Summary Report on FY'18 SIG Funded Projects

Wellness

- Aging Mastery Program
- Falls Prevention Programs
- Regional Bereavement Support Groups
- 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

- Sparking the Dementia Friendly Movement in Massachusetts
- Promoting and Funding Memory Cafés
- Subsidizing COAs' Purchases of Assistive Listening Devices for Adults who are Hard of Hearing
- 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

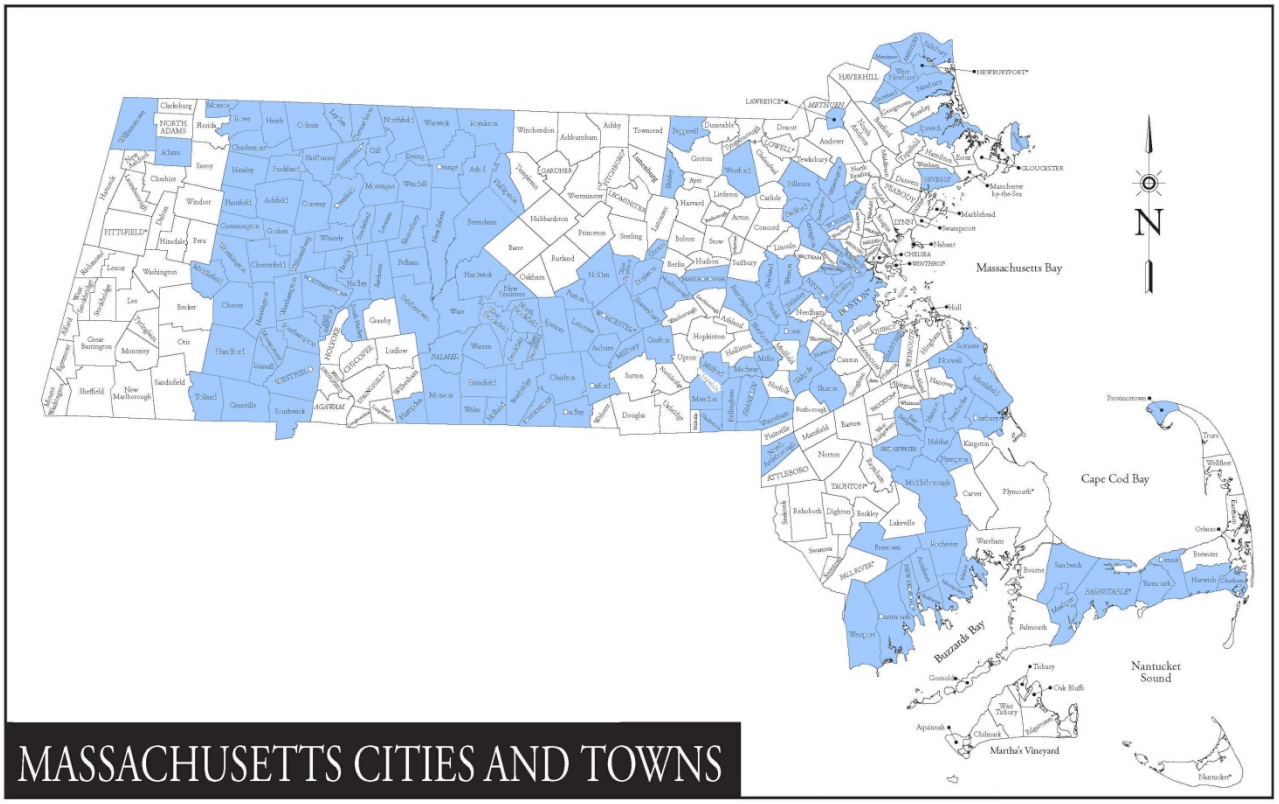
Senior Centers in Massachusetts are places where older adults may adopt new strategies for aging well in their community, be it improving their physical health, social lives, mental well-being, economic condition, or level of engagement in purposeful and fulfilling work and social activities.

During FY'18, MCOA awarded contracts funded by the Service Incentive Grant from the Massachusetts Executive Office of Elder Affairs to 95 organizations, COAs or project partners. Details about project goals and results are summarized herein. See the Appendix for a list of MCOA's FY'18 contractors.

The MCOA is deeply grateful for the generous financial support it receives from the MA Executive Office of Elder Affairs. We are honored to be entrusted with the responsibility of creating and managing innovative programs, building greater service capacity, and strengthening management skills within the COA network. As a result, the COA network keeps improving the system of support it provides to older adults as they transition to new stages of life.

FY'18 Direct Grants Awarded by MCOA

The bolded shades in the picture below show the location of the grantees who received a direct a grant SIG award from MCOA during FY'18. Many awards fund regional programs for adults residing within neighboring towns or a large region; these communities are represented by the lighter shading.



Wellness Programs Operated Under SIG '18 Grants

COAs serve as wellness centers for older adults. During FY18, MCOA funded many services focused upon improving the mental or physical health of older adults. The programs we funded and the individual impact/benefits experienced by participants are summarized below.

Aging Mastery Program

The **NCOA's Aging Mastery Program**, a central component of MCOA's healthy aging 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'18, 9 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 FY18 in the Appendix. Here are some comments from the participants:

- I am more cohesively informed and involved in my aging process. I have resources and ideas I did not have before, and I enjoyed and learned from other people sharing their experiences and knowledge.
- I have tried to make sure I have a more social life and I'm coming to the senior center for exercise and to put my end of life requests and paper work in order!
- I am having my will updated and talking to my doctor about my meds.
- One change I made in my life as a result of AMP is an ongoing goal to get out of the home and reconnect with people.
- [I] developed a better plan for getting a good night sleep.
- [I am] using hand railings and am more aware of nutritional aspects of menu planning.
- [I've] offered to help others more often.
- [I am] maintaining social relationships and importance of staying active.
- [I am] being more aware of be grateful for those little things in life.
- [I am] maintaining social relationships and importance of staying active.
- Diet and exercise (eating in moderation and stretching).

Falls Prevention

In the spring of 2018, MCOA issued an RFP for COAs to either start a new Falls Prevention class or purchase fitness equipment with a partial subsidy (offered to sites that already had a Falls Prevention class). MCOA is committed to bringing falls prevention classes, and other programs that address the fear of falling, to all COAs so that fewer adults will become less likely to go out to community places, more withdrawn and potentially depressed as a result. In sum, 28 sites bid and 17 sites received a grant award. Of those, 4 awardees ultimately

"There was a 100% affirmative response when asked if they continue this class. One woman wrote after taking the class, she is able to extend her arms much more than she has had in the last ten years. She also stated that it has increased her stamina and has a better outlook and attitude about elder movement. Another participant stated that she feels more balanced and stronger in general. Not only does the classes help make the participants stronger but more confident too. If they fall, they will be stronger to get up and hopefully sustain fewer injuries."

COA Staff Observation

could not pull a class together (hire qualified staff) due to the short period of time provided. Of the 13 sites, 3 used the grant for falls prevention fitness classes only, 6 used it for fitness equipment only, and 4 used it for both. The new sites had the participants take surveys of their abilities when the course started and at the end of the 8 week program. The classes ran for 8 weeks, twice a week. The sites had an average of 15 participants. The average disclosed age was 76.

