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Villages and Area Agencies on Aging (AAA) share a mission to provide innovative programs and services that benefit older adults who wish to remain independent with continued connections to their communities. In carrying out this shared mission, there is ample opportunity for AAAs and Villages to collaborate for mutual benefit—and ultimately to the benefit of older adults. Before launching this project, we at the Village to Village Network were aware of a number of successful partnerships that member Villages had with AAAs. The desire to learn more about the origins, structures, and benefits of these relationships inspired this handbook. Through this publication, we hope to highlight for both Villages and AAAs the opportunity to expand and develop AAA-Village partnerships. We greatly appreciate the support of NextFifty Initiative, which provided the funding for the project, and we are also grateful for the opportunity to coordinate with USAging. We hope this handbook will serve as a catalyst for many more connections between Villages and AAAs as the organizations gain greater understanding of what each offers and how together we serve our common goal of an enriched and healthy environment for older adults.

Kim Grier
Village to Village Network President
It has been said that the goal of partnerships is to achieve more than individual organizations can achieve alone. With that in mind, the purpose of this handbook is to highlight the exciting collaborations that currently exist between Villages and Area Agencies on Aging so that more Villages and AAAs may be inspired to explore opportunities for their own collaborations in service to older adults.

We first wish to thank NextFifty Initiative, a private foundation that supports efforts to improve the lives of older adults, for the generous grant to Village to Village Network that made this handbook possible.

We also appreciate the ongoing support of USAGing, the national organization that represents and supports Area Agencies on Aging. We especially thank USAGing leaders who endorsed the project and provided valuable insights: Sandy Markwood, Chief Executive Officer; Amy Gotwals, Chief of Public Policy and External Affairs; and Mary Ann Spanos, President of USAGing. We offer our thanks and deep appreciation to the many individuals who generously shared their collaboration experiences and insights. Their stories present an array of possibilities that others can emulate and build on. These participants and other contributors are listed below.

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With their volunteer-driven, neighbor helping neighbor model, Villages are a cost-effective avenue to expand support to more older adults, provide innovative programs, and connect with hard-to-reach populations. Villages and Area Agencies on Aging (AAA) share the mission of enabling older adults to live with independence and dignity in their homes and communities for as long as possible. This handbook outlines examples of how several AAAs and Villages have collaborated to provide older adults with increased access to support services and more options for social interaction and engagement.

This handbook presents the findings of a seven-month research project conducted by the Village to Village Network with support from NextFifty Initiative.

Section 1 Provides a brief overview of the research methodology and characteristics of the participating Villages and their associated AAAs.

Section 2 Discusses the factors that facilitate collaborations between these organizations and the resulting benefits.

Section 3 Defines types of collaborations, highlights key takeaways, and provides advice to Villages on how to start and maintain successful collaborations.

Section 4 Summarizes key features of the case studies in a table format that illustrates the variety of ways Villages and AAAs work together and enables comparisons across the case studies.

Section 5 Presents the 10 case studies that are the basis for the conclusions and recommendations made in Sections 2 and 3.

Appendices Provide background information on Villages and AAAs, supplementary Village data tables, and a list of definitions and acronyms.

As the population ages, the demand for home and community-based services and programs will continue to grow. The objective of this handbook is to encourage Villages and AAAs to explore the many opportunities available to leverage their resources and expand their capabilities to meet the growing needs of older adults in their communities.
GENESIS OF THIS PROJECT

The Village to Village Network (VtVN) identifies developing trends in the national Village Movement through its online forum and a variety of other information and communications channels. In 2019, the Network began noting an uptick of Village interest on the topic of Area Agencies on Aging (AAAs). A number of Villages responded to a VtVN query that they were collaborating in various ways with their local AAAs. In early 2021, VtVN hosted a national webinar on “Area Agencies on Aging: Local Leaders in Aging and Community Living,” presented by Amy Gotwals, Chief of Public Policy and External Affairs, USAging. This webinar drew a large audience, and the recording has been viewed well over 200 times.

Recognizing the need to educate Villages about AAAs and how they work as well as to inform AAAs about Villages and their operations, VtVN applied to NextFifty Initiative for funding to develop a handbook for this purpose. The objective is to encourage more collaborations between these highly synergistic organizations by describing a variety of existing collaborations and how they enhance capabilities to better serve older adults—and to further extend outreach to underserved populations.

METHODODOLOGY

To initiate its research, VtVN sent a query to its 322 member Villages asking which had some type of collaboration with their AAA. Ten responses were received and combined with the 12 responses from the 2019 query. Several examples were identified from other sources. The VtVN research team conducted screening interviews to gather more information about the scope and nature of these collaborations. Thirty Villages and the associated 10 AAAs, as well as three state agencies, were selected and grouped into 10 case studies illustrating varied types of collaborations.

The Villages range in size from 116 to 895 members and serve urban, suburban, and rural locations across the country. While most are independent nonprofits, five are sponsored by parent organizations, and two are hub-and-spoke models. Redwood Coast Village (CA), now an independent nonprofit, began as a AAA program. One of the sponsored Villages, Upper Arlington Village (OH), is a Commission on Aging (AAA) program. The case study AAAs also vary in size and reflect a variety of business models at the county, regional, and state levels. In Rhode Island and Washington, D.C., the State Unit on Aging (SUA) handles AAA functions.

The research team developed questionnaire templates for the Villages and AAAs, which were subsequently tailored to the specifics of each collaboration. Several individuals with Village and/or AAA experience were consulted for input. The team also reviewed state and area agency plans on aging as well as AAA and Village websites for background information.
Each Village received the questionnaire in advance of an in-depth interview conducted via Zoom. This was followed by interviews with the associated AAAs and state agencies. All interviews were recorded for later reference to supplement and clarify interview notes. All participants reviewed drafts of the case studies to ensure their experiences were characterized accurately. Selected members of the VtVN Board and representatives of USAsging reviewed and approved the handbook for publication.

Selected organizational characteristics of the case study participants are summarized in Tables 1 and 2 below and in Appendix C.

### Table 1: Case Study Village Characteristics (organized by budget size)

<table>
<thead>
<tr>
<th>Case Study No.</th>
<th>VILLAGE NAME (Year Operational)</th>
<th>ST</th>
<th>Service Area</th>
<th>2022 Budget ($000)</th>
<th>Funding Sources % *</th>
<th>Staffing **</th>
<th>No. of Members</th>
<th>No. of Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>[4A]</td>
<td>LOWLINC (2016)</td>
<td>VA</td>
<td>Rural</td>
<td>&lt;150</td>
<td>40/52/5</td>
<td>1.5 FT, 20 V</td>
<td>116</td>
<td>120</td>
</tr>
<tr>
<td>[4B]</td>
<td>Rapp at Home (2015)</td>
<td>VA</td>
<td>Rural</td>
<td>151–300</td>
<td>0/40/60</td>
<td>3 FT, 50 V</td>
<td>300</td>
<td>50</td>
</tr>
<tr>
<td>[7A]</td>
<td>NEXT Village SF (2009)</td>
<td>CA</td>
<td>Urban</td>
<td>500–1,000</td>
<td>10/20/70</td>
<td>3.75 FT</td>
<td>275</td>
<td>100</td>
</tr>
<tr>
<td>[7B]</td>
<td>San Francisco Village (2009)</td>
<td>CA</td>
<td>Urban</td>
<td>500–1,000</td>
<td>20/20/60</td>
<td>6 FT</td>
<td>450</td>
<td>250</td>
</tr>
<tr>
<td>[5]</td>
<td>The Greater Columbus Network of Villages</td>
<td>OH</td>
<td>Urban/Rural</td>
<td>&gt;1,000</td>
<td>***</td>
<td>10 FT, 4 PT, 13 V</td>
<td>827</td>
<td>255</td>
</tr>
<tr>
<td>[10]</td>
<td>D.C. Villages</td>
<td>DC</td>
<td>Urban</td>
<td>&gt;3,000</td>
<td>***</td>
<td>18 FT, 8 PT, 81 V</td>
<td>2277</td>
<td>1014</td>
</tr>
</tbody>
</table>

Source: All data were collected from the participants

* Funding sources are reported in the following order: membership fees/donations/grants
  Percentages do not always add to 100 as some Villages reported small amounts from various additional sources

** FT= Full-time, PT=Part-time, V=Volunteer

*** See Appendix C for individual Village data
Table 2: Case Study AAA Characteristics (organized by budget size)

<table>
<thead>
<tr>
<th>Case Study No.</th>
<th>Area Agency on Aging (AAA) ST Area Agency on Aging (AAA)</th>
<th>Service Area</th>
<th>Business Model</th>
<th>2022 Budget ($)</th>
<th>Staffing</th>
<th>No. of Clients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>[2]</td>
<td>Area 1 Agency on Aging CA Rural 5,282 sq. mi.</td>
<td>Independent nonprofit</td>
<td>3.7M</td>
<td>11 FT, 10 PT, 45 V</td>
<td>8,000</td>
<td></td>
</tr>
<tr>
<td>[9B]</td>
<td>Chautauqua County Office for the Aging (CCOFA) NY Rural 1,500 sq. mi.</td>
<td>County</td>
<td>5.5M</td>
<td>29 FT</td>
<td>9,000</td>
<td></td>
</tr>
<tr>
<td>[3]</td>
<td>Baltimore County Department of Aging (BCDA) MD Suburban/Rural 612 sq. mi.</td>
<td>County</td>
<td>16.6M</td>
<td>157 FT, 1,491 V</td>
<td>67,800</td>
<td></td>
</tr>
<tr>
<td>[1]</td>
<td>AgeGuide Northeastern Illinois IL Suburban 5,121 sq. mi.</td>
<td>Independent nonprofit</td>
<td>34.3M</td>
<td>25 FT, 5 PT, 4V</td>
<td>92,000</td>
<td></td>
</tr>
<tr>
<td>[10]</td>
<td>Department of Aging and Community Living (DACL) DC Urban 68 sq. mi.</td>
<td>State</td>
<td>57.9M</td>
<td>115 FT</td>
<td>14,675***</td>
<td></td>
</tr>
<tr>
<td>[7]</td>
<td>San Francisco Department of Disability and Aging Services (DAS) CA Urban 49 sq. mi.</td>
<td>County</td>
<td>116.1M</td>
<td>19 FT</td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td>[9A]</td>
<td>New York State Office for Aging (NYSOFA) NY Urban/Suburban/Rural 47,126 sq. mi.</td>
<td>State</td>
<td>271.6M **</td>
<td>95 FT</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>[6]</td>
<td>Denver Regional Council of Governments (DRCOG) CO Urban/Suburban/Rural 5,079 sq. mi.</td>
<td>Council of Governments</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>[6]</td>
<td>Larimer County Office on Aging CO Urban/Rural 2,634 sq. mi.</td>
<td>County</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>[6]</td>
<td>Vintage of Northwestern Colorado Council of Governments CO Rural 6,779 sq. mi.</td>
<td>Council of Governments</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>[4]</td>
<td>Rappahannock Rapidan Community Services (RRCS) VA Rural 1,965 sq. mi.</td>
<td>Nonprofit Community Services Board</td>
<td>5.3M</td>
<td>375 FT, 200 V</td>
<td>1,151</td>
<td></td>
</tr>
<tr>
<td>[5]</td>
<td>Central Ohio Area Agency on Aging (COAAA) OH Urban/Rural 3,969 sq. mi.</td>
<td>City</td>
<td>N/A</td>
<td>380 FT, 200 V</td>
<td>25,000</td>
<td></td>
</tr>
</tbody>
</table>

Source: All data were collected from the participants except where otherwise noted
* Rhode Island Office of Healthy Aging, 2023 Strategic Plan, September 2019
** New York State Division of Budget, FY2022 Executive Budget, Agency Appropriations
*** Through July 31, 2022
C ollaborations can be effective means for organizations to leverage resources and expand capabilities. The discussion below highlights characteristics shared by Villages and AAAs that can facilitate collaborations, resulting in increased access and variety of support options for older adults.

**SHARED MISSION**

Villages and AAAs share the mission of enabling older adults to live with independence and dignity in their homes and communities for as long as possible. Both engage the community in planning and developing programs and services. The federal Older Americans Act (OAA) calls for local control and decision-making in the planning and implementation of AAA programs and services. Extensive public comment during the planning process and ongoing input from locally sourced advisory committees help AAAs identify and respond to the particular needs of the communities they serve.

Villages are grassroots organizations that by their nature reflect the characteristics and culture of their local communities. Though sometimes supplemented by a small number of paid staff, they are primarily governed and operated on a peer-to-peer basis by members and volunteers, creating an ongoing awareness of community needs that guides the development and delivery of programs and services.

**OVERLAPPING POPULATIONS**

Most OAA provisions apply to all persons 60 or older, which sets the general eligibility threshold for receiving AAA services. There may be additional needs-based criteria for some services. The OAA gives priority to those most frail and vulnerable, as well as several special populations—veterans, minority, low-income, and limited English proficiency. The catchment areas of AAAs can range from a single county to a vast region of the state.

Villages typically target adults ages 55 or older; some have no specified age requirement. Most require that a person reside within their service area, which is typically only a portion of the AAA’s catchment area. However, there are countywide and hub-and-spoke Villages that closely align with their AAA service areas. Villages in Washington, D.C., and Columbus, Ohio, are examples of Villages working cooperatively to serve a broader geographic area.

Since the needs of the populations that the OAA prioritizes outstrip available resources, most middle-class older adults, although entitled to assistance, cannot be served. The Village model, created by a group of older adults to assist one another, helps fill this gap. The Village Movement started in middle-class communities 20 years ago. Over time, many Villages offered reduced or sliding scale fees and scholarships to accommodate lower-income members. For several
years there has been a concerted outreach effort to foster greater diversity and inclusion and to expand the Village model into more racially and economically diverse communities and rural areas. The hyperlocal, grassroots origins of Villages can foster connections with groups who may feel marginalized or averse to seeking public assistance.

**COMPLEMENTARY SERVICES AND PROGRAMS**

AAAs and Villages offer many complementary services and programs. AAAs are required to support five core areas—elder rights, caregivers support, nutrition, health and wellness, and supportive services. Supportive services include information and referral, in-home services, homemaker and chore services, transportation, case management, and home safety modification. Many AAAs contract with community-based organizations for service and program delivery.

Villages deliver many types of services as well as a variety of health and wellness programs. All Villages promote socialization through a variety of social and educational events and special interest groups. Many Villages sponsor caregiver and respite assistance support. Village services do not compete with, but supplement and complement, AAA services. Villages can prevent or delay the need for professional services as many older adults do not require formalized care.

Villages make referrals to the AAA when members need skilled assistance—and many AAAs refer clients to Villages for program and socialization opportunities. Village volunteers do not provide services requiring hands-on contact or licensure, but a few Villages hire or contract with social workers for situations requiring skilled intervention. With their volunteer-driven, “neighbor helping neighbor” model, Villages are a cost-effective avenue to expand support to more older adults, provide special programs, and connect with hard-to-reach populations.

**NATURAL COLLABORATORS**

Both Villages and AAAs regularly collaborate with a large variety of organizations to leverage their resources and capabilities and to expand the availability and scope of the supports they can call on to meet member/client needs. To enable funding to be distributed throughout the local aging services community, there are limitations on the services AAAs can provide directly. Consequently, they regularly engage with community-based organizations for delivery of services and programs.

While OAA core programs are the foundation for their work, AAAs also administer funds from other programs related to older adults, such as housing, transportation, and healthcare. In addition, they are charged with serving as the advocate for older adults and monitoring and commenting on all policies, programs, and community actions affecting older adults. These organizational functions make AAAs a gateway to additional partnering opportunities for Villages.

To use their resources efficiently, Villages strive to avoid duplicating existing programs and services. This requires a working knowledge of other community resources and building relationships with providers in the aging services network, including other nonprofits, community and faith-based groups, educational institutions, and government agencies. Villages and AAAs have relationships with many of the same community partners.

“Villages don’t simply ‘take care of people’—they empower and give people agency.”

— Kate Hoepke, Executive Director, San Francisco Village
BENEFITS OF COLLABORATION

Several themes emerged during the development of the handbook that highlight collaboration benefits for both Villages and AAAs. These benefits are further described in Sections 4 and 5.

