasis needs to improve reporting of the measures in Peer Place and ContrackHQ.

**Monroe County Department of
Human Services' Office for the
Aging**
2020-21

ANNUAL PROGRAM AND SERVICE ASSESSMENT

MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

LIFESPAN

*Professional Assessment and Treatment for Homebound
Seniors (PATHS)*
*Program to Encourage Active and Rewarding Lives for Seniors
(PEARLS)*

Contract Period: 1/1/2020- 3/31/2021

Funding Source: NY State CSE

Federal Title IIID

Amount of Contract: \$58,475

Date of Site Visit: June 21, 2021
MCOFA Monitor: April Ernisse
President/CEO: Ann Marie Cook
Program Contact: Christine Peck, Director of Social Work Care
Coordination
(585) 244-8400 ext. 155
cpeck@lifespan-roch.org

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No

If Yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

II. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
PATHS	96	136	142%

1a. Describe reason(s) for any variances:

Service	Projected Units	Actual Units	% of Projection
PEARLS	160 (sessions)	154 (sessions) *225 calls made in addition to the individual sessions	96%

1b. Describe reason(s) for any variances:

Note that units in PeerPlace will be higher, as other contacts were documented in addition to sessions.

Service	Projected Units	Actual Units	% of Projection
Mental Health Screens	400	614	154%

1b. Describe reason(s) for any variances:

2. Persons Served

PROGRAM	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
PATHS/PEARLS/MH Screens	444	599	134%

2a. Describe reason(s) for any variances:

3. Service Waiting Lists

PROGRAM	Waiting List Maintained?		Average number of clients waiting for services per month	Which services are clients waiting for?
	Yes	No		
PATHS/PEARLS/MH Screens		X		

3a. Comments:

4. Expenditures

PROGRAM	Total Projected Expenditures	Actual Expenditures	% of Projection
PATHS	\$14,794	\$14,794	100%
MH Screens CSE	\$35,867	\$35,867	100%
PEARLS	\$10,000	\$10,000	100%
MH Screens III-D	\$11,956	\$11,956	100%

4a. Describe reason(s) for any variances:

PROGRAM	Persons Served	Total Expenditures	Average Cost Per Client
PATHS	60	\$14,794	\$246.56

MH Screens III-D	100	\$11,956	\$119.56
PEARLS	61	\$10,000	\$163.93
MH Screens CSE	514	\$35,867	\$70.00

4b. Do costs per person appear reasonable? Yes No

If no, please explain:

PROGRAM Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
PATHS	\$104.17	\$108.77	+\$4.60
MH Screens CSE	\$119.56	\$70.00	-\$49.56
PEARLS	\$92.46	\$92.46	\$0* (sessions plus calls)
MH Screens III-D	\$119.56	\$119.56	\$0

4c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost:

4d. Additional Comments on Service Activity and Delivery:

This contract year we had to adapt and be creative due to COVID-19 barriers/restrictions. We made additional calls and made efforts to educate/engage clients in telehealth visits (when appropriate).

III. Targeting Compliance

1. Populations Served

PROGRAM	Projected Number Served	Projected % of Total Served	Actual Number Served	Actual % of Total Served
Low income	65	15.41%	26	21%
Minority	58	13.83%	6	5%
Low Income Minority	17	4.09%	5	4%

Frail/Disabled	111	26.39%	68	57%
Living Alone	115	27.47%	70	58%

1a. Is the PATHS/PEARLS program meeting its targeting goals?

Yes No

1b. If Yes, to what do you attribute your success?

PEARLS and PATHS trained counselors, as well as Care Managers administering MH Screens, are well-trained. Staff see the value of screening for anxiety and depression as well as connecting to MH services.

If No, please state the reason and outline specific action plan to reach the objective:

1c. Additional comments on Targeting:

Historically, the program has found it challenging to reach minority clients due to the stigma of participating in mental health services. Additionally, due to lack of Spanish-speaking staff (small team), there has been a struggle to effectively reach clients who primarily communicate in Spanish.

IV. General Management: Contracts & Services

1. Staffing

1a. Does PATHS/PEARLS have adequate staff to perform the activities required under contract with MCOFA?

Yes No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does PATHS/PEARLS have a training plan designed to assist staff in carrying out assigned tasks?

Yes No

1c. Would a random check of PATHS/PEARLS's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No

1d. Does PATHS/PEARLS comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

1e. Is an EEO sign posted in a prominent location?

Yes No

Where? **Employee Entrance hallway**

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

Such as: **Employee Handbook; Equal Opportunity and Reasonable Accommodations**
Automatic door openers on all entrance and exit doors along with restrooms.
Handicapped accessible restrooms. Hearing loop available in meeting rooms.

1g. Does the PATHS/PEARLS staffing pattern reflect the minority representation in the total population?

Yes No

Staff also participate in cultural competence trainings

1h. Can PATHS/PEARLS document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No

2. Administrative Provisions

2a. Are staff activities consistent with prohibitions against participation in partisan activities?

Yes No

Employee Handbook; Employee Political Activity

2b. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

Employee Handbook; Employee Political Activity

2c. Are the services carried out under MCOFA contract secular in nature?

Yes No

2d. Has PATHS/PEARLS given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes (Eldersource brochure, no specific PATHS/PEARLS brochure) No

Please provide copy of most recent brochure/flyer: Electronic or Print

2e. Does PATHS/PEARLS have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

Lifespan Policy and Procedure Manual – LS 110

2f. What provisions has PATHS/PEARLS made to protect the confidentiality of customer (client) information?

Confidentiality & HIPAA policies are in place and reinforced with staff at meetings, trainings, & during individual supervision. All clients are provided with documents regarding confidentiality and no information is shared without consent from the client. Client records are kept electronically on Peer Place - a highly secure system with HIPAA protections. A service is also in place for confidential document destruction.

2g. Does PATHS/PEARLS have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

Please describe: **Lifespan Policies and Procedures Manual, Policy Client complaints/grievance- 114.**

2h. Does PATHS/PEARLS have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

Please describe: **Both services have satisfaction surveys.**

2i. Policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

Eldersource Policy and Procedure ES-301

2j. Does PATHS/PEARLS make service sites and program information accessible to persons with disabilities?

Yes No

Lifespan Policy and Procedures Manual LS-100

2k. Do accounting records support amounts reported on vouchers and do units of service tie into programmatic reports?

Yes No

2l. Is PATHS/PEARLS compliant with prohibitions on using public funds to support sectarian, political and lobbying activities?

Yes No

3. PeerPlace and ContractHQ Reporting

3a. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via The NYSOFA Data Base PeerPlace, and County Contract HQ.

Primary ContractHQ person: Jody Rowe, COO

Back-up ContractHQ person: Jane Kress, Contract Manager

3b. Please identify any challenges or concerns with completing PeerPlace and/or ContractHQ reporting:

4. Interagency Coordination

4a. Describe PATHS/PEARLS's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Report to the program manager monthly about referrals to partner agencies. PeerPlace does not offer us, in I&A or Health Promotion program paths, a way to track referrals to other agencies/programs unless the target program is also connected to PeerPlace.

4b. Has PATHS/PEARLS worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Please describe coordination and collaboration during this contract year: **Staff that are trained in PATHS/PEARLS make connections to continuing MH/Behavioral Health**

programs such as: Geriatric Addictions Program, CFC MH and other clinics, URM
Older Adults Clinic

5. Performance Outcomes and Enhancements

5a. Satisfaction Surveys

PROGRAM	Projected Percentage of Satisfied Clients	Actual Percentage of Satisfied Clients
Satisfaction surveys	90%	*Due to COVID-19, in person satisfaction surveys were not administered.

5b. Performance Enhancement

Were there any programmatic changes during the year that affected the scope or quality of service?

Yes No

If yes, please describe briefly: **We had to rely more heavily on telehealth and phone calls.**

5c. Please describe plans for continuous program improvement:

Leverage telehealth (when appropriate) especially when client feels in-person sessions are a barrier for continuation. Coordinate services and improve communication between Catholic Family Center and Jewish Family Services through team meetings.

5d. Does PROGRAM solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations?

Yes No

Please describe:

There is a place for comments on the satisfaction survey but we would like to receive more information from minority communities about overcoming service barriers.

V. Assessment Conclusion

AGENCY COMMENTS

Strengths: We prioritized outreaching to screen for anxiety and depression. We recognize the repercussions of the extended period of time that many older adults were isolated from family and friends. Loneliness, isolation and reduced access to medical care increase the risk of depression.

Needs: N/A

MCOFA COMMENTS

Strengths: PATHS/PEARLS is a small but effective program that provides mental health screenings and treatment for anxiety and depression. They are able to target and focus their services on hard-to-reach individuals who may normally be unable or unwilling to access necessary mental health services. The program was able to effectively adapt their services to a telemedicine-type approach in order to continue to reach clients during the COVID-19 pandemic. They will be able to use lessons learned to adapt services to meet the needs and abilities of clients.

Needs: PATHS/PEARLS can strengthen their outreach to minority communities to more effectively reach this population. In addition, the program needs to ensure it is obtaining feedback on client satisfaction even when in-person meetings are not possible. Finally, the program could use assistance in re-assessing the way units are assigned to funding streams in order to simplify unit reporting.

Compliance areas in need of attention: N/A

**Monroe County Department
of Human Services Office
for the Aging 2020-21**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

MONROE COUNTY OFFICE FOR THE AGING

COMMUNITY-BASED SERVICES FOR THE ELDERLY

AS Funded by: Older Americans Act of 2016, As Amended and NYS Funds

Rochester Regional Health System
St. Mary's
Social Adult Day Care Program

Contract Period: 01/01/2020 - 3/31/2021

Amount of Contract: \$183,836

CSE: \$55,296

IIIE: \$128,540

Date of Site Visit: June 28th, 2021

Program Manager: Nonso Nwanze-Ndukwe

MCOFA Monitor: Perry Brown

****NOTE:** Due to COVID-19 the program **closed 3/18/2020**

The SADC Program **reopened** on September 8, 2020

The program was only able to operate at 50% capacity

Closed for 114 work days

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No:

If yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

Yes No:

If No: please describe: N/A

II. Service Activity Review

1. Units of Service

ROCHESTER REGIONAL HEALTH Service	Projected Units	Actual Units	% of projection
Day Care	14,282	8,524	60%
Respite (IIIE)	5,904	1,494	26%

1a. Describe reason(s) for any variances: Did not use all of the funding.

****NOTE:**

2. Projected Persons Served

ROCHESTER REGIONAL HEALTH Service	Projected # of people served	Actual number of persons served	% of projection
Day Care	35	48	137%
Respite	20	12	60%

2a. Describe reason(s) for any variances: ****NOTE:**

3. Service Waiting Lists

ROCHESTER REGIONAL HEALTH Service	Waiting List Maintained?		If Yes, please state the reason (check all that apply)	# of referrals made to other Service Providers since beginning of Program Year
	Yes	No		
Day Care		X	<input type="checkbox"/> Lack of Funding <input type="checkbox"/> Lack of Staff <input type="checkbox"/> Other:	
Respite		X	<input type="checkbox"/> Lack of Funding <input type="checkbox"/> Lack of Staff <input type="checkbox"/> Other: Please Specify:	

4. Expenditures

ROCHESTER REGIONAL HEALTH SERVICES	Total Projected Expenditures	Actual Expenditures	% of Projection
Day Care (CSE)	\$55,296	\$50,400	91%

Respite (III E)	\$128,540	0	0
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3a. Describe reason(s) for any variances: ****NOTE:**

5. Actual Cost Per Person Served

<i>ROCHESTER REGIONAL HEALTH</i> Service	Persons Served	Total Expenditures	Average Cost Per Client	Hours Of Service	Average Cost Per Client-Hour
Day Care	48	\$50,400	\$1,050	10,018	\$9.54
Respite	12	0	0	0	0

5a. Do costs per person appear reasonable? Yes No

If No, please explain:

NOTE: Respite includes Transportation

III. Targeting Compliance

1. Minority Elders Served

<i>ROCHESTER REGIONAL HEALTH</i> Service	% of Minority Elders in Elderly Population in Catchment Area	Total Elders Served	Total Minority Elders Served	% of Minority Elders Among Total Elders Served
Day Care & Respite	10.4%	60	37	61.6%

1a. Is ROCHESTER REGIONAL HEALTH SERVICES meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes No

1b. **If Yes,** to what do you attribute your success? **If No,** please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

Rochester Regional Health is well known in the community for serving people in need and having a commitment to assisting people of minority populations. Since our programs are community based, it is easier for minority elders to access.

If No, Please state the reason and outline specific action plan to reach the objective. (Use a second sheet if necessary)

2. Minority Elders with Low Incomes Served

<i>ROCHESTER REGIONAL HEALTH Service</i>	% of Minority Elders with Low Incomes in Elderly Population In Catchment Area	Total Elders Served	Total Minority Elders with Low Incomes Served	% of Minority Elders with Low Incomes Among Total No. of Elders Served
Day Care & Respite	3.3%	60	17	28.3%

2a. Is ROCHESTER REGIONAL HEALTH meeting its goals of providing services to minority elders with low incomes at least in proportion to their representation in the total elderly population within the service provider’s catchment area?

Yes No.

2b. **If Yes,** to what do you attribute your success?

The community knows our agency and trusts the staff. Our programs are well respected in the minority community. We provide services in a respectful and dignified environment without bias. Cultural Competency is a high priority within our agency as evidenced in our ongoing training program for staff.

If No, > please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary).

3. Elders with the Greatest Economic Need:

<i>ROCHESTER REGIONAL HEALTH</i>	% of Elders with Low Incomes in Elderly Population In Catchment Area	Total Persons Served	Total No of Elders with Low Incomes Served	% of Elders with Low Incomes Among Total Persons Served
Day Care & Respite	14.2%	60	17	28.3%

3a. Is ROCHESTER REGIONAL HEALTH services meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within catchment areas?

 X Yes No

3b. **If Yes**, to what do you attribute your success?

Outreach to all sectors of community - both client and provider population. Our participants are statistically those with the greatest economic need. Successful efforts come from outreach and from providing comprehensive services to those elders in need.

If No, please state the reason and outline specific action plan to reach the objective

4. Elders with the Greatest Social Need Living Alone:

<i>ROCHESTER REGIONAL HEALTH</i>	**% of Elders Living Alone in Elderly Population In Catchment Area	Total Persons Served	Total No of Elders who Live Alone Served	% of Elders who live Alone Among Total Persons Served
Day Care & Respite	27%	60		** 0%

4a. Is ROCHESTER REGIONAL HEALTH SERVICES meeting its goals of providing services to the elderly with the greatest social need at least in proportion to their representation in the total elderly population within the catchment areas?

Yes No

4b. **If Yes**, to what do you attribute your success?

If No, please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary):

****NOTE: The clients eligible for SADC are disabled and/or frail individuals who are unable to live alone.**

5. Frail or Disabled Elders:

<i>ROCHESTER REGIONAL HEALTH</i>	% of Frail or Disabled Elders in Elderly Population In Catchment Area	Total Persons Served	Total No of Frail or Disabled Served	% of Frail or Disabled Elders Among Total Persons Served
Day Care & Respite	26.6%	60	60	100%

5a. Is ROCHESTER REGIONAL HEALTH meeting its goals of providing services to the elderly with frailty or disability's at least in proportion to their representation in the total elderly population within the catchment areas?

Yes No

5b. **If Yes**, to what do you attribute your success?

In order to be eligible for SADC the person must be considered Frail/Disabled, and need assistance with their ADLs and IADLs. The program is recognized by physicians, social workers, families, neighbors, etc., as providing assistance for frail and/or disabled individuals.

1. **If No**, please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

6. ANNUAL SELF ASSESSMENT:

1. Has the annual SADC Program self-assessments been completed per the NYSOFA program Instruction number 15-PI-12?

Yes No

2. Has the annual Self-Certification been completed and submitted electronically per The Department of Health, DOH policy 15.01 (a), Implementation of New SADS Certification Process.

Yes No

IV. General Management: Contracts & Services

1. Staffing;

1a. Does ROCHESTER REGIONAL HEALTH has adequate staff to perform the activities required under contract with MCOFA? **Yes**

1b. Does ROCHESTER REGIONAL HEALTH have a training plan for designed to assist staff in carrying out assigned tasks? **Yes**

1c. Would a random check of ROCHESTER REGIONAL HEALTH'S personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered? **Yes**

1d. Does ROCHESTER REGIONAL HEALTH comply with Affirmative Action and Equal Opportunity Rochester Regional Health guidelines? **Yes**

1e. Is an EEOC sign posted in a prominent location? **Yes**

1 f. Are reasonable accommodations made for staff and volunteers with disabilities? **Yes**

1g. Does the ROCHESTER REGIONAL HEALTH staffing pattern reflect the minority representation in the total population? **Yes**

1h. Can ROCHESTER REGIONAL HEALTH document outreach efforts to recruit targeted individuals to fill vacant positions? **Yes**

1i. Were there any programmatic changes initiated during the grant year that impact the scope or quality of service?

Yes No If Yes (Please describe below)

The constant personnel changes at the SADC locations have an impact on Peerplace reporting (data entry), and financial invoicing. There was no impact on the services provided.

2. NYSOFA Statewide Client Data System Reporting:

1. Identify the **Name and Job Title** of the person(s) responsible for electronic reporting via the NYSOFA Data Base.

Primary at Cornerstone: Nonso Nwanze-Ndukwe: Manager

Primary at St. Bernard's: Nonso Nwanze-Ndukwe: Manager

Primary at St. Mary's: Nonso Nwanze-Ndukwe: Manager

3. Administrative Provisions:

1. Are staff activities consistent with prohibitions against participation in partisan activities? **Yes**

2. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another? **Yes**

3. Are the services carried out under MCOFA contract secular in nature? **Yes. However, religious activities are available for those that want to participate.**

4. Has ROCHESTER REGIONAL HEALTH given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes No

If No, please briefly discuss plan for complying.

