

Summary Report on FY'16 SIG Funded Projects

Wellness

- Aging Mastery Program
- Regional Bereavement Support Groups
- Regional Caregiver Support Groups
- Live Your Life Well Resilience Training Days
- Regional Elder Mental Health Outreach Teams
- Falls Prevention Exercise Courses
- Keep Moving Walking Clubs

Economic Security and Civic Engagement

- Regional Job Search Skills Training and Networking Groups for 50+
- Regional Benefits Counseling and Application Assistance Programs
- Regional Housing Issues Training Forums
- Benefits Screening by Elders and Family Caregivers

Outreach Initiatives

- Intergenerational Program Development Activities
- Regional Memory Cafés
- Dementia Friendly Community Education Projects
- Building New Assistive Technology Training Centers for Visually Impaired Adults

Capacity Building - Technical Assistance for Staff and Training Activities

- Mentoring of COA Directors
- Regional Trainings
- Annual 3-day Training Conference
- Highlights on 4 special projects, including the "Welcoming Place for All" Initiative

MCOA Mission Statement

MCOA is a non-profit membership organization comprised of municipal Councils on Aging. Our mission is to support the independence of adults 60 and older by advocating for programs and services to meet their needs, promoting the growth and quality of Councils on Aging and senior centers, and strengthening the professional skills of Council on Aging staff.



At the Center of it All

Senior Centers in Massachusetts are wellness centers where older adults may adopt new personal strategies for aging well in their community, be it improving their physical health, social lives, mental well-being, economic condition, or level of engagement in purposeful and fulfilling community activities.

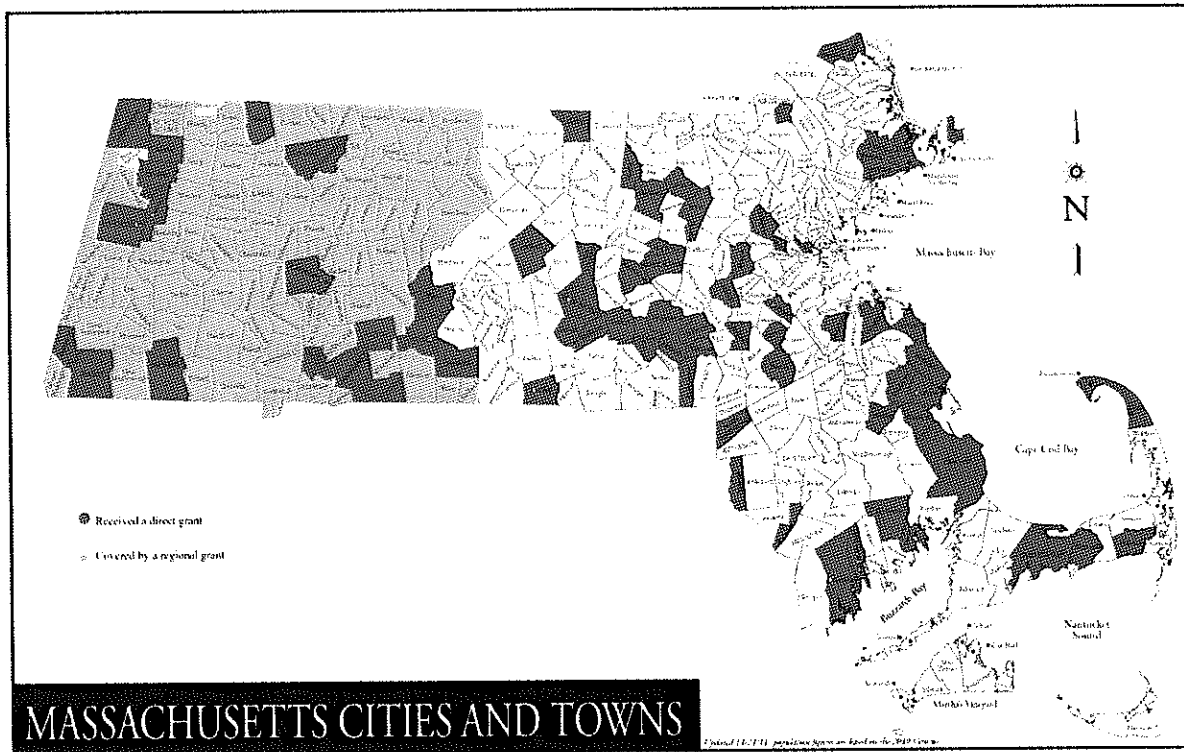
During FY'16, MCOA awarded 89 contracts funded by the Service Incentive Grant from the Massachusetts Executive Office of Elder Affairs to COAs and special project partners. See the appendix for the list of contractors. Details about project goals and results projects are summarized herein.

Please visit www.mcoaonline.com to read and download:

- Full project descriptions,
- Outreach tools for COA staffs,
- Operational kits and evaluation tools,
- Training videos,
- Annual reports from prior years,
- And much more!

FY'16 Direct Grants Awarded by MCOA

The picture below shows in bold blue all the COAs who received a direct grant award from MCOA in FY16. Many awards were to offer programs and services for older adults within the larger region.



Wellness Programs

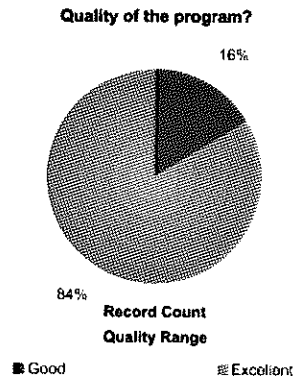
During FY16, MCOA funded 7 types of services that focus upon improving the mental and physical health of elders in significant ways. All programs seek to teach strategies an individual may adopt to lead a healthier life over the long term. Program descriptions and the experiences and feedback of participants are summarized below.

Aging Mastery Program

The NCOA's **Aging Mastery Program** has been a central feature in the MCOA suite of programs for three years. It's a terrific 10-week program that introduces adults to many strategies for mastering key aspects for healthy aging, such as purposeful engagement in a passionate interest, adequate hydration and nutrition, ensuring better sleep quality, understanding how expressing gratitude builds up one's mental health, and much more. During FY16, seven new COAs introduced the program, raising the total number of communities that have offered AMP in MA to 53. MCOA acquired a state license, so any number of member communities may offer the program on a yearly basis. For participants, the outcomes are impressive – see next page.

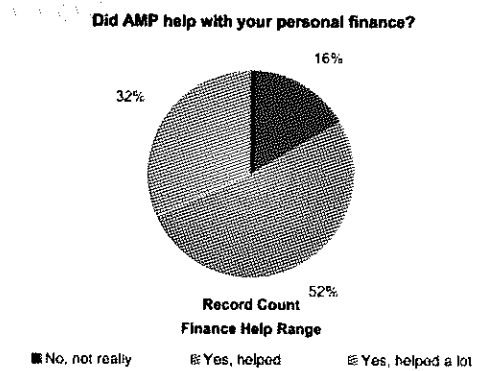
Quality of AMP Program:

- Eighty-four percent of individuals reported that the quality of the program was excellent and 16% reported good.



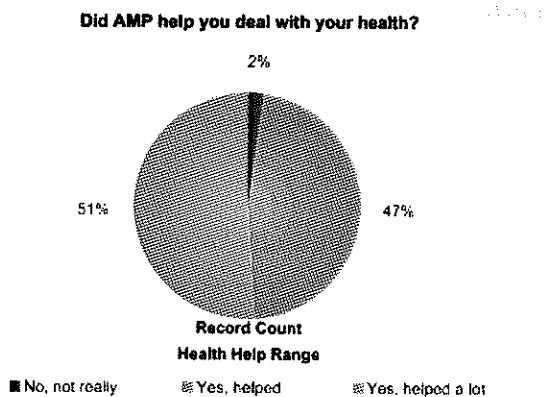
Personal Finance:

- Thirty-two percent of individuals reported that yes, AMP helped a lot with their personal finance, 52% reported yes, it helped, while 16% reported no.