We asked sites to charge a nominal fee so that they can sustain the fitness class financially after the grant. Some sites resisted the notion of using the grant as a seed grant; they felt this program is so important to the well-being of individuals that they didn't want cost to be a deterrent.

After tallying up the surveys, it showed that there was a significant improvement for 25% of attendees for getting out of cars, getting out of beds and getting out of chairs. There was a decrease in fear of falling for 12% of the group and 6% of the participants felt that were stronger than when they started. The improvements cited occurred only after 8 weeks. Site leaders report that participants were thrilled with the noticeable gains in strength and want to keep coming back. The changes will enable participants to be more active, and therefore less socially withdrawn.

Bereavement Support Groups

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.

Each year, the participants' indicated 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 sis helping me personally grow and become more comfortable with who I am today.

The people came back because they needed the relief from loneliness and pain. They felt they were in a safe and supportive environment to share their feelings of loneliness, anger or guilt. Stories were shared and people realized that they were not alone. Some participants had lost their loved ones years ago, between 7 and 11 years, but were still feeling the need to attend.

We started supporting Bereavement groups in January of 2016 with 10 sites. During FY'17, the average attendance for each group was 8-12 people per session; the groups met bi-weekly. In FY 2018, 4 sites decided to continue hosting the service on a bi weekly basis. The average group size was 5 people. Sites tried different ways to increase attendance. A site did a Remembrance Service which brought in close to 50 people. The site was hoping that it would open the discussion to more people and bring them in, but it did not. One site suggested that the reason the participation was low was due to a stigma of needing to go to a group, and people would think that others would think that something was wrong with them.

In the beginning of FY'18, we asked the sites to start looking for other community support so that they could continue the group without SIG funding in FY 2019. MCOA will not be funding in FY 2019.

Regional Elder Mental Health Outreach Teams

In February 2016, MCOA issued an initial RFP to develop new regional **mental health outreach teams** to increase access to mental health services for older adults who are experiencing serious mental health issues, urgent situations and are frequently isolated at home. MCOA selected the following three COAs to launch these regional programs.

I. Upper Merrimack Valley Area led by the Amesbury COA and joined by community teams from Newbury, Newburyport, Merrimac, Groveland and Salisbury, as well as Pettengill House.
II. The 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, local legal services, and local church leaders.
III. Blackstone Valley Region led by the Bellingham COA, and joined by community teams from Blackstone, Franklin, Medway, Mendon and Milford.

As SIG funding became available in 2018 MCOA issued another EMHOT RFP, and in the fourth quarter of FY18', MCOA selected two ASAPs to commence EMHOT services. The additional teams are:

I. LifePath Elder Services of Greenfield, MA, serves older adults who reside in the 30 communities in LifePath Inc.'s catchment area.
II. Somerville Cambridge Elder Services, serve older adults who reside in Somerville and Cambridge.

The teams assess older adults for mental illnesses, provide direct counseling to some individuals, facilitate connections to primary care providers, clinicians and essential social services, wrapping these individuals with the treatment, support services and resource management they need. Through their community collaborations, the EMHOTs receive referrals from Fire and Police Departments, EMT's, hospital discharge planners, Protective Services social workers, housing managers, municipal departments (Health, Code, etc.,) DMH's High Risk Mobile Teams, home health agencies/VNAs, doctors, and Councils on Aging and social services personnel. The EMOHT model is effective in achieving timelier access to mental health services and in producing positive long-term results for the individuals served.

One older adult receiving EMHOT services attempted to reach out to get help for 50 years for his mental health and personal issues and he "never got anywhere except dead ends", until his local EMHOT Team connected him with: mental health services to treat his depression, anxiety and bi-polar disorder and further with housing and other community supports. When speaking of the impact EMHOT has had, he stated, "This program has helped me more than any other program in my life"

- FY18 Case Study

For adults who need long term therapeutic services, EMHOTs work to stabilize the client and then connect them with another clinician. This can be challenging due to lack of transportation, impaired mobility issues and the limited availability of clinicians who have expertise and experience dealing with the unique behavioral health needs of those over 60.

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

In FY 18, the Elder Mental Health Outreach Teams served over 350 older adults with behavioral health issues, this includes the two new EMHOTs, LifePath and Somerville Cambridge Elder Services, who began behavioral health service provisions in the 4th quarter of FY18. More than 3,072 hours of individual counseling sessions were provided in FY 18' along with 688 group counseling sessions.

In April and May of 2018, the EMHOT project leaders worked with the MCOA Director of Behavioral Support Programs to develop the metrics for this special new initiative. See the appendix for details. The programs began tracking project work using the new metrics system on July 1, 2018.

The EMHOTs Five regional Elder Mental Health Outreach Teams covered 48 communities in Massachusetts, and FY 18 outcomes include:

- Of the individuals counseled by EHMOT, 116 clients were discharged after reaching a satisfactory stage. At the end of June 2018, 216 clients were engaged in treatment.
- In the final quarter of FY 18', 17% of referrals were Crisis Cases.
- The clients served by EMHOT had a vast array of diagnoses and of specific interest is that 21.65% have a diagnosis of Post-Traumatic Stress Disorder (PTSD) and 16% had dual diagnosis of Substance Use Disorder. The leading diagnoses were (in order): Major Depressive Disorder, Anxiety, Adjustment Disorder and PTSD.

Direct Service Impacts of the EMHOT's included:

- Threats of housing loss or eviction were averted in the majority of cases.
- EMHOT Clinicians report their clients' depression and anxiety symptoms have decreased in intensity.
- 35 Crisis cases (including those at risk for suicide) were successfully managed.
- The safety of the referred elders in their communities was restored or established and supported and additional risks were reduced (56% of elders referred to additional supports and services).

Consideration of Fiscal Impacts

Massachusetts has the highest rate of emergency room visits for behavioral issues in the nation[1]. The economic burden of schizophrenia, bipolar disorder, and major depressive disorder in adults in Massachusetts is estimated to be at least $2.8 billion for each type of mental illness, and hospital costs range from $5,000-16,000 per stay for those admitted with mental illnesses such as Schizophrenia, Bipolar Disorder, and Major Depressive Disorder[2].

[1] Massachusetts Health Policy Commission, 2015 Cost Trends Report, Emergency Department Utilization (2016)

[2] MacEwan JP, Seabury S, et al. Pharmaceutical innovation in the treatment of schizophrenia and mental disorders compared with other diseases. Innov Clin Neurosci. 2016 Aug 1;13(7-8):17-25.

National data and trends on mental health / substance use disorders help demonstrate the need for and potential cost effectiveness of EMHOTS. Currently, about one out of every eight emergency room visits involve mental health / substance use disorder[3]. The Healthcare Cost and Utilization Project reports nearly 41% of these visits result in hospitalization [4]. According to 2007-2011 trend data, emergency room visits for mental health and substance use increased by over 15% and resulting hospital stays for mental health / substance use disorder increased by 31.8%[4]. In fact, patients with mental health / substance use disorder are more than twice as likely to result in admission as patients without mental health or substance use disorder.[4] Most emergency room visits for mental health / substance use disorder may be avoidable with appropriate outpatient care [5]. There is no evidence that rates of mental health or substance use disorder have decreased since 2014, so the numbers proposed are conservative estimates of the cost / benefit analysis.