5. Does ROCHESTER REGIONAL HEALTH have a written policy regarding retention of all MCOFA contracted program and fiscal records

for six (6) years? **Rochester Regional Health has been maintaining records for 6 years.**

6. What provisions has ROCHESTER REGIONAL HEALTH made to protect the confidentiality of customer (client) information?

Service records are treated as confidential, and are not disclosed or released except as authorized by Federal and State laws and regulation, or pursuant to court order. (HIPPA)

7. Does ROCHESTER REGIONAL HEALTH have a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services? **Yes**

8. Does ROCHESTER REGIONAL HEALTH have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services? **Yes**

9. Does ROCHESTER REGIONAL HEALTH have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel? **Yes** At resident council meetings, quarterly program surveys and annually during a formalized administration of a customer satisfaction survey.

10. Does ROCHESTER REGIONAL HEALTH have a policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs? **Yes**

11. Does ROCHESTER REGIONAL HEALTH make service sites and program information accessible to persons with disabilities? **Yes**

12. Does Rochester Regional Health provide access to persons with Limited English Proficiency) LEP) as outlined by Federal Executive Order 13166 and Governor Cuomo's Statewide Language Access Policy. **Yes**

If No please state reason and outline specific action plan to reach the objective.

4. Interagency Coordination:

1. Describe ROCHESTER REGIONAL HEALTH'S procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

As requested or required, the program manager or designee of the program would assist customers with arranging for assistance from other organizations. This could constitute making telephone calls, arranging for visits, assisting with paperwork completion, etc.

2. Has ROCHESTER REGIONAL HEALTH worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort? **Yes**

Check as many as apply to ROCHESTER REGIONAL HEALTH's coordinative efforts (please include examples):

- Participation in interagency meetings to plan and coordinate services
- Coordination of funding proposals with other human services organizations
- Coordination of referrals and follow-up transactions with other local service providers
- Memos of Understanding or similar agreement with other organizations
- Development and implementation of a central assessment unit for services carried out by multiple agencies.
- Working with other providers to update information of available services and eligibility

Other coordination activities:

5. Service Promotion & Marketing:

1. Indicate what regular means ROCHESTER REGIONAL HEALTH employs to disseminate information to the public and approximately how often this occurs:

Indicate Frequency	Weekly	Monthly	Annually	Other: (Please specify)
Newsletters		X		Activity calendars and menus
Radio: Public Service Announcements				As arises
Radio: Programming				As arises

Television: Public Service Announcements				As arises
Television: Programming				
Public Presentations			X	Marketing venues when invited in catchment area and throughout Monroe Co.
Brochures/Pamphlets		X		Continually
Other: monthly marketing meetings for HCBS		X		Health fair, Direct Mail, Meetings with physicians and other providers
Marketing personnel dedicated to Rochester Regional Health HCBS				Continually

2. What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?

Please check all that apply:

- Used Census or other data to identify target communities
- Translated program brochures and pamphlets into appropriate languages
- Sent mailings to target population
- Sent newsletters or announcements to organizations that serve minority populations, disabled populations
- Publicized services through press releases, radio, television and local publications
- Located service delivery centers/offices in target communities

Encouraged persons served to tell friends and neighbors of available services

Sought out/accepted local speaking engagements to meetings/conferences sponsored by associations or other organizations that include minorities

Included minority staff and interns in local programs or in conducting outreach

Coordinate with other agencies which serve low income families in order to identify elders who may be in need of services

Encouraged persons served to tell friends and neighbors of available services

Additional activities or strategies used to target services to low-income minority elders,

Please Specify: **Black History Month luncheon; Annual Family/Community Black Tie Ball**

3. Does ROCHESTER REGIONAL HEALTH solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations? **Yes, each year the participants and caregivers of the program are given a formalized patient satisfaction survey called "My Innerview" to solicit input from those that are served. This survey is administered by an outside agency. Further, at the local organizational level, the participants are surveyed on a quarterly basis for their satisfaction. In addition, (monthly) the programs hold resident council meetings at the program to gather feedback on ways to make services more accessible and appealing.**

ROCHESTER REGIONAL HEALTH INVENTORY CONTROL:

Equipment Inventory:

Use of equipment purchased with federal and state funds is for the chief benefit of the elderly. A check of the equipment purchased with NYSOFA funds is available, in use, tagged and coded as property of the MCOFA or subcontractor, and is listed on an inventory identifying its funding source.

1. Does ROCHESTER REGIONAL HEALTH maintain sufficient documentation for equipment purchased with MCOFA funds?

Yes No

2. Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property?

Yes No

3. Were there any purchases or disposals during the grant year involving MCOFA funds?

No

If yes, Please complete the attached Excel Inventory form for Equipment purchased, and return to the MCOFA.

V. Assessment Conclusion

Overall assessment of the strengths of the Program:

Both the participants and caregivers involved within the programs benefit from the support given. Functionally impaired participants are supported by such services as personal care, meals, activities and socialization. Caregivers benefit from the respite provided from their various caregiver roles.

Monroe County Office for the Aging:

Dedicated professional staff, Visionary, proactive agency, Collaboration focused, well respected in the community, and ongoing training/professional development.

**Monroe County Department of
Human Services' Office for the
Aging**

2020-2021

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY**
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

LIFESPAN
Caregiver Resource Center (CRC)

Contract Period: 1/1/2020- 3/31/2021

**Funding Source: NYS Caregiver Resource Center (CRC)
Title III-E Federal Caregiver**

Amount of Contract: \$58,679

Date of Site Visit: 6/11/2021
MCOFA Monitor: April Ernisse
President/CEO: Ann Marie Cook
Program Contact: Jody Rowe/Katy Allen, COO and Director for
Finger Lakes Caregiver Institute
585-244-8400
jrowe@lifespan-roch.org and
katy.allen@lifespan-roch.org

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No

If Yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

II. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
Caregiver Services – I&A or Support Groups	541	412	76%
Caregiver Services - Education	1620	1628	100%+

1a. Describe reason(s) for any variances: The pandemic impacted our ability to provide services to caregivers throughout 2020. Many CGs were reluctant to connect when the pandemic first began. We also didn't count here the hundreds of calls we made TO CGs in our database to check in on them, ensure they had food, delivered food, etc.

2. Persons Served

PROGRAM	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
CRC	1215	857	71%

2a. Describe reason(s) for any variances: Due to the very quick shift to virtual training due to Covid, we did not have systems in place to collect data from participants for aggregate events for much of 2020 outside of PTC. We were focused on reaching Caregivers and Care receivers and wanted to get programming up and running as quickly as possible. We do have PTC unduplicated clients and that is included in the count above. We have been able to put in place registration data collection as well as actual participation so we can now track participants for all virtual sessions and keep an unduplicated count.

3. Service Waiting Lists

Service	Waiting List Maintained?		Average number of clients waiting for services per month	Which services are clients waiting for?
	Yes	No		
Caregiver Services	Yes		8	PTC classes primarily

3a. Comments: Individuals waiting for Powerful Tools for Caregivers classes

4. Expenditures

Funding Source	Total Projected Expenditures	Actual Expenditures	% of Projection
CRC	\$17,679	\$17,678.99	100%
III-E	\$54,667	\$57,658.62	105%

4a. Describe reason(s) for any variances:

Service	Actual Persons Served	Actual Total Expenditures	Average Cost Per Client
Caregiver Services	1815*	\$75,337.61	\$41.15

4b. Do costs per person appear reasonable? Yes No

*Number of Actual served may include some duplicates, as participants of aggregate events were also included.

If no, please explain:

Funding Source	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
CRC	\$32.68	\$42.91	+\$10.23
III-E	\$33.75	\$42.12	+\$8.37

4c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost:

4d. Additional Comments on Service Activity and Delivery:

III. Targeting Compliance

1. Populations Served

CRC	Projected Number Served	Projected % of Total Served	Actual Number Served	Actual % of Total Served
Low income	188	15.5%	20	*
Minority	168	13.83%	19	*
Low Income Minority	50	4.09%	5	*
Frail/Disabled	320	26.39%	15	*
Living Alone	334	27.47%	13	*

1a. Is CRC, the Community Service Provider, meeting its targeting goals? N/A

Due to Covid, we were unable to collect data on a large number of people.

Yes No – see below

1b. If Yes, to what do you attribute your success?

If No, please state the reason and outline specific action plan to reach the objective:

Due to Covid, we were unable to collect data from a large number of clients. The information above is based on the data we do have, but we know the numbers are higher than posted.

1c. Additional comments on Targeting:

Challenges include targeting Asian and Pacific Islander population, Spanish speaking individuals.

Prior to COVID, had good connections to Black churches. CRC staff attends RADD meetings (Aging and Developmental Disabilities) to share Powerful Tools for Caregivers information.

IV. General Management: Contracts & Services

1. Staffing

1a. Does CRC have adequate staff to perform the activities required under contract with MCOFA?

Yes No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does CRC have a training plan designed to assist staff in carrying out assigned tasks?

Yes No

1c. Would a random check of CRC's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No

1d. Does CRC comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

1e. Is an EEO sign posted in a prominent location?

Yes No

Where? Employee hallway.

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

Such as: Accessible building and bathrooms, loop for people with hearing loss in meeting rooms, sign language interpreters available upon request, webinars are captioned. Other accommodations can be made upon request.

1g. Does the CRC staffing pattern reflect the minority representation in the total population?

Yes No

1h. Can CRC document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No

2. Administrative Provisions

2a. Are staff activities consistent with prohibitions against participation in partisan activities?

Yes No

2b. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

2c. Are the services carried out under MCOFA contract secular in nature?

Yes No

2d. Has CRC given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes No

2e. Does CRC have a written policy regarding the use of ancillary funding?

Yes No

2f. Does CRC have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

2g. What provisions has CRC made to protect the confidentiality of customer (client) information?

All paper files are kept locked and only appropriate staff have access to the key. Electronic files are all secure. Our IT manager ensures we have secure electronic files. Also, required password changes are built into the system in a timely manner, computers have two factor authorization, computers must be locked when staff step away and all monitors/laptop screens have privacy protectors for staff in open areas. Staff complete Corporate Compliance training annually as well, which reviews confidentiality rules, as well policies and procedures around document and information safety and security.

2h. Does CRC have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

2i. Does CRC have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

Please describe: Participants in all classes and Education sessions are provided a survey to complete. Survey results are regularly reviewed and the information is used for continuous program improvement.

2j. Policy and procedure in place to ensure that only eligible customers/clients are served in MCOFA contracted programs?

Yes No

2k. Does CRC make service sites and program information accessible to persons with disabilities?

Yes No

2l. Do accounting records support amounts reported on vouchers and do units of service tie in to programmatic reports?

Yes No

2m. Is CRC Compliant with prohibitions on using public funds to support sectarian, political and lobbying activities?

Yes No

3. PeerPlace and ContrackHQ Reporting

3a. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via The NYSOFA Data Base PeerPlace, and County Contract HQ.

Primary ContrackHQ person: Eve Moses, CG Coordinator and Linda James, Relatives Raising Children Coordinator

Back-up ContrackHQ person: Katy Allen, FLCI Director

3b. Please identify any challenges or concerns with completing PeerPlace and/or ContrackHQ reporting: We have had a difficult time getting Katy Allen onto the HCS system. The problems have been resolved, but it did delay data entry.

4. Interagency Coordination

4a. Describe CRC's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

When we make referrals to external providers, this is case noted in the electronic file. The CG Specialist sets reminders to check back to ensure referrals have gone through, clients have followed through. We use ticklers in Peer Place, calendar reminders and more to stay organized and track clients and services.

4b. Has CRC worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Please describe coordination and collaboration during this contract year:

We meet regularly with staff from CFC's Kinship Navigator and Kinship Care programs. We co-market activities and ensure we aren't duplicating efforts.

We meet regularly with NYSCRC Director, Doris Green to ensure we aren't duplicating Powerful Tools for Caregivers or other webinar or in-person education efforts.

CRC is now under the FLCI umbrella at Lifespan. As such, there is constant collaboration, partnering and working closely with the FLCI team.

5. Performance Outcomes and Enhancements

5a. Satisfaction Surveys

CRC	2020-2021 Projected Percentage of Satisfied Clients	2020-2021 Actual Percentage of Satisfied Clients
Satisfaction surveys	95%	97%

5b. Performance Enhancement

Were there any programmatic changes during the year that affected the scope or quality of service?

Yes No

If yes, please describe briefly: Long-time CRC Director Cindy Steltz retired Fall 2020. CRC was moved under the umbrella of the Finger Lakes Caregiver Institute (FLCI) and the direction of Katy Allen, FLCI Director. Staff person, Eve Moses remained in her position and we added staff person Linda James to oversee the Relatives Raising Children program.

Due to COVID-19, support groups were paused. Powerful Tools for Caregivers classes were briefly delayed, but were quickly and successfully moved to an online format. Virtual programming worked very well for some participants, but was challenging for others. CRC staff checked in with every caregiver recently associated with CRC in order to check on any basic needs due to COVID.

Please describe plans for continuous program improvement:

We utilize all data collected, in particular surveys and evaluations to inform improvement. Data is reviewed after each workshop or class and then quarterly as part of reporting. This

way we can see data immediately and also have a regularly set quarterly review to look at trends. We take all of this information and use it for planning and improvement.

5c. Does CRC solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations?

Yes No

Please describe: We regularly seek feedback from all clients and we review all marketing materials. The FLCI Director sits on the Diversity, Equity & Inclusion Committee at Lifespan and as such is actively engaged in making sure the program is diverse and inclusive. An example this year of how client feedback informed programming: all webinars now utilize captioning to help folks with hearing loss more fully participate. This came as a result of feedback directly from clients.

V. Assessment Conclusion

AGENCY COMMENTS

Strengths: Being a part of the larger FLCI Caregiver services team brings great benefits to CRC including easier collaboration and communication. Cindy's long history and experience ensured that CRC became the amazing program that it is today. Eve Moses transitioning following Cindy's retirement is a real plus as it allows for continuity and the ability to keep historic knowledge with the program.

Being able to smoothly and quickly transition to virtual programming was a huge strength for Lifespan when the pandemic hit. While we are down a little in our I&A units, we didn't miss a beat with Education/CG Training. This was a direct result of being able to collaborate with other programs and CG staff at Lifespan.

Needs: With CRC new to the FLCI Director, having time to learn and understand the intricacies of CRC and Title III-E funding and reporting simply takes time.

MCOFA COMMENTS

Strengths: CRC is a small but important program that serves caregivers of all types in the Monroe County area. They were able to nimbly transition to virtual programming for educational services during the COVID-19 pandemic, as well as reach out to caregivers to provide them connection to basic needs. They will be able to continue to grow and expand their ability to provide services under the new umbrella of FLCI.

Needs: As mentioned above, the transition of a new CRC Director brought challenges in transitioning the program under the umbrella of FLCI. MCOFA will continue provide guidance and technical support regarding program and NYSOFA requirements. Additionally, there are upcoming changes to III-E Caregiver funding requirements from NYSOFA. MCOFA will provide guidance and technical assistance in this area.

Compliance areas in need of attention: N/A

**Monroe County Department of
Human Services' Office for the
Aging**

2020-2021

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY**
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

CATHOLIC FAMILY CENTER
Elderly Community Outreach (ECO)

Contract Period: 4/1/2020- 3/31/2021

Funding Source: NY State CSE

Amount of Contract: \$153,964

Date of Site Visit: 6/22/2021
MCOFA Monitor: April Ernisse
President/CEO: Marlene Bessette
Program Contact: Jennifer McDermott, Director, Aging & Adult
Services Department
(585) 546-7220 x4002
(585) 454-6286 (Fax)
jmcdermott@cfcrochester.org

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No

If Yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

II. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
Information & Assistance (I&A)	2829	3710	131%

1a. Describe reason(s) for any variances: Staff were diligent about documenting every interaction.

Service	Projected Units	Actual Units	% of Projection
Public Education	45	36	80%

1b. Describe reason(s) for any variances:

Pandemic disrupted community gatherings for longer than anticipated.

2. Persons Served

PROGRAM	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
ECO	600	522	87%

2a. Describe reason(s) for any variances:

Less people than projected were served but the intensity of the service per person was higher resulting in more I&A Contacts.

3. Service Waiting Lists

PROGRAM	Waiting List Maintained?		Average number of clients waiting for services per month	Which services are clients waiting for?
	Yes	No		
ECO		x	May be delay in scheduling of 1:1 visits but most clients are still contacted within deadline.	Scheduling of home visits.

3a. Comments:

4. Expenditures

PROGRAM	Total Projected Expenditures	Actual Expenditures	% of Projection
ECO	\$153,964	\$147,445	95.7%

4a. Describe reason(s) for any variances:
Vacancy of a case manager position.

PROGRAM	Persons Served	Total Expenditures	Average Cost Per Client
ECO	522 (plus many people at the presentations)	\$147,445 (MCOFA funds)	\$282.46

4b. Do costs per person appear reasonable? Yes No

If no, please explain:

This amount is reasonable, especially if the intervention increased their income or decreased their expenses ongoing or helped to delay a move to a higher level of care.

Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
I&A	\$62.98	\$50.81	-\$12.11
Public Education	\$600	\$218.44	-\$381.56

4c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost: Mailings for Public Education units resulted in lower costs than in-person gatherings.

4d. Additional Comments on Service Activity and Delivery:

In the early months of the COVID-19 pandemic, I&A contacts were switched from phone contacts rather than in-person visits. Home visits were then adapted to ensure safety, including providing PPE to clients and staff, doing temperature checks, and meeting outside for “porch visits. Additionally, Public Education was largely conducted via mailings due to restrictions on gatherings.