Benefits of Village collaborations as cited by AAAs

With their volunteer-driven, “neighbor helping neighbor” model, Villages can be a cost-effective avenue to expand support to more older adults, provide innovative programs, and connect with hard-to-reach populations.

The benefits of collaborating with Villages identified by AAAs include expanded capacity, extended reach, enhanced effectiveness, and improved outcomes for older adults. Specific benefits are delineated below:

**Expanded capacity**

- Additional service provider to meet high demand needs
- Added resources for AAA volunteer-delivered services
- Additional capacity for non-reimbursed services
- Expanded programming and educational events

**Extended reach**

- Avenue to reach culturally identified communities, dispersed rural populations, and other underserved groups
- Foster connections through a hyperlocal focus to those who are unaware of AAA services or who are reluctant to ask for public assistance, resulting in referrals to AAAs
- Address the needs of middle-income older adults not served due to resource constraints as needs exceed available resources

**Enhanced effectiveness**

- Proactively identify service needs and catch problems before they escalate
- Save costs by supporting older adults at home, possibly delaying long-term care
- Agile and innovative, Villages provide an easy path to design and implement special projects
- Serve as a means to mobilize volunteer support

**Improved outcomes for older adults**

- Alleviate social isolation through holistic service approach
- Serve as trusted entities for critical information dissemination, e.g., COVID-19
- Identify any gaps and provide assistance to fill them, e.g., hands-on tech support
- Hyperlocal focus enables Villages to identify and help resolve potential issues for members and quickly adapt to changing situations, e.g., emergency relief
- Provide services and options for people who do not need formalized care
Benefits of AAA collaborations as cited by Villages

Collaborations with AAAs, the federally designated organizations that implement the Older Americans Act at the local level, enhance Village sustainability, visibility, and operations and affirm the value of Villages as effective partners in the aging services network.

Collaborations with AAAs promote Village sustainability, affirm legitimacy, improve operations, and increase visibility. Villages noted the following specific benefits for each of these themes:

**Promote sustainability**
- Contribute to financial sustainability through direct funding
- Serve as a gateway to government and other funding sources
- Help establish other community linkages
- Bring new members and volunteers to the Village
- Give members a sense of pride in their organization

**Affirm legitimacy**
- Provide greater acceptance within the aging services network
- Affirm credibility and legitimacy of Village model
- Demonstrate value to donors and other funding sources

**Improve operations**
- Enhance Village operations through integration of AAA guidelines and training
- Promote operational efficiency by using shared resources
- Serve as a referral source for members needing more formalized assistance

**Increase visibility**
- Promote Villages within the aging services network
- Increase visibility in the community
- Provide positive publicity opportunities

Most important, the ultimate beneficiaries of AAA/Village collaborations are the older adults who gain increased access to support services and more options for social interaction and engagement to help them safely remain in their homes and communities. Demand continues to grow for home and community-based services, and AAAs frequently have waiting lists for some in-demand services. Mutually beneficial collaborations with Villages can help alleviate some of this pressure while enabling more older adults to receive support when they need it.
SECTION 3 – Key Takeaways

Types of Collaborations

The case studies in this handbook can be grouped into the four generic categories defined below. Other types may be created as more Villages and AAAs explore opportunities to work together to meet the needs of their communities.

VILLAGE START-UP

The AAA advises, participates in planning, and/or provides funding or other support to Village planners or starts a Village program under the AAA. Some AAAs have adopted a policy of promoting the development and expansion of Villages as a strategy to reach underserved populations and expand access to services.

PROGRAM SUPPORT

This category reflects Village support to AAAs as well as AAA support to Villages and covers a broad variety of activities. In some cases, Village support may be funded by the AAA, but most instances it is not. Both organizations benefit from cross-promoting of programs and services and making referrals. They may co-host events and special programs and share resources, such as meeting space or equipment. Villages are engaged as direct service providers for AAAs with and without reimbursement. Villages develop and share special-interest programs, which may be funded by AAA grants and/or include AAA staff as presenters.

CAPACITY BUILDING

Capacity building is defined as enhancing organizational infrastructure for more effective program management and/or to support expanding program scope. Examples of Village capacity building include AAA training of Village volunteers, funding data management software, and improving collaborations between Villages. Village contributions to AAAs include outreach to underserved populations, additional provider for high-demand services, and flexible COVID-19 response to combat isolation. Some AAAs recognize the unique nature of the holistic approach and hyperlocal focus of the Village model and have embraced it as a strategy to achieve selected objectives. Some state and area plans for aging specifically reference Villages as a way to expand the local aging services network.

PLANNING/COORDINATION

This category includes serving on aging services network boards, advisory councils, or program planning committees. Villages participate as observers or members of AAA advisory bodies and committees, attend listening sessions and public hearings on area plans for aging, and provide testimony. AAA representatives serve on Village boards or committees.
Key Takeaways by Collaboration Type

**VILLAGE START-UP**

Developing Villages have received a wide variety of assistance from AAAs.

- Some AAAs regard Village development as a strategy to expand service capacity
- AAA assistance or sponsorship can streamline the process of Village start-up
- Village planners should contact the AAA to find out what support might be available
- AAA programs and presentations can lead to Village start-ups
- A Village program can be an effective way for a AAA to reach culturally aligned populations (e.g., LGBTQ, ethnic groups)

**PROGRAM SUPPORT**

When seeking funding, Villages must have the operational capabilities to comply with AAA-specific requirements.

- Village procedures and operations must adhere to AAA guidelines
- Village capacity is needed for more extensive record keeping and reporting
- The AAA may define service components and prescribe qualifications for individuals delivering services
- Villages being reimbursed for services may also be asked to provide non-reimbursed services, such as information and referral assistance
- Privacy concerns must be considered if AAA reporting requires the names of those receiving services
- AAA reimbursement agreements may have a minimum cost threshold
- AAA-funded programs may address a priority topic requiring specific subject matter knowledge

**CAPACITY BUILDING**

AAA support to enhance Village organizational and program capabilities varies based on the unique needs of the Village and the AAA’s program priorities and service capacity. Villages can also extend AAA program capabilities in a variety of ways.

- AAA support for Village capacity building can be financial or nonfinancial in nature
- AAA capacity-building support often targets needs identified through the collaboration
- AAA advocacy on behalf of Villages to other agencies or organizations bolsters Village capacity in financial and nonfinancial ways
- AAA funding enhances Village credibility for other public and private funding opportunities
- Villages can deepen AAA reach to underserved populations
- Villages can expand AAA volunteer support
- Villages can provide tailored programs for AAA priority needs

**PLANNING/COORDINATION**

Participation in AAA committees and other aging services groups raises awareness of Village potential and introduces the Village perspective into the policymaking process.

- A Village needs to understand AAA goals and clearly articulate how it can help
- AAA representatives can bring a community needs perspective to Village boards
- Serving on each other’s boards and committees is an effective way to learn about each organization’s priorities and limitations
Starting a Collaboration
How can a Village start building a collaboration?

PREPARE

Understand where the Village fits in the AAA environment.

• Read state and local area plans on aging to understand community needs and AAA priorities, programs and services, and budget
• Identify AAA advisory groups and committees and when they meet
• Assess where the Village complements or extends AAA activities, fills gaps, or provides an additional needed resource
• Assess how the Village complements other providers and partners
• Identify what distinguishes the Village from other providers
• Assess how the Village reflects community demographics

CULTIVATE

It’s about building a relationship—not just engaging in a business transaction.

• Attend advisory group meetings to learn about aging services network participants, leadership, and current issues, and to introduce the Village model
• Volunteer for a working group
• Network with other community-based organizations and AAA providers
• Become acquainted with AAA staff—find a champion
• Invite AAA staff to attend Village events
• Host an AAA presentation for Village members
• Hold an introductory meeting with the AAA executive director
• Consult with nearby Villages to explore a combined effort

ADVOCATE

Build broad community awareness of Village benefits.

• Identify elected officials with AAA oversight and/or an interest in improving supports for older adults
• Meet with officials and tell the Village story
• Identify a champion
• Recruit older adults and community organizations to promote Villages
• Gain publicity in local media and speak at community events

ENGAGE

Start small and be patient; the more complex case study collaborations took years to develop.

• Define what type of collaboration you are seeking now, and in the future
• Identify how collaboration can increase support options and access to services for older adults, especially hard-to-reach and underserved populations
• Create key messages about Village benefits and capabilities
• Initiate a relationship through informal cooperation—cross-promote services and events, co-host programs, educate members about AAA services
• Build collaboration as AAA needs arise and Village capacity permits
• Achieve recognition as a trusted strategic partner through innovation and adaptability to meet evolving needs
Maintaining a Successful Collaboration
What are the key elements of a successful collaboration?

COMMUNICATION
Maintain clear, frequent, and open communication through formal and informal channels.
• Address issues immediately
• Acknowledge the AAA’s contributions—financial and nonfinancial
• Share your strategic plan, annual report, testimonials, and photos

RESULTS
Help the AAA achieve its goals.
• Deliver high-quality programs and services
• Be inclusive of underserved populations
• Be a connection for those unaware of the AAA or reluctant to ask for public services
• Involve Village staff and volunteers with relevant background and experiences
• Comply with reporting requirements

PARTNERSHIP
Demonstrate that the Village is a trusted partner invested in the lives of older adults.
• Ensure the relationship benefits both parties
• Leverage the strengths of each organization
• Make connections with existing providers to fill gaps and avoid duplication
• Promote member awareness of AAA programs and services
• Be proactive in identifying and implementing process improvements
• Stay current with evolving community needs and AAA priorities

EVALUATION
Build evaluation into the collaboration from the beginning.
• Regularly assess if objectives are being met by both parties
• Suggest improvements resulting from lessons learned
• Periodically assess how the AAA collaboration fits with other Village activities
• Safeguard against overreliance on government funding

INNOVATION
Be an “innovation sandbox” in ways larger organizations cannot.
• Adapt to new opportunities and challenges
• Create programs and services to address unmet needs
• Be open to new ways of working with other organizations and Villages
OTHER CONSIDERATIONS

There are many potential avenues for Villages and AAAs to successfully collaborate and extend services to older adults. Cross-promoting programs and services, resource sharing, and Village participation on AAA committees are easy ways to engage, even for new Villages where collaboration could be a natural follow-on from their assessment of community resources.

The most suitable level of collaboration is determined by many factors, including where a Village is in its organizational life cycle and its program management capacity. It is likely that only a “mature” Village with paid staff will have the capacity to make operational adjustments and manage the reporting and evaluation requirements of a complex financial relationship.

While Villages are accountable to their members, volunteers, boards, and funders, they mostly set their own priorities and standards of practice and have limited reporting requirements. Reporting on service delivery and program participation is typically done anonymously. In contrast, AAAs must be responsive to the program priorities and standards set by their federal and state funding agencies and adhere to prescribed policies and procedures. They collect detailed data on recipients of services and must evaluate and report on the effectiveness of their programs.

Several interviewees expressed concern about the potential impact on the unique culture of Villages from the administrative requirements associated with government funding. Data collection and reporting are time consuming and may require demographic and other data that Villages do not ordinarily collect from their members. Service reimbursement agreements may include a detailed definition of the service and also prescribe qualifications for providers.

Thus, though they share a similar mission, Villages and AAAs have very different roles and operating environments. It is essential that Villages carefully weigh the costs and benefits and strike an appropriate balance between Village values and the conditions associated with government funding. The case studies in Section 5 reflect some of the accommodations and adjustments Villages and AAAs have made to bring their business practices into alignment while recognizing their different operating principles.
The Collaborations at a Glance table summarizes the major elements of the four types of collaborations for the case studies in Section 5 in this handbook. It provides a means of comparison and illustrates the variety of working relationships that AAAs and Villages have created.

