Questions & Answers Fall 2025

AFSC: Are there other sources of funding besides FFA?

As you can see from the budget, the FFA grant would support a small portion of the time of the two staff people outlined to do the work. The remaining balance would come from various other sources including AFSC individual donors, our IOLTA funding, and another anonymous NJ foundation.

ARTZ-QVS: What is the status of the manual?

Manual is still ongoing, but getting ever closer to completion. Actually, having the QVS Fellow is enabling me to put aside my work on the volunteer program and focus more on the manual.

Who are the other senior center partners?

Currently they are Center in the Park, Philadelphia Senior Center on Avenue of the Arts, Firehouse Active Adult Day Center; starting in 2026, there will be three new Philadelphia senior centers (still TBD) along with several Jewish community centers; and three months later, the cycle of new centers will continue.

What tasks will the Fellow perform?

Our Fellow is already performing the following tasks:

1. completed our volunteer training and is working with our team to revise where/as necessary

2. volunteering at one program each week, to better understand our volunteers' experience and our participants' and facilitators' needs

3. interviewed all of our lead program facilitators to understand their needs for volunteer support

4. researching best practices for volunteer program recruitment, development, and sustainability;

5. reaching out to Philadelphia-area non-profits (through some of our funders -- perhaps FFA would be willing?) with volunteer program surveys so that we can learn from their successes and how they have dealt with their challenges

6. communicating with all of our current volunteers on a weekly basis to put in place infrastructure for enlisting them continuously in supporting programs but also engaging with our volunteer community

7. providing outreach and volunteer support for our new Café for Care Partners & Creative Connections program

How will you sustain the work beyond this year?

One of the goals of this fellowship/partnership with QVS is to establish a precedent for a new staff position (probably part-time to start) and to put in place a functional infrastructure that is sustainable for our volunteer program, even with limited resources.

KENDAL AT HOME: How many members are "middle and lower income, rural, underserved?"

Does U Michigan have other partners? How long have they been doing *this* program?

How will you deal with employee turnover?

In one place you refer to "know your score" and another "Know your school"

It seems costly to train 7 case managers for something that will only serve 15 participants

What is the economic status of participants? What is the membership fee?

We are excited to share that we are planning to implement both aspects of the program: Know Your Score and the HealthyLifetime initiative. This comprehensive program will be rolled out annually to all members, totaling over 400 at this time. Most Kendal at Home members fall into the middle-income or high-wealth category. However, similar to our Stepping On (falls prevention program) and Dementia Friends initiatives, once implemented, we will open it up to older adults in the community. We are serving older adults through senior centers and other aging service providers in both programs, with numbers varying depending on the organization we are working with at the time.

If all care coordinators complete the training, this will enable us to serve people in Ohio, MA, and KY. There are many partners working with the University of Michigan on this project. At this time, there is one at-home program in AZ that is just launching its program.

Regarding employee turnover, we plan to handle that as we have when implementing other programs. Staff will participate in training as part of onboarding, and we will build in those costs as the program is implemented. This is consistent with our approach to each of our outreach programs.

HealthyLifetime is based on 30 years of research at the University of Michigan School of Nursing. They were awarded a grant from the Center for Medicare/Medicaid to expand the program in 2020, and that is when they began rolling it out to other partners.

NYYM ARCH: Are you able to sustain the program with the current funding from FFA & NYYM? Why is Aging Concerns funding decreasing?

Regarding the **Aging Concerns Fund** - ARCH currently receives a distribution from Friends Fiduciary Corporation, minus an administrative fee. This amount has remained fairly consistent.

Regarding **Designated Contributions to the Aging Concerns Fund (ARCH Fund),** these decreased last year because one long-term donor - who had given the same amount for several years - decreased their contribution.

Aging Concerns Invested Fund	5,715	5,800	5,803	5,706	5,202	4,573

Contributions Aging Concerns	12,500	20,000	12,610	29,725	29,770	25,457

Regarding **sustainability** - NYYM Operations will continue to support the program's balance in 2026, as ARCH is considered an important part of the YM. If there's an opportunity to seek increased grant funding from FFA to help sustain the program, NYYM/ARCH would welcome that conversation.

NEYM ARCH: Will you continue to do workshops on specific topics while shifting to peer/partner accompaniment work?

Is there any funding coming from NEYM to support the ARCH program?

Is there a way for folks in NEYM to contribute to this work, and are you making plans to better integrate ARCH into the mission of NEYM in the future?
1. Yes, we will still be offering various workshops related to the dialogue between our Quaker faith and aging and end of life. We generally offer these workshops in three ways: at major in-person YM events including our annual Sessions, on Zoom throughout the year, and as part of visits with local and Quarterly Meetings.