III. Targeting Compliance

1. Populations Served

ECO	Projected Number Served	Projected % of Total Served	Actual Number Served	Actual % of Total Served
Low income	93	15.51%	222	42%
Minority	82	13.83%	141	27%
Low Income Minority	25	4.09%	83	15.9%
Frail/Disabled	158	26.39%	230	44%
Living Alone	165	27.47%	270	51.7%

1a. Is ECO, the Community Service Provider, meeting its targeting goals?

Yes No

1b. If Yes, to what do you attribute your success?

Effective operations of a long standing program. Stable staff and well known community presence.

If No, please state the reason and outline specific action plan to reach the objective:

1c. Additional comments on Targeting:

IV. General Management: Contracts & Services

1. Staffing

1a. Does ECO have adequate staff to perform the activities required under contract with MCOFA?

Yes No But the community demand for this type of assistance is high.

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does ECO have a training plan designed to assist staff in carrying out assigned tasks?

Yes No Yes, there is an extensive orientation, ongoing monthly trainings at program meetings, personal development opportunities, and in-person support.

1c. Would a random check of ECO personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No – this information is not kept in the personnel files but in program meeting minutes. All staff receive at least 16 hours of in-service/workshop training a year per agency policy. There is a compiled list of trainings attended by team members that is kept by Lifespan.

1d. Does ECO comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

1e. Is an EEO sign posted in a prominent location?

Yes No

Where? Staff lounge

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

Such as: equipment, ramps, braille signs, large monitors, HR support, ergonomic evaluations etc.

1g. Does the ECO staffing pattern reflect the minority representation in the total population?

Yes No – not in this small program but across the department and agency it does.

1h. Can ECO document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No Yes, the Human Resources Department can outline their recruitment efforts.

2. Administrative Provisions

2a. Are staff activities consistent with prohibitions against participation in partisan activities?

Yes No

2b. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

2c. Are the services carried out under MCOFA contract secular in nature?

Yes No

2d. Has ECO given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes No

2e. Does ECO have a written policy regarding the use of ancillary funding?

Yes No (Department policy)

2f. Does ECO have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No (Agency wide expectation is 7 years)

2g. What provisions has ECO made to protect the confidentiality of customer (client) information?

Staff training, agency/dept policies, compliance officer, hotline, protected equipment and databases.

2h. Does ECO have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

2i. Does ECO have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

Please describe: To measure satisfaction, we provide each client (older adult) with a satisfaction survey after the intervention and a postage paid envelope. A response of Excellent, Very Good, or Good is considered success in response to the question: "Please rate the helpfulness of the information we provided you in solving your problem". And we also ask and report the results of the question, "Would you recommend Eldersource(/ECO) to a friend?"

2j. Policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

2k. Does ECO make service sites and program information accessible to persons with disabilities?

Yes No

2l. Do accounting records support amounts reported on vouchers and do units of service tie in to programmatic reports?

Yes No

2m. Is ECO compliant with prohibitions on using public funds to support sectarian, political and lobbying activities?

Yes No

3. PeerPlace and ContrackHQ Reporting

3a. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via The NYSOFA Data Base PeerPlace, and County Contract HQ.

Primary ContrackHQ person: Bertha Kennedy, Administrative Assistant

Back-up ContrackHQ person: Christine Peck, Director of Case Management

3b. Please identify any challenges or concerns with completing PeerPlace and/or ContrackHQ reporting:

Gathering data about the people attending the public education presentations is difficult and time consuming. We have had a very low response of surveys. While the individual presenter benefits from immediate personal feedback from the attendees, the aggregate data is not being used to improve services. It is important to make sure we are reaching the demographics of the general population but the results are not accurate because of duplicity of people attending more than one event. This information is not needed in the reporting to the state but of course we do need to somehow track the impact of the intervention.

4. Interagency Coordination

4a. Describe ECO's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

The purpose of providing I&A is to link people to services so most interactions involve this task. The tracking is in the case notes of the individual's chart. If a referral is made to another agency or service connected in Peerplace then the aggregate number of referrals might be able to be tallied for a specific service.

4b. Has ECO worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Please describe coordination and collaboration during this contract year:
ECO/Eldersource coordinates of course between CFC and Lifespan and their many other programs for the operations of the service. Collaboration between other agencies and providers occur with Peerplace, EISEP Community Collaboration, various training opportunities, local senior nutrition sites, GRAPE, advisory boards, LTCC, Aging Alliance, and DHS.

5. Performance Outcomes and Enhancements

5a. Satisfaction Surveys

ECO	2020-21 Projected Percentage of Satisfied Clients	2020-21 Actual Percentage of Satisfied Clients
Satisfaction surveys	95%	99%

5b. Performance Enhancement

Were there any programmatic changes during the year that affected the scope or quality of service?

Yes No

If yes, please describe briefly:

The pandemic prevented group gatherings for longer than anticipated so the projections of public education units was too high. Previously, many public education presentations

were done at Senior Centers, which were closed during the pandemic. The program compensated with virtual presentations and targeted mailings.

Please describe plans for continuous program improvement:

This is the final report from CFC because Lifespan is taking over the operation of the ECO program. CFC will be assisting with the provision of public education events. The transition was smooth and the existing CFC staff became Lifespan employees.

5c. Does ECO solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations?

Yes No

Please describe: We have an Advisory Committee for the Aging Services department that includes older adults and minority members. CFC would love input from MCOFA how to do this more effectively to improve our survey. The agency is involved in an initiative to educate staff about Trauma Informed Care and improve all services within this framework and also has a strong and active Racial Equity committee.

V. Assessment Conclusion

AGENCY COMMENTS

Strengths: Collaborative, use of technology, professionalism of staff, and ongoing training opportunities are the strengths of this program. Also the access to the larger agency's programs and services is beneficial.

Needs: Assistance with the transition to Lifespan as the sole provider of the services.

MCOFA COMMENTS

Strengths: ECO, under Catholic Family Center, was a strong supplemental program that worked collaboratively with Lifespan's Eldersource program and provided public education and outreach to older adults in Monroe County. ECO was able to adapt to the challenges of the COVID-19 pandemic to provide effective I&A and Public Education services to older adults in the community. CFC will continue to be able to provide expertise as needed to Lifespan in the ECO transition.

Needs: As stated above, transitioning the ECO program to Lifespan. MCOFA will provide guidance and technical assistance as needed during this transition.

Compliance areas in need of attention: N/A

**Monroe County Department of
Human Services' Office for the
Aging**

2020-2021

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY**
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

LIFESPAN
Eldersource

Contract Period: 1/1/2020- 3/31/2021

**Funding Sources: Federal Title III-E Caregiver, NYS Community
Services for the Elderly (CSE), Monroe County Department of
Human Services***

Amount of Contract: \$284,696*

Date of Site Visit: June 21, 2021
MCOFA Monitor: April Ernisse
President/CEO: Ann Marie Cook
Program Contact: Christine Peck, Director of Social Work Care
Coordination
(585) 244-8400 ext. 155
cpeck@lifespan-roch.org

*Evaluation for CARES Act funding included as addendum to this document.

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No

If Yes, were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

II. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
I&A (older adults and caregivers)	6500	9702	149%

1a. Describe reason(s) for any variances:

2. Persons Served

PROGRAM	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
Eldersource	1850	1876	101%

2a. Describe reason(s) for any variances:

3. Service Waiting Lists

PROGRAM	Waiting List Maintained?		Average number of clients waiting for services per month	Which services are clients waiting for?
	Yes	No		
Eldersource	X		3 (Jan-Mar)	I&A Home Visit

3a. Comments:

4. Expenditures

PROGRAM	Total Projected Expenditures	Actual Expenditures	% of Projection
Eldersource	\$284,696	284,696	100%

4a. Describe reason(s) for any variances:

PROGRAM	Actual Number of Persons Served	Actual Expenditures	Average Cost Per Client
Eldersource	1876	284,696	151.75

4b. Do costs per person appear reasonable? Yes No

If no, please explain:

Eldersource Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
I&A	\$55.05	\$48.58	\$6.47

4c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost: Remained within 10% of projection.

4d. Additional Comments on Service Activity and Delivery:

III. Targeting Compliance

1. Populations Served

Eldersource	Projected Number Served	Projected % of Total Served	Actual Number Served	Actual % of Total Served
Low income	287	15.51%	615	32%
Minority	256	13.83%	281	15%

Low Income Minority	76	4.09%	192	10%
Frail/Disabled	488	26.39%	577	31%
Living Alone	508	27.47%	729	39%

1a. Is Eldersource, the Community Service Provider, meeting its targeting goals?

Yes No

1b. If Yes, to what do you attribute your success?

This contract period we served the most vulnerable in our community. The COVID-19 pandemic was most devastating to our oldest adults. Underserved adults needed the most attention to basic needs such as access to food and medication. Our older adults became more isolated than ever and needed additional outreach/support.

If No, please state the reason and outline specific action plan to reach the objective:



1c. Additional comments on Targeting:

Eldersource staff found reaching a diverse population to be easier during the COVID-19 pandemic due to an increased need for basic necessities. People were more isolated, so they were more receptive to assistance and more willing to reach out for help.

IV. General Management: Contracts & Services

1. Staffing

1a. Does Eldersource have adequate staff to perform the activities required under contract with MCOFA?

Yes No

If no, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does Eldersource have a training plan designed to assist staff in carrying out assigned tasks?

Yes No

1c. Would a random check of Eldersource's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No

1d. Does Eldersource comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

1e. Is an EEO sign posted in a prominent location?

Yes No

Where? **Employee entrance hallway.**

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

Such as: **Employee Handbook; Equal Opportunity and Reasonable Accommodations**

- **Automatic door openers on all entrance and exit doors along with restrooms. Handicapped accessible restrooms. Hearing loop available in meeting rooms**

1g. Does the Eldersource staffing pattern reflect the minority representation in the total population?

Yes No

Eldersource staff also participate in cultural competence trainings.

1h. Can Eldersource document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No

Recruiting bilingual CM's.

2. Administrative Provisions

2a. Are staff activities consistent with prohibitions against participation in partisan activities?

Yes No

Employee Handbook; Employee Political Activity

2b. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

Employee Handbook; Employee Political Activity

2c. Are the services carried out under MCOFA contract secular in nature?

Yes No

2d. Has Eldersource given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes No

Please provide copy of most recent brochure/flyer: Electronic or Print

2e. Does Eldersource have a written policy regarding the use of Ancillary funding?

Yes No

2f. Does Eldersource have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

Lifespan Policy and Procedure Manual – LS 110

2g. What provisions has Eldersource made to protect the confidentiality of customer (client) information?

Confidentiality & HIPAA policies are in place and reinforced with staff at meetings, trainings, & during individual supervision. All clients are provided with documents regarding confidentiality and no information is shared without consent from the client. Client records are kept electronically on Peer Place - a highly secure system with HIPAA protections. A service is also in place for confidential document destruction.

2h. Does Eldersource have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

Please describe:

- **Lifespan Policies and Procedures Manual, Policy Client complaints/grievance- 114.**

2i. Does Eldersource have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

Please describe:

Paper customer satisfaction survey and an online (constant contact) survey.

2j. Policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

➤ **Eldersource Policy and Procedure ES-301**

2k. Does Eldersource make service sites and program information accessible to persons with disabilities?

Yes No

➤ **Lifespan Policy and Procedures Manual LS-100**

2l. Do accounting records support amounts reported on vouchers and do units of service tie in to programmatic reports?

Yes No

2m. Is Eldersource compliant with prohibitions on using public funds to support sectarian, political and lobbying activities?

Yes No

3. PeerPlace and ContrackHQ Reporting

3a. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via The NYSOFA Data Base PeerPlace, and County Contract HQ.

Primary ContrackHQ person: Jody Rowe, COO

Back-up ContrackHQ person: Jane Kress, Contract Manager

3b. Please identify any challenges or concerns with completing PeerPlace and/or ContrackHQ reporting: N/A

4. Interagency Coordination

4a. Describe Eldersource's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

Through client care plans and CM's also report to the program manager monthly about referrals to partner agencies. PeerPlace does not offer us, in I&A program paths, a way to track referrals to other agencies/programs unless the target program is also connected to PeerPlace.

4b. Has Eldersource worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Please describe coordination and collaboration during this contract year:

Referrals are made to agencies and programs within the Aging Services Network including but not limited to: The Alzheimer’s Association; Community Place of Rochester; IBERO; Jewish Family Services; LawNY; Certified and Licensed Home Care Agencies; Medicaid Managed LTC programs; Companion Care agencies; Loan Closets through Town/Volunteer Ambulance or Lions Clubs; Catholic Family Center Emergency and Shelter Services; County Nutrition Sites and more.

5. Performance Outcomes and Enhancements

5a. Satisfaction Surveys

Eldersource	2020-2021 Projected Percentage of Satisfied Clients	2020-2021 Actual Percentage of Satisfied Clients
Satisfaction surveys - General	95%	100% (114/114)
Satisfaction surveys - Caregivers	90%	94% (28/29)

Comments:

5b. Performance Enhancement

Were there any programmatic changes during the year that affected the scope or quality of service?

Yes No

If yes, please describe briefly:

COVID-19. Eldersource as a program and Lifespan as an agency realized what can be achieved in the face of adversity. We adapted quickly, created new home visitation safety protocols, never stopped serving older adults, leveraged technology, advocated for human rights, provided education and guidance about health/safety measures, addressed social isolation/loneliness, assisted with stimulus check education, disseminated animatronic pets from NYSOFA, arranged vaccination clinics/ transportation to sites and more.

Please describe plans for continuous program improvement:

Continuing to utilize technology in a new way. We believe this will help us connect even better with working caregivers. Continue implementation of pieces of the updated home visitation safety protocols.

5c. Does Eldersource solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations?

Yes No

Please describe: **We welcome feedback on our customer satisfaction surveys and direct communication with clients/family members. We are also reviewing our Spanish version of the customer satisfaction survey to ensure consistency/accuracy.**

V. Assessment Conclusion

AGENCY COMMENTS

Strengths: Eldersource and its parent agencies have the recognition and respect of this community. We remain the go-to resource for older adults and caregivers that need detailed information, guidance and assistance both in-person and telephonically. This past contract period has proven our ability to quickly adapt and expertly serve the most vulnerable in our community.

Needs: N/A

MCOFA COMMENTS

Strengths: Eldersource is a well-established program within the community, serving older adults and caregivers through information and assistance. Eldersource was able to effectively adapt to the challenges of the COVID-19 pandemic (see more below).

Needs: Technical assistance in transitioning to new Lifespan PeerPlace database as it relates to the NYSOFA HCS PeerPlace system. Review upcoming changes to Title III-E Caregiver service definitions and provide technical assistance as needed.

Compliance areas in need of attention: N/A

**Monroe County Department of
Human Services' Office for the
Aging
2021**

**ANNUAL PROGRAM AND SERVICE ASSESSMENT -
COVID19 ADDENDUM**

**MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY**
As Funded by: Older Americans Act of 2016, As Amended and NYS Funds

LIFESPAN
Eldersource

Contract Period: 3/20/2020- 3/31/2021
Funding Sources: CARES ACT FCC3 Funding
Amount of Contract: \$45,422

Date of Site Visit: June 21, 2021
MCOFA Monitor: April Ernisse
President/CEO: Ann Marie Cook
Program Contact: Christine Peck, Director of Social Work Care
Coordination
(585) 244-8400 ext. 155
cpeck@lifespanspan-roch.org

I. Service Activity Review

1. Units of Service

Service	Projected Units	Actual Units	% of Projection
I&A (older adults and caregivers)	825	3056	370%

1a. Describe reason(s) for any variances:

2. Persons Served

PROGRAM	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
Eldersource	200	1102	551%

2a. Describe reason(s) for any variances:

3. Expenditures

PROGRAM	Total Projected Expenditures	Actual Expenditures	% of Projection
Eldersource	\$45,422	\$45,422	100%

3a. Describe reason(s) for any variances:

PROGRAM	Actual Number of Persons Served	Actual Expenditures	Average Cost Per Client
Eldersource	1102	\$45,422	\$41.21

3b. Do costs per person appear reasonable? Yes No

If no, please explain:

Eldersource Service	Projected Unit Cost	Actual Unit Cost	Difference (+/-)
I&A	\$55.05	\$15.00	-\$40.05

3c. Please explain any difference in Projected Unit Cost compared to Actual Unit Cost: The large number of units provided accounts for the lower unit cost.

3d. Additional Comments on Service Activity and Delivery:

4. COVID-19 Services - Conclusion

Agency Comments - Eldersource was able to adapt services in the following ways: switched services from in-person to phone or virtual contacts, delivered food and groceries, assisted with prescription costs and delivery, and educated participants on virtual access. Eldersource reached out to previously served clients to assess any emergency needs that emerged as a result of COVID-19 and assisted with meeting those needs and providing resources. Eldersource also streamlined their verbal consent process, which became an important necessity during the pandemic.

MCOFA Comments – As stated above, Eldersource was able to effectively adapt to meet the needs of older adults and caregivers during the COVID-19 pandemic. They adapted service delivery methods as well as what services were offered to help to meet basic needs that resulted from isolation, illness, and other COVID-19 challenges.

Monroe County Office for the Aging

Program Evaluation and Contract Compliance 2020-2021

ANNUAL PROGRAM AND SERVICE ASSESSMENT

MONROE COUNTY OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

AS Funded by: Older Americans Act of 2016, As Amended and NYS Funds

CATHOLIC FAMILY CENTER PROGRAM ASSESSMENT

Expanded In-home Services for the Elderly Program

(EISEP)

Contract Period: 4/1/2020- 3/31/2021

Amount of Contract: \$2,094,909

Date of Site Visit:	July 16, 2021
MCOFA Monitor:	Perry M. Brown Jr.
Dept. Director:	Jennifer McDermott
Assoc. Dept. Director:	Virginia Clark

I. Past performance/Previous recommendations

1. Review Findings

Were there findings from the prior or current year monitoring that required corrective actions to address areas of non-compliance?