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<tr>
<th>Case Study (Villages/AAA)</th>
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<th>Program Support</th>
<th>Capacity Building</th>
<th>Planning/Coordinating</th>
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<tbody>
<tr>
<td><strong>CASE STUDY #1</strong></td>
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<tr>
<td>Chicago Hyde Park Village</td>
<td>Village</td>
<td>Village</td>
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<tr>
<td>AgeGuide Northeastern Illinois</td>
<td>• Started Village as a AAA program</td>
<td>• Created dementia-friendly business training for restaurants and retailers</td>
<td>• Expanded AAA program content and user community</td>
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<tr>
<td></td>
<td>AAA</td>
<td>Village</td>
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<td></td>
<td>• Lists Village resource directory and website</td>
<td>• Hosts the training and certifies participants who complete the modules</td>
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<tr>
<td></td>
<td>Both</td>
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<tr>
<td></td>
<td>• Provide cross-referrals for transportation</td>
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<td><strong>CASE STUDY #2</strong></td>
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<tr>
<td>Redwood Coast Village</td>
<td>AAA</td>
<td>AAA</td>
<td>AAA</td>
<td>State Unit on Aging</td>
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<tr>
<td>Area 1 Agency on Aging, California</td>
<td>• Started Village as a AAA program</td>
<td>• Lists Village resource directory and website</td>
<td>• Assisted Village transition to independent nonprofit</td>
<td>• CA Master Plan for Aging references Villages</td>
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<tr>
<td></td>
<td>Both</td>
<td>AAA</td>
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<td></td>
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<tr>
<td></td>
<td>• Provide cross-referrals for transportation</td>
<td>• List Village resource directory and website</td>
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<td><strong>CASE STUDY #3</strong></td>
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<tr>
<td>Golden Age Village</td>
<td>AAA</td>
<td>AAA</td>
<td>Village</td>
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<tr>
<td>Baltimore County Department of Aging (BCDA)</td>
<td>• Congregate meal program led to Village formation</td>
<td>• Provides nutritional training for Village volunteers</td>
<td>• Serves a community AAA was not otherwise able to reach</td>
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<tr>
<td></td>
<td>AAA</td>
<td>Village</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Provides nutritional training for Village volunteers</td>
<td>• Reimburses Village for congregate meals service</td>
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<tr>
<td><strong>CASE STUDY #4A</strong></td>
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<tr>
<td>LOWLINC</td>
<td>Village</td>
<td>Village</td>
<td>Village</td>
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<tr>
<td>Rappahannock Rapidan Community Services (RRCS), Virginia</td>
<td>• Provides transportation without reimbursement</td>
<td>• Serves as transportation resource</td>
<td>• Volunteers serve on AAA board and a committee</td>
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<tr>
<td></td>
<td>AAA</td>
<td>Village</td>
<td></td>
<td>State Unit on Aging</td>
</tr>
<tr>
<td></td>
<td>• Provides van and training for volunteer drivers</td>
<td>• Helps reach underserved, rural population</td>
<td>• VA State Plan on Aging references Villages</td>
<td></td>
</tr>
<tr>
<td>Case Study (Villages/AAAs)</td>
<td>Village Start-Up</td>
<td>Program Support</td>
<td>Capacity Building</td>
<td>Planning/Coordinating</td>
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<tr>
<td><strong>CASE STUDY #4B</strong></td>
<td>AAA</td>
<td>Village</td>
<td>Village</td>
<td>Village</td>
</tr>
<tr>
<td>Rapp at Home</td>
<td>• Participated in early planning of Village</td>
<td>• Provides transportation without reimbursement</td>
<td>• Village driver trains other AAA volunteer drivers</td>
<td>• Participates in AAA strategic planning</td>
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<tr>
<td>Rappahannock Rapidan</td>
<td></td>
<td></td>
<td></td>
<td>Board members serve on AAA Advisory Council</td>
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<tr>
<td>Community Services (RRCS), Virginia</td>
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<tr>
<td>• Provides van and training for volunteer drivers</td>
<td>• Co-hosts programs with AAA Senior Center</td>
<td>• Serves as transportation resource</td>
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<tr>
<td><strong>Both</strong></td>
<td></td>
<td>• Makes referrals to AAA</td>
<td>• Helps reach underserved, rural population</td>
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<tr>
<td><strong>CASE STUDY #5</strong></td>
<td>AAA</td>
<td>Villages</td>
<td>AAA</td>
<td>Villages</td>
</tr>
<tr>
<td>The Greater Columbus</td>
<td>• Provides funding</td>
<td>• Provides transportation and volunteer services with AAA reimbursement</td>
<td>• Provided funding for Village leaders to attend VtVN National Village Gathering</td>
<td>• Participates in AAA strategic planning</td>
</tr>
<tr>
<td>Network of Villages</td>
<td>• Participates in planning for Villages</td>
<td>• Distributed AAA-provided masks and vaccine-related information</td>
<td>• AAA director promotes Villages at Advisory Council</td>
<td>Board members serve on AAA Advisory Council and committees</td>
</tr>
<tr>
<td>Central Ohio Area Agency</td>
<td>• Advisory Council presentations led to new Villages</td>
<td>• Funded transportation pilot project</td>
<td>AAA</td>
<td></td>
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<tr>
<td>on Aging</td>
<td></td>
<td>• Funded necessity bags and reimbursed for friendly calls during pandemic</td>
<td>• Funded necessity bags and reimbursed for friendly calls during pandemic</td>
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<tr>
<td><strong>CASE STUDY #6</strong></td>
<td>AAAs</td>
<td>Village</td>
<td>AAAs</td>
<td>Village</td>
</tr>
<tr>
<td>A Little Help</td>
<td>• Denver Regional Council of Governments (DRCOG)</td>
<td>• Helps AAA reach underserved rural populations</td>
<td>• Provided funding for Village work through OAA compliance requirements</td>
<td>• Director serves on AAA Transportation and Advisory Committee</td>
</tr>
<tr>
<td></td>
<td>• Larimer County Office on Aging</td>
<td>• Provides additional resource for high-demand services</td>
<td>• Provides funding for Village staff</td>
<td>Board member serves on AAA Grant Review Committee</td>
</tr>
<tr>
<td></td>
<td>• Vintage of Northwestern Colorado Council of Governments</td>
<td>• Helped Village work through OAA compliance requirements</td>
<td>• Provided funding to upgrade management software</td>
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<tr>
<td></td>
<td></td>
<td>• Reimburses Village for transportation, chores, reassurance, material aid services</td>
<td>• Provides funding for Village staff</td>
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<tr>
<td></td>
<td></td>
<td>• Funded trailers and equipment for community service</td>
<td>• Provided funding to upgrade management software</td>
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<th>Program Support</th>
<th>Capacity Building</th>
<th>Planning/Coordinating</th>
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<tbody>
<tr>
<td><strong>CASE STUDY #7A</strong></td>
<td>Village</td>
<td>Village</td>
<td>Village</td>
<td>AAA</td>
</tr>
<tr>
<td>NEXTVillage SF</td>
<td>• Promotes AAA programs and services</td>
<td>• Helps reach underserved populations</td>
<td>• Community Needs Assessment references Villages</td>
<td></td>
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<tr>
<td>San Francisco</td>
<td>AAA</td>
<td>AAA</td>
<td>State Unit on Aging</td>
<td></td>
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<tr>
<td>Department of</td>
<td>• Provides funding for Village member support classes and activities in District 2</td>
<td>• Provides funding to expand Village program and service capacity</td>
<td>CA Master Plan for Aging references Villages</td>
<td></td>
</tr>
<tr>
<td>Disability and Aging</td>
<td>• Includes Village link on its website</td>
<td>• Provides funding for Village data management software</td>
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<tr>
<td>Services (DAS)</td>
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<tr>
<td><strong>CASE STUDY #7B</strong></td>
<td>Village</td>
<td>Village</td>
<td>Village</td>
<td>AAA</td>
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<tr>
<td>San Francisco</td>
<td>• Promotes AAA programs and services</td>
<td>• Helps reach underserved populations</td>
<td>• Community Needs Assessment references Villages</td>
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<td>Village</td>
<td>AAA</td>
<td>AAA</td>
<td>State Unit on Aging</td>
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</tr>
<tr>
<td>San Francisco</td>
<td>• Provides funding to expand Village program and service capacity</td>
<td>• Provides funding for Village data management software</td>
<td>CA Master Plan for Aging references Villages</td>
<td></td>
</tr>
<tr>
<td>Department of</td>
<td>• Includes Village link on its website</td>
<td>• Supports AAA goal of enhancing connections for older adults</td>
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<tr>
<td>Disability and Aging</td>
<td></td>
<td>• Helps reach underserved populations</td>
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<tr>
<td>Services (DAS)</td>
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<td><strong>CASE STUDY #8</strong></td>
<td>State Unit on Aging</td>
<td>AAA</td>
<td>Village</td>
<td>Village</td>
</tr>
<tr>
<td>The Village</td>
<td>• State Plan promotes expansion of Village networks across the state</td>
<td>• Provided funding to expand technology capabilities of older adults and caregivers</td>
<td>• Director attends SUA meetings</td>
<td></td>
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<tr>
<td>Common of Rhode Island</td>
<td></td>
<td>• Provides speakers for Village caregiver program</td>
<td>• Board member serves on aging committees</td>
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<td>Rhode Island</td>
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<td>State Unit on Aging</td>
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<td>Office of Healthy Aging</td>
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<td>State Plan on Aging</td>
<td>references Villages</td>
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<tr>
<td>(OHA)</td>
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<tr>
<td><strong>CASE STUDY #9A</strong></td>
<td>Village Convener</td>
<td>Both</td>
<td>State Unit on Aging</td>
<td></td>
</tr>
<tr>
<td>Albany Guardian Society</td>
<td>• Hosted conferences to promote Villages</td>
<td>• VTAC assists with Village start-up and supports existing Villages</td>
<td>• State Plan on Aging includes NNORC program</td>
<td></td>
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<tr>
<td>(Village convener)</td>
<td>State Unit on Aging</td>
<td>• Provides start-up funding for Villages</td>
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<tr>
<td>New York State Office for the Aging (NYSOFA)</td>
<td>Both</td>
<td>• Created Village Technical Assistance Center (VTAC)</td>
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<td></td>
<td></td>
<td>• Funds VTAC staff</td>
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<tr>
<td>Case Study (Villages/AAA)</td>
<td>Village Start-Up</td>
<td>Program Support</td>
<td>Capacity Building</td>
<td>Planning/Coordinating</td>
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</table>
| **CASE STUDY #9B**  
Community Connections at Findley Lake  
Chautauqua County Office for the Aging (CCOFA)  
New York State Office for the Aging (NYSOFA) | AAA  
- Helped expedite Village 501(c)(3) application | Village  
- Pays AAA for staff training and case reviews under NNORC grant  
- Staff provide AAA insurance counseling  
- Holds annual focus group event for community to provide recommendations for programs and services  
- Refers clients to AAA  
AAA  
- Provides educational programs and staff training  
- Provides a virtual nutritional training class held at Village  
- Offers caregivers support course and resources | Village  
- Helps reach underserved rural population  
AAA  
- Staff member on Village board assisted in NNORC grant application  
- Director wrote letter of support for NNORC grant application | Village  
- Board member serves on AAA Advisory Council  
AAA  
- Staff member sits on Village board  
State Unit on Aging  
- State Plan on Aging includes NNORC program |
| **CASE STUDY #10**  
D.C. Villages  
Department of Aging and Community Living (DACL) | Villages  
- Distributed pandemic resources and information provided by AAA  
Both  
- Cross-promote programs and resources  
- Provide cross-referrals | Villages  
- Supported AAA priority of combating isolation during pandemic  
AAA  
- Provides funding to expand Village program and service capacity  
- Advocates on behalf of Villages to other agencies | Village  
- Supports AAA priority to reach underserved population | |
| **CASE STUDY #10A**  
Kingdom Care Senior Village  
DACL | AAA  
- Provided funding | AAA  
- Funds community outreach | Village  
- Supports AAA priority to reach underserved population | |
| **CASE STUDY #10B**  
Capitol Hill Village  
DACL | AAA  
- Funds LGBTQ programming | Village  
- Supports AAA priority to reach underserved population | |
Case Studies (blue = Village and green = AAA)

1. Chicago Hyde Park Village
   AgeGuide Northeastern Illinois

2. Redwood Coast Village
   Area 1 Agency on Aging

3. Golden Age Village
   Baltimore County Department of Aging

4. LOWLINC and Rapp at Home
   Rappahannock Rapidan Community Services

5. Greater Columbus Network of Villages
   Central Ohio Area Agency on Aging

6. A Little Help
   Denver Regional Council of Governments

7. San Francisco Village and NEXT Village SF
   San Francisco Department of Disability and Aging Services

8. The Village Common of Rhode Island
   Rhode Island Office of Healthy Aging

9. New York Villages
   Albany Guardian Society
   State Office for the Aging
   Community Connections at Findley Lake
   Chautauqua County Office for Aging Services

10. Washington, D.C., Villages
    Department of Aging and Community Living
Under its statewide dementia-friendly initiative, AgeGuide Northeastern Illinois created an online, on-demand series of dementia-friendly training modules to promote awareness and understanding of how dementia can affect people’s interactions. Each module is targeted for a specific sector: healthcare, transportation, first responder, and elder rights, as well as faith communities and the general public. Chicago Hyde Park Village is developing two additional modules for restaurants and retailers, which AgeGuide will integrate and manage via its platform. The Village and AgeGuide will begin promoting the training in the fall of 2022.
BACKGROUND

Chicago Hyde Park Village is a standalone nonprofit Village located in the urban neighborhood of Hyde Park in Chicago. It began operations in 2014 and engages 84 volunteers to offer an array of programs and services to 200 members. Hyde Park is the first community in Chicago to receive the Dementia-Friendly designation.

AgeGuide Northeastern Illinois is a nonprofit AAA—one of 13 AAAs in Illinois—serving over 92,000 older adults in eight counties, including urban, suburban, and rural communities—DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will. AgeGuide’s service area is adjacent to that of the AAA for the city of Chicago where Hyde Park is located. AgeGuide has been working on the Illinois statewide dementia-friendly initiative since 2017. AgeGuide’s fiscal year 2022 budget is $34.3 million.

ORIGINS

Through its participation in Hyde Park’s Dementia-Friendly Advisory Board, Chicago Hyde Park Village learned that caregivers wanted restaurants and retail businesses to have guidance on how to treat customers with dementia and their caregivers with respect and sensitivity.

The Village leadership met AgeGuide’s caregiver and dementia specialist through the dementia-friendly network in Illinois. After learning about the online training that AgeGuide created, the Village reached out to the agency to discuss training for employees at restaurants and retailers. Lacking the resources to create additional modules, the agency agreed to work with the Village to create this new content.

DESCRIPTION

Program Support

The collaboration focuses on the creation and use of dementia-friendly training modules for restaurants and retail businesses. Each one-hour course includes a pre-test, general introduction, a specific work area module (e.g., retail) on dementia-friendly business practices, and a post-test. These modules will be incorporated into AgeGuide’s online, on-demand platform.

When the modules are launched in the fall of 2022, the Chicago Hyde Park Village website will include a link to AgeGuide, where a business will register for the training. After registering, a business will receive a link for its employees to access the training modules. Completion of the course by management and more than 50 percent of front-line staff qualifies the establishment as a dementia-friendly business. The agency will provide a letter of acknowledgement, a dementia-friendly certificate to display, and a window decal. The Village will highlight businesses that complete the training on its website and in other outreach.

“They had a need, and we had a need. We were able to collaborate to fill that need and share that with the broader community. I frankly wouldn’t have been able to expand this [training module project] for quite some time, so this collaboration catapulted it.”

— Colette Jordan, Caregiver and Dementia Specialist, AgeGuide Northeastern Illinois
MANAGEMENT

AgeGuide and Chicago Hyde Park Village met biweekly to ensure clarity about required resources, expectations, and time frames. A Village intern developed the content using the same framework as prior modules. AgeGuide will incorporate the new content into its platform. After launching the modules, the Village will promote the training to local businesses with flyers prepared by the agency, e-blasts, and word-of-mouth using Village members and volunteers.

The agency will manage the platform and all administrative aspects of the training, including registration by businesses. The platform will collect data on the number of businesses registering, those that have met the threshold of staff completion, and those that have not. This information will be shared quarterly with the Village. A survey to collect participant feedback, as well as informal input, will guide improvement of the initiative. In addition, Chicago Hyde Park Village will try to determine whether this training increases membership and sponsors.

“We’re working with the AAA just outside of our service area. Sometimes you have to be open and think outside of the box.”

— Dorothy Pytel, Special Projects Manager, Chicago Hyde Park Village
OVERVIEW

Redwood Coast Village was started as a program under the Area 1 Agency on Aging (A1AA) in 2016. Grant funding supported a joint planning effort between A1AA and a citizen advisory body and funded agency staff time to develop the Village. Wanting greater autonomy in operational and financial decisions, the Village board voted to become independent in 2017. The collaboration today primarily involves cross-referrals for transportation and COVID-19 support.
**BACKGROUND**

Redwood Coast Village started in 2016 as an operating unit under a parent organization. In 2017 the Village transitioned to a standalone nonprofit serving rural Humboldt County, an area the size of Connecticut. The Village, based in the county seat of Eureka, serves over 130 members with two part-time staff members and 40 volunteers.

One of 33 AAAs in California, Area 1 Agency on Aging (A1AA) is a nonprofit organization serving Planning Service Area 1 comprised of Humboldt and Del Norte counties. Humboldt County is a large, sparsely populated rural county. The 2018 estimated 60 and older population was 35,000 with more than 25 percent classified as geographically isolated. A1AA provides a variety of direct and contracted services to support the independence and well-being of these older adults. The size of the service area and the dispersed locations of its residents create special challenges. With a budget of $3.7 million, the agency serves 8,000 clients.

**ORIGINS**

Redwood Coast Village was started as a program under the A1AA. The agency received grant funding in 2013 and 2014, which allowed the agency to gauge community interest in a Village and to develop one when community support was demonstrated. Agency staff supported the Village project, including the development of bylaws and operations. Older adults provided input into the formation of the Village through the Senior Action Coalition, a citizen advisory board also started by A1AA. Volunteers and agency staff worked together to promote the Village, which began providing services in 2016.

**EVOLUTION**

The initiative to develop Redwood Coast Village was beneficial for both the agency and the Village. The OAA is intended to serve all older adults but prioritizes those with lower incomes and other special populations due to resource limitations. The agency leadership recognized the cost-effectiveness of the Village model as an avenue to address the needs of middle-income older adults. A1AA also saw a Village as a way to attract more volunteers and to augment funding for administrative costs through membership fees—and to achieve their shared goal of keeping people out of long-term care facilities.

A citizen group had tried unsuccessfully to start a Village a few years prior. A1AA leadership and the Senior Action Coalition realized that the agency’s involvement and support could reduce the amount of time, energy, and resources required to develop a Village. A1AA provided the 501(c)(3) tax exempt status, office space, and dedicated staff to develop the Village structure and operations. With the agency’s familiarity with OAA Title IIIB Supportive Services and grant-funding knowledge, A1AA was a valuable source of guidance. Together, agency staff and Redwood Coast Village volunteers promoted the Village to community groups and leaders. The association with A1AA offered the Village legitimacy in the eyes of these organizations and funders.

“Having a mutually understood agreement about the outcome in the beginning is key to starting a successful collaboration.”

— Maggie Kraft, Executive Director, Area 1 Agency on Aging
Less than a year after Redwood Coast Village began offering programs and services, the Village board wanted greater autonomy in operational and financial decisions and voted to become a nonprofit independent of the agency. Both organizations shared a passion for meeting the needs of older adults in Humboldt County. Village leadership openly communicated to membership about the upcoming change during the eight-month transition. A1AA continued to support the Village during this time.

LESSONS LEARNED

A1AA and Redwood Coast Village both grew in understanding of the other organization’s needs and priorities as time passed. The Village acknowledges the crucial role that the agency played in its formation. Both advise that organizations should assess each other’s skill sets and strategize on how to best leverage their respective strengths when considering a collaboration. Clarity of roles, transparency, and a mutually understood agreement about the outcome are also key to starting a successful collaboration.

“Starting out under the AAA gave the Village legitimacy in the community and with funders.”
— JoAnn Schuch, Founder, Redwood Coast Village

The collaboration today primarily involves cross-referrals between the two organizations to ensure that the residents of Humboldt County receive the support they need to age in place. In transportation, for example, the agency provides rides to those who are eligible for the A1AA ride program and refers others to the Village. A1AA lists the Village as a resource in its resource directory and website. During the pandemic, the organizations met to determine how to best meet the diverse needs of the older adults they serve across a large geographic area.
The Golden Age Committee at the Islamic Society of Baltimore began working with the Baltimore County Department of Aging (BCDA) to provide congregate meals. The committee launched Golden Age Village after recognizing the additional needs of older adults. Currently the Village serves weekly Saturday morning breakfasts and a Sunday dinner once a month, except during Ramadan. BCDA reimburses the Village for a portion of the cost of the meals under the agency’s congregate meal program.
BACKGROUND
Located in suburban Baltimore County, Golden Age Village began offering services in 2010 under the sponsorship of the Islamic Society of Baltimore. Membership is free and open to community members ages 60 and older. Part-time staff and 18 Village volunteers support the 155 member families.

