

City of Burlington / 2014 CDBG Application Form

Project Name: Case Management for Seniors

Project Location / Address: City of Burlington Vermont

Applicant Organization / Agency: CVAA – Champlain Valley Agency on Aging

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EIN #: 22-2474636 DUNS #: 034409102000

CDBG Funding Request: \$ <u>24,000</u>
Check <u>ONE</u>:
<input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years
(Equal Access, Health) (Housing, Homeless, Hunger)

1. Type of Organization

- | | |
|---|--|
| <input type="checkbox"/> Local Government | <input checked="" type="checkbox"/> Non-Profit Organization (please provide copy of your IRS 501(c)(3) tax exemption letter) |
| <input type="checkbox"/> For-Profit Organization | <input type="checkbox"/> Institution of Higher Education |
| <input type="checkbox"/> Faith-Based Organization | |

2. Conflict of Interest: Please complete and sign attached form.

3. List of Board of Directors: Please attach.

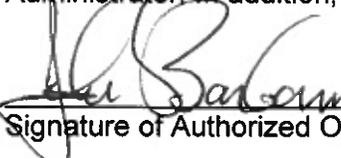
Certification

To the best of my knowledge and belief, data in this proposal are true and correct.

I have been duly authorized to apply for this funding on behalf of this agency.

I understand that this grant funding is conditioned upon compliance with federal CDBG regulations.

I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator. In addition, this project is ready to proceed as of July 1, 2014.



Signature of Authorized Official

John Barbour

Name of Authorized Official

Executive Director

Title

January 13, 2014

Date

I. Demonstrated Need

1. What is the need/opportunity being addressed by this program/project and how does that contribute to CDBG's national objectives?

CVAA Case Management for seniors contributes to CDBG's national objective of providing a direct benefit to a targeted population of low and moderate income persons through provision of services.

CVAA serves all seniors 60 years of age and older and younger people with disabilities when they are eligible for CFC (Choices for Care long term care services) and choose CVAA for case management. Our priorities are serving those seniors who are the most at risk physically/medically, economically, and socially. The case management program provides direct service to seniors with the goals of helping the individuals meet their monthly living expenses; obtain or maintain housing; prevent homelessness; obtain in-home services to prevent nursing home placement; support individuals identified as "self-neglect" and educate and empower seniors to get their needs met.

This past Fiscal year CVAA received over 9,900 calls on our Senior HelpLine from seniors, caregivers, family members, physicians, home care agencies, adult day programs, etc. requesting information and referrals for services. 11% (1,105) of those calls were for/from Burlington seniors. Over 85 of the Burlington callers were referred for Case Management; 81 were referred for Long Term Care Options Counseling; 70 were provided with assistance with 3SQVT; 255 were assisted with Health Care issues including Medicare Part D enrollment, Medicaid and other health care programs; there were 12 Self-Neglect referrals and 156 individuals needing help with housing issues.

II. Program/Project Design

1. Describe the program/project activities. [UWCC]

The CVAA Case Management program provides individual, one-on-one options counseling, person-centered planning, decision-making support, service coordination and ongoing case management. These services are provided in the senior's home and are intended to thoroughly address the self-identified needs of the individual in a way that will provide the information, services, benefits and follow-up that will help the senior to remain independent and in the setting of choice. Clients receive a person-centered assessment that helps the individual identify the concerns that are the most important to them and choose how they want to address/resolve them once they are presented with the options. The case manager provides decision support and referrals for programs and services and helps empower the client to follow through to meet their goals. We also provide case management services for individuals identified in the community as self-neglect. Many of these individuals lack family or community supports, they are often isolated, have dementias or mental illness or have issues like hoarding or behaviors that put their ability to maintain their residence at risk. We are mandated reporters and are required to report cases of abuse, neglect or exploitation to Adult Protective Services and receive many referrals from APS for self-neglect individuals. The 5 AAAs provide Care Advisor services to a small number of Veterans, from around the state, who are in need of nursing home services but prefer to remain in their own homes. The program is a collaborative effort with the VA to provide funds so that veterans can hire caregivers to supplement VA services to help them remain at home.