Yes No

Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed?

NA

II. Service Activity Review

1. Units of Service

<i>CFC Service</i>	Projected Units	Actual Units	% of Projection
EISEP	16110	16301.75	101%

1a. Describe reason(s) for any variances:

On target. (Verified by Peerplace)

2. Projected Persons Served

<i>CFC Service</i>	Projected No. of Persons Served	Actual Unduplicated Number of Persons Served	% of Projection
EISEP	575	574	99.8%

2a. Describe reason(s) for any variances:

On target.

3. Service Waiting Lists

CFC Service	Waiting List Maintained?		If Yes, please state the reason (check all that apply)	# of referrals made to other Service Providers since beginning of Program Year
	Yes	No		
EISEP	√		<input checked="" type="checkbox"/> Lack of Funding <input checked="" type="checkbox"/> Lack of PCA's <input checked="" type="checkbox"/> Other: Location of client's home is a factor. Some towns/villages are more difficult to find aides for than others. Flexibility of client (or lack of) is also a factor. COVID 19	300+ (estimated)

Once enrolled, there is usually a wait to receive in-home services (both PCAI and PCAII, but PCAII is more significant) from the contracted aide agencies. This is primarily due to lack of sufficient numbers of in-home aides. Additionally, aide agency priority is for cases that pay higher rates (Medicaid/Medicare/private pay) than EISEP rates.

This year, we also had a waitlist due to COVID. A good number of enrolled clients stated they did not want service in the home during the pandemic. This has continued into 21/22, but continues to decrease.

For other services, there is no waitlist (for example, PERS, MOWs).

4. Expenditures

CFC Service	Total Projected Expenditures	Actual Expenditures	% of Projection
EISEP	\$2,094,909	\$1,905,513	91%

4a. Describe reason(s) for any variances:

These figures include the budgets for all 6 services: Case management, consumer directed care, PCA I, PCA II, ancillary, and day programs (non-institutional respite). It is difficult to manage the PCA I and II budgets, since it is based on client need and aide availability, and we cannot go over budget. Often we receive late bills from our contracted partners, even though this is a violation of the contract. Late bills are difficult to manage because we don't know how much of the ordered service we have used. The program has to build in a cushion to cover the ordered services even though the bills and actual services are always lower. The program also has to keep funds in reserve in case the people on the in-home waitlist get picked up by an agency because essentially we have promised them the subsidy.

Additionally, the NYS/HCS database does not provide an effective way to download Service Order information. We have a method in place now to provide this information, but errors are common and difficult to correct. This affects our ability to check expenses vs. ordered billing effectively.

Actual Cost per Person Served

CFC Service	Persons Served	Total Expenditures <u>case management services</u>	Average Cost Per Client <u>case management services</u>
EISEP	574	\$1,161,405 (includes \$374,783 of match)	\$2,023 For the entire year

4b. Do costs per person appear reasonable? Yes No

EISEP costs are low when compared to skilled care placement costs.

The program often makes referrals to help families even if they aren't eligible for EISEP. The above number includes people screened/assessed formally by the program staff, but who did not enroll in EISEP.

If no, please explain

General Comments on Service Activity and Delivery:

CFC provides excellent services with little resources. We are community based and committed to diversity and accessibility. The benefits of EISEP's Community Collaboration are that it allows for better outreach, unique specialties, better connections to partner services and efficiencies in education/training. COVID 19 impacted EISEP in needing to reduce in-home visits to maintain safety, and many client electing to not enroll or have in-home services, due to fears of the pandemic. This is changing at this point.

III. Targeting Compliance

1. Minority Elders Served

<i>CFC Service</i>	% of Minority Elders in Elderly Population In Catchment Area	Total Elders Served	Total Minority Elders Served	% of Minority Elders Among Total Elders Served
EISEP	10.4% 2010 Census	574	195	40%

1a. Is CFC, the Community Service Provider, meeting its goals of providing services to minority elders at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes

No

1b. If **Yes**,

➤ To what do you attribute your success?

CFC/EISEP is well known in the community for serving people in need and having a commitment to assisting people of minority populations. Since our programs are community based, it is easier for minority elders to access. The involvement of our Urban League partner in connecting to the African American community is very helpful.

Catholic Family Center has Interpreter Services available for over 15 different languages.

Languages spoken in the Language Services Program:

<i>Arabic</i>	<i>Nepali</i>
<i>Burmese</i>	<i>Punjabi</i>
<i>Cambodian</i>	<i>Russian</i>
<i>Cantonese</i>	<i>Somali</i>
<i>Hindi</i>	<i>Spanish</i>
<i>Italian</i>	<i>Thai</i>
<i>Karen</i>	<i>Ukrainian</i>
<i>Lao</i>	

A part of this service through CFC is a telephone interpreting service.

If No,

Please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

1c. Does the CFC provide equal access to persons with Limited English Proficiency (LEP) as outlined by Federal Executive Order 13166 and Governor Cuomo’s Statewide Language Access Policy (no. 26).

Yes

No

If No,

Please state the reason and outline specific action plan to reach the objective.

2. Minority Elders with Low Incomes Served

<i>CFC Service</i>	% of Minority Elders with Low Incomes in Elderly Population In Catchment Area	Total Minority Elders Served	Total Minority Elders with Low Incomes Served	% of Minority Elders with Low Incomes Among Total No. of Elders Served
EISEP	3.3% 2010 Census	195	102	52%

2a. Is CFC, the Community Service Provider, meeting its goals of providing services to minority elders with low incomes at least in proportion to their representation in the total elderly population within the service provider's catchment area?

Yes

No

2b. If Yes,

➤ To what do you attribute your success?

We are specialists in every resource option, from public benefits to unconventional local programs. The community knows our agency and trusts the staff. Our programs are well respected in the minority community. We provide services in a respectful and dignified environment without bias.

If No,

➤ Please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

3. Elders with the Greatest Economic Need

<i>CFC Service</i>	% of Elders with Low Incomes in Elderly Population In Catchment Area	Total Persons Served	Total No. of Elders with Low Incomes Served	% of Elders with Low Incomes Among Total Persons Served
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EISEP	14.2% 2010 Census	574	298	52%
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3a. Is CFC, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest economic need at least in proportion to their representation in the total elderly population within CFC's catchment area?

Yes

No

3b. If Yes,

- To what do you attribute your success?

People with lower incomes are more likely to need and appreciate the EISEP subsidy and are drawn to this program.

Our participants are statistically those with the greatest economic need. Successful efforts come from outreach and from providing comprehensive services to those elders in need.

If No,

- please state the reason and outline specific action plan to reach the objective (use a separate sheet if necessary)

4. Elders with the Greatest Social Need: Living Alone

<i>CFC Service</i>	% of Elders Living Alone in Elderly Population In Catchment Area	Total Persons Served	Total No. of Elders who Live Alone Served	% of Elders who Live Alone Among Total Persons Served
EISEP	27% 2010 Census	574	401	70%

4a. Is CFC, the Community Service Provider, meeting its goals of providing services to the elderly with the greatest social need at least in proportion to their representation in the total elderly population within CFC's catchment area?

Yes

No

4b. If Yes,

General Comments on Service Targeting:

We are connected and active in the communities we serve. Our agency is well known and our outreach efforts are targeted to those in need. The program has well-defined parameters and was designed to assist people in these target areas. EISEP Collaborative's marketing, outreach, word of mouth, community resources – all lead to appropriate referrals and intakes of eligible clients. However, our outreach efforts were curtailed in 20/21 due to the COVID pandemic.

IV. General Management: Contracts & Services

1. Staffing

1a. Does CFC have adequate staff to perform the activities required under contract with MCOFA? Yes No

If not, please explain the impact on the program or service and any steps being taken to improve staffing levels:

1b. Does CFC have a training plan designed to assist staff in carrying out assigned tasks?

Yes No

CFC agency policy AD-413- 0 and Aging and Adult Department policy #400-003

Each program has a training agenda/manual for new staff – also agency and department requirements.

1c. Would a random check of CFC's personnel files verify the type of training actually provided for staff, including the date, the presenter and his/her qualifications, and the material covered?

Yes No

CFC agency policy AD-413-0

This information is not kept in personnel files in Human Resources but in departmental files and also can be documented in minutes to meetings, monthly reports, specific CFC training and orientation paperwork etc. EISEP provides in-depth training.

1d. Does CFC comply with Affirmative Action and Equal Opportunity guidelines?

Yes No

CFC agency policy AD-431-0

1e. Is an EEO sign posted in a prominent location?

Yes. No

CFC agency policy AD-431-0

Where? Bullitan boards throughout agency.

1f. Are reasonable accommodations made for staff and volunteers with disabilities?

Yes No

CFC agency policy # AD-444-0

Such as: Offer additional help if needed, agency is accessible, Braille signs, provide phone accessories if needed, emergency strobe lights are used for people who are hearing impaired. Other accommodations are available upon request.

1g. Does the CFC staffing pattern reflect the minority representation in the total population?

Yes No Across the agency.

1h. Can CFC document outreach efforts to recruit targeted individuals to fill vacant positions?

Yes No

CFC agency policy AD-406-0.

2. Administrative Provisions

1. Are staff activities consistent with prohibitions against participation in partisan activities?

Yes No

2. Are the facilities where elder services and activities take place free from political posters and other evidence of advancing one political candidate over another?

Yes No

3. Are the services carried out under MCOFA contract secular in nature?

Yes No

4. Has CFC given due recognition to the US. Administration on Aging, the NYS Office for the Aging and Monroe County Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?

Yes No

5. Does CFC have a written policy regarding the use of Ancillary funding?

Yes No

EISEP program policy #100-14

6. Does CFC have a written policy regarding retention of all MCOFA contracted program and fiscal records for six (6) years?

Yes No

CFC agency policy AD-803-0

We keep our records for seven years..

7. What provisions has CFC made to protect the confidentiality of customer (client) information?

CFC agency policy AD-803-0, AD-805-0, AD-805-1, AD-805-3, AD-805-5, Aging and Adult Department policies 500-005, 100-003.

Locked files, locked rooms, use of release of information forms, detailed policy on confidentiality that is greatly emphasized in agency and department orientation and trainings. CFC has a system in place to allow customers (clients) to voluntarily and confidentially contribute to the cost of services.

8. Does CFC have a procedure that allows customers (clients) as well as applicants for services to present grievances on the denial of services?

Yes No

CFC agency policy AD- 501-4

9. Does CFC have a procedure to accept customer (client) feedback on service quality, service delivery methods, and service personnel?

Yes No

Annual client satisfaction surveys, focus groups as needed, monitoring of services, and performance evaluation information is reviewed and forwarded to Program & Evaluation Committee of the agency board.

10. Policy and procedure in place to ensure that only eligible customers (clients) are served in MCOFA contracted programs?

Yes No

CFC agency policy AD-502-0 and NYS EISEP regulations

11. Does CFC make service sites and program information accessible to persons with disabilities?

Yes No

12. Do accounting records support amounts reported on vouchers and do Units of service tie in to programmatic reports?

Yes No

NOTE: The monitor must verify through source documents available at the service site whether the units of service and expenditures reported to the MCOFA in a selected period of time can be supported.

13. Is CFC Compliant with prohibitions on using public funds to support sectarian, political and lobbying activities?

Yes No

3. PeerPlace and ContractHQ Reporting

1. Identify the **Name and Job Title** of the person(s) and the back-up person(s) responsible for electronic reporting via The NYSOFA Data Base *PeerPlace*, and County Contract HQ.

Primary ContractHQ person: Regina Linder, Contracts Coordinator

Back-up ContractHQ person: Virginia Clark, Associate Department Director

Primary Case Management-PeerPlace: All case Managers and Contracts/Billing Coordinator

Back up person: Marijean Weld, Program Supervisor

PeerPlace Reports-Primary: Virginia Clark, Associate Director

Back-up: Jennifer McDermott, Department Director

2. Do the **NAPIS Client** and **Unit Counts** for the EISEP services noted have a less than 10% missing data per the PeerPlace reporting system?

Yes No

CFC is unable to verify this and relies on MCOFA to notify us of missing data. Only government agencies can run the NAPIS reports. EISEP will certainly cooperate to ensure this goal is met if a deficiency is found.

Note: The Administration for Community Living (ACL) has imposed a requirement to ensure that missing data from states not exceed 10%.

4. CASE FILE REVIEWS

1. Did a review of six randomly selected client files achieve compliance with all NYSOFA Citations and regulations? (9 CRR-NY 6654)

Yes No

5. PERSONAL CARE AND HOUSE KEEPING (Level I & II)

1. Are the EISEP In-Home services conducted according to 9 CRR-NY 6654.17?

Yes No

2. Have the annual home care compliance evaluations been completed?

Yes No

NOTE: (Review check lists, Contracts, accounting records, and obtain copies as necessary)

6. SOCIAL ADULT CARE

1. Are the EISEP SADC services conducted according to 9 CRR-NY 6654.20?

Yes No

2. Have the annual Social Adult Day Program site visits been completed per 15-PI-12?

Yes No

NOTE: (Review check lists, Contracts, accounting records, and obtain copies as necessary) send to NYSOFA within 45 Days.

7. CASE MANAGEMENT

1. Are the EISEP Case Management services conducted according to 9 CRR-NY 6654.16?

Yes No

8. CONSUMER DIRECTED IN-HOME SERVICES

2. Does the CDIS Program follow the guidelines and program instruction as set forth by the NYSOFA? The guidance is based on 2011 amendments made to EISEP regulations, (see 9 NYCRR sections 6654.15, 6654.16, 6654.17 and 12-TAM-02.

Yes No

9. ANCILLARY

1. Are the EISEP Ancillary services conducted in accordance with 9 CRR-NY 6654.19?

NOTE: Also Refer to regulatory changes per 10-PI-06

Yes No

10. Personal Emergency Response Services (PERS)

1. Are the EISEP Personal Emergency Response Services conducted in accordance with 9 CRR-NY 6654.17?

Yes No

11. Interagency Coordination

1. Describe CFC's procedure(s) for tracking referred customers' requests for assistance to other organizations when the need for such services is identified:

The Peerplace system, monitoring of services through chart reviews and QI processes, progress notes, surveys, and post discharge analysis all track participants' requests for other assistance.

2. Has CFC worked effectively with other providers and organizations to facilitate coordination and minimize possible duplication of effort?

Yes No

Joint trainings and off-site meetings including tours of facilities, program discussions, referrals to other organizations.

Check as many as apply to CFC's coordinative efforts:

- Participation in interagency meetings to plan and coordinate services
- Coordination of funding proposals with other human services organizations
- Coordination of referrals and follow-up transactions with other local service providers
- Memos of Understanding or similar agreement with other organizations
- Development and implementation of a central assessment unit for services carried out by multiple agencies.
- Working with other providers to update information of available services and eligibility
- Other coordination activities: Peerplace system, collaboration with aide agencies, CHAA agencies, Eldersource Care Coordination, Lifespan, Jewish Family Service, Urban League of Rochester, Community Place, Rochester Regional Health Care,, St. Ann's Home & Heart, volunteers, parishes, all other CFC departments. Staff also serves on community committees such as the Greater Rochester Area Partnership for the Elderly.

12. Service Promotion & Marketing

1. Indicate what regular means CFC employs to disseminate information to the public and approximately how often this occurs:

<i>Indicate Frequency</i>	Weekly	Monthly	Annually	Other: (Please specify)
Newsletters		√		EISEP newsletters
Radio: Public Service Announcements				CFC periodically
Radio: Programming				CFC periodically
Television: Public Service Announcements				CFC periodically
Television: Programming				CFC periodically
Public Presentations	√			Dept-wide – several times a month. Reported monthly to MCOFA.
Brochures/Pamphlet	√			As requested- several times a week
Other: Newspaper-op-ed, health safety fairs, sponsorship for programs, ads in population-specific newspapers,		√		CFC periodically

2. What marketing/outreach/publicity techniques have been employed to reach low income minority elders in your service area?

Please check all that apply:

- ✓ Used Census or other data to identify target communities
- ✓ Translated program brochures and pamphlets into appropriate languages
- ✓ Sent mailings to target population
- ✓ Sent newsletters or announcements to organizations that serve minority populations, disabled populations

- ✓ Publicized services through press releases, radio, television and local publications (agency-wide).
 - ✓ Located service delivery centers/offices in target communities
 - ✓ Encouraged persons served to tell friends and neighbors of available services
 - ✓ Sought out/accepted local speaking engagements to meetings and conferences sponsored by associations or other organizations that include minorities
3. Does CFC solicit input from their customers and constituents, including customers and constituents that are frail, disabled, minority, and/or low-income, on ways to make services more accessible and appealing to culturally diverse populations?

Yes No

CFC considers developing cultural competency a priority and that goal is incorporated in agency training agendas. EISEP conducts customer and caregiver surveys to solicit suggestions for improvement. Aging and Adult Services has a department-wide Advisory Board, made up of volunteers (including people over age 60), that advises on policy, data analysis, and future planning. The agency is working towards certification in providing Trauma Informed Care to be aware of past trauma people have experienced in their lives that can affect services.

13. Equipment Inventory

Use of equipment purchased with federal and state funds is for the chief benefit of the elderly. A check of the equipment purchased with NYSOFA funds is available, in use, tagged and coded as property of the MCOFA or subcontractor, and is listed on an inventory identifying its funding source.

*NOTE – CFC usually uses United Way or client donations to purchase equipment

1. Does CFC maintain sufficient documentation for equipment purchased with MCOFA funds?

Yes No

Documentation: Inventory lists and labels.

2. Is the equipment purchased with MCOFA funds identified as such either in property records or fund codes marked on the property?

Yes No

Documentation: Inventory lists and labels. However most equipment is not purchased with MCOFA funds but instead use United Way, match, or client donations.