The Village lies within the service area of the Baltimore County Department of Aging (BCDA), one of 19 AAAs in Maryland. Baltimore County surrounds the City of Baltimore and serves a mix of urban, suburban and rural communities. BCDA’s fiscal year 2022 budget of $16.6 million provides for a broad range of services, programs, and connections to resources for Baltimore County older adults. The department works with the entire aging services network to incubate innovative approaches to meet the needs of a large, growing, and diverse aging population.

ORIGINS
The Islamic Society of Baltimore had a vision to bring the older adults of its community together. The Golden Age Committee approached staff from the BCDA Nutrition Program to discuss the need for meals that comply with the dietary practices of its members. After launching its meal program, the committee became aware of additional needs of the older adults who attended. A survey revealed that participants were most interested in transportation, fitness, and social activities. Golden Age Village was launched in response to their expressed desire to get together and help each other.

DESCRIPTION
Program Support
The OAA allocates money for nutrition programs for older adults, which BCDA uses to fund Eating Together, a congregate meal program offered at various sites across the county. Golden Age Village is the only location that provides Halal-certified meals.

The Village serves Saturday morning breakfasts to approximately 25 to 30 members weekly and offers light exercise activities and conversation afterwards. The monthly Sunday dinners typically attract around 75 people, with attendance growing to 100 people at the annual picnic. The dinners also include presentations by guest speakers on a variety of topics, such as taxes, artificial intelligence, and Medicare. The breakfasts and dinners are held year-round except during Ramadan when food is delivered.

BCDA reimburses the Village for each breakfast and dinner prepared. In accordance with agency policy, the Village suggests a voluntary donation of $3 for each meal. All donations are passed through to the Eating Together program to help maintain the program. BCDA also provides nutritional education and training to the Village several times a year.

“Our collaboration with Golden Age Village enables us to serve a specific cultural group that the AAA wouldn’t have otherwise reached.”

— Jill Hall, Chief, Senior Centers and Community Services Division, Baltimore County Department of Aging
MANAGEMENT

The collaboration between Golden Age Village and BCDA is managed through an annual contract where the reimbursement rates are periodically revised, but little else has changed over the past decade. The Village bills the agency weekly but is reimbursed monthly. Using a list of eligible participants provided by the agency, on the Monday following the meals, the Village reports the number of breakfasts and dinners served. Additionally, the Village provides a monthly report to the agency that includes a list of attendees, the number of meals served, the number of meals wasted, and photos of the events.

To ensure compliance with its congregate meal guidelines, the agency visits at least once a month to certify that the kitchen meets safety and sanitation requirements. Village staff and volunteers meet with the BCDA nutrition program manager every three to four months to provide an overview of the meal program. When the kitchen was closed during the pandemic, the agency provided take-out restaurant options through its Restaurant Initiative program.

The Village is interested in expanding the collaboration to address pressing issues such as transportation and housing for older adults. Funding is also desired to construct an accessibility ramp and purchase exercise machines for the activity center.

“Our relationship with BCDA gives us credibility and an edge when we apply for other grants.”

— Mohammad Chaudhry Tufail, President, Golden Age Committee at the Islamic Society of Baltimore
OVERVIEW

Both LOWLINC and Rapp at Home Villages collaborate with their AAA, Rappahannock Rapidan Community Services (RRCS), to address the challenge of rural transportation for older adults. Operating under separate agreements, Village volunteers provide transportation for any community member requiring specialized transportation to healthcare and legal appointments using wheelchair-accessible vans owned by RRCS.

LOWLINC and Rapp at Home also cooperate informally with RRCS in other areas, such as programs and services, as they support their respective communities.
BACKGROUND

LOWLINCE and Rapp at Home are two standalone nonprofits that offer programs and services to support older adults in rural central Virginia. Launched in 2016, LOWLINCE engages 120 volunteers to serve 116 members who reside in Lake of the Woods, a large homeowners association community in eastern Orange County. Rapp at Home began in 2015, currently has over 300 members and 50 volunteers, and serves all older adults of Rappahannock County.

Both Villages lie within the service area of Rappahannock Rapidan Community Services (RRCS), the AAA in Virginia’s Planning District 9, a rural region comprising Orange, Madison, Culpeper, Rappahannock, and Fauquier counties. Unique among Virginia’s 22 AAAs, RRCS is a combined AAA and Community Services Board, supporting people of all ages, including older adults. In 2022 the Aging and Program Support Services Division served 1,151 persons with a budget of $5.3 million. They collaborate with multiple providers to enhance long-term services and supports.

ORIGINS

Recognizing the barriers to transportation for older residents in eastern Orange County, the LOWLINCE founders approached RRCS in 2015 to request the use of the agency’s wheelchair-accessible van. Within a few months, RRCS accepted LOWLINCE’s proposal for a year-long pilot project in which Village volunteers drive for anyone in eastern Orange County needing specialized transportation for healthcare or legal appointments. This arrangement continues to the present time.

In 2010, Aging Together, a nonprofit that collaborates with partners to connect older adults to communities and resources in the RRCS area, first introduced the Village concept in Rappahannock County. Several years later, the executive director of RRCS held a community meeting, which led to the start of Rapp at Home. The relationship evolved over time as the Village and agency became better acquainted through their work with other community organizations.

“RRCS programs are evolving and increasing so Rapp at Home continues to interact with RRCS to ensure that we are aware of and make use of these programs and that we continue to improve and expand our relationships.”

— Joyce Wenger, Board President, Rapp at Home

DESCRIPTION

Program Support

The transportation collaborations between RRCS and LOWLINCE and Rapp at Home center around the agency’s Care-A-Van service, which provides door-to-door transit for healthcare and legal appointments for anyone eligible. RRCS trains volunteer drivers for both Villages, provides wheelchair-accessible vans, and pays for the necessary fuel, maintenance, and insurance. For the convenience of volunteer drivers, RRCS keeps one van in Orange County for LOWLINCE, and another in Rappahannock County for Rapp at Home. The only financial exchange is driver reimbursement for gas purchases; the Villages are not reimbursed for service delivery.

RRCS’ half-day mandatory training for volunteer drivers covers a variety of topics, such as safety tips and how to properly secure someone in a wheelchair in the van. Rapp at Home also has a driver qualified to train other drivers. The Villages are two of several
organizations providing volunteer drivers for the Care-A-Van program. Drivers must be registered volunteers with RRCS to receive insurance coverage. Both Villages operate the program under a Memorandum of Understanding (MOU) specific to their organization.

LOWLINC volunteers use the van to drive those who need a wheelchair-accessible vehicle or require a ride outside of its service area. The majority of these trips are for non-Village members because volunteers use their personal vehicles to drive members who do not need wheelchair accessibility to destinations within a 25-mile radius of Lake of the Woods. Trips to the VA Hospital in Richmond or the University of Virginia health system in Charlottesville require a substantial time commitment as the roundtrip takes 2.5 hours plus additional time waiting during the appointment.

As there are few healthcare providers in Rappahannock County, Rapp at Home volunteers often use a RRCS-provided van to drive community members to Warrenton, Culpeper, and Charlottesville. These roundtrips are often done by one individual, but sometimes by two different drivers for delivery and pickup. Times for such trips, including time from the driver’s home to the van, to the member’s home, to the appointment, the wait for appointment, and then the three legs of the return trip often exceed six hours.

The demand for rides in Orange and Rappahannock counties often exceeds the current capacity of LOWLINC and Rapp at Home volunteers. To address this issue, the Regional Transportation Collaborative (RTC) is working with both Villages to identify additional volunteers.

The Regional Transportation Collaborative (RTC) was recently formed to leverage transportation resources across the planning district. Using federal funds, RTC procured two 14-passenger minibuses with electric wheelchair lifts owned by RRCS but managed by RTC. While there are some restrictions, these vehicles are generally available for a wider range of purposes than the Care-A-Van program. Available for use by LOWLINC and Rapp at Home, the minibuses are most appropriate for transporting groups of people rather than a single person in a wheelchair.

In addition to the transportation collaborative effort, both Villages work closely and informally with the RRCS to meet the needs of their communities. Agency staff speak at LOWLINC events throughout the year. The agency staff led a six-week chronic disease self-management class. RRCS has also provided speakers on topics such as choosing a prescription plan and offered consultation during Medicare’s open enrollment period. LOWLINC also utilizes the catering program operated by the agency’s Central Kitchen for some of its social events.

“The value of Villages is a willingness to collaborate and explore options for serving the needs of the region … They are creative bridges to expand access to services for older adults.”

— Ray Parks, Director, Aging and Program Support Services, Rappahannock Rapidan Community Services

Both LOWLINC and Rapp at Home promote programs offered by the agency to their members and the broader community—and RRCS likewise promotes Village programs and services. Rapp at Home co-hosts joint programs and activities with the RRCS senior center and also provides volunteers there.
LOWLINC is planning additional programming with RRCS on timely topics such as mental health and resiliency for challenging times. Rapp at Home is exploring further cooperation to expand the RRCS meal program for older adults. Additionally, Rapp at Home is discussing participating in some of the training programs the agency offers to its employees and volunteers. Both Villages work with RRCS to access resources for community members who require support and services beyond the capabilities of their volunteers.

Planning/Coordination
Two LOWLINC volunteers serve on the RRCS Board of Directors and participate in the agency’s Finance and Administrative Services Committee. Two members of the Rapp at Home board serve on the RRCS Aging Services Advisory Council. The Village participates in the agency’s strategic planning process to facilitate alignment among the organizations. LOWLINC, Rapp at Home, and RRCS also share needs, ideas, and solutions through the numerous activities in which they mutually participate, such as the RRCS Advisory Council, Aging Together, the RTC, and the PATH Foundation.

“It’s important to study the AAA’s aging plan to understand the relationships between the various aging stakeholders.”
— Carolyn Rourke, Interim Executive Director, LOWLINC

MANAGEMENT
Responsibility for management of LOWLINC and Rapp at Home’s relationships with RRCS rests with Village board members who coordinate with the agency’s director of aging and program support services. Communication is informal, but often includes the executive director of RRCS.

LOWLINC provides a monthly log with rider names, destinations, and receipts for reimbursement of expenses such as gas. Annually, LOWLINC enters data into RTC’s database for all rides provided by its volunteers, including rides using their personal vehicles.

Rapp at Home also reports monthly and is working to coordinate how transportation data can be collected and shared more effectively. The Village is upgrading its data management platform with the goal of sharing service, attendance, and volunteer data with RRCS.
Greater Columbus Network of Villages
Central Ohio Area Agency on Aging

OVERVIEW

The Central Ohio Area Agency on Aging (COAAA) supports the Greater Columbus Network of Villages in a variety of ways. The agency has provided start-up funding to all but one Village. The COAAA also awards a joint grant administered by the network director where all Villages are reimbursed for an annual maximum of $10,000 for volunteer services. Additionally, COAAA funded a pilot of the Lyfting Villages initiative. Pre-pandemic, COAAA provided grants for Village leaders to attend the National Village Gathering sponsored by VtVN.
BACKGROUND

The Greater Columbus Network of Villages comprises seven Villages, six of which are located in Franklin County: At Home by High, Village Central, Village Connections, Ville on the Hill, Upper Arlington Village and Village in the Ville. Union County Neighbor to Neighbor operates in neighboring rural Union County. Three of the Columbus Villages are in underserved areas of the city. Together these Villages engage over 250 volunteers to serve more than 825 members. Two Villages have no membership fee, while the remaining Villages have a sliding-scale membership fee based on self-reported financial need.

These Villages all lie within the service area of the Central Ohio Area Agency on Aging (COAAA) which covers eight counties including Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway, and Union. COAAA is currently directly servicing 25,000 clients and contracts with providers and engages volunteers to provide services for another 20,000 older adults and persons with disabilities. All but one of the counties in its service area have tax levies that support services for older adults. This local funding, which is on top of the agency’s funding from OAA and the Medicaid HCBS waiver program, enables greater flexibility in the AAA’s allocation of funding for programs and services.

ORIGINS

After receiving a call from a reporter asking about a new Village forming in Columbus, the COAAA director attended a public meeting about the Village. She offered to help the founders get started, participated in the planning effort, and provided seed money to help the Village successfully launch. Based on that experience, she decided to support every start-up Village with seed money. The Villages help relieve the pressure on the aging services network and also are a source of referrals for people who do not know about the AAA or who might be reluctant to use public services. The scope of the collaboration expanded as the Villages grew in capacity.

DESCRIPTION

Program Support

COAAA reimburses each Village a maximum of $10,000 annually through Volunteer Placement grants. Volunteers are assigned to an individual and can provide a variety of services, including companionship, transportation, lawn care, light home maintenance, technology support, and delivery of groceries and care packages. The language in the agreement between COAAA and the Villages refers to 80 “volunteer placement units,” with one unit referring to a unique older adult in a Village. The $10,000 is based on an annual reimbursement rate of $125 for the 80 members who receive one or more services during the year.

COAAA also funded a $25,000 pilot project for the Lyfting Villages initiative enabling members to use Lyft when Village volunteer drivers were not available. The grant also funded a video to educate members about rideshare and staff time to coordinate the program. After a successful pilot, the program continues with other funding streams.

During the pandemic when in-person services were not possible, the Villages quickly pivoted to launch a friendly phone line and a necessities bag delivery program. COAAA modified the Villages’ contract and funded this initiative with federal CARES Act funding. The Villages were important distribution points for masks and pandemic- and vaccine-related information provided by the agency.

Village Start-Up

With one exception, COAAA has granted $10,000 seed funding to Villages in formation to design and implement programs and services to meet the unique needs of each community. The Franklin County senior levy program joined the partnership and initially followed up with annual $30,000 operating grants to the first few Villages. That support has since been cut back as the number of Villages increased and other funding sources were established. The COAAA seed
money grant stipulates that a Village will promote and share its knowledge with others interested in forming a Village.

The agency has also played an important role in Village development planning. The COAAA director’s promotion of Villages at an Advisory Council meeting led to starting Neighbor to Neighbor in rural Union County.

**Capacity Building**

The COAAA strategic plan includes a goal to facilitate the development of the Village concept. This support helps Villages expand their membership and affords them the financial flexibility to reach more underserved older adults who might otherwise not participate. The agency director promotes Villages at the Advisory Council meetings. Additionally, prior to the pandemic, COAAA provided funding for Village leaders to attend the National Village Gathering sponsored by VtVN. The agency maintains a page for Villages on its website.

**Planning/Coordination**

The director of the Greater Columbus Network of Villages participates in COAAA committees. When the opportunity arises, members of individual Villages serve on the COAAA Advisory Council.

**MANAGEMENT**

Individual Villages begin establishing their own relationship with COAAA when receiving seed money. As these relationships evolve, individual Villages manage projects specific to their Village. For network-wide grants, COAAA requested one point of contact to reduce its management workload. The network director serves as the primary liaison between the Villages and the agency.

The Volunteer Placement Program is renewed annually with a formal evaluation every three years. The network executive director monitors monthly activity to ensure that each Village reaches its maximum 80 volunteer units for reimbursement and oversees the required reporting, which is a time-consuming task. The required profile for each individual classified as a “volunteer unit” includes demographic data, such as age, race, ethnicity, gender, income level, and whether they live alone or in a rural setting. When an individual receives a service, they are entered as a billable unit.

The collaboration between the Villages and COAAA is not evaluated formally with outcome measures. However, the network provides an annual report to convey how the funds positively impact Village members and their communities. In addition to statistics, such as the number of members and volunteers, the report includes projects completed and milestones reached during the year. Like other providers, the Villages are audited periodically by the agency.

In addition to meeting as a network every two months, the Villages also meet annually with the COAAA director. The Villages make presentations to COAAA staff to highlight particular programs on an ad hoc basis.