By using this national data, we can extrapolate how much EMHOTS may be saving the healthcare system and the Commonwealth; the most recent EMHOT data (4th qtr.) shows 17% of those referred were crisis cases. Extrapolated over the fiscal year, this would result in 60 crisis cases. If those 60 crisis case individuals were hospitalized due to lack of EMHOT services, the total economic impact would be between $300,000 at $5,000 per admission and $960,000 at $16,000 per admission. This is a significant increase over the $923.00 per client cost of the EMHOTs.

Community Impacts

Community collaboration is at the core of the success of the EMHOTs. Community value analysis of the EMHOTs is currently under discussion and development. Currently, first responders are reporting the value of having EMHOTs in FY18:

> *"Our numbers of "frequent flyers" have been greatly reduced. In some cases, criminal charges have been filed due to misuse of the 911 system. Without EMHOT, charges would more than*

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[3]. Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006-2013 #216 [Internet]. [cited 2018 Jul 13]. Available from: https://www.hcup-us.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.jsp?utm_source=AHRQ&utm_medium=EN-1&utm_term=&utm_content=1&utm_campaign=AHRQ_EN1_10_2017

[4]. Owens PL, Mutter R, Stocks C. Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007. HCUP Statistical Brief #92. July 2010. U.S. Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf. Accessed July 13, 2018

[5]. Trends in Emergency Department Visits, 2006-2014 #227 [Internet]. [cited 2018 Jul 13]. Available from: https://www.hcup-us.ahrq.gov/reports/statbriefs/sb227-Emergency-Department-Visit-Trends.jsp

likely continue and tie up time at court. EMHOT is definitely the only program around that provides in depth service for elder mental health issues. EMHOT has been an extremely helpful tool for the Newburyport Police. We received a report of an elderly female who was having issues with alcohol abuse and that person was transported to the hospital and not much more would have been done if a copy of the report was not forwarded to EMHOT. A couple weeks later, I learned the EMHOT team was providing many services for the woman who was actually suicidal and in desperate need of help."

--Detective Inspector Christopher McDonald, Newburyport Police Department

"Since the program began, more than 40 police officers have been trained to participate in the city's Community Crisis Intervention Team Protocols. That collaborative effort with the council on aging has resulted in coordinated follow-up with partnering agencies and city departments to better serve the needs of our elders with mental health issues."

-- Chief of Police, Joseph C. Cordeiro, New Bedford, MA

"EMHOT has saved resources. Police are not getting called to homes for non-police issues as often thanks to your help/program. We only have 2 officers on per shift and this had tied up all resources at one point. It is great to have you as a resource when we recognize the issue as mental illness and can refer them."

-- Detective-Sergeant Heather Riley, Groveland Police Department

Case Studies from FY18 from the EMHOTs:

1st Case Study*: Marie is a single woman living alone in privately owned housing, was referred to EMHOT by a local Just-A-Start program through which she had been receiving homeowner repair assistance. At time of referral, Marie was teaching at a local community college. She had recently become increasingly anxious, with symptoms of mania, paranoia and despair. She also reported increasing memory loss. After an act of self-harm, EMHOT assisted Marie in getting to the Emergency Room. In the hospital, it was discovered that Marie had a reaction to a steroid medication. She was also found to have indicators of early dementia. Marie had been receiving her medical care through a private clinic. Her PCP had given her the contact information for psychiatry and neurology, but Marie had not followed up on the referrals. EMHOT helped Maria connect with a new geriatric PCP and geriatric psychiatrist who together have coordinated her medical care and facilitated further testing to identify the underlying cause of her memory loss.*

--Marie showed marked improvement following her hospitalization and follow up treatment with new providers. EMHOT SW initially spoke with Marie nearly every day and met with her up to 3x/week, due to high risk. Visits and/or calls have since decreased to weekly as she has become stabilized in the

community with support. She has shown significant progress, reporting for the first time this week that she "felt ok" and that "things were coming together."

2nd Case Study: *Edwin, a Latino elderly male living alone in elderly subsidized housing was referred to the EMHOT program from PS, following recent risk of eviction. Edwin has a diagnosis of schizophrenia and hoarding. During initial visit, Edwin's apartment had significant filth and trash piling up, with clutter image rating scale of approximately 5/6. Due to trash and filth, it did not appear that it would pass inspection. Edwin reported that his property manager had recently completed an inspection and "was not pleased." EMHOT social worker worked with heavy chore to set up regular appointments every other week and attended appointments to help utilize the service. SW preemptively reached out to management to inform of increase in supports and cleaning services which helped alleviate threat of future eviction. The SW helped Edwin with process of sorting and discarding. Through ongoing support, Edwin has been able to continue to live in the community. He has also followed up on SW's suggestions for social supports, including community groups and activities, such as the YMCA.*

3rd Case Study: *M.S. is a 54 year old female who referred herself to the Buried in Treasure Group for assistance with a hoarding problem. She attended the group regularly and formed a quick camaraderie with the other group members. She was an active group participant and was very open about her mental health struggles and how this connects to her hoarding. She put effort into the homework and made a chart for herself to structure how and when she would sort and discard. After a period of involvement in the group where her motivation to change was evident, she was referred to Fresh Start for assistance with sorting and discarding in the home. M.S. responded well to the in home assistance and this appeared to increase her motivation. She took before and after pictures of the room that was worked on and was proud of the results. A second Buried in Treasure Group started in May and M.S. has joined the group again. She views her hoarding as a lifelong struggle and she is glad that there are supportive services to help her along the way. Hoarding disorder is a complex multi-faceted illness that appears to respond best to a combination of individual and group treatment as well as hands on assistance in the home.*

Call for Action

State and national data gives reason for concern and action, such as:

i. substance use among boomers is higher than any preceding generation;
ii. boomers have the highest rates of anxiety and depression;
iii. the highest male suicide rate in Massachusetts was among individuals age 85+; and,
iv. the majority of suicides in 2014 were among individuals ages 45-64.

We recommend the following course of action:

I. With Elder Affairs, 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.
II. Support the formation of more regional EMHOTs through any feasible strategy, including funding via DMH should be an on-going objective. It was noted at the Behavioral Health convening on June 28th that regions of the state that do not current have an EMHOT are in need of this model.
III. From our experience, we recommend looking for a means to augment the capacity of PS staff to address Elders at Risk clients who have a serious mental health issue underlying their situation. The hiring of Behavior Health Clinicians within each ASAP service area may go a long way to fill in the gaps, by having those clinicians meet elders in the ER, or at the geriatric psyche departments, or when first responders find someone wandering or in need of immediate help.

3 Behavioral Health Trainings

MCOA organized 3 behavioral health programs during FY18. The purpose of these trainings was to develop the knowledge, skills and competency of workers who interact directly with people who are coping with a variety of behavioral health concerns. The participants were drawn from a variety of partner organizations including, but not limited to: COAs, EMHOT sites, ASAPs, EOEA, ILCs, ADRCs, LMHCs, DMH, and the VA.