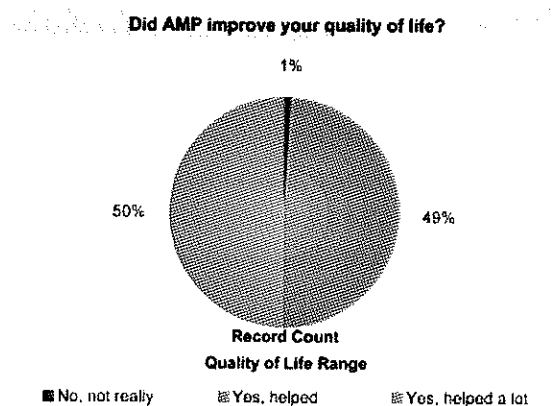
Did AMP help you deal with your health?

- Fifty-one percent of individuals reported yes, it helped a lot, and 37% reported that it helped, while 2% reported no.



Quality of Life:

- Fifty percent of individuals reported yes, it helped a lot, 49% reported yes, it helped, while 1% reported no.



Bereavement Support Groups

For the first time in history, the COA network launched **regional bereavement support groups**. MCOA awarded 10 direct grants to Councils on Aging to launch new regional bereavement support groups that meet twice monthly. Grief counseling helps individuals recognize normal aspects of the grieving process and learn how to cope with the pain associated with the loss, receive support in a non-judgmental environment, and develop strategies for seeking support and self-care. Over time, a bereavement support group can help people develop a new sense of self to reflect the many changes that occur after they lose a loved one.

Here is how some group leaders described the feelings of their group participants:

"While participants (all women) were not unfamiliar with losing someone, the participants commented that losing a spouse was different. There were many poignant conversations around how the way the women (the wives) experience the death compared with how other family members (children and relatives) experienced the loss. The loss of the spouse often introduced an unanticipated change in their roles at home, at work, and with friends. Participants worked on trying to maintain current roles while unwanted feelings of sadness, emptiness, and loneliness were present." (Somerville)

"For parents who've lost an adult child who died of a drug overdose, their loss is made doubly painful because they get very little sympathy when drugs or alcohol are involved in the adult child's death. This support group is rare in that it gives parents a healing place for the pain they have been going through after losing an adult child. Older parents need to be able to both mourn and learn how to celebrate the lives of the children they have lost. (Marshfield)

The 10 sites slowly built the size of their groups during Feb-June, the initial months of hosting the program; during that period, 80 people attended the groups. Universally, the participants' survey responses showed they "strongly agreed" or "somewhat agreed" with the following 4 statements:

1. *The adult support group is helping me deal with the challenges I am now experiencing*
2. *I feel connected to resources that can help me now and in the future.*
3. *I know much more about the grieving process for adults.*
4. *The experience with the support group is helping me personally grow and become more comfortable with who I am today.*

The bereavement support group grants were renewed for FY17 so they may continue building upon the initial success of the groups.

Caregiver Support Groups

Three Councils on Aging started **regional caregiver groups** during Jan- June 2016. At some sites, the COA employed support staff during their support group meetings to engage the care recipients while their caregivers participated in the support group. Group leaders led the group as caregivers discussed issues

faced by caregivers, identified resources, and learned some self-care strategies. Topics included family dynamics, lack of respite, loss of companionship, which all critical areas for mitigating the stress of caregiving.

Of special note, the Barnstable Senior Center tailored their group to serve LGBT caregivers on Cape Cod and the Plymouth Senior Center hosted a support group for grandparents raising grandchildren.

In their own words, here is how the leader of the Barnstable LGBT Caregiver Support Group described their project progress and lessons learned to date:

"For the past two years, a key focus for the Barnstable Senior Center has been to create a welcoming, inclusive and safe environment for the LGBTQ community on Cape Cod. While services and programs to assist older adults do exist, they are generally geared to the needs of the general population with no thought about how to meet the unique needs of the LGBTQ elders. The Service Incentive Grant from the MCOA presented a wonderful opportunity for us to offer a Caregiver Support Group focused on the unique issues and needs of LGBTQ Caregivers in our region.

"Statistics bear out that the number of LGBTQ older adults is set to follow the same upward trajectory as the rest of our aging population in the United States. Here on the Cape, it is generally accepted that more than ten percent of our local population identifies as LGBTQ."

Many LGBTQ elders refuse to seek services from traditional agencies for fear that they will be unwelcome, or even hostile to LGBTQ people. Most LGBTQ elders came of age during an era when it was common and accepted practice to discriminate or even criminalize LGBTQ elders. As a result, the vast majority of older LGBTQ elders have experienced severe stigma and victimization. Such adverse life experiences can potentially lead to diminished health and a lower quality of life for LGBTQ elders.

We feel that the LGBTQ older adults on the Cape would benefit from having the chance to participate in a Caregiver Support Group Model for LGBTQ Caregivers. And, we felt that it was important to find a facilitator who had knowledge of and experience with the LGBTQ elder community. We found a local clinician with an LICSW who has many years of professional experience with the LGBTQ community. He is known and trusted in the LGBTQ community.

The group was slow to build, as is the case traditionally with any Support Groups. Although the group was slow to start, when we resume the group in September, we feel that it will grow, and fill a need in the LGBTQ community in our region. We have set the ground work, and will continue to reach out to the LGBTQ community in our region. The Barnstable Senior Center is committed to creating an environment of inclusion, a place where any elder from the LGBTQ community would feel accepted, welcome and safe."

Plymouth GRG Support Group

The Plymouth COA hosted a Grandparents Raising Grandchildren Support Group for 16 grandparents. Topics included child support, coping with teenage angst, social media dangers, children's mental health issues, heroin addiction, the goals and progress of the state's Commission for Grandparents Raising Grandchildren and other issues.

Here are a few comments from some survey responses of participants in the Plymouth Group:

"This group was my "life-ring" when I was in deep rough water. I know that the group is always "there", even though I can't attend all the meetings due to family obligations." – B.

"When I first walked in I felt a connection – I have gone from a confused, frustrated, overwhelmed grandparent a much calmer, informed and cared-about person. Sometimes I feel this group has kept me from sinking and failing. I can't even imagine where I would be now without my connections and friends I've acquired. People with children [in my age group] are rare. Being with others my age makes this journey easier. – R.

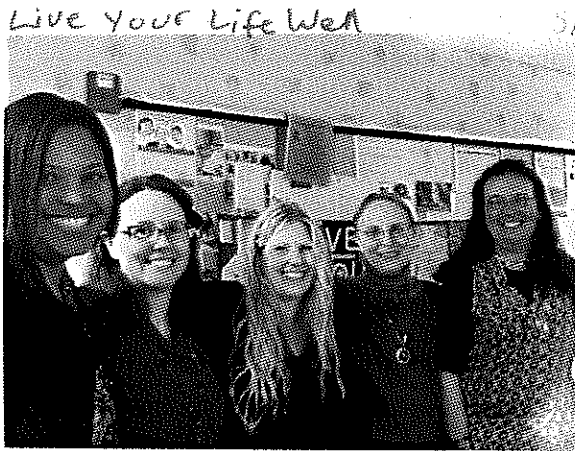
The 2 caregiver support group grants profiled above were renewed for FY17 so they may continue building upon the initial success of their groups.