2. Why the program/project is designed the way it is? Explain why the program activities are the right strategies to use to achieve the intended outcomes. [UWCC]

Our program adheres to case management standards that are based on ACL (Administration on Community Living – formerly Administration on Aging) federal guidelines and DAIL quality assurance standards. Over the past three years we have adopted person-centered planning practices that have long been standard practices for services with other populations. While our services have always been directed by the individuals we serve, person-centered planning assures that the goals identified are those of the individual rather than the assessor. Nationally, Options Counseling Standards have been developed and are being implemented for ADRCs (Aging and Disability Resource Centers) across the country. As members of the Vermont ADRC, the Vermont aging and disability network has been involved in working with ACL to develop these standards across the country. The standards provide protocols and best practices related to person-centered planning and motivational interviewing. Our program is designed to conform to these best practices as a means of helping seniors and their caregivers identify needs, set goals and provide the information and support needed to make informed decisions about services and programs for long term care and independent living in their setting of choice.

Our case management program activities are determined by the needs of the seniors we serve. National and state data identify trends and issues that impact seniors and provide some target areas for our program, including the following: 1) Over the past 10 years the state of Vermont has been focused on "re-balancing long term care" both as a

cost saving measure and to better serve the long term care population who prefer to receive services in their own homes instead of in nursing homes or other institutions. The state goal is to achieve at least a 50/50 balance between nursing home and home based long term care services. 2) The national and statewide initiatives to provide coordinated services to address chronic health care issues also impacts the activities of our case management program. Access to affordable health care and mental health services are a major factor for seniors seeking care. Depression is a treatable medical illness that impacts an individual’s ability to function cognitively and control chronic disease. Six percent of people ages 65 and older in a given year, have a diagnosable depressive illness that affects approximately 25 percent of those with chronic illness, yet few seniors in Vermont seek mental health treatment. 3) Six percent of Vermont seniors are living with food insecurity, i.e. cannot afford either enough food or enough nutritious food. 4) Forty percent of older-owner/renter households (households with a householder or spouse age 65 and over) have housing problems. The most prevalent housing problem is cost burden (expenditures on housing and utilities that exceed 30 percent of household income) and it has been increasing over time. 5) Large out-of-pocket expenditures for health care services have been shown to impede access to care, affect health status and quality of life, and leave insufficient resources for other necessities. Forty-one percent of out-of-pocket health care spending by people age 65 and over was used to purchase prescription drugs.

3. How will this program/project contribute to the City’s anti-poverty strategy?

This project contributes to the City’s anti-poverty strategy, specifically “meeting basic needs and stabilizing living situations, including access to and retention of affordable housing and to income supports”. Another strategy that this project supports is “decreasing social isolation and increasing social capital, especially for marginalized populations”. CVAA’s mission, goals and priorities mirror these strategies and the City’s identified Priority Needs 9,10 and 16 as described in the 2013 Consolidated Plan - Housing Special Needs; Provide Public Services to At Risk Populations and Protect the Vulnerable. CVAA’s case management program serves all seniors age 60 and older with priority to those most vulnerable and at risk socially, economically and medically. Our program also bears the responsibility for providing case management for seniors who are identified as self-neglect who have no other formal or informal supports and are at risk losing housing, health, finances or of being exploited or harmed by others or themselves. Through the activities of assessment, options counseling, person-centered planning, benefits counseling, service coordination and collaboration and ongoing monitoring, CVAA provides services that can help seniors maintain their independence successfully in the community.

4. How do you use community and/or participant input in planning the program design and activities? [UWCC]

The most important way that we obtain participant input in planning and activities is in our approach to case management. We are client directed and we use a person-centered planning approach to serving our clients. The actions we take and the services that we help the individual access are based entirely on the decisions of the individual and family if wanted or needed. We provide the information and options – the individual decides what happens next. We survey case management clients – after providing options counseling and once a year we survey 10% of the case management case load. We ask for suggestions about how we can better serve clients. We sponsor community forums and ask participants to give their thoughts on the program and service needs of the community. This year DAIL gave us money to get community feedback on self-neglect and how to best serve this population, as well as completing a statewide assessment that is just being completed. We also have an advisory board that meets a couple of times a year to review the Area Plan or provide feedback on the needs of seniors in our community.

III. Proposed Outcomes

1. What are the intended outcomes for this project/program? How are people meant to be better off as a result of participating? [UWCC]

Our goal is to meet the identified needs of the individual. We will be able to demonstrate data that shows we have served the seniors of Burlington who have needed our services and we will, through surveys ask the seniors if our services have helped them to meet their living expenses, improved their quality of life and helped them to remain in their setting of choice. We will aim for 88% or greater indication that we have met these outcomes.