1. Certified Older Adult Peer Specialists

A three day Certified Older Adult Peer Specialists training was held 5/2118 to 5/23/18, which was taught by Kerrie Fallon from Edinburg Center, Marina Colonas from Somerville Cambridge Elder Services and Rob Walker of DMH. Twenty eight people attended from DMH providers, the VA, MOAR, and other organizations which employ peer specialists and recovery coaches.
The Certified Older Adult Peer Specialist program is intended to train Certified Peer Specialists (CPS) and Recovery Coaches to work with older adults with behavioral health challenges. In order to enroll in the program, an individual must be 50 or older, a Certified Peer Specialist or Recovery Coach, have an interest in working with older adults and submit a successful application.

In order to evaluate the COAPS training a survey was created and distributed virtually to participants who previously had completed the training. Individuals who became certified from the past four years were contacted, but only the data from the past year is included in this review. One of the only demographic specific questions that the survey included was whether the participants were Veterans. This was included because of the significance of Veteran specific lived experience and the large need of Veterans as Certified Older Adult Peer Specialists. However, the survey found that the majority of respondents were not Veterans and less than 20% self-identified as Veterans.

There vast majority of respondents were at some point or are currently working as a peer specialist or recovery coach. It is significant that over 90% of respondents that completed this training were able to utilize the certification for some form of employment, thus showing the effectiveness of the program and the necessity for funding to continue. Furthermore, all individuals who attended the training in 2018 were employed to some degree, with the majority working full time. The majority of respondents serve a population that consist of less than half of older adults and on average spend half of their day with older adults.

2. Buried in Treasures Support Group Facilitators Training:
Eighteen individuals completed the Facilitator Trainings to be able to provide peer support to adults with a Hoarding Disorder as facilitators of a Buried in Treasures Workshop. The training included:

- A review of the latest clinical and peer support research in the area of hoarding disorders
- A discussion of the impacts of negative attitudes towards people with too much stuff and how to help restore hope and empathy;
- Learning how to facilitate The Buried in Treasures Workshop through demonstration and direct participation and practice;
- Facilitation skills and group dynamics.

Those who completed the training will facilitate “Buried in Treasures” groups in Massachusetts.

3. Wellness Recovery Action Plan:
Nine people completed training in how to lead others to understand and develop Wellness Recovery Action Plans (WRAP®). WRAP is an evidence-based program of personalized wellness and recovery system born out of and rooted in the principle of self-determination. WRAP® is a wellness and recovery approach that helps people to develop a “toolkit” of strategies to decrease and prevent intrusive or troubling feelings and behaviors; to increase personal empowerment; to improve quality of life, and to achieve their own life goals and dreams. Working with a WRAP® can help individuals to monitor uncomfortable and distressing feelings and behaviors and, through planned responses, reduce, modify, or eliminate those feelings. A WRAP® also includes plans for responses from others when an individual cannot make decisions, take care of him/herself, and/or keep him/herself safe.

The 9 individuals who completed the training will now facilitate WRAP groups.

Research into Behavioral Health Service Needs

1. UMass Boston Healthy Aging Report:

In consultation with the Executive Office of Elder Affairs UMass Boston has expanded the MA Data Report to include important new measures of behavioral health; anxiety disorders, bipolar disorders, PTSD, schizophrenia & other psychotic disorders, and substance misuse.

For the past several years there has been a state appropriation to support emerging community partnerships between behavioral health and aging service providers to improve the health and well-being of older people in Massachusetts. The final report describes a research application of the Massachusetts Healthy Aging Data Report to better understand factors related to community rates of two behavioral health conditions: anxiety disorders and substance use disorders. This report will be officially released on December 5, 2018.

2. Homecare Aide Council Curriculum Development

The Patient Centered Outcomes Research Institute (PCORI) extension of a Tier I and Tier II Pipeline proposal project was expanded to develop a curriculum for home care aides as well as a proposal for further funding to support a project pilot to test the new curriculum. The title of the new curriculum is *"Addressing Unhealthy Substance Use: Successful Communication Techniques for Home Health Aides"*.

A sub-committee from the Partnership Team, with several additional members, was created. This committee included representatives from home care agencies, the Department of Public Health, UMass Boston, Commonwealth Corporation, and the Massachusetts Councils on Aging. Additionally, an expert from Boston Medical Center/the Department of Public Health was contracted to support the work.

The quick turnaround time for this project and the realization that there was no curriculum available to modify and therefore a new curriculum had to be created, added some complication to this project, but it was ultimately completed on time. The initial task for the Partnership Team associated with this project was to make a final determination as to the approach that was deemed most appropriate for application with home health aides and home care clients. Among three options considered, Motivational Interviewing was selected as the best approach. Lee Ellenberg with Boston Medical Center and the Department of Public Health was contracted as the expert on Motivational Interviewing who was able to identify potential content and resources for inclusion in our new curriculum. During the same timeframe, the council also executed three listening sessions in partnership with MCOA for older adults and their families at local senior centers, and continued to host our PCORI Partnership Team meetings, in addition to the meetings and calls held with the curriculum development sub-committee. In total, twelve calls/meetings

were held during the four-month time period and three listening sessions were conducted to meet our goals of producing a curriculum for home health aides to prepare them to work with individuals with substance misuse challenges and to develop a proposal to pilot test the new curriculum.

The 3-hour curriculum, *"Addressing Unhealthy Substance Use: Successful Communication Techniques for Home Health Aides"*, which includes both an Instructor's Guide and Student Handbook, as well as the proposal for funding, were submitted to EOEA (Kara Jeter) on July 25, 2018.

The completed curriculum and proposal will assist immensely in moving the Partnership Team forward in our goal of better preparing home care aides to work with clients with substance misuse. The next step will be reaching out to potential funders using the proposal developed through this project, to determine interest in funding the pilot testing of the new curriculum. A number of potential funders have been identified who the council plan to reach out to directly or apply through a request for proposals. In an effort to sustain the progress they have made through both the PCORI Pipeline to Proposal and this extension project, they anticipate bringing the Partnership Team back together in the early fall to keep them updated on submitted proposals for funding and to seek additional input on potential funders.

In addition the council conducted Mental Health Supportive Home Care Aide Classes that trained Health Care Aides and supervisory staff about how to communicate with elders about behavioral health issues. The Mental Health Supportive Home Care Aide Training is a 12-hour curriculum and prepares home health aides to work with clients with mental and behavioral health challenges. Once the home health aides receive the training and begin working as SHCAs, they are also provided with weekly support from their agency/supervisor and participate in quarterly meetings with other SHCAs.

The Council partnered with five ASAPs to offer five regional trainings to home health aides and hoped to have between 12 and 15 students in each two-day class for a total of 60-75 trained SHCAs at the completion of the project.

Unfortunately they were not able to reach these attendance goals and decided to add 1 additional training after the end of FY18, for a total of six trainings, training a total of 54 individuals.

The Council believes there are several reasons for the lower attendance; Home care agencies are experiencing vacancies, which contributes to increased difficulty in finding replacement aides to fill-in for the aides who are attending in-person trainings; two-day trainings are especially difficult to get covered; the timing of the trainings, being hosted in May and June, made attendance more difficult as agencies are dealing with summer vacations and absences due to summer breaks. The council recommend in the future avoiding summer months due to the challenge of vacation and end-of-school activities as well as possibly offering a stipend to home care aides as an incentive for attending the training.

