

Summary Report on FY'17 SIG Funded Projects

Wellness

- Aging Mastery Program
- Regional Bereavement Support Groups
- “Live Your Life Well” Resilience Training Days
- Regional Elder Mental Health Outreach Teams
- Mass Healthy Aging Collaborative

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 and SNAP Training Forums
- Benefits Screening by Elders and Family Caregivers

Special Outreach Initiatives

- Intergenerational Program Development Activities
- Funding New Memory Cafés and Online Operational Toolkit
- 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

Building strategic partnerships to educate, empower, and advocate for professionals who work with older adults.

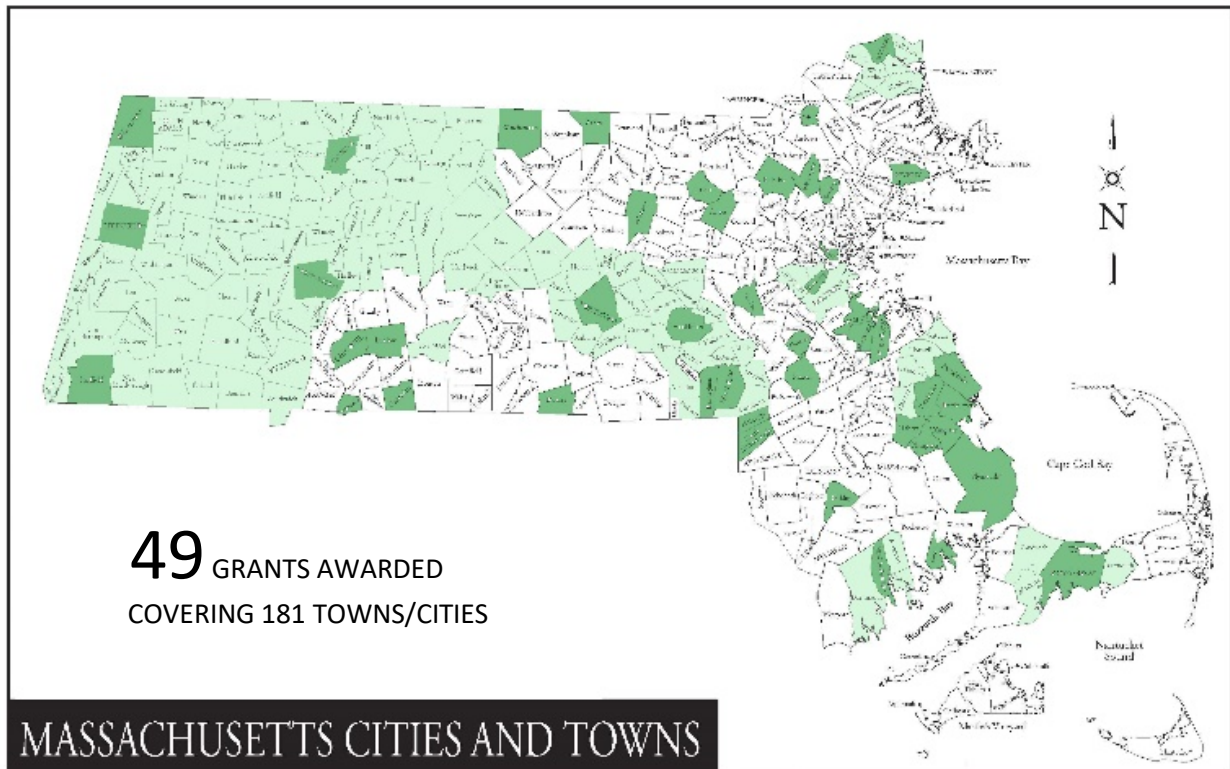


Senior Centers in Massachusetts are wellness centers where older adults may adopt new personal strategies for aging well in their community, be it improving their physical health, social lives, mental well-being, economic condition, or level of engagement in purposeful and fulfilling work and social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

During FY'17, MCOA awarded 49 contracts funded by the Service Incentive Grant from the Massachusetts Executive Office of Elder Affairs to COAs and special project partners. Details about project goals and results are summarized herein.

FY'17 Direct Grants Awarded by MCOA

The picture below shows in bold green all the COAs who received a direct grant award from MCOA in FY'17. Many awards were to offer regional programs to older adults residing within neighboring towns or the larger region, represented by the lighter green.



Wellness Programs

During FY17, MCOA funded many 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 benefits experienced by participants are summarized below.

Ageing Mastery Program

The **NCOA's Ageing Mastery Program**, a central component of MCOA's program suite, is a terrific 10-week program that introduces adults to strategies for mastering key aspects for

healthy aging. These include 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 FY'17, 12 COAs ran the program. MCOA has a state license so any member community may offer the program each year. For participants, the outcomes are impressive – see NCOA's full report for FY17 in the Appendix.

Bereavement Support Groups

The MCOA network hosts 8 **regional bereavement support groups** which 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.

The sites slowly built the size of their groups during Feb-June of 2016, the initial 5 months of the program. During that initial period, 80 people attended the groups; the participants' survey responses showed they either "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 FY'17 so they could continue building upon the initial success of the groups. During FY'17, the average attendance for each group was 8-12 people per session; the groups met bi-weekly.

Participant Feedback

- *People really like to share their grief and listen to others. They feel that they are not alone, they feel safe to share. – Williamstown*
- *The group is helping them with challenges and connecting to resources, learning more about the grieving process and helping them grow personally. – Somerville*
- *Participants feel that the group is very supportive. They "Somewhat agree" to "Strongly Agree" that they getting help with challenges and getting resources. – Plymouth*

- *People like hearing others stories. - Braintree*

Lessons Learned in How to Run an Effective Program

- The participants think an hour is not long enough. People need more time to open up and get to share their personal story.
- Several facilitators found that, even though they've prepared a topic the participants enjoy having an open discussion.
- Losses have occurred both recently, in the past year, and long ago, up to 20 years ago.

“Live Your Life Well” Resilience Training Events

This year, 8 local COAs hosted a **Live Your Life Well Resilience Training Day**. The day features discussions with a panel of experts on how to adopt healthier habits in ten areas: ensuring adequate rest, physical 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 write 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.

The following COAs hosted an event: Ashby, Brimfield, Kingston, Longmeadow, Palmer, Pepperell, Somerville, and Weymouth. In all, 238 participants attended and of those, 204 participants completed the program evaluation form.