“Villages are just a natural group of people interested in trying new approaches. They can take stress off the agency and refer people who are going to be eligible for services. Doing projects with Villages is easy.”

— Cindy Farson, former Executive Director, Central Ohio Area Agency on Aging
A Little Help partners closely with the AAAs in the three locations it serves across Colorado: Metro Denver, Northern Colorado, and the Western Slope. A Little Help primarily receives reimbursement from OAA funding for the following services:

- **Denver Regional Council of Governments (DRCOG)** — transportation and chore services
- **Larimer County Office on Aging** — transportation, chores, reassurance, and material aid services
- **Northwestern Colorado Council of Governments Alpine Area Agency on Aging (NWCCOG)** — transportation, chores, and reassurance services

Through strong AAA relationships, A Little Help also received funding from other sources administered by the AAAs, such as state senate bills, federal COVID-19 relief dollars (CARES Act), American Rescue Plan Act, and transportation-specific funds. The Village received almost $250,000 in 2021.
BACKGROUND

A Little Help is a Colorado hub-and-spoke Village that has been connecting neighbors to help older adults thrive for 15 years. The Village engages over 3,500 volunteers to serve its 895 members in the three urban, suburban and rural locations it serves—Metro Denver, Northern Colorado, and the Western Slope. Approximately 75 percent of the volunteers are background-checked “Helpers”; the remaining 25 percent are episodic event volunteers. A Little Help aims for a minimum three-to-one ratio of volunteers to members to ensure coverage for their very large volume of service requests. They build in sufficient capacity to account for the wide variance in volunteer activity levels. The Village also sponsors several community service days throughout the year, which involve hundreds of volunteers at a time.

Three of Colorado’s 16 AAAs overlap with the areas served by A Little Help. The Denver Regional Council of Governments (DRCOG) covers nine counties of which A Little Help serves six—Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson. The Larimer County Office on Aging is the designated AAA in Larimer County. Northwestern Colorado Council of Governments Alpine Area Agency on Aging (NWCCOG) serves Eagle, Grand, Jackson, Pitkin, and Summit counties. These AAAs provide some services directly and also contract with a network of community organizations for service delivery.

ORIGINS

Although A Little Help and these AAAs now have well-established relationships, eight years passed between the Village’s initial grant application to DRCOG and its first award. The Village’s prior executive director consistently cultivated DRCOG leadership by reminding them that A Little Help and the AAA share the same mission of helping older adults to live better independently. Over time, the Village learned that its grant applications were denied in part because it charged a membership fee that the agency viewed as a barrier to service access. The OAA specifies that services be available to everyone over 60 years of age and living within the catchment area. After moving to a “contribute what you can” fee structure, the Village received a six-month, off-cycle grant from DRCOG in January 2020.

Having established the relationship with DRCOG, A Little Help then pursued similar opportunities with Larimer County Office on Aging and the NWCCOG. The Village nurtured those relationships as it monitored the varied funding cycle deadlines, which occur every two to three years.

The AAAs, interested in minimizing the duplication of services, require that grant applicants identify other providers and describe how they coordinate services with these organizations. Because demand for services exceeds supply, service justification was not an issue for A Little Help. The Village also had to demonstrate operational best practices and compliance with OAA regulations on topics such as client targeting and program reporting.

“We have a shared goal of wanting to help people live independently. There’s an economic benefit as we’re saving people from prematurely going into the ER or long-term care by being able to serve them at home where they want to be and address their needs before they escalate.”

— Sharon Day, Program Manager, DRCOG
DESCRIPTION

Program Support

The services provided by A Little Help vary by AAA, based on the specific needs of the communities served and capabilities of other providers. In accordance with OAA service priorities, the Village is required to have a plan for targeting older adults with the greatest economic and social need.

Financial remuneration is primarily through cost reimbursement for services provided by A Little Help. When applying for funding, the Village budgets for $75,000, the minimum level specified by DRCOG. The OAA service definitions and units, as well as reimbursement terms, vary among AAAs. Careful cash management is essential as the Village must float the costs of providing the services for a period of time prior to receiving reimbursement. The Village must also provide a minimum level of matching for program expenses.

The table below details the services for which A Little Help is reimbursed. In addition to compensated services, the Village is required to provide and track two non-compensated services: Information and Assistance, and Outreach.

A Little Help has received other AAA-administered funds, including transportation-specific allocations, as well as federal COVID-19 relief funds and one-time state funds. With CARES Act funds, the Village purchased and stocked trailers with equipment to support service delivery by volunteers.

Capacity Building

After several unsuccessful attempts for funding from DRCOG, A Little Help worked with the agency to address various compliance requirements. The Village made certain operational changes, such as adopting policies and procedures for compliance purposes and added software functionality to track service units as defined by the agency and to conduct assessments. The Village also moved to a “pay what you can” membership fee structure.

Funding through multiple contracts has allowed the Village to expand its outreach to more underserved areas and its capacity to deliver programs and services. The funds also pay for staff time to manage the reporting requirements and for internal projects to improve Village operations and efficiency. Additionally, the Village received a one-time award of $25,000 for software development to make its software more user-friendly for volunteers.

Services for which A Little Help is Reimbursed

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<td>Yes</td>
<td>Not requested</td>
</tr>
</tbody>
</table>
Planning/Coordination

A Little Help also engages with DRCOG through committee and council work, such as with the Denver Regional Mobility & Access Council. Most recently, the Village executive director was voted onto the DRCOG Transportation and Advisory Committee, filling the senior specialist interest seat. Additionally, a Village board member serves on the DRCOG Aging Advisory Committee, abstaining from votes related to A Little Help grant applications.

MANAGEMENT

The collaboration between A Little Help and each agency is managed through a formal contract that articulates the services provided, the reimbursement rates, reporting and compliance requirements, and other terms. The Village must maintain insurance policies for general, automobile, and professional liability as well as privacy risk, with at least $1 million in coverage for each policy. Village staff attend all AAA mandatory meetings and trainings and work with agency program managers to resolve any issues that arise.

The State Unit on Aging (SUA) annually audits AAAs and their subcontractors, including A Little Help, to ensure they are complying with OAA guidelines. The audit includes a review of policies and procedures, compliance documentation, and a random review of staff and volunteer background checks. All staff and volunteers with direct client contact must be vetted with a criminal background check as well as through the Colorado Adult Protective Services database.

A Little Help conducts a basic intake assessment with each Village member who is eligible for OAA services. Certain demographic information is required to be asked of all clients for state and federal grant reporting, though the client may choose not to respond to particular questions.

A Little Help invoices each AAA for costs incurred on a monthly basis. The invoice itemizes units of service, demographics of clients served by county, program income, and local cash and in-kind matches from volunteer hours. Detailed cost documentation for the allocation of staff time and other operating expenses is provided for annual evaluations and as part of the grant close-out process. This information may also be requested at other times by the AAA.

A Little Help is required to send a client satisfaction survey annually to at least 50 percent of the clients served during the current grant year. The state requires certain survey questions each year to which additional questions may be included. The primary purpose of the survey is to measure outcomes of the grant funding. It also provides useful information for the Village to improve the intake process and services offered, and also to see trends in the types of services needed.

“Fostering a relationship with your local AAA is valuable in so many ways. It is great to be reimbursed for the services you’re already providing, but there are so many other ways to collaborate. AAAs are great cross-referral partners, helping to troubleshoot resources to holistically meet member needs. AAAs are often the funding entity of other government opportunities beyond the Older Americans Act and, as a subcontractor, you’re likely to be looped into these potential funding streams. The vetting and compliance that comes with being a AAA partner signals a significant level of legitimacy to other potential grantors and donors.”

— Hilary Simmons, Executive Director, A Little Help
San Francisco Village and NEXT Village SF
San Francisco Department of Disability and Aging Services

OVERVIEW

The San Francisco Department of Disability and Aging Services (DAS) provides funding to increase the service capacity of NEXT Village SF and San Francisco Village through contractual arrangements with specified metrics. The Villages successfully advocated to DAS, the Mayor’s Office, and the Board of Supervisors for additional funding. Grant funding paid for a technology platform designed to streamline volunteer matching and to expedite service delivery for both Villages. NEXT Village SF also receives funding from DAS for the District 2 University program, which offers classes, activities, and social events.
BACKGROUND

NEXT Village SF and San Francisco Village are stand-alone nonprofits serving older adults in the city and county of San Francisco since 2009. The NEXT Village SF service area is predominantly low-income and ethnically diverse. The Village engages 100 volunteers to support 275 members residing in Districts 2 and 3. San Francisco Village serves approximately 450 members across the county with 250 volunteers.

The Villages are located in the service area of the San Francisco Department of Disability and Aging Services (DAS). This large agency has a $116.2 million budget and provides services and programs for 40,000 people. Local sources of funding are the city’s General Fund, the Community Living Fund, the Dignity Fund, and federal and state funds. DAS operates eight direct service programs and contracts for a variety of services with over 60 community-based organizations. The Disability and Aging Services Commission provides oversight of DAS policies and funding decisions.

ORIGINS

In 2010, the Villages advocated for funding to the Board of Supervisors, the legislative body for the city and county of San Francisco. The Villages’ compelling message was that DAS focused on individuals with the greatest need, but there was a large middle class of individuals who also needed help with the aging transition. The Villages conveyed that they are a scalable, cost-effective option to reach this underserved group through their locally oriented, grassroots organizations and extensive volunteer resources. As a result, the Board of Supervisors directed the Budget and Legislative Analyst’s Office to conduct a review of practices and resources to enable the city’s aging adults to live in their homes and communities independently. The Village model was among the specified topics for analysis. Based on this review, several legislative options were proposed to make Villages more sustainable and available to a broader cross-section of older adults.

DESCRIPTION

Capacity Building

DAS provides grant funding to expand the program and service capacity of NEXT Village SF and San Francisco Village. The grants identify the target populations of both Villages as older adults and eligible adults with disabilities with emphasis on factors such as social isolation, low income, limited or no English-speaking proficiency, minorities, and LGBTQ+.

NEXT Village SF helps its members with transportation, shopping, technology support, in-home safety assessments, de-cluttering, referrals and more. The Village offers more than 500 social, cultural, and educational events annually and further builds community with companionship, walking partners, and assistance with chores and activities after a member’s hospitalization. Volunteers produce the Not Born Yesterday podcast twice a month, offering a forum for experts to discuss the challenges and opportunities facing older Americans today.

“The financial support that San Francisco Village has received from the city and the county of San Francisco has been a game changer. It has enabled us to build a thriving social enterprise in the past 10 years: hire professional staff, rent office and meeting space, acquire state-of-the-art technology, and so much more.”

— Kate Hoepke, Executive Director, San Francisco Village
San Francisco Village uses small groups called Neighborhood Circles to provide local connections for members. One of the 15 circles focuses on issues relevant to LGBTQ+ members and another addresses concerns of members living alone. The Village also offers a Wellness Program with more than 40 event offerings each month—health and wellness, cultural and social lectures, classes, and groups. Programs reflect the interest and requests of members and include categories such as Healthy Aging, Express Yourself, Member-Led, Connections Across Generations, Navigating Today’s World, and Exploring San Francisco. Additional offerings include help after hospitalization, such as grocery pickup, simple household tasks, rides to medical appointments, companionship, and referrals to other resources.

The initial grants of $50,000 for each Village were sourced from the General Fund in 2012, an amount that has increased over time. Each organization must participate in a competitive grant process by submitting new applications every four years. The Villages also submit annual budgets to DAS.

The approved budget for the fiscal year ending June 2023 includes more than $240,000 in DAS funding for NEXT Village SF. Serving a larger geographic area, San Francisco Village is budgeted to receive over $360,000. These grants cover operating expenses, such as staff, rent, insurance, and utilities. While the majority of these funds are allocated from the General Fund, both Villages receive “addback” funding where an individual Board of Supervisors member can allocate funding to priorities outside of the mayor’s budget.

During the pandemic, DAS began providing additional grant funding of $18,000 to each Village. With volunteer recruitment and engagement essential to the Villages, the grant paid for a technology platform designed to streamline volunteer matching and expedite service delivery for aging and disability agencies. This amount is approved for fiscal year 2023 as well.

Program Support

In 2021, NEXT Village SF received an ongoing grant of $120,000 from DAS to operate District 2 University. This innovative program brings high-level educational, cultural, and social experiences to older adults and people with disabilities. Events are open to anyone regardless of where they live. Village membership is not required to participate.

DAS includes links to NEXT Village SF and San Francisco Village on the community connections section of its website. Both Villages also promote DAS programs and resources relevant to their members.

“When advocating to elected officials, Villages should cultivate relationships with neighborhood associations, churches, community organizations, and people who can speak to the value of Villages.”

— Jacqueline Zimmer Jones, Executive Director, NEXT Village SF

MANAGEMENT

NEXT Village SF and San Francisco Village each have an agreement with DAS that includes a description of core program elements of the grant. These include the typical services Villages offer as well as educational activities designed to increase awareness of available services, encourage independence, and promote aging in place. Volunteer recruitment, training, and retention are highlighted because of the heavy reliance on volunteers.
The reporting requirements for NEXT Village SF and San Francisco Village include monthly input of service units into San Francisco’s GetCare information system, which tracks and manages adult services across county programs. The Villages conduct an annual member satisfaction survey and submit the response rate and aggregate data. Twice a year, the Villages provide a summary report of sexual orientation and gender identity (SOGI) data. Additionally, the Villages enter monthly, quarterly, and annual reports into the agency’s contract management system.

DAS audits the Villages annually on a variety of elements and conducts a more extensive review every three years. The review includes an assessment of each Village’s progress towards specified service and outcome objectives. Compliance monitoring focuses on adherence to program standards, such as the collection and maintenance of member records and backup documentation on the reported units of service. The Villages provide documents, such as a financial sustainability plan, policies and procedures, and a program operations plan. DAS also requires confirmation that Village staff receive mandated trainings.

For fiscal monitoring, the Villages provide financial documents, such as budgets, financial statements and journals, and tax forms. The agency also reviews each Village’s personnel manual, emergency operations plan, current board roster, selected board minutes, and other agreements.

DAS supports the Village model as a way to reach older adults who need assistance but do not qualify for AAA services. As a way of promoting sustainability, the agency requires the Villages to charge a minimum annual membership fee of $120 as the low end of a sliding scale. DAS follows a consumer-driven approach to meeting needs. Consequently, the agency wants members to invest to show their support for this model. The grant stipulates that the membership fee must be paid by the member, spouse, children, or household member—it cannot be subsidized through scholarship funding. While both Villages offer subsidized memberships supported by fundraising efforts, DAS funds may not be used to provide services to those members and they are not counted towards the annual goals and outcomes set by the agency.

DAS establishes objective targets for retention rates, membership growth, volunteer recruitment targets, service hours, and hours of educational activities. The agency evaluates outcome objectives based on the results of each Village’s annual membership survey. With at least a 50 percent survey response rate required, outcome objectives include members reporting that Village programs and services help them maintain independence and be more socially engaged in their neighborhood or community.

“Villages fill a need that’s not met by other programs. They help with combatting social isolation. They bring neighbors together in community. Knowing you have a community is terribly important.”

— Cindy Kauffman, Deputy Director of Community Services, San Francisco Department of Disability and Aging Services
In 2018, the Rhode Island Executive Office of Health and Human Services (EOHHS), the parent organization of the Office of Healthy Aging (OHA), provided support to establish The Village Common of Rhode Island as the hub for Villages across the state. As part of the OHA DigiAGE collaboration, the Village was awarded several grants to expand digital access for older adults statewide. The Village Common purchased and distributed tablets and Wi-Fi devices. Village volunteers provided training and created virtual programming to foster connections during the pandemic. Under the Digital Equity for Caregivers Project, the Village provided digital technology and training to caregivers, and its volunteers provided weekly virtual support sessions and monthly education classes on resources for caregivers.
BACKGROUND

Providence Village, the first Village in Rhode Island, launched in 2015 to enhance the aging experience of older adults living in the state capital region. After four years of successful operations, the Village board voted to establish The Village Common of Rhode Island (The Village Common) as a hub-and-spoke model to support the creation and sustainability of Villages across the state. Currently, the four Villages in The Village Common engage 183 volunteers to serve 294 members.