2. Yes, although I did not list it as part of the budget, NEYM continues to financially support ARCH programmatic opportunities. A primary form of this is through organizational infrastructure which is maintained through the daily work of NEYM's year-round staff. This includes our communication channels (for example, our newsletter where we share about ARCH opportunities has approximately 3,400 subscribers and a 40%+ open rate). Other "infrastructure" systems that support our programs including ARCH which require both NEYM dollars to pay for subscription and staff time to maintain and improve systems such as registration software and our website. Another aspect of NEYM staff support that enables the ARCH program's reach is our extensive work maintaining and deepening connections with Friends across the region. NEYM leadership prioritizes deepening relationship with Friends and local meetings so that all that we offer is in response to current needs and opportunities among Friends. In our annual Meeting for Listening in which Patti plays at active role, Friends from around the Yearly Meeting share about the spiritual life and challenges within their meeting and this sharing shapes our programmatic priorities for the year ahead. Although our formal communications channels and social media help with publicity, we find it is word of mouth connections via known Friends that often attracts newcomers. NEYM is also committed to offering 100% of our programs on a "pay-as-led" basis, meaning no one is ever turned away for lack of funds and NEYM takes on the financial risk of offering events/programs to enable this.

3. Yes, Patti prioritizes collaborative efforts and frequently works with other Friends in New England (and beyond) to co-facilitate or develop resources used in ARCH programming. In terms of financial contribution, participants are invited to contribute on a pay-as-led basis. And, yes, ARCH is and continues to be integrated in the mission of NEYM. Our mission is to nurture the practice of the Quaker faith in New England; to strengthen Friends meeting's capacity to impactfully nurture Friends throughout the lifespan. Through ARCH there has grown particular reflection on the needs of Friends and Friends meetings in regards to aging and end-of-life issues which is inseparable from our work tending to the health of faith communities as a whole.

PYM: Do you have buy-in from Friends Life Care?

State and local government may be a stretch; they rely on local Offices on Aging.

Are you open to or asking for input from other YMs? Or is this phase 2?

Glad to hear there are questions! Here's the link from Friends Life Care as the podcast went live today! https://www.friendslifecare.org/honestly-aging-podcast/ They have promoted it on social media and sent me a list of links where it's posted.

Phase 2 would be a great time to reach out to other Yearly Meetings!

Should we keep the related resources? Are they still relevant?

SCHOOL OF THE SPIRIT: What is the *problem* you are addressing?

The problem we see is that elders who are eager to find spiritually grounded ways to respond to the omnipresence of cruelty, injustice, and unraveling democracy in our times can find many "good ideas" about how to resist. But they face a scarcity of places to learn Quaker practices of spiritual discernment about what their gifts reveal to be the unique task the Divine has for them – as well as a scarcity of places to explore a theology that relieves them of the futile task of doing everything in favor of doing what they're *called* to do.

Are you asking for multi-year funding?

No

Would you use the funding to subsidize all participants who request it?

Yes

our website is https://www.schoolofthespirit.org/.

CMAP- How will you promote Artful Connections as different from existing art classes?

While CMAP's existing art classes focus on creative skill-building and the joy of artistic expression, *Artful Connections* is intentionally designed as a social service initiative that uses art as a bridge to healing, resilience, and community connection. Each workshop is structured to support participants experiencing grief, caregiving stress, or isolation, using guided artmaking, reflection, and conversation to foster belonging and emotional well-being.

To ensure the program is understood and experienced as distinct from our recreational art offerings, CMAP will implement a targeted marketing and outreach strategy. Materials will emphasize *Artful Connections* as a "healing through art" experience rather than a traditional class, using messaging that highlights its therapeutic focus and its role in fostering connection and resilience. We will promote the program through social workers, affordable housing partners, grief support networks, and local faith and healthcare organizations—reaching older adults who might not typically enroll in a standard art class. This intentional framing and outreach will help position *Artful Connections* as a uniquely restorative and inclusive experience within CMAP's continuum of care and community programming.

Can you describe the expected participants? Demographics, number.

We anticipate that *Artful Connections* will engage approximately 30-35 older adults over the course of the year through a series of small-group workshops (8–12 participants per session). Participants will

primarily include adults aged 65 and older residing in or connected to Princeton-area affordable housing communities, as well as individuals referred through CMAP's social services and caregiver support programs and through community partners. Many will be living on fixed or moderate incomes, and a significant number are expected to be coping with grief, caregiving stress, or the effects of social isolation.

The participant group will reflect the diversity of our broader community, including racial and ethnic minority older adults, LGBTQ+ seniors, and those managing early stages of cognitive decline. By combining intentional outreach through housing partners, healthcare providers, and grief support networks, CMAP aims to reach those who are often underrepresented in arts programming. Our goal is to provide a welcoming and inclusive environment where each participant feels seen, supported, and connected—using art not only as creative expression, but as a tool for healing and belonging.

12 workshops x $50 = 600

CENTER FOR HOPE

1. You stated that the Elizabeth center was closed on the phone but made no mention in your report . Isn't this a change from last year? How has it impacted the services you can provide?

The Center for Hope's Elizabeth facility was an inpatient residential hospice facility that could accommodate 25 patients in single occupancy suites. The building, constructed in the early 1900s, began to exhibit issues indicative of significant underlying structural problems. After much deliberation and consultation, we made the difficult decision to permanently close the building as of March 1, 2025.

The facility's closure was unrelated to our Palliative Care Program and this proposal. The Center still provides only the highest care both in our remaining facility and in the field, wherever a patient may reside.