2. List your goals/objectives, activities to implement and expected outcomes (# of units, # of individuals, etc.)

Goal/Objective	Activity Funded	Outcomes
Assist low income seniors to be able to meet their monthly living	CM will assess eligibility for benefits to	120 Burlington seniors assisted with applications, issues, and appeals for

expenses	help seniors meet their expenses.	health care programs. 100 Burlington seniors assisted with applications, issues, appeals for public benefits, i.e. 3SQVT and Fuel Assist. Annual survey results demonstrate that the assistance from CVAA helped the individual to meet monthly expenses.
Assist seniors to receive the services they need in order to remain in their setting of choice	CM will assess needs using person-centered approach, develop client directed action plan, refer and coordinate services, monitor services and re-assess as needed.	115 Burlington seniors receive long term care services through Choices for Care Home-based and Enhanced Residential Care 65 Burlington seniors receive Moderate Needs assistance through the Homemaker or Adult Day program 10 seniors assessed for depression and referred to Eldercare Mental Health clinician 8 Self Neglecting individuals assessed for risk upon referral and after receiving case management services 4 Homeless individuals served Annual survey results demonstrates that the services received helped the individual to remain at home
Burlington seniors identify their needs and understand their options for benefits and services	CM will assess needs and provide options counseling; will work with senior and/or family caregiver to identify needs, develop and implement an action plan.	50 new referrals for Options Counseling 90% satisfaction with Options Counseling services

IV. Impact / Evaluation

- 1. How do you assess whether/how program participants are better off? Describe how you assess project/program outcomes; your description should include: what type of data, the method/tool for collecting the data, from whom you collect data, and when it is collected. [UWCC]**

The seniors that we work with come to CVAA for assistance because they have needs that are not being addressed. Case managers work with them to help them identify their goals, needs and the steps that need to be taken. The individual determines what happens next. We track the kind of assistance that the case manager/options counselor provides and we survey the individuals to ask if the assistance provided helped them to meet their living expenses, or helped them to remain in their homes. We also ask if their quality of life has improved as a result of their contact with CVAA. For options counseling encounters we send out surveys to find out if the assistance provided helped the individual to make informed decisions about their long term care or other identified issues. We have been sending out the case management surveys once a year but will be moving to sending out surveys more frequently – possibly quarterly – to increase the rate of response. The options counseling surveys are sent out when the follow-up visits are completed.
- 2. How successful has the project/program been during the most recent reporting year for your CDBG project? Report the number of beneficiaries you intended to serve with which activities (as noted in your last Attachment A) and your final outcomes (as noted on your Attachment C)**

from June 2013. For non-CDBG participants – just report on your achievements from the previous year.

We projected that we would provide assistance to 380 Burlington seniors and we reported on the period 10/1/2012 through 3/31/2013 – the time frame during which we applied the funding from CDBG. During that period we reported that 376 individuals had been seen. The actual number for that period was 390 and for the full grant year our case management staff provided assistance to 501 seniors for a total of 3,574 hours of service. As the funding was used toward one case manager's salary we reported the service that was provided by one case manager for the 6 month period. That case manager provided assessment, service coordination and monitoring of services to 44 Burlington seniors, assisted 42 seniors with public benefits including 3SQVT, fuel assistance and health care, referred 5 individuals for counseling, and provided assistance to 4 self-neglecting seniors. Projections for the grant year included 50 seniors provided with case management for Choices for Care long term care services; 65 assisted with public benefits; 8 provided case management for self-neglect; 8 referred for Eldercare clinician services and 2 homeless individuals served. In total for the year, CVAA Burlington case managers assisted 252 Burlington seniors with public benefits and health care programs; 167 seniors received Choices for Care Case Management for long term care needs; 11 Burlington seniors were identified as self-neglect and received intensive case management services; 48 individuals were seen by Eldercare clinicians.

3. How does this data reflect beneficial outcomes of this project/program? Has this impacted your program planning at all? [UWCC]

The data demonstrates that we were able to provide the outcomes that we projected we would be able to accomplish. We also completed a yearly survey of case management clients which indicated that 91.5% of respondents felt that the assistance provided by the case manager helped the individual to meet monthly living expenses; 87.7% of respondents believe that the assistance provided by the case manager helped the individual to remain in his/her home; 83.6% of respondents felt that the assistance provided by the case manager has helped to improve their quality of life. As a result of our outcomes we will be surveying a larger percentage of the seniors seen by sending out surveys quarterly rather than once a year to get a larger sample. We are also looking at other ways of capturing outcome data.