3. Is the equipment purchased with MCOFA funds being used solely to benefit older persons (unless costs are appropriately pro-rated)?

Yes No

Assessment Conclusion

In conveying general comments regarding CFC's overall assessment of service delivery and contract compliance, please address the following areas:

Overall assessment of the strengths of CFC's Aging and Adult Services Department

AGENCY COMMENTS

STRENGTHS

- Program has dedicated professional staff that are collaboration focused.
- CFC is a visionary and proactive agency that is respected in the community.
- Ongoing training/professional development is a team focus and is supported by administration.
- Quality case management services are provided with an emphasis on safety, respect, and empowering independent living in the community.
- We will continue to improve targeting efforts for isolated, minority, and low-income seniors when there are funds to support additional clients.
- Agency support for pandemic supplies for staff and clients.

NEEDS:

- Peerplace - ongoing improvements and support.
- Advocacy to the State-level regarding increased EISEP funding **without** the high match requirement.
- Cost of living increases.
- Support to work more effectively with other DHS programs; – contract dept, APS, Medicaid, SNAP etc.

MCOFA COMMENTS

Catholic Family Center is committed to serving the needs of older adults in Monroe County.

During the Coronavirus Pandemic the staff developed ways to attend to the well-being of their clients.

Financial Management & Inventory Control Monitoring

1. Are CFC staff who handle monies (with the exception of attorneys) bonded?

Yes No

CFC agency policies AD-301

CFC is self-insured through the Catholic Charities. We have liability insurance for all employees, which covers malpractice and thefts.

2. Are two individuals involved in counting customer (client) contributions?

Yes No

CFC agency policies AD-301

An Aging and Adult Services staff person and staff from the accounting department count the donations.

3. Are individuals who are authorized to sign checks involved in processing invoices?

Yes No

CFC agency policy AD-302-2

4. Are individuals who are authorized to sign check different from the person(s) who maintain payroll records?

Yes No

CFC agency policy AD-302-2

5. Has CFC maintained registration as a Charitable Organization with the Department of State?

Yes No

503 B Tax Exempt ID # 256186

- 5a. If no: Does CFC claim exemption from the registration (receiving less than \$25,000 in grants and contributions annually)?

Yes No

Documentation:

**Monroe County Office for the Aging
Program Evaluation & Contract Compliance
2019 - 2020**

ANNUAL PROGRAM AND SERVICE ASSESSMENT

**UR Medicine Home Care
previously Visiting Nurse Service
of Greater Rochester**

2180 Empire Blvd.
Webster, NY 14580

Program: Home Delivered Meals Program

Funding: 1/1/2020 – 12/31/2020 = Title IIIC-2

4/1/2020 – 3/31/2021 = WIN

3/20/2020 – 3/31/2021 = CMC2

3/20/2020 – 3/31/2021 = HDC2

3/20/2020 – 3/31/2021 = HDC3

4/1/2020 – 3/31/2021 = SSC3

Contract Period: 1/1/2020 – 3/31/2021

Evaluation Date: 9/17/21

MCOFA Monitor: Tracy Collins

Agency Staff: Margaret Schweizer, RD, CDN
Director – Home Delivered Meals Program

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	II. Past performance/Previous recommendations
	III. Service Activity Review
WIN	I. Contract Budget and Service Overview
	II. Past performance/Previous recommendations
	III. Service Activity Review
CMC2	I. Contract Budget and Service Overview II. Service Activity Review
HDC2	I. Contract Budget and Service Overview II. Service Activity Review
HDC3	I. Contract Budget and Service Overview II. Service Activity Review
SSC3	I. Contract Budget and Service Overview II. Service Activity Review
General	IV. Outcome Review
	V. General Management: Contracts & Services
	VI. Program Compliance
	VII. Conclusions

I. Contract Budget and Service Overview

MONROE COUNTY DHS/OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

UR Medicine Home Care
2020 TITLE IIIC-2 PROGRAM AND SERVICE ASSESSMENT

Home Delivered Meal Services

Contract Period:		January 1, 2020-December 31, 2020	Original ¹	Final ²
Amount of Contract		#1. Total Budget:	1) \$ 643,711	1) \$ 732,600
Composed of		#2. Anticipated Contributions:	2) \$ 78,975	2) \$ 78,975
		#3. Nutrition Services Incentive (NSIP)	3) \$ 58,466	3) \$ 58,466
		#4. Subcontractor Match:	4) \$ 50,629	4) \$ 59,518
		#5. MCOFA Funds:	5) \$ 455,641	5) \$ 535,641
AIP	Total Cost	#6. Home Delivered Meals	6) \$ 643,711	6) \$ 732,600
	Units	#7. Allocated Meals	7) 79,372	7) 90,332
	Unit Cost	#8. Total meal cost: (#6) divided by allocated meals (#7)	8) \$ 8.11	8) \$ 8.11
Funding Sources		OAA, Title IIIC-2: Nutrition Services for the Elderly		

1. Data from the original budget and application narrative in ContrackHQ.
2. Data from the amended budget (Amendment #1) in ContrackHQ.

A. What efforts has the program made to secure additional funding, services or programs besides client contributions?

1. Local Business: Corporate Route Sponsorship
2. Fundraising Events: None due to COVID
3. Income Generating Activities: Direct Mail Campaigns
4. United Way:
 - 2020 - 2021 funding: \$335,000
 - 2021 – 2022 funding: \$335,000
5. Foundation:
 - Funded 10,221 meals for individuals who would have otherwise been on a wait list in 2020.
6. Other (be specific): Grants: MOWA Share the Love grant (\$?); Subaru America – Share the Love – Hometown charity (\$24,834); MOWA COVID relief grant #1 and #2 applied and received both; UW COVID Relief grant #1 applied and received #2 applied but did not get

II. Past performance/Previous recommendations

1. Review Findings

- A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO
- B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO
-

III. Service Activity Review

1. OBJECTIVE #1

Figures from application narrative in ContrackHQ

A. To serve **560** unduplicated older persons by 12/31/20. This is Title III-C2, WIN, and amendatory COVID Stimulus funding combined .

1. Actual # unduplicated persons served: **1,036¹** ; **185%** of objective.

2. Objective met? YES NO

1. From PeerPlace Served Client Summary 1/1/20-12/31/20 Report run date 1/8/2021.

B. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective for 2021-2022:

UR Medicine Home Care – Meals On Wheels was 113% successful in meeting this objective. We contribute the success to careful monitoring and adding people as soon as possible and to the additional amendatory COVID funding received. The total unduplicated includes individuals on the COVID funding CMC2, HDC2, HDC3 and SSC3.

C. Number of people identified as High Risk (NSI >=6) for IIC-2 & WIN programs:

507¹

1. From PeerPlace Served Clients with NSI Report 1/1/20-12/31/20.

D. Is the Agency meeting its goals of providing services to minority elders?

YES NO

FROM OBJECTIVE #1 PLEASE INDICATE:	# of persons served		% of persons served	
	Goal	Actual ¹	Goal	Actual
1) Low Income (>150%)	364	705	65%	68.05%
2) Total low income minority	84	215	15%	20.75%
3) Total frail/disabled	555	1,036	99%	100%
4) Total aged 75+	336	619	60%	59.75%
5) Total aged 85+	168	316	30%	30.50%
6) Total living alone	336	676	60%	65.25%
7) Of total clients how many are: ²				
American Indian/Alaskan Native	1	6	.13%	0.58%
Asian	1	5	.18%	0.48%
Black, not Hispanic	112	268	20%	25.87%
Native Haw/Pacific Islander	0	0	0%	0%
Hispanic	16	55	2.85%	5.31%
White	426	695	76.07%	67.08%
Other	2	4	.27%	0.39%
2 or more Races	2	2	.26%	0.19%

- PeerPlace Served Client Summary Report 1/1/20-12/31/2020; run date: 1/8/2021
- Additionally there is one standard anonymous

2. OBJECTIVE #2

*Original figures from application narrative in ContrackHQ
Revised based on Amendment #2 in ContrackHQ*

A. To serve meals by 12/31/20. (: Original)

- Actual # meals served: ; %. (% of Original)
- Objective met? YES NO

B. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective for 2021:

UR Medicine Home Care – MOW was successful in reaching this goal. We were successful due to close monitoring and being able to add participants from the waiting list and/or transitioning participants from Full or Partial Fee programs who were waiting for the Senior Discount program and being able to move participants between WIN and Title IIIC-2.

C. Describe your strategy to serve the full allocation of meals in 2021:

Closely monitor balance of available contract funds to accommodate additional participants earlier in the contract period to maximize funding.

D. Waste Factor:

	Meals Ordered	Meals Served	% Waste
Waste Factor	89,294	87,632	1.86%

3. OBJECTIVE #3

*Original figures from application narrative in ContrackHQ
Revised based on Amendment #2 in ContrackHQ*

A. To collect \$ 78,975 in participant contributions by 12/31/20.

1. Actual collection: \$65,378.66 ; 83 %.

2. Contribution projection objective met? YES NO

B. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective for 2021:

We were not successful meeting this objective this past year. However, we did improve by 7% over the previous year! There are a couple efforts we do throughout the year to help reach this objective. The first thing is every other month or quarterly we mail a friendly reminder along with the contribution letter to the participant that states:

'Dear Meals On Wheels Participants: If you usually contribute to our program, we thank you. If you have not been able to contribute please consider making a monthly donation, no matter how small, as often as you can. This helps Meals on Wheels serve others in our community who are also in need. Thank you for your help!'

We will continue to brainstorm and work with the County to try to come up with other ways to increase contributions.

4. OBJECTIVE #4

Original figures from application narrative in ContrackHQ

A. To reach an average per meal contribution of \$ 1.00.

1. Actual average contribution: \$ 0.75 ; 75 %.

2. Objective met? YES NO

B. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective for 2021:

We were not successful with this objective.

Please refer to response in Objective #3.

I. Contract Budget and Service Overview

MONROE COUNTY DHS/OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

UR Medicine Home Care 2020 - 2021 WIN PROGRAM AND SERVICE ASSESSMENT

Home Delivered Meal Services

Contract Period:		April 1, 2020– March 31, 2021	Original ¹
Amount of Contract		#1. Total Budget:	1) \$ 217,705
Composed of		#2. Anticipated Contributions:	2) \$ 24,132
		#3. Nutrition Services Incentive (NSIP)	3) \$ 17,623
		#4. Subcontractor Match:	4) \$ 0
		#5. MCOFA Funds:	5) \$ 175,950
		Total Cost	#6. Home Delivered Meals
AIP	Units	#7. Allocated Meals	7) 26,844
	Unit Cost	#8. Total meal cost: <i>(#6) divided by allocated meals (#7)</i>	8) \$ 6.77
	Units	#9 Case Management	9) 720
	Unit Cost	#10 Unit Cost	10) \$50.00
	Funding Sources:		New York State Wellness in Nutrition Program (WIN)

1. Data from the original budget and application narrative in ContractHQ No amendments made to WIN budget for this contract year.

A. What efforts has the program made to secure additional funding, services or programs besides client contributions?

1. Local Business: Corporate Route Sponsorship
2. Fundraising Events: None due to COVID
3. Income Generating Activities: Direct Mail Campaigns
4. United Way:
 - 2020 - 2021 funding: \$335,000
 - 2021 – 2022 funding: #335,000
5. Foundation:
 - Funded 10,221 meals for individuals who would have otherwise been on a wait list in 2020.
6. Other (be specific): Grants: MOWA Share the Love grant (\$?); Subaru America – Share the Love – Hometown charity (\$24,834); MOWA COVID relief grant #1 and #2 applied and received both; UW COVID Relief grant #1 applied and received #2 applied but did not get

II. Past performance/Previous recommendations

1. Review Findings

- A. Were there findings from the prior or current year that required corrective actions to address areas of non-compliance? YES NO
- B. Were all findings from MCOFA's previous monitoring efforts satisfactorily addressed? YES NO
-

III. Service Activity Review

1. OBJECTIVE #1

A. This is now a combined total for Title III-C-2 and Win (see section 3 under II-C-2 above).

2. OBJECTIVE #2

Figures from application narrative in ContractHQ

A. To serve **26,844** meals by 3/31/21.

1. Actual # meals served: **24,469** ; **91.15** %.

2. Objective met? YES NO

B. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective for 2021 - 2022:

We were 91.15% successful in meeting the number of meals served this year. We contribute this to close monitoring of funds and adding or moving people to different funding as needed.

C. Describe your strategy to serve the full allocation of meals in 2021 - 2022:

Closely monitor balance of available contract funds to accommodate additional participants earlier in the contract period to maximize funding.

D. Waste Factor:

	Meals Ordered	Meals Served	% Waste
Waste Factor	24,802	24,469	0.013%

3. OBJECTIVE #3

Figures from application narrative in ContrackHQ

A. To collect \$24,132 in participant contributions by 3/31/21.

1. Actual collection: \$10,648 ; 44.12 %.

2. Contribution projection objective met? YES NO

B. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective for 2021 - 2022:

We were not successful meeting this objective this past year. There are a couple efforts we do throughout the year to help reach this objective. The first thing is every other month or quarterly we mail a friendly reminder along with the contribution letter to the participant that states:

'Dear Meals On Wheels Participants: If you usually contribute to our program, we thank you. If you have not been able to contribute please consider making a monthly donation, no matter how small, as often as you can. This helps Meals on Wheels serve others in our community who are also in need. Thank you for your help!'

Also, when home visits are done every 6 months by the Diet Techs – they will have a face to face friendly conversation with the participant about making a contribution and thanking them if they have saying something like 'if you have made a contribution to help with the cost of your meals – we thank you! And if you haven't we hope you will try in the future – it doesn't matter how small every contribution helps.' However, this effort in 2020 was difficult due to home visits have been paused and the assessments are being done via phone.

We will continue to brainstorm and work with the County to try to come up with other ways to increase contributions.

4. OBJECTIVE #4

Figures from application narrative in ContrackHQ

A. To reach an average per meal contribution of \$1.00.

1. Actual per meal contribution: \$0.44; 44 %.

2. Objective met? YES NO

B. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective for 2021 - 2022: Please see response above under Objective #3.

5. OBJECTIVE #5

A. To service hours of case management by 3/31/21.

1. Actual # hours serviced: ; %.

2. Objective met?

YES

NO

B. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons and outline Corrective Action Plan to reach objective for 2021 - 2022:

We were 180% successful in reaching the goal of case management units. The main reason for this high success rate was due to the additional COVID Stimulus funds which enabled us to start more seniors in need during 2020 to help keep senior safe in their homes during the pandemic.

I. Contract Budget and Service Overview

MONROE COUNTY DHS/OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

UR Medicine Home Care 2021-22 CMC2 PROGRAM AND SERVICE ASSESSMENT

Home Delivered Meal Services

Contract Period:		March 20, 2020-March 31, 2021	Original ¹
Amount of Contract		#1. Total Budget:	1) \$ 173,005
Composed of		#2. Anticipated Contributions:	2) \$ 21,332
		#3. Nutrition Services Incentive (NSIP)	3) \$ 0
		#4. Subcontractor Match:	4) \$ 0
		#5. MCOFA Funds:	5) \$ 151,673
		#6. Home Delivered Meals	6) \$ 173,005
AIP	Total Cost	#7. Allocated Meals	7) 21,332
	Units	#8. Total meal cost:	8) \$ 8.11
	Unit Cost	(#6) divided by allocated meals (#7)	
Funding Sources		Families First Coronavirus Response Act	

1. Data from the Amendment #1 and application narrative in ContrackHQ.

II. Service Activity Review

1. OBJECTIVES

Figures from application narrative in ContrackHQ

A. To serve **21,332** meals by 3/31/21.

1. Actual # meals served: **18,711**; **87.71** %.

2. Objective met? YES NO

B. To reach an average per meal contribution of **\$1.00**.

1. Actual per meal contribution: **\$0.12**; **12.19** %.

2. Objective met? YES NO

C. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons:

We were not successful in reaching the goal to serve 21,332 meals or to reach an average contribution of \$1.00 per meal. One of the main factors in not being able to reach these 2 goals majority of this funding was used for the single congregate meals being delivered. These single meals are more expensive than the double meals and we were unable to collect contributions from these seniors. Both of these factors made it extremely difficult to meet these goals.

I. Contract Budget and Service Overview

MONROE COUNTY DHS/OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

UR Medicine Home Care 2021-22 HDC2 PROGRAM AND SERVICE ASSESSMENT

Home Delivered Meal Services

Contract Period:		March 20, 2020-March 31, 2021	Original ¹
Amount of Contract		#1. Total Budget:	1) \$ 326,492
Composed of		#2. Anticipated Contributions:	2) \$ 40,258
		#3. Nutrition Services Incentive (NSIP)	3) \$ 0
		#4. Subcontractor Match:	4) \$ 0
		#5. MCOFA Funds:	5) \$ 286,234
		#6. Home Delivered Meals	6) \$ 326,492
AIP	Total Cost	#7. Allocated Meals	7) 40,258
	Units	#8. Total meal cost:	8) \$ 8.11
	Unit Cost	(#6) divided by allocated meals (#7)	
Funding Sources		Families First Coronavirus Response Act	

1. Data from the Amendment #1 and application narrative in ContrackHQ.

II. Service Activity Review

1. OBJECTIVES

Figures from application narrative in ContrackHQ

A. To serve **40,258** meals by 3/31/21.

1. Actual # meals served: **36,091** ; **89.65** %.

2. Objective met? YES NO

B. To reach an average per meal contribution of **\$1.00**.

1. Actual per meal contribution: **\$0.34**; **34** %.

2. Objective met? YES NO

C. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons:

We were not successful in reaching the goal to serve 21,332 meals or to reach an average contribution of \$1.00 per meal. One of the main factors in not being able to reach these 2 goals majority of this funding was used for the single congregate meals being delivered. These single meals are more expensive than the double meals and we were unable to collect contributions from these seniors. Both of these factors made it extremely difficult to meet these goals.