"Live Your Life Well" Resilience Training Events

Sixteen COAs hosted a **Live Your Life Well Resilience Training Day** during Jan-June 2016. The day featured discussions with a panel of experts on how to adopt healthier habits in ten areas: ensuring adequate rest, physically activity, eating well, connecting with others, pursuing a creative interest, helping others, reducing stress, exercising the mind, taking better care of one's spirit and getting professional help when needed. Attendees wrote down what changes to their habits they will consider adopting to improve their mental and physical health. In addition to learning new strategies for resilience, attendees enjoyed the fellowship of their small group of peers with whom they spent the entire day exploring feelings and sharing personal stories.

In all, 380 participants attended and of those, 308 participants completed the program evaluation form.

- 74% rated the program Excellent
- 19.6% rated the program Good
- 3.4% rated the program Fair.
- 100% of participants said they would recommend the program to their friends.



Instructors for a Live Your Life Well Event



Participants Sharing Personal Strategies

New Live Your Life Well grants were issued in FY17 so more communities may offer this dynamic program and build it into their annual repertoire.

Regional Elder Mental Health Outreach Teams

In February 2016, MCOA conducted a RFP for **developing new intensive community mental health outreach teams** to increase access to mental health services for older adults who may be isolated at home or are facing dire situations. MCOA selected 3 regional programs for funding. The models all feature close collaboration between a behavioral health clinician and community outreach staff who are trained and supported in conducting mental health screenings. COA staff will be able to connect older adults with their team's mental health clinician to conduct a more comprehensive mental health assessment and/or arrange for a referral to a primary care physician or other mental health practitioner, as well as provide ongoing in home counseling, if needed.

Over the next 24 months, MCOA and Elder Affairs will pay close attention to these 3 regional pilots to see how well this additional service level improves the lives of the adults served. Expanding the capacity and skills of COA staff to reach out to and identify elders in need of mental health services is a promising initiative for achieving timelier access to mental health services.

The three projects, lead staff persons, and town partners are:

1. Upper Merrimack Valley Area led by the Amesbury COA – Led by Courtney Hutchinson and joined by community teams from Newbury, Newburyport, Merrimac, Groveland and Salisbury, plus Pettengill House.
2. The City of New Bedford Council on Aging, led by Debra Lee, in partnership with the Community Services Department of New Bedford, and joined by community teams in Acushnet, Dartmouth and Fairhaven, plus Coastline Elderly Services, local legal services, and local church leaders.

3. Blackstone Valley Region led by the Bellingham COA, led by Gail Bourassa, and joined by community teams from Blackstone, Franklin, Medway, Mendon and Milford.

The 3 project leaders worked with MCOA Director of Special Projects to define the metrics for this special new initiative. See the appendix for details. The programs began tracking project work using the new metrics system on October 1, 2016.

Falls Prevention Exercise Classes that Follow the CDC Guidance for Effectiveness:

The CDC reports that falls are the leading cause of injury death among older adults, and that 1 of 3 adults aged 65+ (about 14 million people) has a fall each year! Of all these falls, over 2.5 million nonfatal falls result in injuries that are treated in emergency departments and result in over 734,000 inpatient admissions to a hospital. To counter these devastating personal and systemic costs, MCOA is encouraging all member sites to find the means to start and sustain offering an effective falls prevention exercise program that meets for at least 1-hour 2 times per week.

In FY16, MCOA awarded Falls Prevention grants twice: the first group of grantees offered a 24-week program during Jan-June and the second group ran a 12-week program during April-June. Sixteen sites completed the 24-week program and 5 Small and Rural COA's completed the 12 week classes. Attendance to the programs averaged 16 people, (320 people) and one site had 30 participants (350 total).

The grants funded hiring qualified exercise instructors. Also, MCOA encouraged sites to start collecting fees for their exercise classes, if they had not done so previously, so they could fund the falls prevention exercise program long into the future. An SIG funded grant is an excellent seed grant, in that allows sites to set up a program and guarantee offering the new program while attendance steadily builds to a point where participant fees alone are sufficient (or nearly so) to pay an instructor for a 24 week/48 session course. COAs demonstrated (during the 2016 SIG funded falls prevention programs) that most class participants were willing and able to pay a \$3-\$5 fee per class to compensate a qualified falls exercise prevention instructor.

Not all of the 21 grantee sites used the MCOA evaluation tools as intended so participant data was not consistently gathered during this first round. **Of those who did complete pre and post participant surveys, the majority of participants felt that their balance and gait were improved and they felt more confident.** In particular, while 9 people indicated their balance was "Poor" at the start, only 1 person responded having poor balance at the end of the course. Also, at the beginning, 33 people responded they had "Good" balance, while at the end of the program 78 people claimed to have "Good" balance.

Here are some statements from participants:

- *"My neurosurgeon said he did not have to order PT prior to a possible knee replacement because this class was far superior to anything else."*
- *"My doctor recommended this class for my Parkinson's. I think my balance has improved."*

- *One participant, a retired doctor, said when he missed some classes that he felt a difference not being in class and believes the automatic nature of the routine is essential for his independence and well-being.*
- *Several reported they were no longer dependent on a cane to ambulate with confidence.*
- *Some participants who didn't feel a difference in their gait still stated that they had more confidence in walking.*
- *One participant stated they used to sleep all day but is now out and about the house and yard.*
- *"My Blood Pressure is down! No Pain Anymore! More Balanced and Steady!"*

From the vantage point of the senior center staff, sites reported that it felt like it was a "true community of friendship", people formed many friendships, more men became involved, and the courses were made more fun by having music selected by a participant. Repeat attendance was high.

Sites universally indicated the program was quite popular in drawing people consistently. The biggest problem for program leaders was participants starting at very different levels. Going forward, instructors will need to find new ways to help all levels. Also, many instructors will seek to extend the time period so they may incorporate more education into their classes.

In the future, MCOA will strive to offer additional falls prevention seed grants so more communities can launch and embed this program into their ongoing operations. Based upon this round's experience, in the next round participants will be asked to complete the following survey questions at both the beginning and the close of the 24 week (48 sessions) course. The metrics questions will include the following (with yes or no response options):

1. Do you have difficulty getting up from a chair?
2. Do you have trouble walking up or down an incline?
3. Do you have difficulty getting into or out of a car?
4. Do you feel the need to grab onto something while you walk?
5. Do you have trouble stepping off a curb?
6. Do you need a railing on stairs?
7. Do you get dizzy picking something off the floor?
8. Do you use a walker, cane or crutches?
9. Do you have any difficulty getting out of bed?
10. Do you feel unsteady walking in large open areas?
11. Have you fallen in the last year?
12. Have you fallen in the past 3 months?
13. Do you fear falling?
14. Do you feel strong and steady on your feet?

Keep Moving Walking Groups and Activities

The ability to walk to 30 minutes is a reliable indicator of a person's capacity to live independently, complete errands they need to live independently and take part in an active social life. Otherwise, one must become dependent upon others for all chores, errands and visits to community events and social outings. Social isolation results and all the mental health declines associated with it.

To promote greater numbers of older adults adopting a year-round walking routine, MCOA awarded 18 COAs new **Walk Champion Grants**. The Walk Champions recruit walkers, lead the group at least 2 times per week at indoor and outdoor venues throughout the year.



Indoor spaces take effort and ingenuity to secure; some sites included:

- Indoor track at Simon's Rock College
- Walking trails mapped out by a Town Conservation Officer.
- The "Y" Supermarket and a large mall during the winter months
- The perimeter of the Senior Center Parking Lot and through abutting neighborhoods.
- A rail trail in town near the senior center.
- A local park recently refurbished.
- Bi weekly field trips to state parks.
- The covered sidewalks at the Wrentham Outlets Outdoor Mall during inclement weather.