- 81% rated the program Excellent
- 18% rated the program Good
- <1% rated the program Fair.
- 100% of participants said they would recommend the program to their friends.

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 COAs to launch these new regional programs. 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 programs have found most clients face multiple risks and many are home-bound or have no reliable transportation to meet with medical providers.

Social service personnel in the service area – FD, PD, hospital discharge planners, Protective Services social workers, and housing managers –connect older adults with the EMHOT clinicians who then promptly conduct a comprehensive mental health assessment. The design had been to arrange for referral to another mental health practitioner; however, in the Bellingham area, this has not been possible because there is not a sufficient supply of providers. In the Amesbury area, they have been able to enlist private therapists (building their business) to take on new clients and in the New Bedford area, the program staff have 25+ years relationships with psychiatrists in the area who will see people in need, sometimes pro bono.

Due to the lack of therapists in the Blackstone area, they have recruited an intern to work with the program for FY'18; they will help with evaluations and treatment. In addition, they have conferred with DMH on how to bring a few COAPS to support Blackstone Valley elders – that is still being explored. The Amesbury program has had an established pipeline for bringing MSW interns to work with elders so they have a greater capacity to respond to cases and provide in home ongoing stabilization phase supports.

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.

This model is effective in achieving timelier access to mental health services and in producing positive long-term results for the individuals served. The three EMHOT sites performed as follows:

- From August 1, 2016 through June 30, 2017, the 3 Elder Mental Health Outreach Teams (EMHOT) served 190 clients in one to one counseling sessions and/or group sessions.
- Of the 190 individuals counseled by EHMOT, 54 clients (28%) were discharged after reaching a satisfactory stage. At the end of June 2017, 118 clients were engaged in treatment: 6 in intake, 2 in crisis, 52 in an active stage and 59 in a stabilization stage.
- Referrals to EMHOT came from a variety of sources including: self/family, local Police and Fire department personnel, medical centers, geriatric psyche units, local LSWs, Protective Services case managers, DMH's High Risk Mobile Teams, home health agencies/VNAs, doctors, and Councils on Aging.
- Much like the general population, the clients served by EMHOT had a variety of diagnoses and many had co-occurring disorders. The diagnoses treated include: ADHD, Hoarding Disorder, Gambling Disorder, Alcohol Use Disorder, MDD, Bipolar Disorder, Panic Disorder, GAD, PTSD, OCD, Adjustment Disorders (with various qualifiers), and Delusional Disorder. The highest percentage of cases had MDD, Adjustment Disorders, PTSD, and GAD.

All adults seen had impaired function in some key domain, though the range of impairment varied. The type of risks the EMHOT clinicians helped resolve included: health risks, financial hardship, loss of housing, loss of valued relationships, occupational problems, legal issues, and suicide. **Health risks** include things like poor self-care, apathy regarding treatment, poor organization which impairs follow through, heightened autonomic arousal/stress which impacts chronic conditions. **Relationship concerns** include things like elder abuse, loss of friends/family, conflict with others, paranoia regarding neighbors, and isolation from others. **Housing insecurities** include homelessness, unsafe housing, indecisiveness/avoidance around making changes in housing, and disorganization/apathy regarding home maintenance tasks. **Financial concerns** include hardship and the decisions one must make regarding priorities, difficulty managing money, control concerns, and inappropriate spending/debt. **Occupational problems** include inability to find a job, difficulties with interviews/forms/applications, and conflicts with coworkers, and loss of job.

Lessons Learned

For adults who need long term therapeutic services, EMHOT tries to stabilize the client and then connect them with another clinician. However, that has proved to be very difficult to do, for 4 main reasons including: limited availability of therapists/psychiatrists in the general area, so clients face long wait times; difficulty physically getting out of the house on their own due to impaired mobility; difficulty getting a ride on a regular basis to a provider for those

without independent travel means; and, difficulty finding providers with some expertise dealing with the unique developmental needs of those over 60.

Case Studies from FY17 from the Three Regions:

1st Case Study: *An 83-year old divorced male living with his adult son in an apartment in a house in foreclosure. Presents as depressed and anxious, secondary to his adult son being on drugs and taking financial advantage of him and worrying about when he would become homeless. Length of engagement with EMHOT therapist was 2 months of weekly counseling during which he processed his feelings regarding all his children, particularly his dependence on his abusive son. He was referred to protective services due to his relationship with his son and to housing. He relocated to senior housing and no longer feels the need for weekly counseling.*

2nd Case Study: *A 73-year old widowed female living alone in senior housing presents with depression. She articulates loneliness, a need to be more active, and estrangement from her only daughter. After six months of weekly then bi-weekly engagement, client has learned a different way of approaching her daughter and has also gained a new perspective on her daughter's behavior leading to an improved relationship with her and her two grandchildren. She has also become more involved in the Senior Center and in the community and report feeling less depressed. She no longer feels the need for individual appointments but attends my weekly therapy groups.*

In both case studies the EMHOT therapist was able to provide the individual therapy to assist in removing internal and external obstacles to their goals and provide the necessary referrals to the appropriate services for their needs.

3rd Case Study: *Client is a 61 year old, homeless, African American, male that was referred by the local emergency room for depression, anxiety, and bi-polar. EMHOT has spent approximately 16 hours with this client over a two day period. EMHOT staff met client in the emergency room and completed intake. When client was discharged from the hospital EMHOT paid for a taxi to have client transported to Senior Center. EMHOT staff ordered client takeout food and got him a few outfits to keep while we searched for a shelter. Client spent one night in the shelter and then was transported back to the COA. EMHOT staff called around to find client a new PCP that had an opening for that day and transported client to new PCP for a checkup and to have his meds refilled. In the meantime, EMHOT staff drove to Boston to pick up clients meds from his last PCP. Finally staff was able to find client a bed for a year in the Lowell Transitional Living where he will work on*

gaining housing and gaining employment. Client is quoted as saying, "This program has helped me more than any other program in my life.

Client stayed at Lowell Transitional Living for approximately six months. EMHOT staff would periodically check in with client during these six months and client consistently reported to be doing well and stated that he was happy. At the end of those six months, client reported to this writer that he (with the help of staff at Lowell Transitional Living) had gotten his first apartment that "was all his own." Client discharged from EMHOT successfully at this time.