A more long-term goal for the Council is to move some of their training curriculum to a hybrid format, allowing home care aides to participate in training both online and in-person. Allowing the aide to complete part of the training at home, on their own time, would cut down on the number of hours they must be pulled off of a case, and allow for flexibility in completing the course.

Additional Behavioral Health Projects

1. On June 28, 2018, EOEA, MCOA and DMH hosted ***"Strengthening Emerging Community Partnerships between Behavioral Health & Aging Services"***, a convening at the College of the Holy Cross, attended by 88 professionals from the field that were provided with new information about emerging best practices and ways to nurture emerging partnerships between behavioral health and aging service providers. The presentations included innovative and promising approaches and potential service delivery models to address access issues with an emphasis on regional networking. Responses from attendees included comments that more EMHOTs are needed in areas that are not currently served by an EMHOT. See the Reporting Form and Client Satisfaction Surveys in the Appendix.

2. Support for the 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 Projects

In 2016, the UMASS Boston's Gerontology Institute published ***Living Below the Line: Economic Insecurity and Older Americans; the*** report summarized what elder economic insecurity looks like looks like across the states. Key findings in the Elder Index include:

- Half of older adults living alone, and 1 out of 4 older adults living in two-elder households, lack the financial resources required to pay for basic needs.
  - Massachusetts, Mississippi, New Jersey, New York, and Vermont had the highest economic insecurity rate for single older adults in 2016.
  - Alaska, Arizona, Colorado, Kentucky, and Utah had the lowest rates of economic insecurity among single older adults.

This means that a large percentage of older adults are living in a "gap" between poverty and economic security. Individuals in this "gap" often have incomes too high to qualify for many means-tested public programs, yet too low to achieve intermediate- or long-term economic security. In every state, the share of older adults living "in the gap" between the FPL and the Elder Index is larger than the share living in poverty. See the report at : http://scholarworks.umb.edu/demographyofaging/14/. Since 2014, MCOA has actively developed service pilots and training programs to increase access to benefits counseling and assistance for elders who are economically insecure. Read below for program details.

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 created an innovative program -- the Regional Job Seekers 50+ Coaching and Networking Groups -- to serve the "forgotten job seekers" who are:

- those in the 50+ demographic who find themselves unemployed for the first time in their lives; or
- underemployed adults cobbling together several part–time jobs to make ends meet in unfulfilling jobs that do not use their skills and experience; or
- Retirees who discover total freedom for hobbies is not as fulfilling as imagined; or
- Retirees who realize they cannot really afford to be fully retired;

- Older adults trying to re-enter the workforce after a long absence staying at home to care for an elderly parent or sibling struggling with an illness.

The FY'18 program was available in 9 locations with funding for 6 sites. They included: Barnstable, Burlington, Halifax-Marshfield, Marion-Acushnet, Natick, and Scituate.

All of these individuals, regardless of their circumstances, are dealing with age discrimination during the job search /employment process in addition to all of the other challenges that anyone in career transition faces: stress, anxiety, fear, low self-esteem, and a lack of purpose. All reasons for a career transition can lead to isolation and even depression.

The aim of the Regional Job Seekers 50+ Coaching and Networking Groups is to empower job seekers so they can execute a successful job search. The mission is achieve by providing a safe, comfortable environment for people to come together and learn how to network, regain their self-confidence, and help others. Job seekers are provided with educational materials, contemporary job search skills and strategies, and guidance from a professional career coach.

The meeting format provides an opportunity for both guided networking and participation in a workshop-style, didactic presentation of materials directly related to job search skills and strategies. Meetings are facilitated by a professional Group Leaders who are experienced in HR and/or career coaching. The Group Leaders are managed by MCOA's Program Manager Susan Drevitch Kelly and assisted by a staff person assigned by each host site.

In FY18, each host site served between 75-100 people. Groups were equally split between men and women, with most in the age range of 58-68. Regarding work goals, 70% of the members were unemployed, 20% retired and looking to continue working (either needing or wanting to), 5% just looking for something to do, and remaining 5% unhappily employed or "gapers" looking to return.

At the end of FY 18, based on observation and feedback from group leadership and members, several changes were made to the program format/content for FY19:

- Start the program in mid-September 2018 (vs early Oct)
- Reduce the number of sessions to 15 (vs 20, the last 5 were open topics); 7 sessions are offered in first half of program, and 8 session in second half
- Insert a 3 week Winter Break before re-commencing the program in mid-Jan 2019 (vs dealing with holiday conflicts and winter weather issues)

- Add 2-3 major regional networking events during the year

With funding from Elder Affairs for SIG 19 period, MCOA managed an open procurement during spring 2018 to bring the program to new areas of the state, (Essex, Norfolk, Suffolk, Worcester, Bristol, Hampshire, Hampden, Franklin and Berkshire County). In total, 12 new COAs bid for 1 of 6 grants to host a regional. In FY19, the program will be offered at sites in 15 communities:

1. Acton and Concord, Middlesex County
2. Town of Barnstable, Barnstable County
3. Belmont, Middlesex County
4. Burlington, Middlesex County
5. Danvers and Peabody, Essex County
6. Halifax and Marshfield: Plymouth County
7. Ipswich: Essex County
8. Marion and Acushnet, Bristol County
9. Natick, Middlesex County
10. Newton, Middlesex County
11. Scituate, Norfolk County
12. City of Worcester, Worcester County

Again, with co-hosting model in some areas, we are providing 15 locations for FY19 with funding for 11 host sites. And with our new AARP partnership for civic engagement, we have their funding support for the Worcester area site and marketing support for all locations.

Our ultimate goal is to make the robust programming content and professional coaching support provided by this unique program to as many as individuals as possible who are 50+, live in MA and are in some form of career transition (those unemployed, underemployed, returning to workforce after lengthy career gap, retiree seeking second act or can't afford to retire). We would like to see at least one host site in every county in the State.

Other Program Improvements during FY'18:
People are now directed to the MCOA for an on-line registration process. With the increase in consumer demand, the web site became an essential tool. The Site provides:

- up to date info on upcoming events
- posting of master calendar and line up of topics
- continual updates of resources for members

- confidential suggestion/complaint box (auto send to SDK)
- promo of upcoming guest speakers
- promo of upcoming guest visits by age-friendly employer

LinkedIn and Facebook: The LI group and FB page are tactics used to expand participation, not only with members, but also with age-friendly employers thru the formation of a strategic partnership with HR organizations such as AOEP, NEHRA and BRG. We encourage HR leaders to post job opportunities on both of these sites, and to attend meetings as a guest, giving our members an opportunity for 'mini-interviews'.

We are in the process of exploring alliances with 3 major HR organizations. The Program Manager will be a keynote speaker in AOEP's Fall Conference in November 2018.

Print/Digital Media: The program manager has been featured in several print media venues over the past year in articles pertaining to the 50+ job seeker: Boston Business Journal, AARP.org Magazine, and Next Avenue, Boston Globe. This has added to the visibility of the program leading to increased participation.