Feedback from the COAs with new Walking Clubs has been quite positive:

"Since the formation of our club, the walking club attracts over 100 senior who had not previously taken advantage of any programs at our senior center. After joining the walking program and seeing what else the Center has to offer, many of these "newbies" become involved in other senior center activities as well".
 – North Attleboro

"The walk champion listed the walk locations and meeting times in the monthly newsletter; he emailed reminders to the group and called those folks without an email. Walkers could go fast or slow, the full distance of the half distance." -- Plymouth

"We learned how beneficial it is to have a group leader who is excited, engaged and dedicated. She attended all the sessions, called folks to encourage them to join, planned field trips to mix it up, and got a local bank to donate water bottles. We learned that attendance was greater in the cold winter months (probably due to the social isolation of winter) and that the indoor venues were great for people who need to avoid the sun. – Sheffield

“The group met twice a week for 12 weeks and walked a variety of trails through town. Each participant kept track of their steps and turned them in weekly. This kept everyone as an active member of the group for the duration of the 12 week program. New friendships were formed as well as “walking buddies”. While no one confirmed any weight loss, most agreed they felt better, had a better disposition and now realize the importance to keep moving!” –Marlborough

“In the beginning some of the 12 walkers were not able to walk a mile and so it was important the places we used for walking also had seating of some kind. We encouraged one person who uses a walker to bring the one with a seat so she could stop and sit whenever she got tired or winded... There was a marked difference in their abilities to walk and move in general following the 12 weeks. The greatest change was with the person who used the walker – she continues to walk with the walker for balance, but now walks (some uphill and some flat) to the Senior Center from her home over a mile away. And, she wants to walk a half-marathon in a year!” – Merrimac

Another way for older adults to demonstrate their wellbeing is to walk in an annual 1-Mile Walk Challenge organized by their local Council on Aging. This year, 27 communities with over 440 walkers participated in **MCOA’s 2nd Annual Go the Distance 1- Mile Walk Challenge**. (Eighteen communities joined in the 1st annual walk challenge.) Friends and family took part in the walks as well along with many community leaders and business sponsors. Completers of the 1-mile course received a Certificate of Achievement.

Economic Security and Civic Engagement

Regional Training and Networking Groups for Job Seekers 50+

It takes older job seekers twice as long to secure a new job, compared with younger job seekers; one reason for that different experience is older job seekers often have to learn the new job search skills and techniques.

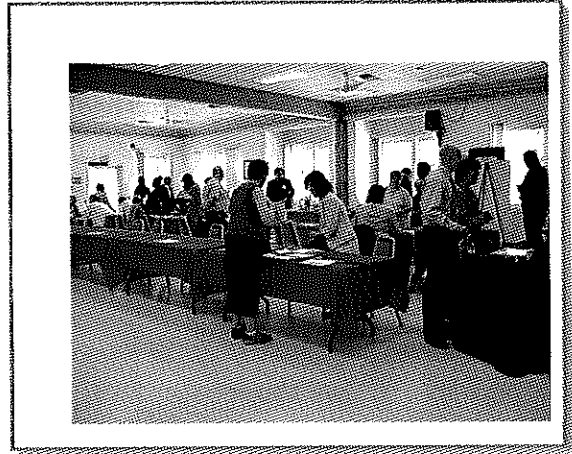
Starting in January of 2016, MCOA contracted with 4 COAs to launch new **Regional Networking Groups for Job Seekers 50+**. The Barnstable, Halifax, and Hopkinton and West Springfield Councils on Aging each hired a career specialist to conduct a job skills training series. Attendees came weekly or biweekly to learn all the skills needed for conducting a successful job search in today’s employment market, with a special focus upon how to overcome age biases of hiring managers. Each group capped the series with a Job Fair for Older Workers.

Across the 4 sites, the following observations were made concerning participation:

- 140 people in total participated in our program during Feb-Jun 2016.
- The total number of new attendees varied: Hopkinton (51); Halifax (28), Barnstable (34), West Springfield (30).

- Of all those who attended, the number of returnees varied by site: HOPK (48); HFX (25); BARN (16); West Springfield.
- Each site had more females attending than males (on average for all locations about 2:1 ratio; HOPK had a more even mix).
- The demographics of the HOPK attendees were very different from BARN and HFX. There were far more white collar professionals attending HOPK; BARN had more medium skilled and blue collar workers attending who needed to find a job (not a new career or encore career); and HFX was a blend of all 3 categories of attendees.

The One Stop Career Centers in 2 regions were strong partners in building up the regional networking groups and organizing the job fairs for older job seekers. MCOA has produced a *Job Fair Toolkit* to support local COAs wanting to co-host a job fair with their regional One Stop Career Center for older job seekers age 50+; it is available on line at www.mcoaonline.com.



In FY'16, three job fairs were conducted and over 350 people attended. This was considered an excellent response by the Career Center partners.

As the pilot programs unfolded, we met with many people associated with a variety of organizations who would benefit by partnering with us and referring people to our networking groups. In FY17, the following groups will be or are already involved: other Job seeker groups (encourage collaboration re: resources and content); the Senior Community Services Employment Program (SCSEP) providers, the Massachusetts Service Alliance (MSA), the Senior Corps Program, Chambers of Commerce in the geographic locations of the host sites, outplacement firms, local elected officials, Boston Encore Networks, AARP, local colleges, recruiting firms, churches, and services providers to seniors (as employers).

During FY'17, MCOA will build upon the lessons learned from the initial 6 month pilots, including:

- Hire new qualified group leaders for all 6 sites.
- Build formal partnerships between each site and its corresponding career center, which may provide guest speakers, conduct workshops, host an "introduction to career center field trip", and co-sponsor older adult job seeker career fairs.
- Reduce the time needed for COA hosts to perform program roles
- Provide the new group leaders with a prescribed curriculum and suggestions for group activities to maximize skills acquisition by attendees.
- Have MCOA's program manager coordinate the publicity for bi weekly classes, to ensure more people are aware of the program and its offerings.

We are confident that the FY17 program will see continuing gains in enrollment. Also, the closer partnerships with the Career Centers will ensure more employers find older mature job candidates well prepared for

conducting effective interviews and receiving offers for employment. We look to share the lessons learned from these partnership with all the career centers and COAs across Massachusetts so more mature workers and job seekers will succeed in reducing their time searching for work in the future.

Benefits Counseling and Application Assistance (BCAA) Programs

The initial award of MCAA contracts occurred in January 2016. The purpose to the grants was to expand access to an application assistance service that LifePath staff developed in 2011. MCOA procured contractors to bring the new service to 2 full AAA service areas. The initial 6 months were dedicated to recruiting and training volunteers to provide the counseling, and to start outreach to the public via myriad human service referral sources and the media.

So, FY16 was the first full service year for the Benefits Counseling and Application Assistance programs hosted by LifePath, ESBCI, and Highland Elder Services. The service year was a bumpy period for 2 of the 3 sites because they had to find ways to embed the BCAA service within other outreach and referral systems of the lead agencies and their region, secure space for counselors at community agencies, train their new counselors, define consumer metrics, build relationships with financial aid agency staff, and learn how to solve problems with DTA applications as DTA went through major changes in its staffing functions and business procedures. Then, during the fall of FY16, 2 sites witnessed the sudden departure of their program managers (both individuals were the force behind bidding for the programs), which occurred just as their new program coordinators were hired! Subsequently, a program coordinator also had to be replaced. These staffing disruptions caused a tremendous slowdown in the program development within the Highland and Berkshire areas. Then, 1 contractor decided to forfeit their contract, so MCOA had to find a new partner willing and able to host the program and maintain its volunteers. That disruption resulted in securing Highland Valley Elder Services as the new contractor to manage the program in the Highland Valley AAA region. By March, 2016, all of these transitions were complete – however, they did have a tremendous impact on the development of local partnerships, generating referrals, and providing direct services to elders by BCAA program coordinators (paid staff) and volunteers.