In Rhode Island, a small state with a large population of older adults, the State Unit on Aging—the Rhode Island Office of Healthy Aging (OHA)—performs AAA functions. The OHA director is a cabinet level position appointed by the governor. In 2020, the state allocated $20.9 million for the OHA budget. The agency issues contracts and grants for the delivery of services and programs, and also uses volunteers.

ORIGINS

The connection between The Village Common and OHA originated in 2018 when the Executive Office of Health and Human Services (EOHHS) awarded The Providence Village an $80,000 grant from the Medicaid Money Follows the Person Fund to create The Village Common as the hub for Rhode Island Villages. Recently, with help from the EOHHS communications staff, The Village Common advocated for Villages by emphasizing the Village story of how neighbors helping neighbors could support people wanting to age in community and avoid unnecessary hospital stays. The current director of OHA first learned about Villages while working for EOHHS.

DESCRIPTION

Program Support

The Village Common and OHA have collaborated on two projects—one to expand the technology capabilities of older adults and the other to develop caregiver supports. The DigiAGE project is a collaboration among industry, government, and community started by OHA to bridge the digital divide for older adults.

The Village Common received grants ranging from $5,000 to $10,000 from DigiAGE partners to address the four focus areas of the DigiAGE initiative—device access, internet connectivity, training programs, and online content. The Village purchased devices, such as iPads and tablets and Wi-Fi devices, when connectivity was needed. Village volunteers distributed this equipment to senior centers serving diverse populations. With the pandemic in full swing, Village volunteers, many of whom are retired healthcare professionals, moved all of their programming online, creating a virtual Village. They promoted these programs across the state and made them accessible to everyone, not just Village members.
The Village also received an $18,000 grant from OHA’s Digital Equity for Caregivers Project. In addition to providing devices to any older adult in the state, the Village provided training and organized weekly virtual support sessions for caregivers, facilitated by volunteers who are retired social workers and healthcare providers. Monthly educational sessions provided resources and content for caregivers on topics such as fall prevention. While OHA funding will end soon, the collaboration is expected to continue with other partners and add a bilingual facilitator for Spanish language sessions.

**Village Start-Up**

One of the objectives in the 2020-2023 State Plan on Aging is to promote the development and success of community networks that help older adults participate in the community and access resources. Included is support for the expansion of the Village network across the state. This strategy is echoed in the OHA Strategic Plan that includes “Village” type communities established in each OHA region as a success measure. In furtherance of this policy, the OHA staff provides advice and information for development of new Villages, particularly in underserved and hard-to-reach rural areas.

**Planning/Coordinating**

The Village Common executive director attends OHA meetings. Additionally, a Village board member sits on several aging committees.

**MANAGEMENT**

A Village Common board member with extensive experience in Rhode Island state government and aging policy is the primary point of contact with OHA. The Village executive director’s background in social isolation has been beneficial in the implementation of the DigiAGE project.

The Village reported and invoiced monthly for the DigiAGE and Digital Equity for Caregivers projects. Reporting is based on the specific metrics required by OHA, such as the number of people served, and the number of tablets and other devices distributed. No personal information is shared.

The Village Common strives to align its mission with the State Plan on Aging by addressing key issues for all citizens, such as transportation and other supports for those living at home. The Village is proactively considering how to better address the needs of older adults in underserved and lower socioeconomic areas. OHA leadership believes the Village model of neighbors helping neighbors is a good philosophy that promotes healthy aging for all people and supports those wishing to remain in their homes and communities. Recognizing that not all people need formal services, OHA supports extending the Village model around the state to help achieve the agency’s mission.

The Village Common believes that its collaboration with OHA has helped grow its volunteer base and membership. Though it does not currently track referrals, OHA likewise believes that the Village connection with individuals reluctant to reach out to a government agency results in referrals to OHA when services that exceed Village capabilities are needed.

“Villages need to be willing to reach underserved populations.”

— Michelle Szylin, Associate Director, Rhode Island Office of Healthy Aging
New York State Villages
Albany Guardian Society
New York State Office for the Aging
Community Connections at Findley Lake
Chautauqua County Office for Aging Services

OVERVIEW

The origins of many Villages throughout New York are linked to the New York State Office for the Aging’s (NYSOFA) efforts to enable older adults to live, work, and age in their community of choice. First funding Naturally Occurring Retirement Communities (NORC) and Neighborhood Naturally Occurring Retirement Communities (NNORC), NYSOFA demonstrated an interest in grassroots initiatives to meet the needs of older adults. Thus, NYSOFA’s creative partnership with the Albany Guardian Society, a private foundation, to promote the development of Villages, was a natural extension of the agency’s work. Informal collaborations began in 2010 with a series of conferences organized by the foundation to promote Villages. In 2018, NYSOFA provided start-up funding for emerging Villages. Soon thereafter, Albany Guardian Society created the Villages Technical Assistance Center (VTAC) to support developing and existing Villages, with NYSOFA funding a part-time staff person. Around this same time, NYSOFA awarded a NNORC grant to Community Connections at Findley Lake, a Village located in a rural area of western New York already working closely with the Chautauqua County Office for Aging Services (CCOFA).
BACKGROUND

The New York State Office for the Aging (NYSOFA) has a long history of support for aging populations. The state began funding Naturally Occurring Retirement Communities (NORC) in 1995, which expanded to include Neighborhood Naturally Occurring Retirement Communities (NNORC) in 2005. The NORC concept paved the way for the development of Villages in New York State as grassroots initiatives that meet the needs of older adults. In 2017, New York became the first state to be designated as an Age-Friendly State. The Association on Aging in New York (AgingNY) supports the state’s 59 Area Agencies on Aging, which are predominantly county-based, and works collaboratively with other organizations in the aging services network.

The Albany Guardian Society, a charitable foundation based in the state capitol, has been instrumental in the promotion of the Village model and the development of several Villages since 2008. The foundation acts as a Village convener and supporter—both financially and operationally. In 2017, Albany Guardian Society formed the Capital Region Villages Collaborative to help launch and support Villages in the Albany area. The foundation works closely with NYSOFA to promote, support, and build the capacity of Villages.

In late 2018, NYSOFA sought to expand the NORC and NNORC program throughout the state to achieve a geographic balance in the distribution of program funding. Community Connections at Findley Lake, a Village in far western New York State, received one of two grants designated for rural communities.

INTRODUCTION

This case study presents two parallel collaborations in New York State. The first focuses on the partnership between NYSOFA and the Albany Guardian Society to develop and support emerging Villages. The second example highlights Community Connections at Findley Lake’s close collaboration with Chautauqua County Office for Aging Services (CCOFA), which includes CCOFA support of the Village during its application for a NNORC grant that NYSOFA awarded the Village.

“Albany Guardian Society had been interested in the Village model to promote independence and social engagements for older adults. NYSOFA has been a leader in innovative projects and models for senior independence. We partnered in 2017 to develop the Villages Technical Assistance Center providing technical assistance, support, networking, information, and funding for several Villages to plan, incorporate, and sustain their organizations.”

— Ken Harris, former Executive Director, Albany Guardian Society
ORIGINS

Founded in 1852 to improve the lives of older adults, the Albany Guardian Society supports the Village Movement because it aligns with the foundation’s original and current mission to promote independence and community engagement of older adults. The foundation hosted two Empowering Communities for Successful Aging conferences in 2008 and 2010, which brought together over 600 aging network stakeholders. Key among the partners was NYSOFA. While both conferences highlighted aging-in-place initiatives, the 2010 conference introduced the Village model. Since that time Albany Guardian Society has continued to host forums and develop partnerships with state agencies, local foundations, aging stakeholders, and community members to help these organizations better understand the value of Villages.

DESCRIPTION

Village Start-Up

In 2017, Albany Guardian Society coordinated the Aging in Community: The Village Movement conference. The acting director of NYSOFA gave the keynote address. Focusing on the theme of neighbors helping neighbors, the conference helped older adults and other stakeholders understand the Village model and various ways to organize services and activities.

The formation of the Capital Region Villages Collaborative was announced at this conference. The Collaborative comprises individuals, agencies, organizations, and Villages interested in forming, operating, and supporting Villages in the region surrounding Albany. It convenes meetings with Village updates, networking opportunities, and educational presentations on aspects of developing and operating a Village.

Recognizing the potential of Villages to help older adults remain independent and engaged in their communities, the acting director of NYSOFA met with Albany Guardian Society the following year to discuss how NYSOFA could further support the development of Villages. They identified several areas where they could collaborate to address some of the hurdles involved with forming a Village.

NYSOFA agreed to provide start-up funding to developing Villages. Albany Guardian Society developed a “readiness review” process and checklist to assess whether an emerging Village had the essential building blocks in place for successful development. When a Village under development met the criteria, the foundation provided start-up funding and then vouchedered NYSOFA for reimbursement. Several Villages received grants ranging from $3,000 to $10,000.

Albany Guardian Society and NYSOFA also partnered on a two-year project to create the Villages Technical Assistance Center (VTAC) to provide information and assistance to developing Villages. The VTAC opened in early 2019, with the foundation providing administrative support and NYSOFA funding a part-time staff person. The VTAC develops and shares evidence-based best practices, strengthens Village leader skills, and offers guidance on starting and operating a Village. In 2022, Albany Guardian Society assumed full financial responsibility for the VTAC.
Capacity Building

The VTAC provides ongoing support to explore networking, data collection, funding, risk management, training classes, advocacy, and resources to build and maintain a successful Village. In the coming years, NYSOFA plans to continue working with private partners to grow the Village Movement and to encourage development of VTACs in each of the state’s 10 Regional Economic Development Council regions. Each local VTAC will focus on the needs and resources of the communities it serves and promote the development of Villages in its region.

MANAGEMENT

Historically, the previous executive director of the Albany Guardian Society worked informally with NYSOFA. The relationship was formalized in 2018 when NYSOFA and the foundation collaborated on Village development funding and the creation of the VTAC. Once established, the VTAC assumed responsibility for managing Village support grants funded by NYSOFA. In the past year, the collaboration has expanded to include the current and former Albany Guardian Society executive directors, the NYSOFA director, and the executive director of AgingNY, the professional association of New York’s AAAs. A new staff position was established at Albany Guardian Society to work on Village projects.

FINDLEY LAKE COLLABORATION
Community Connections at Findley Lake
Chautauqua County Office for Aging Services

OVERVIEW

Community Connections at Findley Lake, Inc. (Community Connections) engaged with the Chautauqua County Office for Aging Services (CCOFA) from the time the founders first envisioned a Village to serve older adults living in this rural area. The CCOFA director wrote a letter of support to expedite the processing of the Village’s 501(c)(3) application. An agency staff member and Village board member assisted with the preparation of a Neighborhood Naturally Occurring Retirement Community (NNORC) grant application. Community Connections reimburses CCOFA for 10 hours of education, staff training and caseworker services each month to meet the grant requirements.

The Village’s administrator and executive director were trained by CCOFA as volunteer resources for the agency to provide health insurance information counseling and assistance. The collaboration is further strengthened with an agency staff person serving on the Village board and a Village board member sitting on the CCOFA Advisory Council.
BACKGROUND

Community Connections at Findley Lake (Community Connections) gives residents the practical means and confidence to age in community in rural New York State where there is no grocery store, mail delivery, or pharmacy. While the majority of its 160 members live in Findley Lake, this standalone nonprofit and its 19 volunteers and six staff also serve seven nearby communities. Just over 17,000 people reside in these communities year-round.

The Village lies within the service area of the Chautauqua County Office for Aging Services (CCOFA), one of 59 AAAs in New York. This county agency serves all of Chautauqua County, a large rural area with an estimated 24,000 people over the age of 60 in 2020. The CCOFA 2022 budget is $5.5 million to serve an estimated 9,000 clients. The agency contracts with businesses and nonprofits and utilizes volunteers to assist with the provision of services.

ORIGINS

As retired physicians and educators in this small community, the founders of Community Connections recognized that older adults in and around Findley Lake had many unmet needs. They determined that input from and collaboration with CCOFA was imperative to form the Village. The goal of Community Connections was to avoid duplicating programs already in place while ensuring residents had information and access to needed services. The founders met with the CCOFA director to discuss unmet needs of older adults in Chautauqua County and how Community Connections could complement existing services. The relationship between the two organizations continued to grow from that positive first meeting.

DESCRIPTION

Village Start-Up

Community Connections needed 501(c)(3) charitable tax-exempt status to be able to apply for grant funding. Recognizing the Village’s potential, the CCOFA director wrote a letter of support to expedite the processing of its application.

Program Support

The Village was awarded a New York State grant in 2019 for support of a rural NNORC. The grant stipulates the delivery of 350 caseworker hours per year. The Village contracts with CCOFA to provide educational programs, staff training, and caseworker reviews for 10 hours each month to meet this requirement. When the Village community health advocate requests assistance, the CCOFA caseworker visits older adults in their homes. Additionally, she schedules hours to be physically present in the Village office to provide health education, health insurance counseling, and other services.

“Community Connections and the Office for Aging Services have the same objective: to support older adults so they may remain in their communities. Through collaboration and support for each other’s organization, it is the community residents we serve who benefit.”

— Dr. Marlene Garone, Founder, Community Connections at Findley Lake
Two Village directors were trained through CCOFA to become certified health insurance counselors to help CCOFA meet the large number of requests the agency receives for insurance counseling. This agency service is available to anyone with Medicare questions.

Community Connections employs a community health advocate who performs home safety assessments and helps members manage their health. She coordinates directly with CCOFA on case management when necessary and provides a warm handoff when a member needs higher-level support than the Village can provide.

Community Connections focuses on connecting members to existing CCOFA services that residents of the area may not be aware of. Village involvement may ease the resistance of those who might be reluctant to use public services. CCOFA also promotes Village programs and services. On behalf of the agency, the Village hosts an annual “food for thought” community focus group. It provides a meal and solicits feedback on new services and programs that might better serve the community.

Capacity Building

The CCOFA director became aware of a state-funded NNORC grant and suggested that the Village apply. An agency employee who is a Community Connections board member participated in the grant application process. The close working relationship between the Village and agency was a positive factor in the grant evaluation because the Village had to address how it would work with its local AAA.

Planning/Coordination

Participation in the management of each other’s organizations has further solidified the collaboration. The CCOFA aging services coordinator serves as a Community Connections board member and liaison to the agency. In addition to participating in the agency’s strategic planning process, a Village board member serves on the CCOFA Advisory Council and on the County’s Health Department Advisory Team.

MANAGEMENT

Community Connections and CCOFA meet regularly to discuss upcoming priorities and any issues. The Village works with CCOFA staff and leadership to identify gaps in existing services and innovative ways to meet those needs. The Village and agency codified the education, training, and casework contract hours through a Memorandum of Understanding (MOU).

Community Connections and CCOFA have established boundaries on information sharing to avoid the perception that the Village is part of the agency. Personal information is only shared with CCOFA for Village members who are also agency clients.

“There is so much need and so many opportunities to help older adults age in place in the community, that if we work together, we can make a greater impact!”

— Dr. Mary Ann Spanos, Director, Chautauqua County Office for Aging Services; President, US Aging
The collaboration between the 13 Villages in the District of Columbia and the Department of Aging and Community Living (DACL) has evolved into a close working relationship. Since 2017, the Villages have received annual grant funding from DACL, with Foggy Bottom West End Village serving as the Village grant administrator. In recognition of the value Villages demonstrated during the pandemic, the D.C. mayor substantially increased the grant monies for fiscal year 2022 to an amount just under $848,000.

DACL offers the Villages flexibility within the guidelines for use of grant funds and advocates on behalf of the Villages to other D.C. agencies. To support Village success, the DACL director and staff meet monthly with all Village directors for progress updates and constructive dialogue on issues. The Villages provide feedback to the agency on the needs and priorities they observe in their local communities.