V. Experience / Organizational Capacity

1. What is your agency's mission, and how do the proposed activities fit with your mission?

CVAA's mission is to help seniors age with independence and dignity by providing information, services, education, support and advocacy to seniors and caregivers. We serve all individuals 60 years of age and older, regardless of income, who request our assistance.

2. Please describe any indications of program quality, such as staff qualifications and/or training, adherence to best practices or standards, feedback from other programs or organizations you partner with, etc.

CVAA employs 18 case managers for our 4 county area. We have 3 supervisors whose combined experience working with seniors totals more than 45 years. All of our case management and I&A staff have at least a bachelor's degree in a related field, 6 of our staff have advanced degrees. We have a low turnover rate for case management and I&A staff with the average length of employment for case managers and I&A staff of 9.5 years. Our training standards are high. New case managers receive a minimum of 50 hours of formal training in the first year, as well as weekly in-office supervision and field supervision. All staff is required to attend a minimum of 20 hours of training a year and receive monthly one-on-one supervision, monthly team supervision and have daily contact with supervisors. Our program must meet the case management standards as set out by ACL, DAIL and internal agency policies and protocols. We are monitored at least bi-annually by DAIL in quality assurance visits and we regularly survey our clients to determine if we are meeting their needs. DAIL's last monitoring resulted found CVAA to be in compliance with all case management standards. In the summary statement the assessor stated "The high quality of the work put forth by you and your staff reveals true dedication to the population you serve." We work closely with many organizations and regularly receive feedback that they are grateful for the services that CVAA provides, especially the VNA, Community Health Teams and Nursing homes.

3. What steps has your organization/board taken in the past year to become more culturally competent? This past year our staff and board attended cultural competency training through CQ Strategies, LLC. We have also participated in cross training of our staff and the other partners of the Vermont Aging and

Disabilities Resource Connection (ADRC) to become more informed about services and programs for people with disabilities living in Vermont. We are also participating in a three year grant through the Office of Refugee Resettlement to work with seniors who are refugees in Vermont to help them become informed about services and assistance programs as well as employment and nutritional opportunities. We have hired an Elder Outreach Specialist who is Bhutanese and is helping our staff to understand the cultural values of this population in order to better serve these seniors.

4. Have you received Federal or State grant funds in the past three years? Yes No
5. Were the activities funded by these sources successfully completed? Yes No N/A
If No, please explain:

VI. Proposed Low & Moderate Income Beneficiaries / Commitment to Diversity

1. Will the program target a specific (solely) group of people? If so, check ONE below:

- Abused Children Elderly (62 years +) People with AIDS
 Battered Spouses Homeless Persons Illiterate Adults
 People with Severe Disabilities

2. For your proposed project, please estimate how the Burlington residents will break out into the following income categories during the total grant period. Use the Income Table at <http://www.burlingtonvt.gov/CEDO/CDBG/2013-HUD-Income-Limits/>.

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Case Management/Options Counseling for Seniors	450	113	270	45	22

3. a. Who is the project/program designed to benefit? Describe the project/program’s target population, citing (if relevant) specific age, gender, income, community/location or other characteristic of the people this program is intended to serve. [UWCC]

CVAA serves all seniors 60 years of age and older and younger people with disabilities when they are eligible for CFC (Choices for Care long term care services) and choose CVAA for case management. Our priorities are serving those seniors who are the most at risk physically/medically, economically, and socially. The case management program provides direct service to seniors with the goals of helping the individuals meet their monthly living expenses; obtain or maintain housing; prevent homelessness; obtain in-home services to prevent nursing home placement; support individuals identified as “self-neglect” and educate and empower seniors to get their needs met.

b. How do you select and reach your target population?

CVAA serves all seniors requesting our help. Seniors needing assistance contact CVAA directly and speak with an Information and Assistance specialist who will assess the request, complete intake and assist the individual with the information or assistance required. If the individual needs the assistance of an options counselor or case manager a referral will be made to the appropriate person. We also receive third party referrals from family members, physicians, service providers, the police, EMT services, etc. CVAA will also accept referrals from caregivers looking for options and information to help an older family member. The case manager will meet with the caregiver to discuss options with the caveat that we would want to meet with the senior as well to educate and advocate for the options they choose. CVAA gets the word out about our services and programs through senior centers, physician’s offices, senior housing sites, newsletter, website, word of mouth, radio and TV public service announcements and presentations at events for seniors and the general public.