BCAA clients seek help with applications – most involve LIHEAP, various utility discounts, home repair funds, and SNAP. By far, SNAP applicants required the most time to address, as they required multiple contacts with DTA in order to repair the (well documented) customer service breakdowns occurring with DTA staff that SNAP applicants and current recipients experienced often.

As of the beginning of FY17, all the program volunteers have been recruited and trained (30), the intake systems at the 3 host sites have been updated to support use of SAMS, and host site business protocols have been modified to help I&R staff support the BCAA program mission. As of September 1, SAMS was modified by the 3 local host sites to capture all BCAA client service activities and metrics.

Below are 3 case studies from FY16 that demonstrate the value of providing comprehensive application assistance to elders by efficient economic caseworkers:

"An 82 year old, single, woman who lives outside of Pittsfield was referred by her minister for assistance with financial assistance including SNAP and LIHEAP benefits. She is legally blind and needed help filling out the applications. I made a home visit and completed and mailed the applications following a second visit to gather all documents. She was enrolled, and found eligible to receive \$540 in fuel assistance. She is awaiting word on her SNAP application. I later visited when the representative from BCAC (Berkshire Community Action Council) was completing an energy audit. Her light bulbs were replaced and are sufficient for her to safely maneuver her home. She is on a wait list for an insulation audit to be completed in the spring. She will receive a new refrigerator as hers is no longer energy efficient. I completed the discount paper work with her, and mailed the electric discount form to Eversource. She also had a Berkshire Regional Transit Authority van application that I completed with her. (Berkshire County AAA)

"The client notified a volunteer that her SNAP application was denied due to late documents. However, she had faxed them in to DTA by the deadline. The BCAA Regional Director called DTA. The DTA worker confirmed the documents were received by the deadline; however they had "not been entered". The DTA worker was able to enter the documents and have the application re-instated. She was also able to confirm the client would be approved for \$194/month, starting the next day. The BCAA Regional Director called the volunteer with the update, and the volunteer spoke with the client. On 6/21/16 a call to the DTA Assistance line confirmed the case status as active. " (Highland Valley AAA)

"An elder needed a ramp as she has become essentially house bound as her ability to ambulate deteriorates. Her home has a very steep 3-step drop that makes it very challenging to use even with her daughter on one side. Her Case Manager described the situation "as a fall waiting to happen". I contacted Stavros who agreed to provide the materials and labor at reduced cost. As the elder was 87 years old, I also approached a local fund, the Sarah Deven's Trust Fund, for financial aid. I cobbled together a request where two different family members, Stavros, and the ASAP took on half the cost (\$700) and we asked for an additional \$700 from the fund. The Fund not only approved the application -- they insisted on paying the full amount, \$1,400; an excellent BCAA outcome for all! " (LifePath AAA)

All 3 contractors are pleased to coordinate the program and look forward to its continued growth during FY18. They believe the BCAA program is an important addition to the services offered to elders in the 86 towns of western MA.

Housing Issues Training Forums

MCOA partnered with Greater Boston Elder Services to arrange for and host 5 regional housing issues training events during the spring of 2016. Each regional event featured state and regional experts as trainers, including staff from key service providers in the corresponding region such as ASAP Housing Counselors and Protective Services Staff, Regional Housing Consumer Resource Centers, federally designated housing counseling agencies, and housing stabilization projects.

Forum attendees became better informed on how to counsel someone who faces a significant crisis in their current housing situation or needs to find an entirely new housing situation.

The 5 regional forums drew 240 people, between 40-50 people per site, and featured 9 20-minute presentations. Housing issues topics related with affordability, safety, or suitability included, but were not limited to, how to defend against a notice of eviction, homelessness prevention services, home repair programs, utilities and weatherization programs, aspects to sharing a home and earning rental income, property tax relief programs, pros and cons to reverse equity mortgages, considerations for who may be appropriate for a reverse equity loan, the consumer assistance services of the regional housing counseling centers, and mortgage complaints and foreclosure relief services of the Attorney General.

The audiences included COA outreach staff, ASAP case managers, ILC staff, some veterans' agents, regional money management program coordinators, and many others who need to be able to detect and help resolve housing problems.

Attendee surveys show over 95% of attendees left the forums:

- Feeling more prepared to counsel someone who faces a significant crisis in their current housing situation or needs to find an entirely new housing situation.
- Knowing the rights of tenants and the important points during an eviction process to be aware of when helping an elder maintain their apartment tenancy.
- Knowing more about leases and how to go about sharing housing / earning rental income.
- Knowing the annual deadlines and application processes for municipal and state tax relief programs.
- Understanding the state Circuit Breaker Tax Credit and how to estimate the benefit for a renter or homeowner.
- Learning about some of the home repair loan programs offered in their regions.
- Knowing more about which consumers may benefit from a reverse equity mortgage and where how to connect consumers with any of the federally designated housing counseling agencies in Massachusetts
- Understanding what to do should a homeowner is surprised to find themselves with a tax title arrearage and the steps to take to prevent the situation from worsening.

Benefits Screening

In FY16, 225 consumers conducted benefits screenings using www.BenefitsCheckUp.org/MCOA ; the total value of benefits those screened appeared eligible for was \$870,734.

Special Outreach Initiatives

Intergenerational Programs Development with Bridges Together

We live in a society in which many people are not friends with, nor have the opportunity to interact frequently with people from other generations. MCOA's members want to build far greater inclusiveness for older adults within community life by altering the face of activities in their centers and towns to make them more age inclusive, of all ages. To do so, COAs work with myriad local partners – preschools through colleges, parks and recreation programs, community theater and symphony programs, Boys and Girls clubs, Scout Troops, and many others.

In FY16, Bridges Together Inc., an intergenerational programming leader, offered a series of Intergenerational (IG) professional development opportunities – including 1 hour webinars (Empower Hour), all day workshops in how to develop new programs for all ages to feel welcome, and coaching school based teams on the Bridges Tougher curricula that features older adults as tutors in school based reading groups. The table below shows how many people took advantage of these training and program development services during FY'16.

Training Method	Participants
Eight 1-Hour Webinars	77
Six All Day Workshops	40
Five New School Teams	28
Four 2-Hour Trainings	27
One State Summit	24

Developing New Memory Cafés in Massachusetts

During the final quarter of FY16, MCOA held a competitive procurement for Councils on Aging that would like to launch a **new regional memory café in their communities**. In total, 24 sites applied for 4 slots; learning of the high interest level, Elder Affairs rapidly agreed to double the number of sites so that 8 sites could be funded. The initial quarter was the time for recruiting staff and setting up the café space, developing marking tools, and planning program activities. Immediately prior to the MCOA RFP, the Department for

Developmental Disabilities also issued an RFP for new Memory Cafes; so new sites were launched by DDS contractors around the same time. All the new café site leaders have linked up with the JCFS' Percolator Support Group with meets quarterly to share best practices.