Transition Navigators for Older Adults Seeking to Give Back Through Service

All of us need help during life's transitions. The Massachusetts Councils on Aging (MCOA) has been working with Empower Success Corps (ESC) to develop volunteer transition coaches, to be named Transition Navigators. The TNs will be skillful in helping older adults who are transitioning from full time employment to a new phase in their lives. They will guide older adults through a journey of reflection about what their interests and values are, what service jobs need their talents, and how to go about being considered for these service opportunities. We am excited about the large scale impact this program could have in changing the way adults in MA think about what to do in their encore phase of life -- 'retirement' or 'sustaining a purposeful role in community life'. Older adults in the pilot communities will have access to thought-provoking life transition seminars, personal 1:1 coaching and support from a skillful transition navigator, and comprehensive volunteer job listings.

This suite of services could help so many older adults learn how to find a new way to share their talents in a meaningful manner, continue making valuable contributions to community life, and be viewed by others as a valuable contributor as well. MA is on its

way to becoming an Age Friendly State – we think this program model will be an effective and impactful way to ensure civic engagement by older adults.

We anticipate the ESC seminars, local program publicity, the building of a local service jobs inventory, and the experiences of the TNs will combine to build a much greater public awareness of the importance of sustaining purposeful roles as we grow older. ESC and MCOA are jointly building program with a set of COA leaders and collaborating on expansion and sustainability strategies.

Benefits Counseling and Application Assistance (BCAA) Programs

The BCAA service area includes Franklin and Hampshire counties; MCOA contracts with LifePath and Elder Services of Highland Valley. The 3 basic services in a benefits counseling program are simple to define:

1. The primary need that is met by Benefits Counselors is to provide an individual with assistance (often in their home) to complete applications for public benefits that are needed to secure a basic need for financially insecure elders;
2. In addition, many clients need help to apply for home repair programs that perform home modifications that ensure the house is suitable and safe; and
3. Consumer education is necessary to remind the elder community of their basic civic or contractual rights and /or opportunities when it comes to tax credits, utility discounts, and home equity protections.

Benefits counseling and application assistance clients need 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. This year, DTA's reformed enrollment processes for older adults were amazing examples of progressive commitment and management expertise

During FY18, the 2 BCAA programs' coordinators and 12 counselors had helped 468 unduplicated clients apply for a range of financial assistance programs. Average household income of clients assisted, reported each quarter, ranged between $1220 to $1370 per quarter.

In the words of LifePath's program coordinator:

"The daily concerns that result in a referral to BCAA have not changed over the 7 years that the program has been active. 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. 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. "

FY18 Case Example from Highland Valley Benefits Counseling Coordinator (BCC):
"The HVES BCC received a frantic call from a consumer's DTR regarding applying for fuel assistance on 4/13/2018. BCC was able to take down DTR's contact information as the DTR lived with the consumer and money was very tight between the two of them. The DTR was working some part time jobs around caring for her mother. The consumer's social security amount was very low and went towards the cost of the home, but was not enough to keep up with the fuel bill for the brutally cold winter. DTR and consumer were able to come down on that very day to fill out application with BCC, and to provide documents. DTR did not have all documents need but BCC provided a list to DTR to gather and bring back to follow the application the BCC would send out that day. DTR was able to provide needed documents on the following day. DTR and consumer were found eligible for $448 in fuel assistance would help them get out of debt with the fuel company.

"Lesson Learned from This Experience - This winter season was brutally cold and it seemed that referrals that came in were more and more desperate towards the end of the season. The hardest part was telling people after the 4/30/18 deadline that fuel assistance applications were no longer being accepted. ***Moving forward to the new fuel assistance season, BCC identifies the need to reach as many people as possible prior to April so that as many people as possible can get an application in." This is an example of how advocacy knowledge is earned case by case, over time.***

It appears many financial assistance programs are not focusing upon empowering either social support staffs through trainings or consumers via direct mail or other media about their enrollment processes and timelines. It's dispiriting to observe the same ineffective, repetitive cycle year after year. We will confer with state agencies and other nonprofit organizations involved in LIHEAP and SNAP enrollment to find new ways of public administration (e.g. multiyear enrollment periods) that will end the current cycle.

Housing Issues Training Forums

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.

SNAP Enrollment / Application Assistance Skills Training Sessions

In FY'18, MLRI delivered the regional training sessions in 5 COA facilities to frontline staffs of 77 COAs to they can accurately and efficiently provide counsel and assistance to likely eligible older adults. (More than 200 people attended similar SNAP trainings in FY'17, the first year of our SNAP enrollment rules training partnership with MLRI).

In addition, 2018 marked the enrollment of the first class of COA SNAP partners whereby 21 COAs entered into contracts as SNAP partners with DTA to earn reimbursement for facilitating successful SNAP enrollments and recertification's. COA SNAP partners are supported by DTA's enhanced provider portal and compliment other efforts being employed by DTA to improve access to SNAP benefits. During this first year, 20 of the 21 COAs submitted SNAP applications and recertification for reimbursement; in sum, COA submitted 363 applications and 181 recertification applications. Anticipated projections for Year 2, FY2019, are for 1,457 new applications and 366 recertification applications from COA SNAP partners.

The work done by the Mass Law Reform Institute in educating COAs about the SNAP GAP drew the attention of municipal leaders. It was the use of the SNAP GAP tool that illustrated where the nearly 700,000 people reside who are receiving Mass Health (and likely eligible for SNAP) but are not receiving SNAP benefits.

The COAs encourage older adults to apply for SNAP by stressing 2 arguments:

- First, 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.
- Linking SNAP eligibility with enrollment into the Medicare Extra Savings program. MCOA partnered with MLRI to publish a fact sheet on both SNAP and the Medicare Extra Savings

program to try to overcome the stigma attached to SNAP. The fact sheet shows how the programs share similar eligibility criteria. Many older adults are comfortable with the Extra Savings program and do not attach social stigma to it. See the Appendix for a copy.

SNAP Enrollment - Capacity Building

MCOA's Director of Member Services Donna Popkin has partnered with DTA's SNAP Outreach Team to develop opportunities for COAs to become application and recertification contractors for DTA. Also, COA staff and older adults have benefitted by the dedicated Holyoke Senior Assistance Office with trained staff and operators available to help all navigate SNAP benefits.

Benefits Screening via the BenefitsCheckUp.org website maintained by NCOA

In State Fiscal Year 2018, 122 consumers conducted benefits screenings using www.BenefitsCheckUp.org/MCOA ; the total value of benefits those screened appeared eligible for was $419,072. This is a steady level of usage; in State Fiscal Year 2017, 117 consumers conducted benefits screenings and the total value of benefits was $394,463. See below for more details.