It is important to note that client stated that he attempted to reach out for help for 50 years for his mental health and personal issues and he "never got anywhere except dead ends." As a result of the EMHOT program someone was able to follow this client from start to finish and prevent any more dead ends for this client. Fortunately, this client now has the resources he needs to live a happy and healthy life. Client also has the tools he needs to help himself in the future should he be faced with difficult situations.

Advantages to Service Model

- Responsive – not a fee for service payment - so services offered can be creative and responsive to the situation (ride to VA Hospital to get Rx, fill fridge with groceries, etc.).
- Mobile -- meeting in ERs, at home, upon request. Lack of personal mobility and/or lack of transportation are a clear barrier to treatment for many older adults, especially in the Blackstone area.
- Nimble – can help with crisis and also provide long term stabilization therapy, too. EMHOT is more flexible, as they can work with a client over a long term period (not limited by reimbursement rules) and be more helpful to the client.
- Flexible – staff who can pick up groceries or meds, if necessary.
- Collaborative – with private PCPs, therapists, police and fire departments. EMTs, ASAP PS workers and care managers, Housing Authority staff, etc. The EMHOT clinicians can help PS respond to an EAR situation

Need to Explore Further with Elder Affairs:

1. Explore the scope of service for PS/Elders at Risk and their capacity to engage in case management during the acute and stabilization phases of treatment.

2. We need to set up more groups with trained leaders to help older adults cope with anxiety and depression. Two issues arise: 1) transportation for elders to attend the support groups is needed and 2) hiring a clinician to lead the groups.

Call for Action

1. Please support the formation of more regional EMHOTs through any feasible strategy, including funding via DMH.
2. During FY'18, the project staff, MCOA program director and key Elder Affairs managers will need to confer about what the 3 regional pilot staff have learned about what is needed, how they have been augmenting the capacity of the local protective services teams and police departments, and what impact their higher level of service has upon improving the lives of the adults served. From our experience to date, we recommend finding a way to augment the capacity of PS staffs to address Elders at Risk clients who have a serious mental health issue underlying their situation. We urge the hiring of Behavior Health Clinicians within each ASAP service area and deploying them in a manner similar to how Amesbury and Bellingham work, meeting elders in the ER, or at the geriatric psyche departments, and when PDs find someone wandering or in need of help.

A fourth case study is provided in the Appendix.

Mass Healthy Aging Collaborative

MCOA sponsors the Mass Healthy Aging Collaborative by funding part of the costs for retaining a full time Project Director who provides support and counsel to cities and towns considering and learning about the Age Friendly movement. The Mass Healthy Aging Collaborative is a group of more than 100 agencies and organizations committed to advancing healthy aging and age-friendly communities throughout the state, the Massachusetts Healthy Aging Collaborative promotes policies and practices that are inclusive, relevant, and enhance the quality of life for people of all ages. For more information about the movement and MHAC, visit: https://mahealthyagingcollaborative.org/wp-content/uploads/2018/01/MHAC_one_pager_2018Jan12.pdf

Economic Security and Civic Engagement

Regional Job Seekers 50+ Coaching and Networking Groups

It takes older job seekers twice as many months to secure a new job, compared with younger job seekers; one reason for that difference is that older job seekers have to learn the new job search skills and techniques in use today. And, they have to prepare themselves to be evaluated and rejected, often, by a much younger hiring manager who has an ageist bias against older workers.



MCOA contracted with Barnstable with Mashpee, Marshfield with Halifax, and Hopkinton to run

Regional Job Seekers 50+ Coaching and Networking Groups.

At each of the 5 COAs, a career specialist conducted a job skills training series. Attendees attended 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. Across the 5 sites, the following observations were made concerning year-long participation:

Metrics	Barnstable	Mashpee	Halifax & Marshfield	Hopkinton
Avg. # /session	8	6	8	9
Avg. Age	60-69	60-69	60-69	55
Female vs. Male	70% F	80% F	90% F	70% F
Total Signup	42	25	63	60
# Landed Jobs	8	4	8	15

During FY'17, MCOA built upon the lessons learned from the initial 6 month pilots and improved operations through hiring new qualified group leaders for all sites, providing guest speakers, providing the new group leaders with a prescribed curriculum and suggestions for group activities to maximize skills acquisition by attendees, and having 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 FY'18 program will see continuing gains in enrollment. Also, though partnerships with the respective Career Centers, we 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 will 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

In the words of the program founder: *“The basic concept behind the BCAA program is three-fold: The primary need that is met by Benefits Counselors is to provide in-home assistance with applications for public benefits that can help an elder maintain financial security; secondly, in-home assistance is provided to help complete applications for home repairs and for home modifications, thus ensuring that elders in the community are safe; and thirdly, information and education are provided either 1:1 or through public presentations that help to remind the elder community of their basic rights and opportunities when it comes to tax credits, utility discounts, legal help, and home equity protection.”* – Gretchen Smith, July 2017, LifePath

BCAA clients seek help with applications – most involve LIHEAP, various utility discounts, home repair funds, and SNAP. By far, SNAP applicants have 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. Our expectation is DTA’s reformed enrollment processes for older adults will right-size the need for assistance with SNAP enrollment.

As of September 2016, the ASAP case record system (SAMS) was modified by the 3 local host sites to capture BCAA client service activities and metrics. The BCAA service augments the work of COAs in 3 counties: Berkshire, Franklin and Hampshire. In FY17, 300 people received application assistance from staff and volunteers at LifePath, Elder Services of Berkshire County, and Elder Services of Highland Valley.

Excerpt from Lessons Learned during FY’17, taken from the LifePath Summary Report:

“The daily concerns that result in a referral to BCAA have not changed over the 6 years that the program has been active with LifePath. The major concerns are not enough money to pay the heat and electric bills, not enough money to buy good food, and not enough money to make major home repairs (e.g. fix leaking roofs). Every year we serve new individuals or families, and a smaller number of repeat consumers. The Counselors stay up to date on a variety of topics by attending trainings and by sharing with each other their experiences in the field. The majority of our consumers is not in crisis, and participates in the application process with the idea that, next year, they can do it on their own, or with consultation over

the phone. When there is a crisis, various LifePath Programs (e.g. ICRC and PS) typically work together to provide emergency services. "

"Staff at The National Consumer Law Center is there to answer questions about the rights of utility customers when one of our consumers has their lights turned off; and the Massachusetts Law Reform Institute helps with complicated food stamp issues. Locally, designated staff at the Housing Authorities, Community Action, and the Greenfield DTA is generally ready to help with routine roadblocks, and are always quick to respond in an emergency situation. Both DTA and CA in our service area are reaching out to elders more deliberately, (e.g., visiting Senior Centers) and LifePath has helped make that happen by frequently reminding them that we are here and we need their help.