To further spur the opening of more memory cafés, MCOA contracted with JCFS's memory café project leader Beth Soltzberg to write a **Memory Café Program Guideline**. The manual is a compilation of all the program development advice and templates she has been sharing as a mentor to new cafés over recent years. The new **Memory Café Program Guideline** will benefit not only all of MCOA's members but any other organization around the state, nation or world!! It is available now at www.jfcs.org. **In addition, MCOA funded the translation of the English language Memory Café Program Guideline into Spanish – this version will be available very soon.**

For FY17, MCOA will gather feedback from the SIG-funded sites each quarter; said reporting shall include participant feedback as well as the following operational aspects of the distinct programs:

1. Events
 - a. How many events have been held in past 3 months?
 - b. How many guests (approximately) attend each event? If you had very low/minimal/no attendance, have you evaluated why?
2. Which marketing strategies (advertising) are the most effective? (Open Ended)
3. What activities have you tried during the café? Or guest artists have you invited? (Open Ended)
15. What activities were the most/least effective (popular) so far? Please explain: (Open Ended)
 - a. In participation (most well –liked)
 - b. Did the activities promote socialization and involvement?
 - c. Did guests interact with each other or stay with their care partner?
 - d. Were the activities implemented as intended?
16. Do you feel that your memory café is inclusive, welcoming to those both with and without an intellectual disability and to people of diverse cultures? Please explain. (Open Ended)
17. In what way are you using your staff and volunteers (admin, greeters, etc.)? And, how many staff/volunteers are you using per event?
18. What has been successful about the memory café model? (Open Ended)
19. What have been the challenges of the memory café model? (Open Ended)
20. When did you last survey your guests about their experiences? _____ Date
 - a. What has their feedback been about the events? Please explain.
 - b. How has it affected their quality of life? Please explain
 - c. Do they feel comfortable as participants? Please explain
21. In your opinion, has the memory café had a positive (or negative) impact on the guests and care partners?
22. Overall, what has the experience been managing the memory café? (Open Ended)
23. Do you have any other feedback for MCOA? (Open Ended)

The lessons learned will be shared with new Memory Café's as they are launched by MCOA members or other organizations.

Dementia Friendly Community Education Pilots

Alzheimer's tends to socially isolate the individual and their caregivers as individuals begin to find it too difficult navigating the external environment. Those with the Alzheimer's and their caregivers start to stay home so as to not "look foolish" in front of the community. Additionally, the incidence of depression in people with dementia is higher due to social isolation. For caregivers, it may be easier to just stay home than try and explain behaviors to those who do not know or understand.

The Dementia Friendly America movement is needed because most communities lack an overarching approach to supporting individuals with dementia so they may remain an active member of the community.

In FY16, three member sites (Auburn, Hudson with BayPath, and Berkeley) received funding to start 3 distinct 15-month projects that will try different ways to educate employees of the communities' businesses and municipal departments about dementia. The end result will be to help people with dementia to have more successful social interactions, for a longer period of time, with other people in their community as they undertake normal daily activities in town.



The three projects started during the 4th quarter of FY16. All will run a 15-month project to engage their communities in understanding the change necessary to be dementia friendly in their daily interactions with other members of the community who have some cognitive dementia. As Hudson with BayPath wrote in their application for funding:

"None of us – beauticians, bankers, library clerks, emergency responders, bus drivers, cab drivers, cashiers, restaurant wait staff, and everyone else- is trained on how to appropriately approach or interact with an agitated or confused individual with dementia."

These projects will create educational materials and simple yet varied training delivery systems that support community members. Information (reinforced with permanent posters for mounting prominently in workplaces) about communication skills and strategies for acting more appropriately and respectfully during confusing encounters will be shared.

In future funding cycles, FY18-20, and contingent upon available funding, MCOA would like to offer additional communities small grants for outreach staff to be able to visit (on foot) every business in town, offer short trainings, answer questions, post posters, and collect pledge signatures.

Establishing New Assistive Technology Training Centers for Visually Impaired Adults

The Massachusetts Commission for the Blind (MCB) advised MCOA to pursue the replication of a model program developed by the Harwich Free Library over 8 years ago. The Director of Special Projects interviewed the project leader and other low vision experts and then developed an RFP, released in April 2016, for 3 new centers to be developed. As of this writing, the 3 new regional training centers are about to open for business in Franklin, MA, Brookline, MA and Worcester, MA. All centers will welcome customers from throughout their neighboring cities and towns. Staffs from the MCB have been key advisors on this project and the Mass Association for the Blind and Visually Impaired became a key partner during this process; they will lend significant aid in staffing, training, and supervising the work of the center volunteers.

Capacity Building & Technical Assistance Initiatives

According to MCOA records, half of all current Council on Aging Directors has been in their positions for 5 years or less. Councils on Aging provide services in an environment that is increasingly complex. At the same time, the number of older adults is also experiencing significant growth. According to the Donahue Institute, for the first time in history, by the end of the year there will be older adults living in Massachusetts than residents under the age of 20. In addition, our world is becoming increasingly diverse.

Over the last generation, Senior Centers are far more likely than ever to serve older adults of multiple generations, persons of color, persons with a variety of ethnic backgrounds, persons of a variety of gender and sexual orientations, persons of differing physical and cognitive abilities and socioeconomic backgrounds. These individual characteristics can play an enormous role as persons participate, or choose not to participate, at Senior Centers.

A skilled work force is essential to serve the multiple generations, of diverse cultures who have numerous and complex needs for aging well in the community. It is essential that managers, board members and staff be prepared with the skills and knowledge to work with older adults effectively and provide high quality, innovative programs and services in adherence to applicable laws and regulations. As stewards of public dollars, it is also essential that these services be delivered in a cost effective manner. To achieve that goal, MCOA employs 2 directors of technical assistance, training and special events who work in partnership with EOE Program Manager Emmett Schmarsow to support the training and staff development needs of the COAs.

Below is a summary of the key strategies MCOA staff uses to support the development of a skilled professional workforce at all of the Councils on Aging across Massachusetts.

- **Technical Assistance and Coaching** - New and established Council on Aging Directors represent a broad cross section of skills and academic preparation. Hired by local officials, the Directors are reflective of the needs of individual communities. The role of the Director requires that the individual's knowledge base encompass a range of disparate content areas: from elder abuse statutes as a mandated reporter to campaign finance regulations related to access to public facilities. MCOA has prepared a manual

designed for new Directors to provide basic information about general responsibilities of the position. The MCOA Directors of Technical Assistance, Training and Special Events have met with 75 new Directors to review the manual and provide technical assistance in the areas that they may lack specific expertise. They continue to reach out to newly hired Directors to provide assistance and mentoring.

- **Technical Assistance - Materials and Modules** In order to enhance the capacity of Councils on Aging statewide, MCOA has identified over 40 potential subjects for best practices manuals/modules. Some materials, such as the New Directors Manual and the Friends/Board Manual are newly updated and are currently being utilized. Some materials are being reviewed and updated and some are in the development stage. All of these materials are accessible to MCOA members via the MCAO website (www.mcoaonline.com). In addition, a variety of administrative templates, local policy statements, job descriptions and sample reports are compiled on an ongoing basis in "MCOA File Cabinet" located on the MCOA website.
- **Trainings** - MCOA organizes training opportunities for local Councils on Aging staff to learn about state laws and regulations that affect their roles and responsibilities. Training content includes information about public employee ethics, records retention rules, campaign finance prohibitions and protective services mandates. In addition, trainings are provided during MCOA Membership meetings; this year they explored ways to diversify financial support for programs, consumer housing issues, Uber and other ride sharing programs, economic security issues and resources, and many other topics.
- **Workgroups** - MCOA convenes workgroups for directors, outreach workers, volunteer coordinators, activities staff, representatives from small and rural COAs, managers of supportive day programs, and staff interested in wellness activities. Cohorts meet to identify issues, learn best practices, discuss resources for enhancing service capacity locally or regionally, and plan on how to collaborate to address issues. In FY16, workgroups focusses upon safety at Senior Centers, program evaluation techniques, volunteer management, and supportive day programs.
- **Annual Conference 2015** - Each year, MCOA hosts a large training conference. In FY16, the three-day event was held at the Sturbridge Host Hotel and Conference Center. The theme was "Senior Centers: A Welcoming Place for All." Attracting over 425 participants each year, the conference is one of the largest conferences in the state focused on the provision of services to older adults. Over 75 workshops occur on a wide range of content areas of interest to Council on Aging leadership and staff. Alice Moore, Undersecretary, EOHHS and Alice Bonner, Secretary, EOE presented the "Aging Agenda in Massachusetts" at the Wednesday Plenary. Chet Jakubiak was given the Lifetime Achievement Award. The Thursday keynote speaker, Maria Sirios, presented "The Resilient Life: Thriving Through the Challenges of Life."