Value of Benefits Overview for Screening Activity in MA – July 2017 thru June 2018

This report reflects the dollar values associated with screenings conducted through BenefitsCheckUp based on the users' eligibility for key benefits programs **by various demographics criteria.**

Report	2017	2018	Total
Total Value of Benefits	$288,629	$130,443	$419,072
Age			
49 and under	$3,098	$2,231	$5,329
50 to 54	$1,429	$7,513	$8,942
55 to 59	$4,124	$5,128	$9,252
60 to 64	$20,385	$14,488	$34,873
65 to 74	$123,370	$43,841	$167,211
75 to 84	$64,471	$38,775	$103,246
85 and over	$64,220	$10,774	$74,994
No Answer or Not Applicable	$7,532	$7,693	$15,225

Client			
Brother	$0	$2,400	$2,400
Client	$120,053	$19,142	$139,195
Father	$8,910	$0	$8,910
Mother	$38,104	$49,115	$87,219
Self	$108,682	$51,239	$159,921
Sister	$4,965	$0	$4,965
Spouse	$222	$0	$222
Other	$7,693	$1,981	$9,674
No Answer or Not Applicable	$0	$6,566	$6,566
Annual Income			
Less than $5,000	$30,458	$5,055	$35,513
$5,000 to $9,999	$37,702	$11,228	$48,930
$10,000 to $14,999	$48,036	$54,674	$102,710
$15,000 to $24,999	$118,986	$46,877	$165,863
$25,000 to $34,999	$21,275	$8,387	$29,662
$35,000 to $49,999	$13,933	$4,222	$18,155
More than $50,000	$1,200	$0	$1,200
No Answer or Not Applicable	$17,039	$0	$17,039
Poverty Level			
Below the poverty level	$119,719	$50,292	$170,011
Between 100% and 150% of poverty level	$86,125	$40,400	$126,525
Between 150% and 200% of poverty level	$51,270	$22,345	$73,615
Greater than 200% of poverty level	$14,476	$10,840	$25,316
No Answer or Not Applicable	$17,039	$6,566	$23,605
Marital Status			
Divorced	$45,451	$35,698	$81,149

Married	$95,027	$12,664	$107,691
Married Living Separately	$0	$6,328	$6,328
Single	$51,481	$30,294	$81,775
Widowed	$94,901	$43,690	$138,591
No Answer or Not Applicable	$1,769	$1,769	$3,538
Gender			
Male	$108,325	$33,437	$141,762
Female	$180,304	$90,440	$270,744
No Answer or Not Applicable	$0	$6,566	$6,566
Disability			
Yes	$91,662	$71,900	$163,562
No	$188,325	$44,949	$233,274
No Answer or Not Applicable	$8,642	$13,594	$22,236

Special Outreach Initiatives

The following projects help COA staffs develop the requisite skills, tools and strategies to broaden community participation and inclusion at their Senior Centers.

Memory Cafés

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.

In FY18, the second full year of funding for the 8 original Memory Cafés funded by SIG, the sites received 80% of their original award and began investing community financial support into their programs.

Lessons Learned:

- Sites have advertised in a variety of ways such as through their newsletter, community sites like libraries and churches, Facebook, but word of mouth seems to get the best results.

- The number of participants (including caregivers) runs from 10-30. At times, sites host lower numbers of people due to winter weather, illness and vacations.
- The feedback from the participants is all positive. Care partners are so grateful for a place to enjoy sharing time with their loved ones in a supportive and relaxed atmosphere.
- In the site with the lowest number of participants, geared towards Spanish speaking participants, participants and caregivers have the idea that the community still thinks of memory impairment as a mental illness so they don't want to go.
- One site noted it needs to be careful of their advertising to make sure that they maintain a policy of not allowing business people to attend and try to solicit customers, as they know that the cafes have many people, hence view them as great marketplaces.
- Some sites run a café every week, while most of them run one monthly. There is a lot involved in running it more often with the staffing, planning and cost as well as the setup and cleanup. The sites are fortunate that they have volunteers to help with running the café and interacting with the participants. Cafés need 4-6 people to run the café which includes staff and volunteers.
- All of the sites organize a variety of activities yet find that music is the favorite. Having a café weekly make it challenging to come up with different and creative ideas. Even if some of the participants aren't crazy with the idea, they usually all have fun. They just like the socialization and feeling comfortable in their surroundings. Games, painting, crafts are great ways for people to interact with one another. Participants also suggest ideas for activities.
- Memory Cafes are a joint effort wherein all involved -- participant, volunteer or staff person -- seem to get pleasure out of being there. The sense is that seeing the joy from the people makes it all worthwhile. Many people have made connections and have been able to socialize outside the café.

Subsidizing Purchase of Assistive Listening Devices to Engage Adults who are Hard of Hearing in Center Activities

In the spring of 2018, we issued an RFP to COAs who want to purchase assistive listening systems for adults who are hard of hearing to be able to attend center activities and converse with COA staff. We offered subsidies to defray the cost of three types of systems: "Pocketalkers" for one-on-one conversations, stationary base units for augmenting the public address systems in auditorium style meeting rooms, and a Portable Multisystem with 10 receivers and 2 microphones for trainers/speakers to use with groups of 10 or less in classrooms or during trips.

We were able to fulfill the orders of every site that applied for assistance. In total, 24 sites received equipment. The most popular item was the Pocketalker -- 70 were purchased. This equipment is relative easy to use and reasonably priced. It is very beneficial as a way for outreach workers to communicate with their clients. Many sites gave such positive feedback on this equipment that their members were actually asking how they might purchase it for themselves to use at home with their family and friends!
Eight centers purchased Stationary Base units. The unit includes ten headsets that would allow ten hard of hearing individuals the ability to hear a talk or listen to a movie at their center.

The Portable Multi-systems were purchased by 11 centers. This system includes 10 receivers and headsets so that if there was a bus trip or tour, users would be able to hear the speaker. In a center based class, the trainer can use it to deliver their remarks clearly to these who don the headsets. In some settings, a translator can use it to convey the speaker's remarks in a different language.

When people have trouble hearing, they tend to withdraw and isolate themselves due to the frustration of not hearing or understanding what people are saying. Having this equipment allows one to join in on conversations or enjoy a class, movie, or field trip. This helps the centers' to become more inclusive in engaging every person in their community.

Establishing New Assistive Technology Training Centers for Visually Impaired Adults

People aging into vision loss are one of our most vulnerable populations, and one of the most under-served in assistive technology training. Access to assistive technology is vital but learning to use technology–and continuing to use it–is the key to incorporating the benefits of these tools into activities of daily living.

In 2016, the Massachusetts Commission for the Blind (MCB) and Elder Affairs 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 Harwich staff and other low vision experts and then developed an RFP, released in April 2016, for 3 new centers. Three new regional training centers opened for business in January 2017 in Councils on Aging located in **Franklin, Brookline, and Worcester, MA.** 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. FY 18 was the first full service year for the AT training centers.

Vision loss experts know that if adults with age-related conditions causing vision loss can access assistive technology, they will use it once they feel comfortable with the tools, know how to use them through training and support, and derive daily benefit from by incorporating technology into daily living tasks. Seniors are most likely to abandon or stop using assistive technology if they are not able to access ongoing training and support, or if they feel isolated by the technology, unsure of how to access or use it, or if using it is too intensive for the task at hand. Seamless integration into life, customization, support, training and inclusive design are the keys to seeing technology succeed in the hands of those aging into vision loss.

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*

In FY18, the 3 AT training centers were open for 15 hours/week. Staff and volunteer trainers worked 1:1 with consumers. In 1 year of operation, the centers served over 150 students between all the centers.

The center coordinators were responsible for:

- Performing intakes, demonstrations, evaluations, and training.
- Recruiting and training technology volunteers for the Worcester site and provides assistance to the other site coordinators.
- Maintaining database records.