4. Describe the steps you take to make the project/program accessible, inclusive and culturally appropriate for the target population. [UWCC]

Case management services are provided in the senior's home unless they request a meeting elsewhere. Any family, caregivers, other support people the senior wants to include are welcome to be a part of the person-centered planning sessions, assessment, and goal setting and are welcomed to participate in providing the follow up and action needed to implement plans of action. Our office, should seniors or their caregivers choose to meet with staff is accessible to everyone. We provide cultural diversity and competency training for all of our staff. We currently have a collaborative grant with AALV, Refugee Resettlement and DAIL through which we have hired an Elder Refugee Specialist, who is Bhutanese, to work with our case managers and the immigrant/refugee population to provide better access to services. We provide interpreters when needed in the language of the individual including ASL. Our agency brochure has been printed and is available in 8 languages, including Burmese, Vietnamese, Spanish, French, Swahili, Arabic, Somali and Kirundi.

VII. Budget / Financial Feasibility

1. Budget Narrative: Provide a clear description of what you will do with CDBG's investment in the program. How will you spend the money? Give specific details. [UWCC]

Note: All information regarding Program/Project below is comparing our actual FY2013 to our budget of FY2014. We are applying for \$24,000 for two years but are illustrating what one year at \$12,000 would resemble.

These funds will be applied towards the salary and fringe of four case managers who work specifically with seniors in Burlington. Their combined time works out to be approximately 120 hours a week working throughout Burlington. We estimate about half of a case managers time is spent directly interacting with the clients while their remaining time is divided between documentation, community collaborations, training, staff/supervisory meetings and travel.

2. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project/Program Design.

Specific Service / Activity	Position/Title	Work Related to CDBG-Funded Activity	# of Hours per Week spent on this Specific Service / Activity	% of Hours per Week spent on this Specific Service / Activity to be paid with CDBG
Case Management	Case Manager	Direct Client Service	60 hours with clients	50%

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Salary / Fringe	\$ 12,000	\$ 148,550	\$ 160,550
Travel / Supplies / Training	\$ 0	\$ 13,427	\$ 13,427
Occupancy / Utilities / Insurance / Other	\$ 0	\$ 13,575	\$ 13,575
Admin / Grants & Contracts / Fundraising	\$ 0	\$ 52,581	\$ 52,581

4. Funding Sources

Project	Agency
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	Current	Projected	Current	Projected
CDBG	\$ 5,000	\$ 12,000	\$ 5,000	\$ 12,000
State (specify) State – General Fund / Other	\$ 80,483	\$62,620	\$670,692	\$521,836
Federal (specify) Federal Title III / Choices for Care / Other	\$ 118,867	\$147,737	\$1,027,227	\$ 1,319,145
United Way	\$ 7,121	\$6,900	\$59,338	\$57,500
Private (specify)	0	0	0	0
Program Income	0	0	0	0
Other (specify) Town Funds / Fundraising / Investment Gains / SASH	\$18,722	\$10,876	\$156,022	\$90,631
Total	\$ 230,0193	\$ 240,133	\$ 1,918,279	\$ 2,001,112

5. Of the total project cost, what percentage will be financed with CDBG?

$$\frac{\$ \underline{12,000}}{\text{CDBG Funding}} \div \frac{\$ \underline{240,133}}{\text{Total Project Cost}} = \underline{5.0} \% \text{ Percentage}$$

6. Of the total project cost, what would be the total cost per person?

$$\frac{\$ \underline{12,000}}{\text{Total Project Cost}} \div \frac{\underline{450}}{\# \text{ Proposed Beneficiaries}} = \underline{\$ 26.66} \text{ Cost Per Person}$$

7. Why should CDBG resources, as opposed to other sources of funding, be used for this project?

We are extremely dependent on Federal and State funding. Approximately 88% of CVAA's revenue comes from Government grants and contracts. Most of these contracts are program specific and come with their own guidelines and restrictions. The remaining 10-12% of our revenue comes from participant contributions from our nutrition programs, Town Funds, United Way donations (in each of our counties) and various fundraising events. We apply whatever funds are available to us for case management. Case management deals with extremely private and critical issues in small settings. It doesn't get the same recognition, as our Meals on Wheels program, nor the funding and revenue. All of this is why your financial assistance is crucial to this program and CVAA.