"Benefits Counselor Volunteers (BCV) continue to work with paper applications and make sure each elder is empowered by the experience of working with our volunteers as they take the time to discuss the benefit at hand as well as explore other possible benefits and needs. BCVs are always reminding clients about energy efficiency programs, the Circuit Breaker Tax Credit, local tax credits, possible eligibility for veteran's benefits, phone and utility discounts, where to get free food, and how and why it's best to sit down with a SHINE counselor and discuss ways to save money on health insurance. BCVs are also familiar with the Money Management Program and Protective Service, and make referrals to those programs as needed.

The need for Benefits Counseling has not changed. Every year our referral count has increased reaching a new high of 304 this past fiscal year. In the coming year, the focus will be on finding new ways to use the volunteers now that the program has a more expansive work space, and extending outreach activities to new and varied audiences across the LifePath service area.

Two of the three contractors from FY'17 continue as contractors with MCOA . They believe the BCAA counselors are important auxiliary aides to the COA outreach staffs, Information & Referral staff, Caregiver Support Specialists and Options Counselors in their region. A third contractor, Elder Services of Berkshire County, determined their Options Counseling staff was able to handle consumer demand for help by incorporating the benefits counseling and enrollment assistance service into their overall roles and responsibilities -- a very positive lesson learned indeed! In their final report, the Lessons Learned note, stated: *"Many agencies, primarily Councils on Aging and the Berkshire Community Action Council, offer assistance with applying for public benefits which duplicates the goal of the Benefits Counseling Application*

Assistance program to reach consumers in more remote locations. While the BCAA program intended to utilize volunteers to assist consumers, our experience is that the consumers have multi-faceted needs that require staff involvement. The volunteers are also reluctant to take on complex cases or visit consumers in remote, rural locations.”

Housing Issues Training Forums

During the spring of 2017, MCOA partnered with Greater Boston Elder Services to deliver a regional housing issues forum in eastern MA and with Elder Services of Berkshire County to host another regional housing issues forum in western MA. Each regional event featured regional experts as trainers, including staff from key service providers in the corresponding region. In sum, 32 individuals from COAs and additional social services agencies attended.

The sessions addressed the following housing topics: affordability, safety, or suitability and included how to defend against a notice of eviction, homelessness prevention services, home repair programs, weatherization programs, sharing a home to earn rental income, property tax relief programs, pros and cons of 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 the mortgage complaints and foreclosure relief services of the Attorney General.

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.

SNAP Enrollment / Application Assistance Skills Training Sessions

In FY'17, over 200 people attended training in SNAP application procedures so they could accurately and efficiently provide counsel and assistance to likely eligible older adults. The medical deduction afforded older adult applicants means many people can qualify for a benefit that is much bigger (up to \$194/month) than that anticipated by many people who know only of the minimum (\$16.00/month) amount. (Anyone who is age 60 or older OR disabled and pays medical expenses of more than \$35 per month.)

MLRI delivered the regional training sessions in 5 COA facilities to front line staffs of 77 COAs. MCOA partnered with MLRI to publish a fact sheet on both SNAP and the Medicate Extra

Savings program, to try to overcome the stigma attached to SNAP by showing how the program share eligibility criteria. See the appendix for a copy.

SNAP Enrollment - Capacity Building

MCOA's Director of Member Services partnered with DTA's SNAP Outreach Team to develop the opportunities for COAs to serve as application and recertification contractors for DTA. In sum, 14 COAs entered into a contract with DTA to earn compensation for facilitating successful SNAP enrollments.

Benefits Screening via the BenefitsCheckUp.org website maintained by NCOA

In FY'17, 117 consumers conducted benefits screenings using www.BenefitsCheckUp.org/MCOA ; the total value of benefits those screened appeared eligible for was \$394,463. See below for details.

Value of Benefits Overview for Screening Activity in MA – July 2016 thru June 2017

This report reflects an overview of the dollar value associated with the screenings and LIS applications conducted through BenefitsCheckUp. The dollar value of the screenings is based on the users' eligibility for key benefits programs.

Report	2016	2017	Total
Total Value of Benefits	\$168,158	\$226,305	\$394,463
Total BCU Screenings (not including Test Cases)	68	49	117
# that screened eligible for one or more programs in the VOB (not including Test Cases)	49	41	90
Subset			
Comprehensive	\$48,098	\$89,533	\$137,631
Extra Help (LIS) Quick Screen	\$10,459	\$17,805	\$28,264
Key Public Benefits	\$107,832	\$118,967	\$226,799
Shadow Screening (via LIS App.)	\$1,769	\$0	\$1,769

Value of Benefits (VOB) Tote Board Notes

1. VOB values start in 2002.
2. VOB values assume a person who screened eligible for a program enrolled in the program and remained on the benefit for only one year.
3. VOB includes values for the following key benefit categories: Medicaid for the Aged, Blind and Disabled, Medicare Savings Programs, Medicare Prescription Drug Coverage including the Extra Help, Supplemental Security Income (SSI) for the Aged, Blind and Disabled, State Pharmacy Assistance Programs, Elderly Nutrition Programs, Food Stamp Program, Low Income Home Energy Assistance Program (LIHEAP), Weatherization, Manufacturer Drug Discount Cards, Patient Assistance Programs (PAPs), Medicare-Approved Drug Discount Cards, and VA's Health Care System. As new values are obtained we will update the VOB reports accordingly.
4. VOB values do not include "test case" screenings.

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.

To help further the effort of local communities, MCOA contracted with Bridges Together to provide Empower Hour Webinars to Council on Aging Staffs so they could learn how to introduce or enhance an intergenerational (IG) program in their community.

Ten Empower Hour Webinars were held on these topics:

- September 20, 2016 – IG Programs: Nice or Necessary?
- October 25, 2016 – Getting Started With a Leadership Team and a Plan
- November 15, 2016 – Cultural Continuity: Integrating Values and Traditions
- December 6, 2016 – Ice Breakers: Kickstart Relationships in Your Group
- January 10, 2017 – IG Programs: Keys to Success, Including an Evaluation
- February 7, 2017 – Funding Your IG Program
- March 7, 2017 – Creating IG Win-Win-Win Programs
- April 4, 2017 – Volunteers: The Steps to Tapping into These Resources
- May 9, 2017 – Kids Today: How They Tick
- June 6, 2017 – Generations in the Workplace

Second, MCOA funded Bridges Together to build new community-wide *intergenerational leadership teams*. Bridges solicited bids from communities who wanted to start up new Intergenerational service programs. Four teams were selected – they included staff colleagues from at least four different departments/ organizations across town who wanted to increase intergenerational collaboration between adults 60+ and young people. The four communities that participated – and their project successes – are described below: Follow these links to learn more.