I. Contract Budget and Service Overview

MONROE COUNTY DHS/OFFICE FOR THE AGING
COMMUNITY-BASED SERVICES FOR THE ELDERLY

UR Medicine Home Care 2021-22 HDC3 PROGRAM AND SERVICE ASSESSMENT

Home Delivered Meal Services

Contract Period:		March 20, 2020-March 31, 2021	Original ¹	Final ²
Amount of Contract		#1. Total Budget:	1) \$ 713,702	1) \$718,702
Composed of	#2. Anticipated Contributions:		2) \$ 88,003	2) \$88,003
	#3. Nutrition Services Incentive (NSIP)		3) \$ 0	3) \$0
	#4. Subcontractor Match:		4) \$ 0	4) \$0
	#5. MCOFA Funds:		5) \$ 625,699	5) \$630,699
	#6. Home Delivered Meals		6) \$ 625,699	6) \$630,699
AIP	Total Cost	#7. Allocated Meals	7) 88,003	7) 88,619
	Units	#8. Total meal cost:	8) \$ 8.11	8) \$8.11
	Unit Cost	(#6) divided by allocated meals (#7)		
Funding Sources		Coronavirus Aid, Relief, and Economic Security Act		

1. Data from the Amendment #1 and application narrative in ContractHQ.
2. Data from the Amendment #2 with extension to spend pass March 31, 2021

II. Service Activity Review

1. OBJECTIVES

Figures from application narrative in ContractHQ

A. To serve 88,619 meals by 9/30/21. (88,003): Original)

1. Actual # meals served: 82,600 ; 93.21% . (93.86% of Original)

2. Objective met? YES NO

B. To reach an average per meal contribution of \$1.00.

1. Actual per meal contribution: \$0.65; 65% .

2. Objective met? YES NO

C. If successful in reaching this objective, to what do you contribute your success? If performance is below objective, state reasons:

We were successful in meeting the goal of # of meals served at 93.21%. However, like Title IIIC-2 and WIN we struggled with meeting the goal of average contribution per meal.

IV. Outcome Review

1. Primary Outcome Indicators

Seniors Enjoying Mental and Physical Well Being

- 1) Increase independence in daily living*
- 2) Improved or maintained health status*

A. What programs or services do you offer to meet outcomes?

Home delivered meals

2. Indicators of Success

Figures from application narrative in ContractHQ

A. **95.0**% percent of participants will report improved levels of independence as a result of receiving home delivered meals.

1. Actual: **96**¹ %

2. Outcome objective met?

YES

NO

B. **95.0**% percent of participant's nutritional risk scores will improve or stay the same during the year.

1. Actual: **94**² %

2. Outcome objective met?

YES

NO

1. Based on survey results (attached).

2. Based on PeerPlace data extracts comparing NSI scores.

V. General Management: Contracts & Services

1. Reports and Monitoring

A. Are Peerplace reports submitted in a timely fashion?

1. Monthly (due the 15th)

YES

NO

2. Name of primary PeerPlace user/contact:

Martin Williams

3. Name of secondary PeerPlace user/contact:

Margaret Schweizer

4. Do services have <10% missing required cluster 1 data per the PeerPlace reporting system?

YES

NO

B. Netsmart:

1. Name of the primary person responsible for client/program related data within the Netsmart software:

MOW Staff

2. Name of the Primary person responsible for technical support and troubleshooting related to Netsmart software:

IT Staff

3. Describe unique program/client data present in Netsmart (not present in PeerPlace):

Most up to date emergency contacts, notes: referral, admission, recert notes, order notes (changes in beverages, dislikes, allergies, etc.), diet orders and route assignments.

C. Contrack HQ:

- 1. Are Contract HQ reports submitted in a timely fashion : YES NO
- 2. Name of primary person submitting HQ reports: Margaret Schweizer
- 3. Name of secondary person submitting HQ reports: Martin Williams

D. Are fiscal reports submitted in a timely fashion? YES NO

E. Contracted Days of Operation: 250

- 1. Actual: 253 ; 101.2 %
- 2. Goal met? YES NO

F. Was the answer to any of the above from this section “no.” If so, please state how you plan to correct the situation: YES NO

G. When was the agency last audited? 2020; see attachment

2. Customer Satisfaction

Figure from ContrackHQ Contract Measures

A. 93% percent of participants will report satisfaction with meals served.

- 1. Actual: 89 %
- 2. Outcome objective met? YES NO

B. Attach samples of forms used to collect data. Attached. See further Excel spreadsheets documenting survey results on the Office for the Aging shared drive, at the time of writing maintained by Program Monitor Tracy Collins.

C. Submit compilation of surveys. See A above.

D. Did you learn anything significant or new ideas to improve service delivery? YES NO

E. If yes, Please explain. If not, why not, and provide a sampling of submitted comments from clients.

3. Volunteers & Staff

A. Number of Volunteers

B. Describe any training that volunteers receive:

Orientation & training before delivery – most trainings have been changed to virtual in 2020 due to the pandemic, which includes video, bi-annual updates in ‘Food for Thought’ publication, email blasts, and individual training as needed. *See annually updated UR Medicine Home Care - MOW document binder on file at MCOFA Office.*

B. What types of recognition do volunteers receive?

Due to COVID we were unable to have in-person Milestone recognition in 2020 or 2021.

Milestone recognition for volunteers who hit the 5,10,15,20 & 25 year mark- received a letter, an ice cream gift card, and recognition in the newsletter.

Stevens candy provided lots of chocolate and candy to give to the volunteers to recognize them for all they do for Meals On Wheels.

Dunkin Donuts provided gift cards to all our volunteer “heroes” for “keeping us running” during the pandemic

Thank you cards, birthday cards and little treats/recognitions throughout the year.

Special thank you words, notes, emails and treats as volunteers go above and beyond.

D. Are program personnel who handle contributions bonded?

No, they are exempt per 18-PI-17

YES NO

E. Cash received through the mail should be recorded in a cash receipts log by the staff person receiving and opening the mail. Receipts should then be forwarded to appropriate staff for preparation for deposit. Parties sending contributions should be advised not to send cash through the mail. All contributions are mailed and are not handled directly. Is this process being followed?

YES NO

4. Technical Assistance

A. Is the technical assistance from Monroe County Office for the Aging adequate?

YES NO

VI. Program Compliance

Check indicates “Yes” or “In compliance” unless otherwise noted.

Please note: Source documents may be requested for all program responses at the discretion of Monroe County DHS/Office for the Aging.

1. Program Management

- An individual knowledgeable in food handling, production and service supervises and trains food production staff.
- Contribution policies and procedures are consistent with SOFA requirements. Keep collection and deposit records on file for six years.
- Individuals with income >185% of the federal poverty level are encouraged to contribute the full cost of the program/meal.
- Vouchers and program reports are submitted in a timely fashion, and MCOFA monitors are allowed to view source documents available at the service site whether the units of service and expenditures reported can be supported.
- Qualified staff monitor services & caterers. Such monitoring adequately documents units of service, program expenditures, quality and safety of meals and other services.
- Orientation and training are provided and made available to staff and volunteers at least quarterly & documentation is available. Records of training plans, schedules and attendance are maintained by the provider. (Keep on file 1 year)
- Meal site staff is familiar with written procedures concerning emergency situations such as a flood or fire or when a participant is choking or faints. There is a written disaster/emergency plan.
- Procedures describe how to handle grievances from older individuals who are dissatisfied with or are denied service.
- Use of equipment purchased with federal and state funds is for the chief benefit of the elderly. Equipment purchased with OFA funds are available and in use, tagged and coded as property of MCOFA or subcontractor and is listed on an inventory identifying its funding source. A sufficient inventory form must be maintained and updated at least annually.
- The contractor cannot use funds to advance any sectarian effort and ensure that any services to be provided under this contract shall be secular in nature and scope and in no event shall there be any sectarian, partisan, or religious

services, counseling, proselytizing, instruction or other sectarian, partisan, or religious influence undertaken in connection with the provision of such service.

- The agency provides equal access to persons with Limited English Proficiency (LEP) as outlined by 12-PI-08, 13-TAM-01, and Governor Cuomo's Statewide Language Access Policy (no. 26).
- Is the organization knowledgeable about the LGBT older adults in the community?
- Are you in compliance with the Americans with Disabilities Act (ADA) requirements? **If so, briefly describe your strategy/plan for meeting the compliance needs:**

Participants are primarily met at their homes. For most of 2020 the in home visits changed to phone assessments due to the pandemic. However, our facility does accommodate ADA requirements with elevator to second floor and extra wide doorways, etc. if client needs to be seen at the office.

- Has sponsor given due recognition to the U.S. Administration on Aging, the NYS Office for the Aging and Monroe County Department of Human Services/Office for the Aging, as appropriate, in program/service brochures, flyers and other printed materials?
- Does Sponsor have a written policy regarding retention of all MCDHS/OFA contracted program and fiscal records for six (6) years?

2. Participant Eligibility

- Home Delivered Meal eligibility procedures comply with NYSOFA requirements.
- A standardized client assessment is used which contains information on the client's status including health and medical conditions, functional abilities, medications, nutritional status, benefits and service status, environmental conditions and service plan and needs summary. Keep on file 6 years.
- Standardized client assessment, follow-up and re-assessment information confirm eligibility consistent with SOFA criteria.
- Assessments are completed within ten days of initiating.
- Service and reassessments are completed every six months.
- Client assessments are completed by trained dietetic technicians and provisions are made to treat client information confidentially per HIPAA

regulations.

- Appropriate referrals are made when other service needs are identified and documented.
- Consent is collected and documented for program participants in the Statewide Client Data System consistent with NYSOFA regulation and MCOFA guidance.

3. Meal Service & Delivery

- Services are adequately targeted to older persons in greatest social or economic need with particular attention to low income minority individuals.
- Home delivered meals are available five or more days a week in program service area.
- Clients receiving home delivered meals (hot, frozen, etc.) are instructed on their use and handling as well as for restrictions concerning the drop off of the meal(s).
- Procedures are in place to limit the hot holding time of food to no more than two hours and documented.
- Meal Temperatures are taken before portioning, are within safe ranges, and documented for all potentially hazardous foods.
- End-route test meal temperatures are taken for potentially hazardous foods monthly if route is over one hour between completion of final food preparation (or cooking) & delivery of last home delivered meal, and taken quarterly if route is under one hour. Dates and time of temperature are documented.
- Procedures describe how to handle service disruptions and/or cancellations.
- A policy describing when home delivered meals cannot be left at an individual's home is followed.

4. Menu & Nutrient Requirements

- Meals served are palatable, attractive, and satisfying based on participant comments and appropriate staff evaluations. Keep on file for one year.
- Menus follow current dietary guidelines and provide one third or two thirds of the RDA and menu analysis is kept on file for one year. **Please list the method of analysis:**

ESHA- Genesis R & D – Version 11.5

- ☒ Four to six week cycle menus are used.
- ☒ Menus are reviewed and certified by a registered dietitian (RD) and menu changes are documented and approved by an RD.
Completed by: Menus are developed and analyzed by TRIO RD and final approval given by UR Medicine Home Care – MOW dietitian.
- ☒ Therapeutic diets or modifications are consistent with NYOSOA guidelines and approved by an RD. **Please briefly list what is available, including modifications available (e.g. therapeutic, religious, ethnic):**

Regular Heart Healthy, No Concentrated Sweets (NCS), Reduced Lactose, Hi-Calorie, Ground Consistency (meat is chopped and when fresh fruit like apples or pears are served client will receive the canned version – apple sauce or diced pears etc.) and Kosher meals.
- ☒ Participants are aware of the type of menu modifications that are available, and also discussed with their physician if appropriate.
- ☒ All foods served are noted on a master menu including approved menu changes. Keep on file one year.

5. Building & Health Code Compliance

- ☒ Caterers are approved by SOFA. (NYSOFA site listing is up to date).
- ☒ Preparation facilities are inspected annually by the local Health Dept.
- ☒ Reports are available for review.
- ☒ Deficiencies noted have been corrected and documented
- ☒ Suspected outbreaks of foodborne illness are reported immediately to local DOA, MCOFA and NYSOFA.
- ☒ Permits are posted
- ☒ Monitoring reports confirm that the preparation, storage, delivery and service of food/meals comply with Part 14 State Sanitary Code and NYSOFA guidelines and any deficiencies found have been corrected.
- ☒ Food and supplies are properly stored.
- ☒ Leftovers are handled properly.
- ☒ Frozen meals are properly cooled and stored.

- Foods are cooked, cooled, reheated, and held properly (SOFA Manual, 90-TAM-2)
- Food handling, packaging and delivery methods prevent contamination.
- Potentially hazardous foods are held and delivered within acceptable temperatures which are monitored as required.
- Staff practice good hygiene and safety.
- Department of Environmental Conservation (DEC) Certified pest extermination services are used as needed.

6. Fire & Safety Procedures

- Fire extinguishers are inspected annually.
- Fire drills are conducted at least annually.
- All sites have at least two clearly identified and well lit, unobstructed exits.
- Evacuation floor plans/procedures are posted.
- All site staff are trained in the use of fire extinguishers and evacuation procedures.
- Appropriate staff/volunteers are trained to respond to participant illness, accident or other emergencies.

7. Food Service Operations

- Procedures are in place to estimate the number of meals to be prepared and/or served to minimize leftovers.
- Standardized recipes are used.
- Foods are obtained from approved sources.
- USDA Nutrition Services Incentive program payments are used for the purchase of U.S. products.
- Menu items and portion control are consistent with approved menus.
- Food service providers have adequate food production equipment, cold and dry storage and work space.

- ☒ Provider has a sufficient number of trained food production supervisors and staff knowledgeable in food handling, production and service.
- ☒ Food items on production and on-site menus are clearly identified with portion sizes.
- ☒ Food, supply and equipment inventories are properly maintained using such methods as a daily log of requisitions, perpetual inventory, a physical inventory taken at least quarterly, stock, rotation and dating.
- ☒ Food costs are reasonable and accurately determined and calculated on a quarterly basis.
- ☒ Purchasing specifications for food, equipment, and/or supplies are available.
- ☒ Cost effective food purchasing practices are in place and may include quantity, competitive bidding, group purchasing, USDA commodities, Food Banks, etc.

8. Subcontractor Monitoring

A. Describe how the Subcontractor TRIO is monitored to ensure compliance with the above program expectations:

The kitchen where HDM's are produced is monitored 2-3 times per year by an outside auditing firm – EcoSure at the expense of TRIO. Also, the Local Health Inspector inspects the kitchen 1-2 times per year and UR Medicine Home Care – Meals On Wheels dietitian does monthly walk through to ensure compliance.

VII. Conclusions

1. Problems & Concerns

- A. Agency:** No problems or concerns at this time.
- B. Monroe County DHS/Office for the Aging:** As with previous years, it is difficult to reach the goal for average contributions. However, despite the pandemic, they were able to raise more than the previous year.

2. Overall Comments

- A. Agency:** MCOFA staff continues to be supportive and helpful! It is a pleasure working with MCOFA.
- B. Monroe County DHS/Office for the Aging:** The program continues to excel from planning to execution. Budget is utilized and expended properly,

regulations are followed, data is entered, and goals (aside from average contributions) are all met or exceeded. Meals on Wheels managed the quick changes that a pandemic brought at the end of March, expanding their services to accommodate congregate senior centers that closed as well as a large population of older adults that were asked to quarantine themselves and suddenly qualified for meals. They provided this vital service for some center participants well into 2021 until they were able to access center meals again. They almost (185%) doubled the total unduplicated served than their projection and greatly surpassed their case management units as well. Meals on Wheels was and continues to be a cornerstone to help our communities seniors stay safe and ensure their needs are met.

3. Recommendations

A. Agency: None at this time.

B. Monroe County DHS/Office for the Aging: None at this time.

Corrective Action Plan Needed? YES NO Initials: TC; MKS

Follow up needed? YES NO Initials: TC ; MKS



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Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

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HUMAN SERVICES -L
WAYS & MEANS

November 5, 2021

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Authorize a Contract with Crothall Healthcare, Inc. for Management of Plant Operations and Maintenance, Biomedical, Environmental, and Laundry Services at Monroe Community Hospital

Honorable Legislators:

I recommend that Your Honorable Body authorize a contract with Crothall Healthcare, Inc. in a total amount not to exceed \$825,000 for the management of plant operations and maintenance, biomedical, environmental, and laundry services for Monroe Community Hospital ("MCH") for the period of January 1, 2022 through December 31, 2022, with the option to renew for four (4) additional one-year terms, subject to rates increasing annually, by a percentage equal to the annual Consumer Price Index (U.S. City Average CPI-U from the Bureau of Labor Statistics) rate, not to exceed 2.25%.

The MCH facility is over 600,000 square feet in area. To ensure appropriate management of the facilities environmental, laundry and engineering services, it is necessary that MCH contract with a provider that has experience and a proven record in these areas. Crothall Services Group has been the provider of these services since 2003. Their past performance with MCH has been exemplary and they have proven their ability to continue the management services required by MCH.

A Request for Proposals was issued for these services with Crothall Healthcare, Inc. the sole respondent.

The specific legislative action required is to authorize the County Executive, or his designee, to execute a contract and any amendments thereto, with Crothall Healthcare, Inc., 1500 Liberty Ridge Drive, Suite 210, Wayne, Pennsylvania 19087, for the management of plant operations and maintenance, biomedical, environmental, and laundry services for Monroe Community Hospital in a total amount not to exceed \$825,000 for the period of January 1, 2022 through December 31, 2022, with the option to renew for four (4) additional one-year terms, subject to rates increasing annually, by a percentage equal to the annual Consumer Price Index (U.S. City Average CPI-U from the Bureau of Labor Statistics) rate, not to exceed 2.25%.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

Funding for this contract is included in the proposed 2022 operating budget of Monroe Community Hospital, hospital fund 9012, funds centers 6202010000, Maintenance and Repairs, and 6202050000, Environmental Services, and will be requested in future years budgets. No additional net County support is required in the current Monroe County budget.