8. Describe your use of community resources, including volunteers. Include any resources not listed in your budget. Will CDBG be used to leverage other resources? CVAA utilizes around 800 volunteers throughout the year. For case management clients, that may mean having a friendly visitor stop by, getting a much needed ride somewhere or attending a wellness program such as Tia Chai. The case managers constantly are collaborating with other community partners to better serve their clients. In regards to the CDBG funds, we apply them as part of our match when drawing our Federal Title III revenue so they are crucial.

9. If your organization has experienced any significant changes in funding levels during the past year, please explain. This is deceiving. Our total funding level has remained relatively stable as a whole. However, our primary Federal and State funding sources were both reduced and replaced with new short term

(either 2 or 3 year funding). The fact still remains that we are tied to both the Federal and State budgets which are both in question.

10. What cost-cutting measures has your organization implemented? First of all we haven't increased staff even though our senior population and client base has. This year we actually reduced staff by hiring outside consultants to manage our computer systems. We continue to ask staff to pay more for their health care each year. Two years ago we dramatically reduced our retirement and health care benefits and haven't increased either since. Our salary increases for the last three years have been small (only keeping up with inflation). Two years ago we also renegotiated contracts with two of our largest nutrition vendors, resulting in substantial savings for this past year.

VIII. Collaboration/Efficiency

1. Please describe other organizations/programs you work with to achieve outcomes for your program participants. How does your program collaborate with other programs, organizations, or services to address the needs of the people you serve? [UWCC]

We work very closely with DAIL and DCF to identify, assess and implement in-home services to help people maintain themselves at home to avoid nursing home placement. We have a strong collaborative relationship with the VNA, they often will make referrals for clients that need ongoing assistance when they can no longer serve them due to Medicare/Medicaid payment rules. VNA RN's and social workers and CVAA case managers have close ongoing contact to avoid duplication of effort when both are involved with the same client. We often work together to make sure the needs of at risk clients are met. We work collaboratively with the Community Health Teams when a client's health needs are affected by conditions in the home or lack of services, nutrition or housing. CVAA case managers are members of the SASH teams in senior housing sites and collaborate with the SASH coordinators and wellness nurse to share the responsibility for keeping seniors safe and healthy at home.

2. Describe your agency's efforts at becoming more efficient in achieving your outcomes or managing your project/program.

As decisions are made nationally and statewide regarding the priorities for service provision to seniors for AAAs, we have adjusted our priorities and implemented new standards and practices. Most recently these changes are reflected in our options counseling standards and person-centered planning practices. These new standards have presented an opportunity to identify client goals and outcomes in a way we have not captured them before. We are still in the process of figuring out how to capture and quantify this new information. With the state and United Way agencies starting to look at Results Based Accountability, our agency is looking at different ways we can collect information about our services to demonstrate that we are meeting the needs of the seniors we serve.

3. What other agencies provide similar services or programs? [UWCC]

CVAA is the only agency that is mandated by the Older Americans act to serve people age 60 and older through the provision of advocacy, public benefits counseling, options counseling and case management. Other organizations serve seniors under Medicaid or Medicare paid services but CVAA can serve any senior without regard to payment source and we do not charge for our services. We collaborate with other organizations that provide services to seniors to avoid duplication. The organizations that we work the most closely with are the VNA/Home Health agencies, Community Health Teams, SASH, Community Action, Hospitals and DCF.

IX. Sustainability

1. How will this project have a long-term benefit to the City of Burlington? If this project ends, will that benefit continue?

Case management for seniors is a valuable resource for information about services and programs serving seniors. Our program is a referral source to the city when there are older individuals that have been identified at risk and in need of care or services. We currently work collaboratively with most of the organizations serving Burlington residents and can provide senior's focused information and assistance that is not offered by any other organization in the community. We often work as part of a team to address the needs of frail, low income seniors. If the project ends we will continue to serve the seniors in Burlington as we would serve all seniors. In the future we may need to further prioritize what we do and how we do it which may mean waiting lists. But we are committed to serving the people who have the greatest needs.

2. If CDBG funding ends, will the project be able to continue? Yes, we are committed to serving the needs of Burlington seniors and, as long as we have funding and staff available we will provide the assistance. Less funding may mean that we will need to limit some service to only those with high priority needs.