- [Ashland](#)
- [Barnstable](#)
- [South Hadley](#)
- [West Boylston](#)

Developing New Memory Cafés in Massachusetts

During the final quarter of FY'16, MCOA held a competitive procurement for Councils on Aging to bid to launch **new regional memory cafés**. In total, 24 sites applied for 4 slots; due to the high interest level, Elder Affairs agreed to double the funding so 8 sites could be established to operate in FY17 during April – June 2016, sites recruited staff and set up the café space, marketing tools, and planned their activities. All café site leaders are linked with JCFS' Percolator Support Group, which meets quarterly to share best practices.

Lessons Learned:

Highlights of the lessons learned by the 8 memory cafes funded under SIG by MCOA include:

- All the café's launched successfully without any real problems. The average number of attendees per month was 22.

- The café attendees are open to and supportive of all the other café guests. At one café, a person showed up in flannel PJ's, bathrobe and slippers – nobody blinked an eye. Another café guest shared how he'd had a fear of going out in public because he didn't want people to know that he "had a problem". After he started attending a memory café and realized how welcome he felt, he said he wished he started coming earlier!
- Both caregivers and care recipients look forward to attending the café.
- Friendships are forming and people are feeling less isolated.
- The cafes try to keep the focus on making it enjoyable for everyone and keep the discussion of dementia off the table.
- Facilitators realize that sometimes people need time to talk because of the behavior of the care recipient and will take time to listen.
- Cafés introduce a variety of activities including music, arts and crafts, entertainers, exercise, flower arranging and more.
- They have so much fun at the memory cafe that other people want to attend. That is one of the ways that one site was able to recruit volunteers.

The sites rely upon volunteers and in-kind donations to make the rich and welcoming social experience possible for both the caregiver and the person living with dementia. Some sites could not make it work without the volunteer donations of time.

Funding the Creation of the Memory Café Toolkit

To further spur the opening of more memory cafés in MA, MCOA contracted with JFCS's memory café expert Beth Soltzberg to write a *Memory Café Toolkit*. The Toolkit shares all the program development advice and operations form templates she has gathered over the years.

The *Memory Café Toolkit* helps not only MCOA's members but all organizations around the state, nation and world who want to efficiently launch a new cafe!! It is available at www.jfcs.org. To date, over 450 organizations have downloaded a copy of the guideline!!! In FY'17, MCOA paid to have the *Memory Café Toolkit* translated in Spanish.

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. Three new regional training centers opened for business in Councils on Aging located in **Franklin, Brookline, and Worcester, MA**. All centers welcome customers from neighboring towns. Staffs from the MCB advised MCOA about equipment and the Mass Association for the Blind and Visually Impaired partnered with MCOA's to run the new assistive technology training centers.

The mission for the training centers is summed up perfectly by one of the site leaders:

"Consumers feel that they want access to assistive technology that helps them lead happy, social lives. Their social wellbeing is a high priority to many, and they see blindness as something that isolates them even more so than age. Assistive technology, to them, is a way to bridge that gap. Even adults eligible for Vocational Rehabilitation can't get training to learn how to regain social skills they feel they have lost.

Realistically, we cannot serve all these needs, but holding group presentations, social gatherings and presenting to low vision support groups about topics like this can reduce the fear of disability and encourage seniors to seek the services they need, from mental health counseling to adjust to blindness, to occupational therapy and assistive technology instruction. If we can remove some of the social barriers and stigma of blindness, we have a better chance of helping them incorporate assistive technology where they want it and will use it successfully, with self-motivation".—Sassy Outwater, Brookline Council on Aging Assistive Technology Training Center.

The 3 centers are each open for 15 hours/week. Staff and volunteer trainers work 1:1 with consumers. The centers are run by a site coordinator who:

- Performs intakes, demonstrations, evaluations, and training.
- Recruits, trains, and supervises technology volunteers for the Worcester site and provides assistance to the other site coordinators.
- Maintains database records.
- Trouble shoots equipment and service delivery problems.
- Oversees the follow up of discharged consumers.
- Monitors and evaluates procedures to ensure quality of services.
- Participates in planning and development, formulating long and short term goals.
- Attends and participates in team meetings, trainings, and supervision as required.

- Supervise approximately 10 volunteers. (Some of the centers have recruited student interns from the Carroll Center and the Massachusetts Commission for the Blind).

Next year, a formal progress report for lessons and feedback from consumers and volunteers will be designed for all centers to use, along with a consumer exit survey about the program's impact upon the consumer. In addition, training packets for occupational therapists and social workers about disability rights, assistive technology, the assistive technology training program's technical specs, and a centralized contact and referral process will also be designed.

Capacity Building & Technical Assistance Initiatives

According to MCOA records, half of all current Council on Aging Directors have 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 people is also experiencing significant growth. According to the Donahue Institute at UMASS Amherst, for the first time in history, by the end of the year 2016, there were older people living in Massachusetts than residents under the age of 20. In addition, our world is becoming increasingly diverse, and the need for caregiver services to support the growing numbers of older people from wide-ranging backgrounds is greater than ever.