Highlight on 4 Unique Capacity Building Projects of FY16:

- **Creating a Welcoming Place for All** - Since December, 2014, MCOA has led a project that builds the capacity of Senior Centers to work effectively with the growing diversity of older adults in their communities. The project trains community leaders around the concept of “culturally competent care” and provides community teams with best practice materials that support their efforts to work with specific population groups. The training helps COA staff develop the skills, tools and strategies to broaden community participation and inclusion at their Senior Centers. This project provides in person training, newly developed resource materials, and videos on how to involve underserved populations within the life of the center and its programs.

The initial day-long training, “Communicating across Cultural Boundaries,” was developed through a partnership between the Multicultural Coalition on Aging, UMass Boston, the VNA Care Network Foundation & Affiliates and MCOA. It is composed of three elements: “Communicating across Boundaries”; reviewing local demographic data about elders and to identify potentially “underserved populations”; and developing action plans for reaching out to the underserved population in the community

In addition, MCOA is working with the LGBT Aging Project to develop a best practices manual for the LGBT population. This will serve as a template for additional manuals to be developed over the next two years of the project to focus on other underserved populations.

MCOA has completed production on 4 videos to tell the story of effective outreach and service models.

- One focuses on Latino Older Adults (<https://www.youtube.com/watch?v=mbtV8XNsles>)
- One focuses on LGBT Older Adults (https://www.youtube.com/edit?o=U&video_id=Pqj1F4i8n6M) and their reflections of the positive impact of a welcoming Senior Center in their lives,
- One focuses on working with Chinese older adults (<https://www.youtube.com/watch?v=tWm1mpPK-pc>) , and
- One showcases a program with LGBT older adults (<https://www.youtube.com/watch?v=CuIV3gqnMg4>).

- **Improving communication access for hard of hearing adults who want to engage in center services and activities.** Contrary to the view that hearing loss is of only minor importance in old age, a 2011 study by the Division of Otology at Johns Hopkins strongly links hearing loss to other health problems, such as cognitive decline, dementia, and poorer physical functioning.¹

¹ In February, 2011, Johns Hopkins University and the National Institute on Aging found nearly two-thirds of American adults over age 70 had hearing loss. The author’s findings, published in the online *Journal of Gerontology: Medical Sciences*, provide “what is believed to be the first nationally representative survey in older adults on this often ignored and underreported condition”. Despite the large number of older adults with hearing loss, the study found that only 20% use hearing aids, with only 3% of those with mild hearing loss taking advantage of these devices.

MCOA is committed to helping Senior Centers make their centers Welcoming Places for All – including adults who are hard of hearing. To that end, with Elder Affairs’ authority and guidance from the MCDHH, MCOA was able to offer an opportunity for Councils on Aging to buy assistive listening systems (ALS) at steeply discounted prices due to the financial support of the Service Incentive Grant. With this equipment, people who are hard of hearing will have significantly improved word and speech recognition in a variety of situations – during large group events, small group classes, and 1:1 conversations -- where they have difficulty or cannot distinguish speech from other noises. The Americans with Disabilities Act requires state and local entities to offer services that are accessible.

To date, MCOA has delivered ALS equipment to over 30 centers. With Elder Affairs as our partner, MCOA seeks to ensure all Councils on Aging incorporate assistive listening systems into their senior center activities so all attendees can hear and fully participate.

- **The COA Marketing Project** was undertaken to develop useful and consistent messaging about senior centers while recognizing that centers may have varying needs and town requirements. A “day away” was held in January, 2016 with a group of MCOA members to reach agreement on marketing challenges, to create a plan for a marketing/branding toolbox that Senior Centers may use to enhance their visibility, and to prioritize the development of material/tools for the toolbox. MCOA is partnering with NCOA and the National Institute of Senior Centers to produce this toolkit.
- **The COA Services Database Project**, undertaken with UMass – Boston Gerontology Institute, is a multiyear project that will develop a comprehensive inventory of all the programs and services provided by Councils on Aging in each community. The information will support Elder Affairs and MCOA in developing equitable access to important social support services for all elders via the COA network. COAs are the front door of the MA aging services network where adults find information about how to lead a healthy, safe, financially secure and social fulfilling civic life in their community throughout their lives. COAs help elders learn how to manage their health, maintain their resources, and stay engaged in purposeful activities as well as other life enriching activities available locally. The database will be useful to funders, AAA planners and administrative staff to learn about and invest in services across MA communities.

Appendix

1. Summary of Grant Awards for SIG Funding - FY16



At the Center of it All

To: MCOA Board, Advisory Council, Membership, and Elder Affairs

Fr: Mary Kay Browne, Director of Special Projects
David P. Stevens, Executive Director

Date: July 27, 2016

Re: Final Report on MCOA's Awarding Grants for Service Incentive Grant Funded Priority Services and Programs during FY'16

MCOA conducted two rounds of requests for proposals to distribute the Service Incentive Grant funding for programs and services to benefit the older adults served by MCOA members. One ran in November for program period of January to June, 2016, and one ran in March 2016, for programs to run (or start) during April to June 2016.

The second Phase 2 projects included:

1. Starting a 15-month Dementia Friendly Community Training Project via Training Staffs of Community Businesses and Municipal Departments
2. Starting a Monthly Regional Memory Café
3. Starting an Elder Mobile Outreach Team to Assess Older Adults for Mental Illnesses, Making Referrals to Appropriate Services, and Supporting Municipal Staff Interactions
4. For Small and Rural COAs, Funding for a 12-week Falls Prevention Exercise Class with a Qualified Instructor
5. For Established AMP Sites (COAs That Have Hosted AMP) – Funding for a 10-week Aging Mastery Program (AMP) for 25-30 participants in the Spring of 2016 or for AMP Kits for a Fall 2017 Program, as well as funding AMP Elective Seminars for Spring 2016.

Bid Review Process

MCOA's Bid Review Committee included board members Joanne Moore, Eileen O'Brien, and MCOA staff members Kathy Bowler and Donna Popkin, both Directors of Technical Assistance, Training and Special Events, and Mary Kay Browne, Special Projects Director. Eligible bidders included COAs and non-profit organizations. However, an eligible COA must also be a member of MCOA who is up to date on MCOA dues through the current state fiscal year. And Non-profit agencies may apply so long as they have a formal partnership for service delivery with one or more councils on aging. Preference will be given to proposals with a Council on Aging as the lead agency.

The most popular program by number of bides was the Memory Café. In fact, 24 bidders applied for 4 funding slots! Seeing the great interest, MCOA proposed and Elder Affairs readily agreed to double the FY16 and FY17 funding levels for the Memory Café RFP by reallocating priority investment in its contract with MCOA. With 8 awards in mind, the Bid Review Committee reviewed the 24 Memory Café bids and made its recommendation. That committee included Sharon Lally (Rochester), Eileen O'Brien (Weston), Joanne Moore (Duxbury), Donna Popkin (MCOA) and Mary Kay Browne (MCOA). Subsequently, MCOA prepared and issued contracts to the 8 Memory Café sites selected for funding by the review committee.