Individual Villages cultivate relationships with DACL both within and outside of this grant. For example, Kingdom Care Senior Village received funding to launch and now to expand its capacity to meet the needs of older adults in Ward 8, the most underserved ward within the District, and to reach older adults in communities of color throughout the city. Capitol Hill Village receives grant support for its LGBTQ-focused programming.
BACKGROUND

Thirteen independent Villages cooperatively serve neighborhoods throughout the District of Columbia (D.C.). Altogether they engage 1,014 volunteers and 2,277 members. Diverse in size, staffing, programs, and services, the Villages operate in seven of the District’s eight wards:

**Ward 1** Mount Pleasant Village

**Ward 2** Dupont Circle Village, Foggy Bottom West End Village, Georgetown Village

**Ward 3** Cleveland and Woodley Park Village, Glover Park Village, Northwest Neighbors Village, Palisades Village

**Ward 4** East Rock Creek Village

**Ward 5** Brookland Intergenerational Village

**Ward 6** Capitol Hill Village, Waterfront Village

**Ward 8** Kingdom Care Senior Village

The Department of Aging and Community Living (DACL) serves as both the State Unit and the Area Agency on Aging and is structured to carry out advocacy, leadership, management, programmatic, and fiscal responsibilities. There are over 98,000 older adults in D.C., and more than half of them live alone. The agency funds a senior service network of 22 community-based nonprofit and private organizations to serve residents 60 and older, adults living with disabilities, and their caregivers. With these partners, DACL offers free or low-cost programs, such as nutrition and transportation services, healthcare and insurance counseling, caregiver support services, and community activities and events to help residents thrive together in community. An objective in the State Plan on Aging is to create more opportunities for older adults and people with disabilities, who may not qualify for services due to income eligibility, to access services and programs.

INTRODUCTION

The development of the collaboration between DACL and the D.C. Villages is a complex story. Foundational to its success has been a willingness for Villages of varying sizes and capabilities to come together to do the hard work of reaching consensus. With one Village serving as the administrator, the Villages coordinate at a high level among themselves—and simultaneously each cultivates its own relationship with DACL.

While DACL initially was reluctant to work with Villages, over time the agency has come to value the partnership. Villages operate differently than other nonprofits they fund, and collaboration requires adaptation and accommodation by both parties. The relationship continues to evolve in mutually beneficial ways as the Villages and the agency gain greater understanding of each other's capabilities and priorities.

There are two types of collaborations between the Villages and DACL. The major focus of this case study is a districtwide grant that includes all the D.C. Villages in its scope. There have also been a number of separate grants to individual Villages. This case study also presents two examples of individual Village grants.

“DACL appreciates the Villages being the eyes and ears in the community and providing the agency feedback on the changing needs and priorities in the neighborhoods we serve. This was especially true during the pandemic.”

— Denise Snyder, Executive Director, Foggy Bottom West End Village
DISTRICTWIDE COLLABORATION

ORIGINS

In 2016, Foggy Bottom West End Village led the development of a strategy to approach the D.C. government for funding based on its research about how the District budget was formulated. Representatives from Foggy Bottom West End, Dupont Circle Village, and Georgetown Village engaged with various D.C. Council members, the mayor’s staff, and others to introduce the Village model and present a proposal for support. Their message focused on the potential cost savings to families, government, and health systems from expansion of the Village peer-to-peer and volunteer-based service model.

As a result of consistent and constant advocacy, the D.C. Council allocated $200,000 in the 2017 fiscal year budget to be administered by DACL. While the money primarily was intended to support the D.C. Villages, other nonprofits also could apply for these funds. Consequently, the Villages initially had to compete with one another and other nonprofits. Only two Villages received grants, and the remaining funds were awarded to other nonprofits.

DESCRIPTION

Capacity Building

Of the two awards in 2017, one supported a Village case manager to be shared by three D.C. Villages. The other was awarded to Foggy Bottom West End to study isolation and loneliness among older adults. The following year, DACL continued funding these grants, with five Villages sharing the case manager. An additional grant was awarded to all Villages for a visioning process to facilitate more purposeful planning for coordination among the Villages.

After two years, the Villages convinced DACL to drop the requirement that Villages compete against each other and other nonprofits for grant funding. The agency agreed that the Villages could submit a single grant application and share the funds evenly. DACL requested that one Village serve as the grant administrator, a role that Foggy Bottom West End has performed since 2019.

The budget allocation for Villages continued to increase. DACL added approximately $220,000 to the original fiscal year 2021 grant for a total of $567,000. Recognizing the demonstrated value of the Villages to innovatively meet community needs during the pandemic, the mayor further increased funding to $848,000 in 2022. Approximately 75 percent is distributed evenly among the 13 Villages. Most of the remaining 25 percent is allocated for citywide projects to reach more underserved areas.

The DACL funding has increased the overall cooperation among the D.C. Villages in planning and delivering programs and services. However, the different capacities and the varying needs of their communities present a challenge for carrying out new initiatives. A portion of grant funding is for development of a

“The Village advocates leveraged knowledge of D.C. politics and relationships with making sure that everyone knew what the ask was and the importance of the ask. They simplified the ask to something people could remember.”

— Laura Newland, former Director, Department of Aging and Community Living
collaboration plan among the Villages to achieve greater efficiencies of scale. For example, to reduce the workload and duplication of effort, each Village in turn plans special programs that will be offered to all Village members once or twice a year.

**DACL** envisions expanding Villages to underserved areas of the District of Columbia and increased networking between Villages and other nonprofits. Having witnessed how dependency on government funding can unintentionally change the culture of nonprofits, the **DACL** director hopes that increased funding will not affect the innovative nature of the D.C. Villages.

### Program Support

**DACL** noted that Villages helped the agency meet its goals for combating isolation during the pandemic. Villages proactively reached out to their members to find out what help they needed. They served as trusted distributors of COVID-19-related information and personal protective equipment provided by **DACL**. The agency valued the hyperlocal focus of Villages in disseminating resources and caring for the community in tangible ways. Pivoting quickly, Villages proved to be innovative, adaptive partners in meeting rapidly changing community needs.

The shared Village case manager addresses short-term, less complicated cases and refers members to **DACL** for longer-term assistance or when needs exceed Village capabilities. The agency also makes referrals to the Villages. The Villages monitor **DACL** activities and promote relevant programs and services to their members. Likewise, the agency publicizes Village programs and events in its calendar.

### MANAGEMENT

**Foggy Bottom West End** performs a variety of functions as the grant administrator in accordance with the Memorandum of Understanding (MOU) among the Villages. In addition to record keeping, the Village coordinates the monthly Village meetings with **DACL** staff and is the primary conduit to **DACL** on grant-related matters. **Foggy Bottom West End** receives a portion of the grant award as compensation for these services.

**Foggy Bottom West End** is the lead Village for preparing the annual grant application. The proposal includes each Village’s program plans and objectives that align with the four categories outlined by **DACL**—case management services, outreach, programming, and services development. With the recent increase in funding, the agency specified broad objectives for expanded outreach and awareness to grow membership and to support Diversity, Equity, and Inclusion (DEI) initiatives. Thus, for fiscal year 2022, Village plans include expanded outreach, more subsidized memberships, and DEI initiatives, as well as traditional programming.

**Foggy Bottom West End** distributes the funds and monitors spending. Every two months, the grant administrator reviews each Village’s grant-related expenditures and prepares a consolidated report for **DACL**. To ensure that all allocated grant funding is used within the grant period, the Villages report the percentage of grant funding expended. Each Village also sends individual monthly reports directly to **DACL** detailing progress toward its annual goals.

The Villages are working with **DACL** to improve the data collection and evaluation process. The goal is to move beyond measuring outputs, such as the number of people served, to measuring outcomes to demonstrate the impact of services and programs. Villages generally report less personally identifiable data than other providers but instead provide aggregated statistics due to their commitment to maintain member privacy.
KINGDOM CARE SENIOR VILLAGE

ORIGINS

The origins of D.C.’s newest and all-volunteer Village can be traced to DACL’s goal to have Villages in underserved areas and in neighborhoods with residents who are predominantly people of color. A community volunteer responded to a request for proposal in 2016 to develop a Village in Ward 8, the ward with the highest poverty rate. Kingdom Care Senior Village was launched with a one-time DACL grant award of $75,000.

DESCRIPTION

Village Start-Up

To meet DACL’s requirement to open a Village within 90 days of the award, Kingdom Care recruited a local church to serve as the fiscal sponsor. This enabled the Village to launch quickly because it did not need to set up its own administrative infrastructure, file for 501(c)(3) status, or go through the other steps of starting a nonprofit. In addition to providing the required 25 members and access to volunteers, the affiliation with the church supplied financial support by paying for office equipment, supplies, and insurance.

Although sponsored by a church, Kingdom Care stresses that it is a community-based organization open to people of all faiths. Churches play a central role in communities of color, and the Village taps into faith community connections to grow its services and membership. After interviewing more than 30 churches, Kingdom Care selected eight to participate in an ambassador program. The Village has successfully used these ambassadors to proactively reach out into the community to identify needs and connect individuals to programs and services of Kingdom Care and other Villages, as well as to city-provided services.

Kingdom Care programs and services include transportation, weekly delivery of food, errands, a gardening club, and health and wellness activities. Kingdom Care volunteers either provide rides themselves or help members find other transportation resources, such as free rides within Ward 8 or to medical appointments. The Village also coordinates with other nonprofits to meet member needs. Examples include No Senior Hunger, a nonprofit focused on healthy eating options, and Arts for the Aging.

Kingdom Care currently engages 21 volunteers to serve more than 54 members. Though the needs of many of Ward 8’s older residents are great, the Village must be mindful of not getting over-extended beyond the capacity of its volunteers. When someone needs more support than the Village can provide, the Village facilitates a warm handoff to DACL.

Kingdom Care plans to become an independent nonprofit and aims to expand membership by using additional ambassadors to connect more people to the Village. After building capacity, Kingdom Care plans to expand its service area to underserved neighborhoods of adjoining Ward 7.

MANAGEMENT

For reporting and evaluation, the Village provides DACL with data, such as the types of services it provides, the number of people served, and referrals made to the agency. Member surveys serve as a guide to the Village on satisfaction as well as programs and services needed.
CAPITOL HILL VILLAGE

BACKGROUND

Capitol Hill Village, the second oldest Village in the country, has been in operation since 2007. It engages 321 volunteers to serve 400 members. This standalone nonprofit operates with an annual budget of over $1 million, which enables it to employ 8.5 paid staff, supplemented by 13 office volunteers, to develop and manage a comprehensive array of programs and services, not only for its own members, but also for the broader community.

ORIGINS

In 2020, D.C. legislatively expanded the OAA definition for “greatest social need” under the OAA to include LGBTQ older adults for the purpose of allocating funds in the District. Capitol Hill Village was one of several nonprofits that received grants to provide LGBTQ programming for all District residents.

DESCRIPTION

Program Support

Capitol Hill Village receives annual funding of $45,000 for LGBTQ programming open to anyone in D.C. The Village promotes these programs and events through the D.C. Village network and other avenues, such as LGBTQ community newsletters.

The primary deliverable for the grant is an annual symposium with an intergenerational focus to bring younger and older members of the LGBTQ community together. In addition to providing content on health and wellness topics and information for service providers, the symposia offer a safe place to ask questions and opportunities to connect. Due to pandemic-related constraints, the first two symposia were held virtually, but will transition to an in-person event.

Support activities funded by the grant include a support group for people who relived the trauma of the AIDS epidemic as the COVID-19 pandemic unfolded. Capitol Hill Village created a training component for the Villages and other providers on LGBTQ competency and tools to promote inclusion. DACL added a requirement during the pandemic for the Village to explore whether program participants wanted additional social contact.

In a partnership with the Interactivity Foundation, the Village sponsored a three-week film series about gender and sexuality across generations. The audience included individuals who identified as LGBTQ and family and friends who wanted to support their loved ones.

“We’ve demonstrated what we can do. We’ve demonstrated the value of what we provide. DACL has expressed to us that we’re sort of their innovation sandbox, that they expect us to push the envelope on things that larger agencies can’t do, like the intentionality of taking every opportunity to connect with a member regardless of the explicit purpose as a way to break isolation.”

— Judy Berman, Executive Director, Capitol Hill Village
Most recently, **Capitol Hill Village** used the grant funding to develop a best practices manual for Villages on LGBTQ inclusion. The manual provides concrete ideas on how Villages can be more inclusive. Included is content on why representation is important and how to demonstrate that Villages are welcoming, including outreach materials and programming suggestions.

**MANAGEMENT**

**Capitol Hill Village** submits an annual proposal to fund this grant. Grant administration is handled by the same DACL grant manager responsible for the districtwide grant.

The Village provides monthly reporting of expenditures, total number of participants, and a general overview of the grant programs and activities. The Village recently modified its reporting software to capture the number of unique program participants as requested by DACL.

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**WASHINGTON, D.C., VILLAGES**

See Appendix C for selected data for these Villages.
APPENDIX A: Villages—Transforming Aging with Choices and Connections

THE VILLAGE MODEL

Villages are self-governing, caring communities that enable older adults to remain safe and independent in their homes, living lives on their own terms as they age. Supported by volunteers, Villages are grassroots, community-based, nonprofit organizations that operate on a philosophy of peer-to-peer reciprocity—neighbors helping neighbors. Volunteers, many of whom are Village members, provide a variety of support services, including transportation, light home maintenance, tech support, and friendly visits. Villages also coordinate social, educational, and health/wellness activities that promote connections and healthy living and reduce social isolation. To leverage resources in serving older adults, Villages collaborate with community partners and local service providers, and some have established collaborative relationships with other Villages.

WHY VILLAGES NOW?

In our rapidly aging society in which one of every five adults will be over 65 in 2030 and those 85+ are the fastest growing segment, Villages are a cost-effective and scalable option at the entry level in the continuum of supportive care. A 2010 survey by AARP found that nearly 90 percent of older Americans want to stay in their homes and communities as they age, but aging in place can be a challenge for many. Challenges include safe, affordable housing, the risk of isolation, few or no transportation options once one can no longer drive, lack of access to food and medicine, and an overall reduction in independence and autonomy. Policymakers at all levels are increasingly recognizing the need to expand and improve home and community-based support options for older adults. Villages respond to that need! They are an affordable option for older adults, providing an array of practical support services that enable older Americans to remain safe and independent at home and connected to others in their communities. Villages have played an essential role for their members during the COVID-19 pandemic, with volunteers making check-in calls, delivering groceries, running errands and providing transportation to essential healthcare appointments, including for vaccinations.

HOW ARE VILLAGES ORGANIZED?

Each Village reflects its community and responds to the needs of its members. There is variability in how Villages operate, each one shaped by the demographics and culture in its community. Villages tend to conform to one of the following models:

- **Neighborhood Network** – An informal model with no formal business organization. This type of Village is typically managed by a committee or steering group, and “membership” is loosely defined by residence in a designated service area. The model may charge a nominal fee, but primarily relies on donations for funding.
• **Standalone Nonprofit** – An independent, legally incorporated nonprofit organization. These Villages may or may not charge membership fees, and they may have staff or be managed by volunteers.

• **Sponsored Village** – A Village that operates under the sponsorship of another organization, which may be another nonprofit, such as a social services or aging services organization; a for-profit entity, such as a healthcare provider; or a government agency, such as an Area Agency on Aging. The parent organization may serve as a fiscal agent or provide administrative support for the Village, but the sponsor and Village maintain separate management structures.

• **Parent Organization** – Similar to a sponsored Village except that the Village is an integral part of the parent organization and operates within the parent’s management structure.

• **Hub-and-Spoke** – A central organization that provides the business structure and performs administrative functions for one or more associated “spoke” Villages. The central organization could be another Village or a nonprofit parent organization.

• **Time Bank** – A model in which volunteers accrue hours when providing services and “bank” these hours in exchange for the receipt of services earned or donated by other members.

### VILLAGE FUNDING

Village funding sources vary and include one or more of the following: membership fees, donations, grants, and reimbursement for services. Many Villages have programs to provide reduced-fee or no-fee memberships for older adults with demonstrated need.

### REGIONAL VILLAGE ORGANIZATIONS

Regional Village organizations have developed in areas with a concentration of Villages. They facilitate the exchange of ideas, resources, and experiences through programs, meetings and sometimes through a dedicated website. As a coalition of Villages, they also advocate for the growth and sustainability of the Village Movement. Examples include Washington Area Villages Exchange, Village Movement California, Capital Region Villages Collaborative, Greater Columbus Network of Villages, UPLIFT Florida Network, Massachusetts Villages, and Bay Regional Area Village Organization (BRAVO).