The records in the Office of the Monroe County Treasury have indicated that neither Crothall Healthcare, Inc., nor any of its principal officers, owe any delinquent Monroe County property taxes. The principal officers of the firm are:

Bobby Kutteh, CEO

Mike Villani, Division President, Environment Services

Bruce Bashwiner, Division President, Facilities Management

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello

Monroe County Executive



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Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Amend Resolution 411 of 2020 to Amend and Increase the Contract with Nurse-Family Partnership (National Service Office) for Support of the Nurse-Family Partnership Program

Honorable Legislators:

I recommend that Your Honorable Body amend Resolution 411 of 2020 to amend and increase the contract with Nurse-Family Partnership (National Service Office) from an amount not to exceed \$35,064 to an amount not to exceed \$38,526 for support of the Nurse-Family Partnership ("NFP") program for the period of January 1, 2021 through December 31, 2021.

This contract will support the County's existing NFP program. The NFP program is an evidence-based nurse home visiting program that has been rigorously evaluated and includes expertly trained nurses delivering the services per a standard curriculum. The NFP program provides home visits to high-risk, first-time mothers, their infants and families to improve their pregnancy outcomes and their health, well-being, and self-sufficiency. The national office of Nurse-Family Partnership provides services to communities in implementing and sustaining the NFP program, including program implementation support, education of nurse home visitors and supervisors and ongoing clinical support, agency management and operations support, evaluation, reporting and quality improvement support, federal policy and program financing support, and marketing and community outreach resources.

The specific legislative action required is to amend Resolution 411 of 2020 to amend and increase the contract with Nurse-Family Partnership (National Service Office), 1900 Grant Street, Suite 400, Denver, Colorado 80203 for support of the Nurse-Family Partnership program from an amount not to exceed \$35,064 to an amount not to exceed \$38,526 for the period of January 1, 2021 through December 31, 2021.

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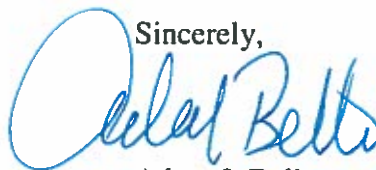
This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) (“routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment”) and is not subject to further review under the State Environmental Quality Review Act.

Funding for this contract is included in the 2021 operating budget of the Department of Public Health, general fund 9001, funds center 5803050000, Nurse-Family Partnership. No additional net County support is required in the current Monroe County budget.

Nurse-Family Partnership is a not-for-profit entity, and the records in the Office of the Monroe County Treasury have indicated that it does not owe any delinquent Monroe County property taxes.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

AJB:db



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Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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HUMAN SERVICES -L
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To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Authorize a Contract with Nurse-Family Partnership (National Service Office) for Support of the Nurse-Family Partnership Program

Honorable Legislators:

I recommend that Your Honorable Body authorize a contract with Nurse-Family Partnership (National Service Office) in an amount not to exceed \$45,960 for support of the Nurse-Family Partnership ("NFP") program for the period of January 1, 2022 through December 31, 2022.

This contract will support the County's existing NFP program. The NFP program is an evidence-based nurse home visiting program that has been rigorously evaluated and includes expertly trained nurses delivering the services per a standard curriculum. The NFP program provides home visits to high-risk, first-time mothers, their infants and families to improve their pregnancy outcomes and their health, well-being, and self-sufficiency. The national office of Nurse-Family Partnership provides services to communities in implementing and sustaining the NFP program, including program implementation support, education of nurse home visitors and supervisors and ongoing clinical support, agency management and operations support, evaluation, reporting and quality improvement support, federal policy and program financing support, and marketing and community outreach resources.

It has been determined that Nurse-Family Partnership (National Service Office) is a sole source provider for the NFP program services as they have the exclusive rights to replicate the NFP program.

The specific legislative action required is to authorize the County Executive, or his designee, to execute a contract and any amendments thereto with Nurse-Family Partnership (National Service Office), 1900 Grant Street, Suite 400, Denver, Colorado 80203 for support of the Nurse-Family Partnership program in an amount not to exceed \$45,960 for the period of January 1, 2022 through December 31, 2022.

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This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) (“routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment”) and is not subject to further review under the State Environmental Quality Review Act.

Funding for this contract is included in the proposed 2022 operating budget of the Department of Public Health, general fund 9001, funds center 5803050000, Nurse-Family Partnership. No additional net County support is required in the current Monroe County budget.

Nurse-Family Partnership is a not-for-profit entity, and the records in the Office of the Monroe County Treasury have indicated that it does not owe any delinquent Monroe County property taxes.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

AJB:db

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Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Acceptance of a Grant from Health Research, Inc. for the Overdose Data to Action Program (Office of the Medical Examiner's Forensic Toxicology Laboratory)

Honorable Legislators:

I recommend that Your Honorable Body accept a grant from Health Research, Inc. in the amount of \$42,396 for the Overdose Data to Action Program (Office of the Medical Examiner's Forensic Toxicology Laboratory) for the period of September 1, 2021 through August 31, 2022.

The purpose of this grant is to support quality postmortem toxicology testing in the Monroe County Office of the Medical Examiner's Forensic Toxicology Laboratory. This program provides postmortem forensic toxicology services to aid in the determination of cause and manner of deaths. Funds will be used to purchase standards and supplies necessary to analyze for prescription medications and commonly distributed illicit drugs and for preventive and routine maintenance of several laboratory instruments including Gas Chromatograph/Mass Spectrometers, Liquid Chromatograph/Mass Spectrometers, and Headspace Gas Chromatographs. These technologies are integral to the analytical capabilities of the laboratory. This will be the third year the County has received this grant. This year's funding represents the same amount as last year.

The specific legislative actions required are:

1. Authorize the County Executive, or his designee, to accept a \$42,396 grant from, and to execute a contract and any amendments thereto with, Health Research, Inc. for the Overdose Data to Action Program for the period of September 1, 2021 through August 31, 2022.
2. Amend the proposed 2022 operating budget of the Department of Public Health by appropriating the sum of \$42,396 into general fund 9300, funds center 5804020000, Forensic Laboratory.
3. Authorize the County Executive to appropriate any subsequent years of the grant award in accordance with the grant terms, to reappropriate any unencumbered balances during the grant period according to the grantor requirements, and to make any necessary funding modifications within the grant guidelines to meet contractual commitments.

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4. Should funding of this program be modified or terminated for any reason, the County Executive is hereby authorized to terminate or modify the program and, where applicable, to terminate or abolish some or all positions funded under such program. Any termination or abolishment of positions shall be in accordance with New York State Civil Service Law and, when applicable, the terms of any labor agreement affecting such positions.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) (“routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment”) and (31) (“purchase or sale of furnishings, equipment or supplies, including surplus government property, other than the following: land, radioactive material, pesticides, herbicides, or other hazardous materials”) and is not subject to further review under the State Environmental Quality Review Act.

This grant is 100% funded by Health Research, Inc. No net County support is required in the current Monroe County budget.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,


Adam J. Bello
Monroe County Executive

AJB:db



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Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Acceptance of a Grant from the New York State Governor's Traffic Safety Committee for the Comprehensive Toxicology Testing in Driving Under the Influence and Driving Under the Influence of Drugs Program (Office of the Medical Examiner)

Honorable Legislators:

I recommend that Your Honorable Body accept a grant from the New York State Governor's Traffic Safety Committee in the amount of \$46,925 for the Comprehensive Toxicology Testing in Driving Under the Influence and Driving Under the Influence of Drugs Program for the period of October 1, 2021 through September 30, 2022.

The purpose of this grant is to improve highway safety by expanding the forensic toxicology services provided by the Office of the Medical Examiner's Forensic Toxicology Laboratory ("Tox Lab") in alcohol and drugged driving impairment cases. The Tox Lab provides alcohol and comprehensive drug testing as well as expert testimony in driving impairment cases. This grant facilitates this work by providing resources necessary for the laboratory to maintain its services, perform method development and validation as needed to expand the scope of drugged driving testing to include novel compounds currently being widely abused, and to analyze regional trends in drugged driving. In addition, the grant provides training funds to enhance the expertise of analysts when testifying regarding the effects of drugs on driving performance. This will be the tenth year the County has received this grant. This year's funding represents a decrease of \$5,620 from last year.

The specific legislative actions required are:

- 1. Authorize the County Executive, or his designee, to accept a \$46,925 grant from, and to execute a contract and any amendments thereto with, the New York State Governor's Traffic Safety Committee for the Comprehensive Toxicology Testing in Driving Under the Influence and Driving Under the Influence of Drugs Program for the period of October 1, 2021 through September 30, 2022.
2. Authorize the County Executive to appropriate any subsequent years of the grant award in accordance with the grant terms, to reappropriate any unencumbered balances during the grant period according to the grantor requirements, and to make any necessary funding modifications within the grant guidelines to meet contractual commitments.

3. Should funding of this program be modified or terminated for any reason, the County Executive is hereby authorized to terminate or modify the program and, where applicable, to terminate or abolish some or all positions funded under such program. Any termination or abolishment of positions shall be in accordance with New York State Civil Service Law and, when applicable, the terms of any labor agreement affecting such positions.

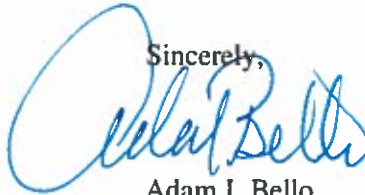
This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

Funding for this grant is included in the proposed 2022 operating budget of the Department of Public Health, general fund 9001, funds center 5804020100, Forensic Lab/DUI.

This grant is 100% funded by the New York State Governor's Traffic Safety Committee. No additional net County support is required in the current Monroe County budget.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

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Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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HUMAN SERVICES -L
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To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Authorize a Contract with Rochester General Hospital to Provide Human Post-exposure Rabies Prophylaxis Services for the Monroe County Department of Public Health

Honorable Legislators:

I recommend that Your Honorable Body authorize a contract with Rochester General Hospital in an amount not to exceed \$109,997 to provide human post-exposure rabies prophylaxis services for the Monroe County Department of Public Health for the period of January 1, 2022 through December 31, 2022, with the option to renew for four (4) additional one-year terms in an amount not to exceed \$109,997 per year.

This vendor will provide human rabies post-exposure treatment services at the Rochester Regional Health Immediate Care Wilson location.

A Request for Proposals was issued for this contract with Rochester General Hospital the sole responder.

The specific legislative action required is to authorize the County Executive, or his designee, to execute a contract and any amendments thereto with Rochester General Hospital, 1425 Portland Avenue, Rochester, New York 14621, to provide human post-exposure rabies prophylaxis services for the Monroe County Department of Public Health in an amount not to exceed \$109,997 for the period of January 1, 2022 through December 31, 2022, with the option to renew for four (4) additional one-year terms in an amount not to exceed \$109,997 per year.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

Funding for this contract is included in the proposed 2022 operating budget of the Department of Public Health, general fund 9001, funds centers 5806050000, Sanitation, and 5806080100, Rabies Reimbursement Program, and will be included in future years' budgets. No additional net County support is required in the current Monroe County budget.

Rochester General Hospital is a not-for-profit entity, and the records in the Office of the Monroe County Treasury have indicated that it does not owe any delinquent Monroe County property taxes.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,


Adam J. Bello
Monroe County Executive

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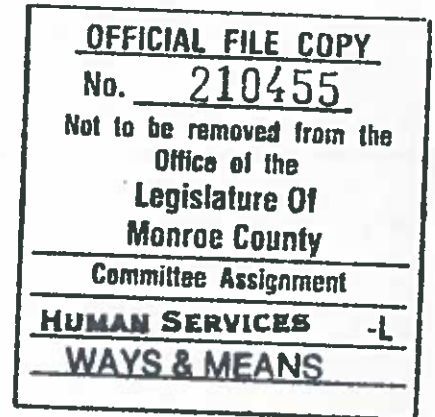
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Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive



November 5, 2021

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Authorize a Contract with Finger Lakes Health Systems Agency d/b/a Common Ground Health for Regional Health Planning Services

Honorable Legislators:

I recommend that Your Honorable Body authorize a contract with Finger Lakes Health Systems Agency d/b/a Common Ground Health in an amount not to exceed \$30,000 for regional health planning services for the period of January 1, 2022 through December 31, 2022, with the option to renew for two (2) additional one-year terms, with each additional term in an annual amount not to exceed \$30,000.

This contract will support the County's Community Health Improvement Program. Finger Lakes Health Systems Agency d/b/a Common Ground Health will provide research, data and analytic support to collaborative community initiatives to: support the defining of County health priorities and needs; identify health/health care disparities; support the development of strategies to address gaps in local health care service delivery; and support the work of the African American and Latino Health coalitions in addressing the health disparities in these populations.

It has been determined that Finger Lakes Health Systems Agency d/b/a Common Ground Health is a sole source provider for these services.

The specific legislative action required is to authorize the County Executive, or his designee, to execute a contract, and any amendments thereto, with Finger Lakes Health Systems Agency d/b/a Common Ground Health, 1150 University Avenue, Rochester, New York 14607, for regional health planning services in an amount not to exceed \$30,000 for the period of January 1, 2022 through December 31, 2022, with the option to renew for two (2) additional one-year terms, with each additional term in an annual amount not to exceed \$30,000.

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This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) (“routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment”) and is not subject to further review under the State Environmental Quality Review Act.

Funding for this contract is included in the proposed 2022 operating budget of the Department of Public Health, general fund 9001, funds center 5809010000, Epidemiology and Disease Control, and will be requested in future years’ budgets. No additional net County support is required in the current Monroe County budget.

Finger Lakes Health Systems Agency d/b/a Common Ground Health is a not-for-profit entity, and the records in the Office of the Monroe County Treasury have indicated that it does not owe any delinquent Monroe County property taxes.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,


Adam J. Bello
Monroe County Executive

AJB:db



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Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Authorize a Contract with the University of Rochester for the Monroe County Department of Public Health Sexually Transmitted Disease Program and Other Nursing Services Division Programs

Honorable Legislators:

I recommend that Your Honorable Body authorize a contract with the University of Rochester in an amount not to exceed \$900,505 for clinical and prevention services for the Monroe County Department of Public Health Sexually Transmitted Disease ("STD") Program and other Nursing Services Division programs for the period of January 1, 2022 through December 31, 2022, with the option to renew for four (4) additional one-year terms in an amount not to exceed \$900,505 annually.

This contract will support the County's STD Program and other clinics in the Nursing Services Division programs. The University of Rochester Disease Control Unit will provide diagnosis, care, staff education, referrals and risk reduction services to high risk individuals seen in county clinics as needed. The additional dollars will provide for a nurse to be used in a cross-clinic capacity with the STD clinic, Tuberculosis clinic, and Immunization clinic in an effort to reach individuals who are high risk and require a coordinated treatment plan by various County clinics.

A Request for Qualifications was issued for this contract with the University of Rochester the sole responder.

The specific legislative action required is to authorize the County Executive, or his designee, to execute a contract and any amendments thereto with the University of Rochester, 601 Elmwood Avenue, Rochester, New York, 14642, for clinical and prevention services for the Monroe County Department of Public Health Sexually Transmitted Disease Program and other Nursing Services Division programs in an amount not to exceed \$900,505 for the period of January 1, 2022 through December 31, 2022, with the option to renew for four (4) additional one-year terms in an amount not to exceed \$900,505 annually.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) (“routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment”) and is not subject to further review under the State Environmental Quality Review Act.

Funding for this contract is included in the proposed 2022 operating budget of the Department of Public Health, general fund 9001, funds center 5802030100, STD Clinic. No additional net County support is required in the current Monroe County budget.

The University of Rochester is a not-for-profit entity, and the records in the Office of the Monroe County Treasury have indicated that it does not owe any delinquent Monroe County property taxes.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

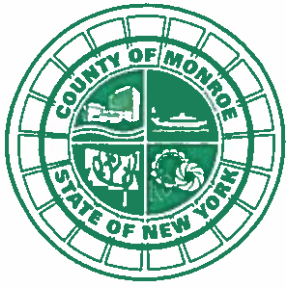
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Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Authorize Contracts to Provide Nursing and Health Care Provider Services for the Monroe County Department of Public Health

Honorable Legislators:

I recommend that Your Honorable Body authorize contracts with Reliant Staffing Systems, Inc., d/b/a Career Start and The Caswood Group, Inc. in a total aggregate amount not to exceed \$354,110 to provide nursing and public health care provider services for the Monroe County Department of Public Health for the period of January 1, 2022 through December 31, 2022, with the option to renew for four (4) additional one-year terms, with each additional term in a total annual aggregate amount not to exceed \$354,110.

These vendors will provide licensed nurses and other health care providers to work in the Monroe County Department of Public Health Nursing Services and Maternal Child Health Divisions, to support the County's Tuberculosis (TB) Control, Immunization, Starlight Pediatrics, and Public Health Preparedness Programs.

Requests for Qualifications were issued for these contracts, with Reliant Staffing Systems, Inc., d/b/a Career Start and The Caswood Group, Inc., selected as the most qualified to provide these services.

The specific legislative action required is to authorize the County Executive, or his designee, to execute a contract and any amendments thereto, with Reliant Staffing Systems, Inc., d/b/a Career Start, 19 Cambridge Street, Rochester, New York 14607; and The Caswood Group, Inc., 811 Ayrault Road, Suite 2, Fairport, New York 14450, to provide nursing and public health care provider services for the Monroe County Department of Public Health in a total aggregate amount not to exceed \$354,110 for the period of January 1, 2022 through December 31, 2022, with the option to renew for four (4) additional one-year terms, with each additional term in a total annual aggregate amount not to exceed \$354,110 per year.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) (“routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment”) and is not subject to further review under the State Environmental Quality Review Act.