Over the last generation, Senior Centers are far more likely than ever to serve older people 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 member services, to coordinate training and special events. Member Services staff work in partnership with EOEA 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 municipally-based 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 Member Services ~~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 subjects for best practices manuals/modules. Some materials, such as the New Directors Manual and the Marketing Manual/Toolkit ~~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, best practice transportation models, Uber, Lyft and other ride sharing programs, economic security issues and resources, support services for caregivers of people living with dementia, 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 FY17, workgroups focused upon safety at Senior Centers, program evaluation techniques, volunteer management, and supportive day programs.
- **Annual Conference 2016** - Each year, MCOA hosts a large training conference. In FY17, the three-day event was held at the Sea Crest Resort Hotel and Conference Center in Falmouth.. The theme was “Rising Tides: Embracing Population Growth of Older Adults”. .” Attracting over 425 participants each year, the conference is one of the largest conferences in the northeast states focused on services to older people. More than 75 workshops occur on a wide range of content areas of interest to Council on Aging leadership and staff. Emily Browder Mellville was the Keynote Speaker on Wednesday and presented “Shifting Inward: Finding your Inner Voice”. EOEa Secretary Alice Bonner was the keynote speaker on Thursday and her topic was “Working with Communities; Advocacy, Engagement, and Empowerment”.
- **State Commission Participation by MCOA Board:** MCOA’s Board President Brian O’Grady serves on the Governor’s Commission to Study Aging in Massachusetts; and Board Member Pamela Hunt serves on the Commission on Malnutrition Prevention among Older Adults.
- **MCOA Marketing Branding and Strategy to refresh its Mission, Vision, Value Words, Website and Logo:** MCOA’s marketing subcommittee underwent a nine month strategic brand review to analyze and define the organization in 2017 and beyond. The committee reviewed the organization’s core values, intentions, strengths, areas that needed improving, the public’s perception of MCOA, to serve its customer base and partners. The findings from this review process led to the MCOA Board’s approval of the organization’s new Mission, Vision, Positioning Statement, Value words and logo.
 - **Mission:** Building strategic partnerships to educate, empower and advocate for professionals who work with older adults.
 - **Vision:** Statewide collaboration to advance the quality of life for older adults.
 - **Positioning:** MCOA will be the principal statewide organization to support municipalities, membership, and other organizations that serve older adults through advocacy, networking, professional development, consumer education, and resource opportunities.
 - **Three Value Words:** Educate. Advocate. Collaborate.

Highlight on 4 Unique Capacity Building Projects of FY17:

- **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 5-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=CuIV3qqnMg4>).
- One showcases a program focused on older adults living with dementia and their care partners (<https://youtu.be/YLvu9ERHuhU>)

- **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 partnered with NCOA and the National Institute of Senior Centers to produce this toolkit. The toolkit is available to download on the MCOA website. (<https://mcoaonline.com/wp-content/uploads/2016/11/2017-MCOA-NISC-NSCM-Marketing-Booklet.pdf>)

- **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. List of Contractors of MCOA with SIG Funding during FY'17

1. Acton Council on Aging
2. Amesbury Council on Aging
3. Ashby Council on Aging
4. Auburn Council on Aging
5. Barnstable Council on Aging
6. Bay Path Elder Services
7. Bellingham Council on Aging
8. Berkley Friends of Council on Aging
9. Braintree Council on Aging
10. Brimfield Council on Aging
11. Dudley Council on Aging
12. Elder Services of Berkshire County
13. Elder Services of Worcester Area
14. Franklin Council on Aging
15. Hampden Council on Aging
16. Highland Valley Center
17. Hopkinton Council on Aging
18. Kingston Council on Aging
19. Lawrence Council on Aging
20. LifePath
21. Longmeadow Council on Aging
22. Marion Council on Aging
23. Marshfield Council on Aging
24. Massachusetts Association of the Blind
25. New Bedford Council on Aging
26. Norwood Council on Aging
27. Palmer Council on Aging
28. Pembroke Council on Aging
29. Pepperell Council on Aging
30. Plymouth Friends of Council on Aging
31. Sharon Council on Aging
32. Sheffield Council on Aging
33. Somerville Council on Aging
34. Weymouth Council on Aging
35. Williamstown Council on Aging

2. Aging Mastery Program (AMP) FY'17 Report

Aging Mastery Program®: Massachusetts Summary Report

Report prepared by Hayoung Kye, MSW, Program Specialist, Evaluation and Project Management, Aging Mastery Program® Angelica P. Herrera-Venson, DrPH, MPH, Manager, Data Management & Evaluation, Center for Healthy Aging

AMP Activity and Program Overview:

This report consists of the evaluation findings from the Aging Mastery Program® (AMP) 10-class core program that was implemented throughout Massachusetts from fall 2016 to spring 2017. A total of 10 AMP programs were implemented and have reached 224 participants. AMP programs were also held at Scituate Council on Aging and the Shirley Council on Aging. The Beverley Council on Aging is currently conducting a class with approximately 20 additional participants. However, NCOA has not received the data from these 3 sites, therefore, the results in this report does not include the 3 sites' data. The AMP evaluation tools that were used to collect the data include the Program Information Cover Sheet, Attendance Log, Participant Demographic Survey, and the Participant Satisfaction Questionnaire.

Table A: AMP Activity

Descriptor	Results
# of AMP Sites	10
Program Duration	September 1, 2016 – June 29, 2017
Total # Participants	224
Graduation Rate (<i>Attended 7 or more classes</i>)	84%

Table B: Breakdown of Sites' Graduation Rate

Fall 2016/Spring	Site Name	% Graduated	Total # of
Fall 2016	Auburn	59%	22
Fall 2016	Barnstable	57%	28
Fall 2016	Duxbury	92%	26
Fall 2016	Hampden	100%	19
Fall 2016	East Longmeadow	58%*	20
Fall 2016	Weston	82%	29
Spring 2017	Chicopee	100%	14
Spring 2017	Hingham	96%	24
Spring 2017	Kennedy	93%	28
Spring 2017	West Boylston	100%	14

*incomplete class attendance data; the actual graduation may be higher.

Participant Demographics:

The demographic survey completion rate was 99.6%. Data was collected from 223 participants out of 224 total participants. AMP participants were primarily female (84.7%), and their average age was 74. 93.1% reported that they are non-Hispanic White, and most (78.9%) reported having multiple chronic conditions. Approximately one quarter of the participants (23.4%) reported having limitations in their daily activities due to physical, mental, or emotional problems. Based on the data, less than a third (26.9%) reported that they were a caregiver to a friend or relative during the past year. Educational attainment and average monthly incomes were relatively proportionate across all categories with an exception of only a small percentage of participants reporting that they received some elementary, middle, or high school (2.3%). (Refer Table C – AMP Participant Demographics)

Table C: Participant Demographics

Descriptor	Results
Average Age (Range)	74 (60-95)
Gender	84.7% Female, 15.3% Male
Ethnicity	93.1% White 1.2% Black or African American 1.2% Other 2.8% Asian 1.7% Blank responses
Chronic Conditions	78.9% Multiple, 14.8% One, 6.2% None
Limitations in any Activities (Physical, Mental, Emotional problem)	23.4% Yes, 76% No, 0.6% Blank responses
Caregiver Status (in the last year)	26.9% Yes, 73.1% No