2. Are you able to sustain the APN overnight coverage?

While Advanced Practice Nurses are a large part of our Palliative Care Program, the agency does not maintain 24-hour APN coverage. However, our Patient Response System, consisting of experienced Registered Nurses, is available 24/7 to service all our patients in the field.

3. Can you provide some outcome data (see proposal) about numbers and demographics of those served, survey responses, etc?

Currently, the Center averages approximately 163 patients per month. Of these patients, approximately eight transition from palliative care to hospice care. As patients in our Palliative Care Program are tied to our Patient Response System, the majority of our patients reside in and around Union County (we limit our serviceable area to a 45 minute radius from our Scotch Plains facility).

The many patients and families served by the Center's Palliative Care Program are evaluated at the time of every visit. Consistently, our patients and their caregivers report that, because of the

Program, they are able to cope with their illnesses much better than before being admitted to the service. Patients report that they like being able to remain under their own private doctor's care, but the Center's APN and Social Worker visits make a world of difference.

Additionally, patients and families overwhelming appreciate how the APN becomes a case manager, helping navigate often complex medical systems, arrange for remote therapies as needed, and partner with primary care physicians to ensure patients receive the best possible care in a timely manner. Caregiver responses also cite that much of the confusion regarding medications and other medical issues is often viewed in a much more positive light when compared to the time of admission. The majority of our patients cite our Patient Response System as an effective solution that has prevented unnecessary trips to the Emergency Room or calls to 911.

The program has also presented unintended benefits to many of our patients. One of our social workers shared a particular story of a patient on the service. Unfortunately, all of this woman's family had passed away; before the Center for Hope, she was dealing with her illness alone. This fact, in itself, was giving her tremendous anxiety and worry about both her present condition and her future care. In addition to the medical benefits offered, the program has completely removed the woman's fears and provided her with the peace of mind that, should an emergency arise, she has a team of professionals ready to assist around the clock. As her condition declines, she appreciates that she can count on the Center as her needs change (in fact, she has already toured our Scotch Plains facility and plans to be admitted when she can no longer remain independent).

4. Your budgets do not make clear how FFA funds were used.

Please see the attached revised budget(posted with proposal) regarding where FFA funds were expended. As we had previously spoken about the important role played by our APNs, funds were directed toward staffing costs. The agency's finances have already been audited by an outside auditing firm and the Center would be glad to provide any supporting documentation you may require.

AFAHO Please explain the significant drop in program revenue in 2023.

Are the 25 elders listed in the objectives the same 25 for all goals?

How long has Wisdom Village existed?

How will you sustain it after the Ralston and FFA grants?

1. We had a significant grant (total of nearly $900,000 over 2.5 years) from the National Network of Public Health Institutes that supported our COVID-19 efforts. They lost their federal funding, and we subsequently lost our subcontract with them. We were able to absorb the loss and did not have to lay-off any staff by finding other funding sources.
2. Yes, it is the same 25 elders for all goals as the aim is to have each of them participate in every program activity. Even if they are not consistent with attendance, they are supposed to participate in each activity at-least once.

3. The Wisdom Village started 4 years ago.

4. Diversifying funding sources happens across all programs with the understanding that no funding source is permanent and we use this same policy with the elders program. Though funding to support elders does not seem to be a funder priority, we understand the importance of caring for our elders and will exhaust all funding and resource opportunities to maintain and hopefully expand this program.

EB FIT Please give more detail on the relationships with the City of Trenton and Demarco Training Systems. Does Demarco benefit from the grant? Our relationship with the City of Trenton is connected with facilitating Health & Fitness Programming for Youth, Adults, and Seniors throughout various locations.

Explain workshop space rental if you are operating in senior centers. We have a rental agreement with DeMarco Training Systems. We pay them $750/mo, as a rental agreement, to facilitate programming.

Explain codes for sources of income in budget. Total for FFA adds up to $10,500 not 10,000. How many of the costs assigned to FFA directly connect to the provision of exercise classes in Trenton senior centers? Is that still your plan? $10,000 is the amount of the costs assigned to FFA directly connected to the provision of exercise classes in Trenton Senior Centers.

How many people do you expect to participate over the course of a year? We expect 20 participants over the course of a year.

Are you doing a participant satisfaction survey or other way of seeking input from participants? Yes, we have 5-part questionnaire at the end of every 12-week cycle

WCSC How many people attend breakfast and lunch daily? Where do the funds currently come from that pay for these meals? And the pantry? Do people who get these services need to meet income requirements?

How have you involved participants in identifying the need and the envisioned changes?

How do the lunches currently come to you—prepared or you have staff that prepares? Who will prepare salads?

YOGA4SENIORS Who have you lined up as host organizations?

How are you screening your instructors to teach yoga to this population

On the budget, is it safe to assume that $5200 is not per class, but total instructor cost

1. We will be working with Redeemer Health and Nativity BVM Senior Community Center

2. All of our teachers are required to have a 200 yoga teacher training certificate

3. We pay our instructors $40-50 per class, so yes, the $5,200 in the budget is the total cost of instructors for all classes.