Direct Grant Awards

The final list of councils on aging who received funding during this second phase of the FY'16 direct grant cycle included:

Making Communities Dementia Friendly via Training Staffs of Community Businesses*

1. BayPath Elderly Services, with Hudson, Northborough and Marlboro
2. Berkeley COA
3. Auburn COA

Starting a Monthly Regional Memory Cafés *

1. Dudley
2. Hampden
3. Lawrence
4. Marion
5. Norwood
6. Pembroke
7. Sharon
8. Worcester: Elder Services of the Worcester Area with the Worcester Council on Aging

Starting an Elder Mobile Outreach Team to Assess Older Adults for Mental Illnesses, Making Referrals to Appropriate Services, and Supporting Municipal Staff Interactions *

1. Upper Merrimac Valley Area led by the Amesbury COA and joined by community teams from Newbury, Newburyport, Merrimac, Groveland and Salisbury, plus Pettengill House.

2. City of New Bedford Council on Aging, in partnership with the Community Services Department of New Bedford, and joined by community teams in Acushnet, Dartmouth and Fairhaven, plus Coastline Elderly Services, the Department of Mental Health, and many others.
3. Blackstone Valley Region led by the Bellingham COA and joined by community teams from Blackstone, Franklin, Medway, Mendon and Milford.

For Small and Rural COAs, Funding for a 12-week Falls Prevention Exercise Class with a Qualified Instructor

1. Somerset
2. Manchester
3. Sandisfield
4. Rockport
5. Littleton

Aging Mastery Programs, both Core Program and Electives

1. Amesbury
2. Auburn
3. Duxbury
4. East Longmeadow
5. Hampden
6. Lawrence
7. Plymouth
8. Scituate
9. Shirley
10. Weston

During the first Phase, earlier in the FY'16 service year, the following grants were awarded for the period of January – June, 2016.

Regional Bereavement Support Groups

1. Acton
2. Bellingham
3. Braintree
4. Dudley
5. Essex
6. Kingston
7. Plymouth
8. Sheffield
9. Somerville
10. Williamston

Regional Caregiver Support Groups*

1. Barnstable
2. Plymouth
3. Williamstown

Regional Networking Groups for Job Seekers 50+, plus a Spring Job Fair

1. Barnstable
2. Halifax
3. Hopkinton
4. West Springfield

Core Aging Mastery Program (*=New)

1. Hingham
2. Ludlow
3. Rutland
4. Wenham
5. West Boylston

Falls Prevention Exercise Class 2X per Week for 24 Weeks

1. Beverly
2. Dartmouth
3. Duxbury
4. Essex
5. Grafton
6. Holliston
7. Kingston
8. Medfield
9. Milford
10. North Attleboro
11. Palmer
12. Rutland
13. Sandisfield
14. Scituate
15. Sheffield
16. Williamstown

Age Friendly Planning Initiatives

1. Belmont
2. Dedham
3. Kingston
4. New Bedford
5. Somerville

Live Your Life Well – Resilience Training Day

1. Adams
2. Barnstable
3. Beverly
4. Braintree
5. Dudley
6. Duxbury
7. Marlborough
8. Marshfield
9. Medway
10. North Attleboro
11. Provincetown
12. Rutland
13. Scituate
14. Sheffield
15. Somerville
16. Truro

Benefits Counseling and Application Assistance Programs- All COAs (86) in Berkshire County, Franklin County, and Hampshire County.

Building Intergenerational Programs - Bridges Together conducted multiple activities with staff from all over the state. Events focused upon building local teams committed to intergenerational opportunities in community life, including 1-day training boot camps, program networking events and other program developmental opportunities.

2. Metrics for the Elder Mental Health Outreach Teams

1) General Information

- a) Age
- b) Gender
- c) Marital Status
- d) Housing Arrangement
 - i) Lives alone
 - ii) Lives with someone
 - iii) Homeless

These metrics are designed to measure basic demographics.

2) Insurance Status

- a) Medicaid
- b) Medicare
- c) Medicare/Medicaid
- d) Commercial insurance
- e) Medicare/Commercial
- f) Uninsured

These metrics are designed to help identify discrepancies between groups in accessing care as well as which segment of the population EMHOTS may need to focus their efforts on. This can also be helpful when pitching the program to insurers.

3) EMHOT Referral From:

- a) Individual/family
- b) Provider
- c) Town department

This metric is designed to help identify the percentage of self-referrals within the population and the likely value of public awareness/publicity/education/outreach in reaching seniors.

4) EMHOT First Meeting with Individual Occurred at Location:

- a) Client's home,
- b) COA,
- c) EMHOT Office,
- d) Medical Setting -ER, Inpatient setting, PCP, Rehab, Therapist office
- e) Home of family/friend,
- f) Other

This metric is designed to help identify the breadth of our outreach and flexibility in service provision by community staff.

5) Diagnosis:

- a) DSM-5 Diagnosis F code
- b) DSM-5 Diagnosis F code
- c) DSM-5 Diagnosis F code
- d) Other: relevant Comorbidities

Given the frequency of co-occurring disorders we are suggesting prioritizing those disorders which are having the most impact on the client at this time and/or which we are specifically addressing. We do envision working on more than 3 diagnoses.

This metric is designed to help identify the wide variety of problems the EMHOTS are addressing and help pull out if certain "groups" are having more difficulty accessing treatment.

- 6) Complications/Risks arising from mental health problems
- a) Real and present danger of losing housing within 90 days
 - b) Financial issues
 - c) Legal issues
 - d) Poor health/function
 - e) Loss of valued relationships
 - f) Suicidality
 - g) Other

This metric is designed to identify the complications which most often arise from unmet mental health needs.

- 7) EMHOT Services
- a) Counseling by EMHOT staff (may include safety planning)
 - b) Resource management (getting food, furniture, medications, etc.)
 - c) Transportation
 - d) Wellness checks
 - e) Crisis contacts (may include safety planning)
 - f) Financial supports (organizing bills, referring to SHINE, Protective, SNAP application, etc.)
 - g) Family support/collaboration
 - h) Provider collaboration
 - i) Case management/care coordination
 - j) Discharge planning
 - k) Referrals

This metric is designed to show what services were required to stabilize the problem, decrease symptoms, and improve function. Those services we provide most often will help identify needs not being addressed within the current system of care.

- 8) Referrals made : YES /NO If yes, type of referral:
- a) Ongoing mental health
 - b) Medical
 - c) Housing

- d) Legal
- e) Protective
- f) Financial (entitlements, resources like food pantries/churches, etc.)
- g) Senior Center
- h) Other

This metric is designed to identify the type of and frequency with which we access services within our communities.

9) EMHOT Treatment Phases:

- a) Engagement Phase – intake/crisis consultation/motivating client to consider options
- b) Active Phase – goal oriented work
- c) Stabilization Phase – monitoring effect of plan in place
- d) Discharge Phase – planning discharge/discharge meeting

This metric is designed to identify both the numbers of people we have in each phase and how long these phases last on average.

10) Outcomes:

- a) Threat of housing loss averted / or eviction not averted
- b) Symptoms decreased in intensity/frequency (By clinical observation/formal assessment)
- c) Function improved (By observation/WHODAS2 assessment)
- d) Medication compliance / or non-compliant with medication
- e) Stable for 3 months by report of client and/or providers with no inpatient hospital stays / not stable for 3 months
- f) Safety in community established (e.g. found housing/placement, electricity/water restored, bills managed, and supports in place)
- g) Crisis averted/managed
- h) Other

This metric is designed to measure the benefits of the programs.

11) Staff time:

- a) Active cases this month (total number per team)
- b) Cases waiting to be seen (triaged but no open slots)
- c) Duration of care (total number of cases opened and total number closed)
 - i) Opened
 - ii) Closed
- d) Intensity of care: (units equal 15 minutes)
 - i) Units provided per month

This metric is designed to measure how much time is used/needed.