Highest Education Attainment	43.2% College 4 Years or More 40.3% Some College or Technical School 14.2% High School Graduate or GED 2.3% Some Elementary, Middle, or High School
Average Monthly Income (Before taxes and other deductions last year)	17% Over \$4,000 per month 18.6% Between \$3,000 and \$4,000 per month 25.4% Between \$2,000 and \$3,000 per month 31.6% Between \$1,000 and \$2,000 per month 7.4% Less than \$1,000 per month

Overview: AMP Satisfaction

The satisfaction survey completion rate was 63%. Data was collected from 141 participants out of 224 total participants. NCOA did not receive satisfaction data from Auburn Senior Center and West Boylston in addition to the 3 sites mentioned above. Therefore, the satisfaction summary consists of 8 sites' satisfaction data. Most participants rated the quality of the program as "Excellent" or "Good." 97.9% would recommend AMP to a friend, and 95.1% said the program was "Very fun" or "fun." Across the board, participants noted that AMP helped them with matters of health, finances, or improving their quality of life. (Refer Table D – AMP Satisfaction)

Table D: AMP Satisfaction

Overall Opinion of AMP	Outcomes
Quality of program	
Excellent	77.2%
Good	20.7%
Fair	2.1%
Met educational expectations	
Yes, definitely	51.3%
Yes, I think so	47.5%
No, I don't think	1.2%
Would recommend to friend	
Yes, definitely	81.9%
Yes, I think so	14.8%
No, I don't think	3.3%
AMP was fun	
A lot of fun	73%
Somewhat fun	21.9%
Not much fun	4.9%

Specific Improvements Attributed to AMP	Outcomes
Managing health more effectively	
Yes, it helped a great	34.3%
Yes, it helped	57.8%
No, it really didn't	7.9%
Managing personal finances more effectively	
Yes, it helped a great	22.8%
Yes, it helped	54.5%
No, it really didn't	22.7%
Improved quality of life in other ways	
Yes, it helped a great	35.2%
Yes, it helped	60.3%
No, it really didn't	4.5%
Others say this program has made a positive change in me	
Yes, definitely	24.4%
Yes, I think so	56.5%
No, I don't think	17.8%
No, definitely	1.3%

Table E: AMP Participant Testimonials

Participants said "As a result of AMP..."
<ul style="list-style-type: none"> • <i>[I am] focusing on better nutrition including drinking more water.</i> • <i>I am taking care of end of life paperwork, before end of life.</i> • <i>[I am] getting my finances and paperwork's in order.</i> • <i>[I] live happier each day.</i> • <i>[I] fill out medical prescription info card.</i> • <i>[I] have already started losing weight and exercising more but AMP validated the need to continue to do so.</i>

3. EMHOT - 4th Case Study:

67 year old female was referred to EMHOT by a concerned neighbor. Neighbor reported that client lived alone and had no family or supports to speak of and was presenting as extremely confused each and every time that she spoke to client. EMHOT staff contacted client to introduce themselves as well as explain a little more about the program. Client was receptive to speaking more in person and came in the next day.

Client came to meet with staff the next day and was extremely confused. She reported that she was diagnosed with dementia about 1 year prior. Client had trouble finding some words and staying focused. She had a great sense of humor and was willing to discuss her diagnosis. Client explained that there is a family history of early onset Alzheimer's. She stated she did not want to live anywhere but the home she was in because she had been there 20+ years and loved it. Client was extremely paranoid of receiving any type of services for fear that it would "get her put away in a nursing home." After explaining more about the program and what our jobs were, client agreed to EMHOT services.

By the client signing on with EMHOT we were able to visit her at her home and thankfully we did because what we found was extremely concerning. Client was living in extreme hoarding conditions to the point that her home was unsafe. In addition, EMHOT staff found that client had wild animals in her home (chipmunks, mice, squirrels) some that were alive and some that were dead and it appeared that the client was feeding these animals. It appeared based on what staff saw that client had been living like this for quite some time. Had it not been for the client signing on to the EMHOT program which resulted in staff conducting a home visit, there is no telling how much worse things could have got for the client.

Through emergency funds of the EMHOT program we were able to get a company in to attempt help the client clean up her home. In addition, we were able to sign the client up for the supportive social day program at the Senior Center which meant that the client would be with us Monday through Friday 8 am to 3 pm and would now only be alone on weekends. In addition, the EMHOT program allowed us get this client to a primary care physician for a checkup as well as a neurologist to be tested as client was mentally deteriorating at a rapid rate. Also, the EMHOT program allowed staff to assist client in going to her lawyer's office to make sure that her power of attorney and health care proxy were current and her future plans were written out. It was also determined through all of our work with this client that she was in foreclosure, facing a repossession of her car, and behind on all of her bills despite having an income of approximately \$6,500 a month from both a pension and an inheritance. Upon further investigation, it was found that client was spending a lot of money daily as well as giving money away to people claiming they had none. For

example, in one week client spent over \$400 in cat food. Another example would be when client spent \$500 in one trip to the store on seafood and then brought the food home and left it on the floor of her kitchen for days. After all of this was found out, EMHOT staff assisted client in meeting with her financial advisor and giving him control of her finances. Again, all of these services would not have been possible with regular case management and it is highly likely that this client would have ended up in a very bad situation had we not stepped in to help.

EMHOT continues to work with this client for the next four months until client became a danger to herself. When client did not show up for the program one day and did not answer calls from staff, staff went to clients home and found her extremely intoxicated, naked, and sitting in her closet thinking it was the bathroom and she was urinating. Client had no idea what day or time it was and told staff that she had drunk almost an entire bottle of whiskey. At this point staff called 911 and emergency crews arrived. Client was extremely combative and was yelling that she would not leave her house. After a lot of coaxing, client agreed to go only if EMHOT staff went with her.

Client never returned home after leaving that day but it was for the best. Staff visited with client every single day while she was in the hospital. The health inspector deemed clients home inhabitable and client was not allowed to return. This was the right decision since the clients rapid deterioration, caused her to be a danger to herself to return home safely. EMHOT staff assisted the hospital in locating an assisted living that client would be as happy as she could be. One of the biggest problems was finding a place that would accept her cat that was the "love of her life." After two weeks EMHOT staff was able to assist in transferring client to a beautiful assisted living where she could have her cat. Because of EMHOT staff was able to pick the cat up from the shelter that was boarding it, take the cat to the vet and get all the necessary vaccines and then transfer the cat back to client at the assisted living. Staff checked in with client for the two weeks following her placement and then discharged her from the program successfully.