### COLLABORATIVE RELATIONSHIPS TO LEVERAGE RESOURCES

Many Villages have established collaborative relationships with government entities, colleges and universities, healthcare institutions, healthcare providers, service clubs, faith-based organizations, and other for-profit and nonprofit organizations. Some of these relationships involve grant funding, donations, reimbursement for services, or in-kind contributions, all of which leverage Village resources. As this handbook reports, Villages and AAAs, with their shared values and mission to enable older Americans to live independently and safely at home and in the community, have formed a variety of successful collaborations. As the value of Villages is increasingly recognized due to their many contributions to their communities, the number and types of collaborative relationships are on the rise.
BRIEF HISTORY OF THE VILLAGE MOVEMENT

The Village Movement began in 2002 with the founding of Beacon Hill Village in Boston. Since that time, the Village Movement has grown to include more than 300 Villages in 42 states as well as in Australia, Canada, and Belgium, serving an estimated 40,000 older adults (2022 data). The Village to Village Network, established in 2009, is the national organization that champions Villages and provides resources, programs, and services that empower Villages in formation and energize operating Villages. The Network is a resource for its members as well as for individuals and organizations that seek to know more about Villages or establish collaborative relationships.

HOW CAN I FIND A VILLAGE IN MY AREA?

The Village to Village Network has a map with member Villages highlighted. A search can be conducted from the home page by city, state or Village name.
APPENDIX B: Background on Area Agencies on Aging

Source: USAging

ESTABLISHMENT OF AREA AGENCIES ON AGING

The U.S. Congress passed the Older Americans Act (OAA) in 1965 with the goal of supporting older Americans to live at home and in the community with dignity and independence for as long as possible. Most of the Act applies to those 60 and older, giving priority to the most frail and vulnerable as well as the following special populations: veterans, minority populations, low-income and limited English proficiency.

Area Agencies on Aging (AAAs) were added to the Act in 1973 to serve as on-the-ground local organizations charged with planning, developing and implementing the provisions of the OAA. The law calls for local control and decision-making to ensure that local needs and preferences are taken into consideration so each service delivery system is tailored to its community. AAAs coordinate complex service systems that serve millions of older adults and caregivers in every community in the country.

HOW ARE AAAS ORGANIZED?

The OAA is the foundation for the national Aging Network that currently includes 56 state and territorial units on aging, 617 AAAs, 270+ Title VI Native American Aging Programs, and more than 20,000 community service providers. Each state decides the number and geography of planning service areas (PSAs), which determine the number of AAAs. For example, New York has 59 AAAs and Wisconsin, three. The State Unit on Aging serves as the AAA in seven states and the District of Columbia.

There is considerable variation in the organizational structure of AAAs:

- 39% are independent nonprofits
- 27% are under a council of government or regional planning & development area
- 30% are in city or county government
- 4% are other

Only designated AAAs may use “Area Agency on Aging” in their operating name, though not all do. The AAAs in this handbook employ a variety of titles, such as Baltimore County Department of Aging, Rappahannock Rapidan Community Services, Vintage of Northwestern Colorado Council of Governments, and San Francisco Department of Disability and Aging Services. To identify your local AAA, visit the Eldercare Locator at www.eldercare.acl.gov and look it up by zip code(s).
AAA FUNCTIONS

AAAs are the local leaders that develop, coordinate and deliver a wide range of home and community-based services, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, transportation, evidence-based health and wellness programs, long-term care ombudsman programs and more. AAAs are responsible for a wide range of functions at the local level—planning, developing, and coordinating a wide range of services and supports, advocacy, and program evaluation. They maintain local service provider networks and relationships with community-based organizations, senior centers, and local governments in support of the OAA and a coordinated service system.

AAAs develop local area plans for aging, which define community needs, identify priorities, and recommend programs and services. Consumers, service providers, and other stakeholders are engaged in the planning process by means of needs assessment surveys, focus groups, listening sessions, public hearings, and public comment postings. Local plans are sent to the State Unit on Aging to report on program achievements and provide input to the state plan on aging. State plans, in turn, are submitted to the federal Administration for Community Living (ACL) to report on accomplishments and present program plans and priorities to justify budget requests. State plans report on how funds are distributed statewide and describe the proposed goals, objectives, and measurable outcomes for the four-year plan period.

There are ongoing opportunities for stakeholders to be informed about and involved with AAA activities. The OAA mandates each AAA to have an advisory council to guide program implementation and facilitate community feedback; advise on issues, services, and policies; recommend legislation and policy measures; and inform the community about issues and needs of older adults. These councils are composed of adults aged 60 and over, including low-income and minority representatives as well as local officials and other stakeholders. All meetings are open to the public, so anyone can attend and observe the deliberations. There are also often a variety of other stakeholder engagement opportunities via committees and external working groups of the agency.

All AAAs support five core service areas under the OAA: elder rights, caregiver support, nutrition, health and wellness, and supportive services. Supportive services include information and referral, in-home services, homemaker and chore services, transportation, case management, home modification, and legal services. The agencies may contract for many of these services, but typically they are the direct providers of information and referral, case management, benefits and health insurance counseling, and caregiver support programs.

AAAs also play an important role as advocates that can help older adults navigate the complexities of accessing home and community-based services, long-term services and supports (LTSS), health benefits and other community resources. Sixty-five percent of AAAs lead or are part of an Aging and Disability Resource Center (ADRC). ADRCs take a No Wrong Door approach to coordinating LTSS resources so that everyone—older adults, people with disabilities of any age, caregivers, veterans and families—can find the information and help they need, regardless of where they start their search. In addition, 62 percent of AAAs administer local State Health Insurance Assistance Programs (SHIPs). These programs help Medicare-eligible consumers and their caregivers make decisions about their health insurance coverage through no cost and unbiased counseling, assistance and outreach.
### AAA Funding

The OAA is the universal source of AAA funding, but AAAs also receive and administer funding from a variety of other federal programs, state and local governments, Medicaid home and community-based services (HCBS) waivers, and healthcare payers. Older adults who participate in OAA programs or use services are asked to contribute to the cost if possible. Nationwide, the average proportion of the AAA’s budget by funding source is: 44 percent OAA, 28 percent Medicaid HCBS waiver, 9 percent other federal funding, 24 percent state general revenue, 15 percent other state funding, 17 percent local funding, all of which is supplemented by private donations and consumer cost-sharing contributions. (Note: Numbers do not total 100 percent as not all AAAs report funding from all listed services.)

The principal non-OAA sources of federal funds are Medicaid HCBS waivers, the State Health Insurance Assistance Program, federal block grants, the Low Income Home Energy Assistance Program, ACL demonstration grants, Veteran-directed programs, and AmeriCorps Seniors programs.

### Examples of AAA Partnerships

AAAs are charged with being the advocate and focal point for the interests of older adults by monitoring, evaluating, and commenting on policies, programs, and community actions that affect older adults. They also coordinate and collaborate extensively with other organizations to ensure older adults have access to needed services and supports.

The following lists illustrate the broad range of subject matters and organizations AAAs work with:

<table>
<thead>
<tr>
<th>Subject Matter</th>
<th>Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Veterans programs</td>
</tr>
<tr>
<td>Housing</td>
<td>Adult protective services</td>
</tr>
<tr>
<td>Medicare</td>
<td>Disability services</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Advocacy organizations</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>Faith-based organizations</td>
</tr>
<tr>
<td>Mental health</td>
<td>Businesses</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>Community organizations</td>
</tr>
<tr>
<td></td>
<td>Hospitals/medical providers</td>
</tr>
</tbody>
</table>

For more information about Area Agencies on Aging, visit [www.usaging.org](http://www.usaging.org).

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**APPENDIX B**

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LEVERAGING RESOURCES HANDBOOK 70
These tables provide the characteristics of the seven Villages in the Greater Columbus Network of Villages and the 13 Villages in Washington, D.C. All of the Columbus Villages operate in an urban area, except for Union County, which is rural. Three are independent nonprofits; four are sponsored by a parent organization. All of the D.C. Villages are independent nonprofits and operate in an urban area.

Village Characteristics of The Greater Columbus Network of Villages

<table>
<thead>
<tr>
<th>VILLAGE NAME (Year Operational)</th>
<th>2022 Budget ($000)</th>
<th>Funding Sources % *</th>
<th>Staffing **</th>
<th>No. of Members</th>
<th>No. of Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union County Neighbor to Neighbor (2016)</td>
<td>&lt;150</td>
<td>10/10/80</td>
<td>2 PT contractors, 1 intern</td>
<td>84</td>
<td>90</td>
</tr>
<tr>
<td>At Home by High (2018)</td>
<td>&lt; 150</td>
<td>5/35/60</td>
<td>2 FT, 1 intern</td>
<td>62</td>
<td>20</td>
</tr>
<tr>
<td>Village Connections (2012)</td>
<td>&lt; 150</td>
<td>14/46/40</td>
<td>2 FT, 1 Vista</td>
<td>320</td>
<td>33</td>
</tr>
<tr>
<td>Ville on the Hill (2019)</td>
<td>&lt; 150</td>
<td>0/0/100</td>
<td>.75 FT</td>
<td>100</td>
<td>N/A</td>
</tr>
<tr>
<td>Upper Arlington (2022)</td>
<td>&lt; 150</td>
<td>N/A</td>
<td>2 PT</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Village in the Ville (2015)</td>
<td>151–300</td>
<td>8/29/63</td>
<td>2 FT, 8 V, 1 Vista, 1 student</td>
<td>104</td>
<td>112</td>
</tr>
<tr>
<td>Village Central (2019)</td>
<td>500–1000</td>
<td>0/0/99</td>
<td>4 FT, 1 Vista</td>
<td>157</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: All data were collected from Villages

* Funding sources are reported in the following order: membership fees/donations/grants. Percentages do not add to 100 in all cases; some Villages reported small amounts from various additional sources.

** FT= Full-time, PT=Part-time, V=Volunteer
# Village Characteristics of Washington, D.C., VILLAGES

<table>
<thead>
<tr>
<th>VILLAGE NAME (Year Operational)</th>
<th>2022 Budget ($000)</th>
<th>Funding Sources % *</th>
<th>Staffing **</th>
<th>No. of Members</th>
<th>No. of Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Rock Creek (2016)</td>
<td>&lt;150</td>
<td>15/10/75</td>
<td>16 V, 3 contractors</td>
<td>123</td>
<td>22</td>
</tr>
<tr>
<td>Greater Brookland (2019)</td>
<td>&lt; 150</td>
<td>5/11/84</td>
<td>1.2 FT</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Kingdom Care (2017)</td>
<td>&lt; 150</td>
<td>10/0/90</td>
<td>8 V</td>
<td>54</td>
<td>21</td>
</tr>
<tr>
<td>DC Waterfront (2016)</td>
<td>151–300</td>
<td>26/39/32</td>
<td>1 FT, 1 PT</td>
<td>190</td>
<td>48</td>
</tr>
<tr>
<td>Cleveland &amp; Woodley Park (2013)</td>
<td>151–300</td>
<td>23/54/23</td>
<td>2.5 FT</td>
<td>172</td>
<td>119</td>
</tr>
<tr>
<td>Foggy Bottom West End (2013)</td>
<td>151–300</td>
<td>26/43/31</td>
<td>2 FT, 20 V</td>
<td>157</td>
<td>18</td>
</tr>
<tr>
<td>Georgetown (2012)</td>
<td>151–300</td>
<td>31/69***</td>
<td>1 FT, 2 PT</td>
<td>170</td>
<td>81</td>
</tr>
<tr>
<td>Palisades (2007)</td>
<td>151–300</td>
<td>TBD</td>
<td>1 FT, 1 PT, 7 V</td>
<td>213</td>
<td>40</td>
</tr>
<tr>
<td>Dupont Circle (2008)</td>
<td>301–500</td>
<td>13/71/16</td>
<td>1 FT, 2 PT, 1V</td>
<td>259</td>
<td>95</td>
</tr>
<tr>
<td>Northwest Neighbors (2009)</td>
<td>301–500</td>
<td>21/36/43</td>
<td>1.5 FT, 18 V</td>
<td>263</td>
<td>150</td>
</tr>
<tr>
<td>Capitol Hill (2007)</td>
<td>&gt; 1,000</td>
<td>15/25/60</td>
<td>8.5 FT, 13 V</td>
<td>400</td>
<td>321</td>
</tr>
<tr>
<td>Glover Park (2010)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>36</td>
<td>69</td>
</tr>
</tbody>
</table>

Source: All data were collected from Villages

* Funding sources are reported in the following order: membership fees/donations/grants. Percentages do not add to 100 in all cases; some Villages reported small amounts from various additional sources.

** FT= Full-time, PT=Part-time, V=Volunteer

*** Second number is donations and grants combined
### APPENDIX D: Definitions/Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1AA</td>
<td>Area 1 Agency on Aging (CA)</td>
</tr>
<tr>
<td>AAA</td>
<td>Area Agency on Aging</td>
</tr>
<tr>
<td>ACL</td>
<td>U.S. Administration for Community Living (HHS)</td>
</tr>
<tr>
<td>ADRC</td>
<td>Aging and Disability Resource Center</td>
</tr>
<tr>
<td>ARPA</td>
<td>American Rescue Plan Act (2021)</td>
</tr>
<tr>
<td>BCDA</td>
<td>Baltimore County Department of Aging (MD)</td>
</tr>
<tr>
<td>CARES Act</td>
<td>Coronavirus Aid, Relief and Economic Security Act (2020)</td>
</tr>
<tr>
<td>CCOFA</td>
<td>Chautauqua County Office for Aging Services</td>
</tr>
<tr>
<td>CHV</td>
<td>Capitol Hill Village</td>
</tr>
<tr>
<td>COAAA</td>
<td>Central Ohio Area Agency on Aging</td>
</tr>
<tr>
<td>CRVC</td>
<td>Capitol Region Village Collaborative (NY)</td>
</tr>
<tr>
<td>DACL</td>
<td>Department of Aging and Community Living (DC)</td>
</tr>
<tr>
<td>DAS</td>
<td>Department of Disability and Aging Services (San Francisco CA)</td>
</tr>
<tr>
<td>DEI</td>
<td>Diversity, Equity and Inclusion</td>
</tr>
<tr>
<td>DRCOG</td>
<td>Denver Regional Council of Governments (CO)</td>
</tr>
<tr>
<td>ED</td>
<td>Executive Director</td>
</tr>
<tr>
<td>EOHHS</td>
<td>Executive Office of Health and Human Services (RI)</td>
</tr>
<tr>
<td>HCBS</td>
<td>Home and Community-Based Services</td>
</tr>
<tr>
<td>HHS</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>Lesbian, Gay, Bisexual, Transgender, and Queer</td>
</tr>
<tr>
<td>LOWLINC</td>
<td>Lake of the Woods, Living Independently in Our Community</td>
</tr>
<tr>
<td>LTSS</td>
<td>Long-term Services and Supports</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NNORC</td>
<td>Neighborhood Naturally Occurring Retirement Community (NY)</td>
</tr>
<tr>
<td>NORC</td>
<td>Naturally Occurring Retirement Community</td>
</tr>
<tr>
<td>NWCCOG</td>
<td>Northwestern Colorado Council of Governments Alpine Area Agency on Aging</td>
</tr>
<tr>
<td>NYSOFA</td>
<td>New York State Office for the Aging</td>
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<tr>
<td>OAA</td>
<td>Older Americans Act</td>
</tr>
<tr>
<td>OHA</td>
<td>Office of Healthy Aging (RI)</td>
</tr>
<tr>
<td>PSA</td>
<td>Planning and Service Area</td>
</tr>
<tr>
<td>RFP</td>
<td>Request for Proposal</td>
</tr>
<tr>
<td>RRCS</td>
<td>Rappahannock Rapidan Community Services (VA)</td>
</tr>
<tr>
<td>RTC</td>
<td>Regional Transportation Collaborative (VA)</td>
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<tr>
<td>SAC</td>
<td>Senior Action Coalition (CA)</td>
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<tr>
<td>SAM</td>
<td>System for Award Management</td>
</tr>
<tr>
<td>SFSS</td>
<td>State Funding for Senior Services (CO)</td>
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<tr>
<td>SHIP</td>
<td>State Health Insurance Assistance Program</td>
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<tr>
<td>SOGI</td>
<td>Sexual Orientation, Gender Identity</td>
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<td>SUA</td>
<td>State Unit on Aging</td>
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<tr>
<td>VTAC</td>
<td>Villages Technical Assistance Center (NY)</td>
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<tr>
<td>VtVN</td>
<td>Village to Village Network</td>
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