Funding for these contracts is included in the proposed 2022 operating budget of the Department of Public Health, general funds 9001 and 9300, funds centers 5802020000, Tuberculosis Control Programs, 5802050100, Immunization Programs, 5802070000, Pediatric Clinic, and 5801090000, Public Health Preparedness. No additional net County support is required in the current Monroe County budget.

The records in the Office of the Monroe County Treasury have indicated that neither Reliant Staffing Systems, Inc., d/b/a Career Start nor The Caswood Group, Inc., nor any of their principal officers, owe any delinquent Monroe County property taxes. The principal officers of the firms are:

Reliant Staffing Systems, Inc., d/b/a Career Start, Owner: Lindsay McCutchen
The Caswood Group, Inc., President and CEO: Isabel Casamayor

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,


Adam J. Bello
Monroe County Executive

AJB:db



ATTACHMENTS:

Description File Name

▣ Referral R21-0461.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

OFFICIAL FILE COPY
No. <u>210461</u>
Not to be removed from the Office of the Legislature Of Monroe County
Committee Assignment
HUMAN SERVICES -L
WAYS & MEANS

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Acceptance of a Grant from the Office of Temporary and Disability Assistance for Home Energy Assistance Program District Administrative Allocations

Honorable Legislators:

I recommend that Your Honorable Body accept a grant from the Office of Temporary and Disability Assistance in the amount of \$2,088,454 for Home Energy Assistance Program ("HEAP") District Administrative Allocations for the period of April 1, 2021 through September 30, 2022.

This award reflects additional funding available for the Low-Income Home Energy Assistance Program made available to states under the American Rescue Plan Act. The grant will be used for staff salaries and overtime (including fringe benefits and indirect costs), temporary staffing services, alternate certifier contract costs, and equipment purchases to aid in the administration of HEAP. This is the first year Monroe County has received this grant.

The specific legislative actions required are:

1. Authorize the County Executive, or his designee, to accept a \$2,088,454 grant from, and to execute a contract and any amendments thereto with, the Office of Temporary and Disability Assistance for the Home Energy Assistance Program ("HEAP") District Administrative Allocations for staff salaries and overtime (including fringe benefits and indirect costs), temporary staffing services, alternate certifier contract costs, and equipment purchases to aid in the administration of HEAP for the period of April 1, 2021 through September 30, 2022.
2. Amend the 2021 operating budget of the Department of Human Services, Division of Social Services by appropriating the sum of \$2,088,454 into general fund 9300, funds center 5103170000, HEAP.
3. Authorize the County Executive to appropriate any subsequent years of the grant award in accordance with the grant terms, to reappropriate any unencumbered balances during the grant period according to the grantor requirements, and to make any necessary funding modifications within grant guidelines to meet contractual commitments.

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4. Should funding of this program be modified or terminated for any reason, the County Executive is hereby authorized to terminate or modify the program and, where applicable, to terminate or abolish some or all positions funded under such program. Any termination or abolishment of positions shall be in accordance with New York State Civil Service Law and, when applicable, the terms of any labor agreement affecting such positions.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

This grant is 100% funded by the Office of Temporary and Disability Assistance. No net County support is required in the current Monroe County budget.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive

AJB:db



ATTACHMENTS:

Description File Name

▣ Referral R21-0464.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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No. <u>210464</u>
Not to be removed from the Office of the Legislature Of Monroe County
Committee Assignment
HUMAN SERVICES -L
WAYS & MEANS

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Amend Resolution 294 of 2020 to Amend and Increase the Contracts for the Provision of Forensic Pathology Services to the Monroe County Office of the Medical Examiner

Honorable Legislators:

I recommend that Your Honorable Body amend Resolution 294 of 2020 to amend and increase the contracts with the individuals listed in Attachment A, from a total aggregate amount not to exceed \$76,935 to a total aggregate amount not to exceed \$111,935 for the provision of forensic pathology services to the Monroe County Office of the Medical Examiner ("MCOME"), on an as needed basis, for the period of January 1, 2021 through December 31, 2021, with the option to renew for two (2) additional one-year periods, in a total aggregate amount not to exceed \$76,935 per year.

Currently, there are only two (2) full-time Forensic Pathologists at the MCOME to address the nearly 4,000 cases received annually. While a search is being conducted for two (2) additional full-time Forensic Pathologists, these contracts are needed to ensure continued operations. Under the terms of these contracts, the individuals in Attachment A will provide forensic pathology services on an as-needed basis, as determined by the Monroe County Medical Examiner and will perform those necessary examinations in a manner consistent with currently acceptable forensic pathology practices.


The specific legislative action required is to amend Resolution 294 of 2020 to amend and increase the contracts with the individuals listed in Attachment A for the provision of forensic pathology services at the Monroe County Office of the Medical Examiner, on an as-needed basis, paid at the agreed rate, from a total aggregate amount not to exceed \$76,935 to a total aggregate amount not to exceed \$111,935 for the period of January 1, 2021 through December 31, 2021, with the option to renew for two (2) additional one-year periods, in a total aggregate amount not to exceed \$76,935 per year.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to review under the State Environmental Quality Review Act.

Funding for these contracts is included in the 2021 operating budget of the Department of Public Health, general funds 9001 and 9300, funds center 5804010000, Forensic Pathology & Administration. No additional net County support is required in the current Monroe County budget.

The records in the Office of the Monroe County Treasury have indicated that none of the individuals listed in Attachment A owe any delinquent Monroe County property taxes.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,

Adam J. Bello
Monroe County Executive

AJB:db

ATTACHMENT A
Contractors for
Forensic Pathology Services positions in
Monroe County Office of the Medical Examiner

Kristen Landi, MD	152 Tier Street 210C, Bronx, NY 10464
Michael J. Greenberg, MD	257 Roselhill Avenue, New Rochelle, NY 10804
Jeremy Stuelpnagel, MD	PO Box 1095, New York, NY 10028
Kia K. Newman, MD	344 Abbey Road, Mount Tremper, NY 12457

*Approved subcontractors as of October 26, 2021; may be updated throughout the year



ATTACHMENTS:

Description File Name

▣ Referral R21-0465.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 5, 2021

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No. <u>210465</u>
Not to be removed from the Office of the Legislature Of Monroe County
Committee Assignment
HUMAN SERVICES -L
WAYS & MEANS

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Acceptance of the Round 3 Coronavirus Emergency Support Grant from the Mother Cabrini Health Foundation, through the Foundation for Long Term Care, to support COVID-related Expenses at Monroe Community Hospital

Honorable Legislators:

I recommend that Your Honorable Body accept the Round 3 Coronavirus Emergency Support Grant from the Mother Cabrini Health Foundation, through the Foundation for Long Term Care, in a total amount not to exceed \$25,600 to support COVID-related expenses at Monroe Community Hospital ("MCH") for the period of April 1, 2021 through June 30, 2022.

The Foundation for Long Term Care, the non-profit education and research foundation of LeadingAge New York, has awarded MCH this grant based on its sizeable census of Medicaid and/or Supplemental Security Income beneficiaries and the impact of COVID on its operation and residents. MCH is required to provide the Foundation for Long Term Care with a report on the usage of the grant funds and accomplishments and challenges pertaining to the use of the grant. This will be the first year the County has received this grant.

The specific legislative actions required are:

1. Authorize the County Executive, or his designee, to accept a Round 3 Coronavirus Emergency Support Grant in a total amount not to exceed \$25,600 from, and to authorize a contract and any amendments thereto with, the Mother Cabrini Health Foundation, through the Foundation for Long Term Care, to support COVID-related expenses at Monroe Community Hospital for the period of April 1, 2021 through June 30, 2022.
2. Amend the 2021 operating budget of the Monroe Community Hospital by appropriating the sum of \$25,600 into hospital fund 9012 funds center 6201010000, MCH Administration.

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3. Authorize the County Executive to appropriate any subsequent years of the grant award in accordance with the grant terms, to reappropriate any unencumbered balances during the grant period according to the grantor requirements, and to make any necessary funding modifications within grant guidelines to meet contractual commitments.
4. Should funding of this program be modified or terminated for any reason, the County Executive is hereby authorized to terminate or modify the program and, where applicable, to terminate or abolish some or all positions funded under such program. Any termination or abolishment of positions shall be in accordance with New York State Civil Service Law and, when applicable, the terms of any labor agreement affecting such positions.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

This grant is 100% funded by the Round 3 Coronavirus Emergency Support Grant from the Mother Cabrini Health Foundation, through the Foundation for Long Term Care. No net County support is required in the current Monroe County budget.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,



Adam J. Bello
Monroe County Executive



ATTACHMENTS:

Description File Name

▣ Referral R21-0472.pdf



Office of the County Executive

Monroe County, New York

Adam J. Bello
County Executive

November 19, 2021

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No.	<u>210412</u>
Not to be removed from the Office of the Legislature Of Monroe County	
Committee Assignment	
HUMAN SERVICES	-L
WAYS & MEANS	

To The Honorable
Monroe County Legislature
407 County Office Building
Rochester, New York 14614

Subject: Amend Resolution 412 of 2020 to Amend and Increase the Contract with Rochester Regional Health, through its Rochester General Hospital Permitted Laboratories, to Provide Clinical Laboratory Services for the Monroe County Department of Public Health

Honorable Legislators:

I recommend that Your Honorable Body amend Resolution 412 of 2020 to amend and increase the contract with Rochester Regional Health from an amount not to exceed \$284,000 to an amount not to exceed \$706,000, to provide clinical laboratory services through its Rochester General Hospital Permitted Laboratories for the Monroe County Department of Public Health ("MCDPH") for the period of January 1, 2021 through December 31, 2021 with the option to renew for two (2) additional one-year terms, with each additional term in an amount not to exceed \$706,000 per year.

This contract will support the County's Tuberculosis Control Program, Sexually Transmitted Disease Clinic and Control Program, and the Office of the Medical Examiner. This vendor will provide clinical laboratory services including but not limited to microbiological and hematological testing of specimens submitted by the MCDPH. The increase in the amount of the contract is due to testing and staff costs.

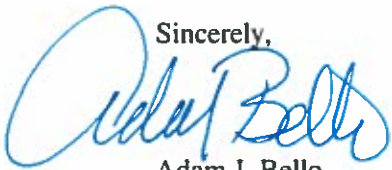
The specific legislative action required is to amend Resolution 412 of 2020 to amend and increase the contract with Rochester Regional Health, 1425 Portland Avenue, Rochester, New York 14621, to provide clinical laboratory services through its Rochester General Hospital Permitted Laboratories for the Monroe County Department of Public Health from an amount not to exceed \$284,000 to an amount not to exceed \$706,000 for the period of January 1, 2021 through December 31, 2021 with the option to renew for two (2) additional one-year terms, with each additional term in an amount not to exceed \$706,000 per year.

This action is a Type II Action pursuant to 6 NYCRR § 617.5(c)(26) ("routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment") and is not subject to further review under the State Environmental Quality Review Act.

Funding for this contract is included in the 2021 operating budget of the Department of Public Health, general funds 9001 and 9300, funds centers 5802020000, Tuberculosis Control Programs, 5802030100, STD Clinic, 5802030200, STD Investigation & Prevention and 5804010000, Forensic Pathology & ME Admin, and will be included in future years' budgets. No additional net County support is required in the current Monroe County budget.

Rochester Regional Health is a not-for-profit entity, and the records in the Office of the Monroe County Treasury have indicated that it does not owe any delinquent Monroe County property taxes.

I recommend that this matter be referred to the appropriate committee(s) for favorable action by Your Honorable Body.

Sincerely,

Adam J. Bello
Monroe County Executive

AJB:db



ATTACHMENTS:

Description File Name

▣ Referral R21-0475.pdf



Monroe County Legislature

CALVIN LEE, JR.

Acting Black & Asian Democratic Caucus Leader – District 25

VINCENT R. FELDER

Minority Leader – District 22

SABRINA LAMAR

Assistant Black & Asian Democratic Caucus Leader – District 27

FRANK KEOPHETLAS

Legislator – District 28

ERNEST FLAGLER-MITCHELL

Legislator – District 29

November 9, 2021

To the Honorable
Monroe County Legislature
407 County Office Building
Rochester, NY 14614

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No. <u>210475</u>
Not to be removed from the Office of the Legislature of Monroe County
Committee Assignment
PUBLIC SAFETY -L
HUMAN SERVICES

Subject: Adopting Policies to Address Racial Inequities in Monroe County

Honorable Legislators:

In March of this year, the Commission on Racial and Structural Equity (RASE) issued a report that found that people of color are “excluded from opportunities that could enhance their economic, social and mental health,” while declaring that the entire County of Monroe has a racial problem. As the report puts it, **“NO TIME FOR EXCUSES: IT’S TIME FOR ACTION.”**

As a part of its report, the RASE Commission proposed five systemic solutions to help resolve the problem of racial inequity in Monroe County:

1. Create and invest in sustainable economic opportunities in Black and Latinx communities to promote and maintain self-sufficiency, entrepreneurship and career advancement.
2. Implement and incentivize practices and programs that increase the racial/ethnic diversity and cultural competence of employees, vendors, and contractors.
3. End practices that disproportionately drain resources from Black and Latinx communities.
4. Decentralize services and embed them in trusted agencies throughout the community.
5. Embed accountability measures in all policies to ensure equity and fairness across all services, programs and delivery models.

In the report, the Commission makes recommendations that we urge This Honorable Body to adopt in order to address the racial inequity that has been discovered through the thorough work of the RASE Commission and its nine subcommittees. In our research, we also had multiple meetings with representatives from the Erie County Office of Equal Employment Opportunity, where many of the suggestions the RASE Commission gave to Monroe County and the City of Rochester have already been implemented. Because of the similar sizes of Erie

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Phone: (585) 753-1951

and Monroe Counties, we can use them as a blueprint to see how a County of our size can have some of the programs and policies we are recommending to This Honorable Body.

The specific legislative actions required are:

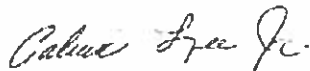
1. Direct the County Executive, or his designee, to create a local process allowing businesses to become MWBE certified in lieu of the process laid out by New York State.
2. Direct the County Executive, or his designee, to redesign civil service functions to ensure equitable and unobstructed access to qualified applicants.
3. Direct the County Executive, or his designee, to create a process that ensures all potential contractors have diversity, equity, and inclusion policies in place.
4. Direct the County Executive, or his designee, to create a community-based program for youth facing criminal charges that includes counseling and mentorship, restorative justice circles, case managers who create a comprehensive plan with parents and youth, respite services, and a forensic psychiatric specialist equipped to handle youth with complex mental health issues.
5. Direct the County Executive, or his designee, to make a good faith effort to decentralize Monroe County Department of Public Health services and put locations in neighborhoods with high populations of BIPOC.
6. Direct the County Executive, or his designee, to create a racial justice task force comprised of the major players in the criminal justice system and community members to meet quarterly to review local criminal justice data and identify additional strategies to eliminate racial disparities.
7. Direct the County Executive to provide a plan, process, and implementation timeline to the Monroe County Legislature on or before December 15, 2021 as to the status of the directives outlined in this resolution as well as other recommendations from the Commission of Racial and Structural Equality.

The legislative action requested in this referral is not an “Action” as that term is defined in 6 NYCRR § 617.2(b), and is not subject to review under the State Environmental Quality Review Act.

This action will have no impact on the revenues or expenditures of the current Monroe County Budget.

We recommend this matter be referred to the appropriate committee(s) for favorable action by this Honorable Body. We also ask that it be deemed a Matter of Importance so it may be considered during this month’s committee cycle of the Monroe County Legislature.

Respectfully Submitted,



CALVIN LEE, JR.

Acting Black & Asian Democratic Caucus Leader – District 25



VINCENT R. FELDER

Minority Leader – District 22



SABRINA LAMAR

Assistant Black & Asian Democratic Caucus Leader – District 27



FRANK KEOPHETLASY

Legislator – District 28



ERNEST FLAGLER-MITCHELL

Legislator – District 29

By Legislators _____ and _____

Intro No. _____

RESOLUTION NO. _____ OF 2021

ADOPTING POLICIES TO ADDRESS RACIAL INEQUITIES IN MONROE COUNTY

BE IT RESOLVED THE LEGISLATURE OF THE COUNTY OF MONROE, as follows:

Section 1: The County Executive, or his designee, is hereby directed to create a local process allowing businesses to become MWBE certified in lieu of the process laid out by New York State; to redesign civil service functions to ensure equitable and unobstructed access to qualified applicants; to create a process that ensures all potential contractors have diversity, equity, and inclusion policies in place; to create a community-based program for youth facing criminal charges that includes counseling and mentorship, restorative justice circles, case managers who create a comprehensive plan with parents and youth, respite services, and a forensic psychiatric specialist equipped to handle youth with complex mental health issues; to make a good faith effort to decentralize Monroe County Department of Public Health services and put locations in neighborhoods with high populations of BIPOC; and to create a racial justice task force comprised of the major players in the criminal justice system and community members to meet quarterly to review local criminal justice data and identify additional strategies to eliminate racial disparities.

Section 2: The County Executive shall provide a plan, process, and implementation timeline to the Monroe County Legislature on or before December 15, 2021 as to the status of the directives outlined in this resolution as well as other recommendations from the Commission of Racial and Structural Equality.

Section 3: This resolution shall take effect in accordance with Section C2-7 of the Monroe County Charter.

File No. 21-0____

ADOPTION: Date: _____ Vote: _____

ACTION BY THE COUNTY EXECUTIVE

APPROVED: _____ VETOED: _____

SIGNATURE: _____ DATE: _____

EFFECTIVE DATE OF RESOLUTION: _____