Had it not been for the EMHOT program, there is a very good chance that this client could have put herself in a lot more danger or even died. Now, because of EMHOT, this client gets to live out the rest of her time in a safe place that she loves and enjoys.

4. Bridges Together FY'17 Grant Opportunity (RFP)

Released: July 2016

Convening, Training & Supporting

5 Community-Wide Intergenerational Leadership Teams

Who: Senior center staffs with colleagues from at least four different departments/ organizations in town who want to increase intergenerational collaboration between adults 60+ and young people. Five communities will be selected.

What: Five communities will receive Bridges Together consultation, training and facilitation services to convene an Intergenerational Leadership Team so that they can initiate or expand an intergenerational initiative. Examples of programs may be found at or Bridges Together's ABCs of Intergenerational Activities and/or Recipes of Intergenerational Success (www.BridgesTogether.org)

Why: Some communities are looking to increase intergenerational initiatives. Generations United, the national umbrella organization for intergenerational advocacy & engagement, suggests that there is a continuum of intergenerational engagement. The goal of the Massachusetts Association of Councils on Aging and Bridges Together is to help communities move from one level of the continuum to the next.

- Learn about the other age group, i.e. telling children that older adults live in the apartment building next door to the school. Let young people know about the town's senior center and what type of activities goes on there.
- Seeing the other age group at a distance: i.e. this includes students coming in and out of the school and noticing residents going in and out next door.
- Meeting each other: It is critical to encourage opportunities for meaningful engagement so that people can get to know one another. i.e., have an event where people will meet each other and have a conversation or participate in an activity. You can also open up some events at the senior center to other age groups.
- Annual or infrequent activities: i.e. this would include one-time or twice-a-year concerts.
- Demonstration or [pilot] projects: i.e., for a music program, have older and younger musicians learn the same songs separately, come together to practice them and then perform them in a joint concert.

- Ongoing Intergenerational Programs: i.e., Continuing with the music theme, two options include 1) offering joint music lessons for old and young and 2) having an intergenerational chorus, band or orchestra that rehearses regularly and then performs together.
- Creating Intergenerational Settings: i.e., sticking with music, do you have space that can be shared with performing groups from the other generation? Or... Think big! Can you create a music center where people of all ages are able to practice and perform, with a spirit of community and getting to know one another?

What: Senior center staff and their colleagues will be expected to:

- Attend an informational webinars will be held on Aug 2 & Aug 18 at 9:30 AM. Someone from the senior center must attend the webinar with as many colleagues as they would like.
- Before September 30: Identify at least 4 partner organizations/ departments in their community and then write letters of intent on why they want to be part of this opportunity. A coversheet with all letters must be emailed to Julie@BridgesTogether.org with "Community IG Lead Team" in the subject line. Partner organizations can be town departments including libraries and/or park & rec, schools, places of worship and/or community clubs such as JR Women's club, Rotary, etc.
- October 7: Communities will be notified of the award
- October 20 – December 31: Each Community IG Lead Team will attend a full-day workshop on the nuts & bolts of intergenerational programming. Each team will identify at least one new intergenerational opportunity they will implement.
- December 1 – May 1: Meet with their team regularly to plan the event. Bridges Together will be available for two webinars with your team so that you may receive support and feedback.
- December 1 – May 31: Hold at least one intergenerational event or launch an intergenerational program.
- June 1: Each community recipient MUST create and submit a multi-media presentation on their event and the impact that it had as well as a short written report. These tools will be useful for showcasing the project to others and encouraging its replication in other communities in subsequent years.

Outcomes: Older adults and young people will benefit from the new or enhanced intergenerational initiatives in their community. The Intergenerational Leadership Team

will provide a multimedia summary of their work. The value of this opportunity is \$4400 per community.

The Story from Ashland

Here is the story of Ashland, one of the 4 communities that established a new intergenerational service programs with Bridges Together's training and support, made possible with funding from the Service Incentive Grant and direction from MCOA.

The leader of the Ashland Friends of the Library enlisted the director of the Ashland Elder Services to apply for the MCOA funded Bridges Together project. They convened a Leadership Team that included a cross community mix of representatives from the following organizations:

- *Ashland Business Association*
- *Ashland Center for Entrepreneurship*
- *Ashland Elder Services*
- *Ashland Garden Club*
- *Ashland Historical Society*
- *Ashland Lions Club*
- *Decisions at Every Turn (promoting healthy choices for teens)*
- *Friends of the Ashland Public Library*
- *Ashland Public Schools Administration*
- *Ashland Recreation Department*
- *Ashland Youth & Family Services*
- *YMCA*

At the day-long training provided by Bridges Together, the group decided to divide into two teams to initiate multiple programs. One team, led by the recreation director and garden club members, planned for a six-session Pollinator Garden for preschoolers and older gardeners. Using the Recipe for Intergenerational Success, themes for the sessions were chosen with appropriate activities. In conjunction, to try and attract new "adult" members to the garden club, a guest lecture was held at the senior center. What resulted was blossoming raised-garden beds outside the community center – and wonderful relationships between some of Ashland's oldest and youngest gardeners. A final Garden Party was held with the gardeners, their family members and distinguished guests including the town manager. They plan to continue the program this year.

The second team decided to develop an oral history project to record some of Ashland's stories. Students from several high school activity clubs, including "Breaking the Barriers," recorded interviews with older residents. The excitement on the day the interviews took place was electrifying – so many participants realized the commonalities we share as people, regardless of age.

Out of this collaboration came a town-wide World Café in May where pairs of adults and youth facilitated small group discussions about unity and inclusion leading to a series of additional events utilizing the same format and paired table hosts this fall to provide the opportunity to have conversations regarding other important community topics.

The Team is continuing to meet to plan more opportunities for intergenerational engagement. Possibilities include holding a second round of interviews with older residents; they are continuing to hold Courageous Conversations on difficult topics such as love, inclusion, and trust. They are also looking into starting a cooking program, putting on an IG concert and as well as implementing a discussion group called "Great Discussions: America's largest discussion program on world affairs, the list of ideas is long.

Kudos to Ashland for breaking down the barriers between people of different ages and planting seeds of compassion and joy!