- Trouble shooting equipment and service delivery problems.
- Overseeing volunteers and following up with discharged consumers.
- Evaluating procedures to ensure quality of services.
- Participating in planning and formulating long and short term goals.
- Participating in team meetings, trainings, and supervision as required.
- Supervising approximately 10 volunteers per site. (Some of the centers have recruited student interns from the Carroll Center and the Massachusetts Commission for the Blind).

The programs in Brookline and Worcester are managed by the Massachusetts Association for the Blind, (MABVI), a program division of MAB Community Services. Their SIG grant is the seed funding for their VIBRANT Assistive Technology Program. Funding is also provided by the Highland Street Foundation, the Memorial Foundation in Worcester and the Boston Foundation. VIBRANT (Visually Impaired and Blind Recipients Accessing New *Technology)* is a community-based assistive technology training program serving Massachusetts seniors with vision loss and others with multiple disabilities who cannot access traditional low vision assistive technology training. MABVI added the AT training center in Harwich to their of VIBRANT centers and opened a new assistive technology training center in Natick on May 22, 2018, bringing our total number of training centers using the VIBRANT model to 4 across the state, with plans to expand to cover the whole state in the next 2 years. This would be the first state-wide assistive technology community-based training program for blind or low vision adults in the nation. In FY 18, SIG funding was provided to purchase equipment for 2 new VIBRANT centers on the north shore and south shore of eastern MA.

Students experiences vary: some need just a lesson or two to learn a video magnifier. Some need months of training to use a screen reader, mobile device, or optical character recognition system. Some students come for basic training, to learn to type or do basic computer skills. Others come for more advanced training or to learn skills to help them age in place, re-enter the work force, or manage their own affairs, such as grocery shopping, medical care, or banking. Others want to complete retirement life goals, like writing a memoir, talking to the grandkids on Skype, learning GPS apps to travel, or using camera apps to take pictures to read print documents, post on social media, or travel independently. The training centers' model of training is person-centered, peer-support-driven, and task-based. Participants study in pursuit of their own identified goals.

This program works. Seniors learn and use the technology long after training to age in place and accomplish activities of daily living. Technology affects all aspects of daily living,

from administering medication, to travel, to obtaining food, accessing print information, and increasing social engagement to avoid isolation and disability-caused depression.

Capacity Building & Technical Assistance Initiatives

According to MCOA records, half of 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 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 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 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 marketing, program resources for communities focused on serving individuals living with dementia, MCOA toolkits, community educational 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 FY'18, workgroups focused upon safety at Senior Centers, working with loss, program evaluation techniques, volunteer management, and supportive day programs.

- **Annual Conference 2018** - Each year, MCOA hosts a large training conference. In FY18, the three-day event was held at the DoubleTree by Hilton in Danvers. The theme was "COA Strong". Attracting over 372 registrants, the conference is one of the largest conferences in the northeast states focused on services to older adults. More than 80 workshops are available to attendees with a wide range of content areas of interest to Council on Aging directors, staff and advisory boards. Gov. Charlie Baker was the keynote speaker on Wednesday and the topic was "The STATE of Aging" with a distinguished respondent panel composed of Kathleen Otte, the Regional Administrator, Administration for Community Living (DHHS Regions I and II), Bob Blancato,

President, Matz, Blancato and Associates, Alice Bonner, Secretary of Executive Office of Elder Affairs and MCOA President Brian O'Grady. Director of Protective Services Alec Graham was the keynote presenter at the Thursday morning plenary session to give Protective Services program updates. The Thursday Plenary topic was "Age Out Loud" with Kathleen Otte and a respondent panel that included James Firman, President and CEO of NCOA, Brinn Sullivan, President of NH Association of Senior Centers, Rick Liegl, President of CASCP, and Brian O'Grady, President of MCOA.

- **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 FY18:

- **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 6 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)
- 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)
- One showcases a program focused on Vietnamese older adults (https://www.youtube.com/embed/uyzX1gxvoYU)

- **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. 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. In addition, the author of the manual provided additional training to members to best utilize the materials. (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. Supplemental reports of selected topic areas have been prepared and will be available on the database page of the MCOA website. A limited database will also be available on the MCOA website.

- **MCOA Certification** - The intent of Certification, a project established in 2000, is to provide a statewide standard that can be used as a measure of professionalism by interested program staff and directors of Councils on Aging and Senior Centers. It is further intended that certification will encourage the continuing professional growth and development of certified Council on Aging personnel. Certification is administered and awarded by the Massachusetts Association of Councils on Aging and Senior Center Directors.

  The purpose of certification is threefold:
  - promote professional credibility and visibility
  - identify to the public, those colleagues, Directors and Program Staff who have met specific professional standards as set by MCOA, and
  - Encourage the continued professional growth and development of the MCOA membership.

  MCOA worked with NCOA's National Institute of Senior Center (NCOA/NISC) Staff to align the MCOA process with National Accreditation for director certification. NCOA/NISC has shared the national senior center standards principles to add to the educational content and to align elements of the state program and national program.

  Proposed Elements of Retooled Certification
  - Senior Center/Community Profile
  - Mission
  - Values
  - Vision
  - Action Plan
  - Marketing Plan
  - Evaluation Plan
  - Fiscal Information

  It is anticipated that MCOA will accept applicants into the pilot program in fall of 2018 with certification portfolios submitted in January of 2020.

Appendix

List of Contractors of MCOA with SIG Funding during FY'18

Program Area	MCOA Sub Recipient in FY'18	Service Area
Age & Dementia Friendly	Acushnet Council on Aging	Local
Job Seekers Training & Networking	Acushnet Council on Aging	Regional
Assisted Listening Devices	Adams Council on Aging	Local
Age & Dementia Friendly	Alzheimer's Family Caregiver Support Center	Regional
EMHOT	Amesbury Council on Aging	Regional
Job Seekers Training & Networking	Barnstable Council on Aging	Regional
Bereavement	Bellingham Council on Aging	Regional
EMHOT	Bellingham Council on Aging	Regional
Age & Dementia Friendly	Beverly Council on Aging	Local
Falls Prevention	Beverly Council on Aging	Local
Bereavement	Braintree Council on Aging	Regional
TRIPPS Project (Transit)	Brookline Council on Aging	Statewide
Job Seekers Training & Networking	Burlington Council on Aging	Regional
Assisted Listening Devices	Chatham Council on Aging, Friends of	Local
Assisted Listening Devices	Chester Council on Aging	Local
Assisted Listening Devices	Clinton Council on Aging	Local
Job Seekers Training & Networking	Clinton Council on Aging	Regional
Age & Dementia Friendly	Dartmouth Council on Aging	Local
Falls Prevention	Dartmouth Council on Aging	Local
Falls Prevention	Dennis Council on Aging	Local
Assisted Listening Devices	Dennis Council on Aging/Dennis Senior Center	Local
Memory Café	Dudley Council on Aging	Regional
Falls Prevention	Duxbury Council on Aging	Local
Assisted Listening Devices	East Bridgewater Council on Aging	Local
Massachusetts Age Friendly	Elder Services of Merrimack Valley	Statewide
Increasing Civic Engagement	Empower Success Corps	Regional
Assisted Listening Devices	Erving Senior Community Center	Local
Assisted Listening Devices	Essex Council on Aging	Local
Assisted Technology	Franklin Council on Aging	Regional
Falls Prevention	Grafton Council on Aging	Local

Grandparents Raising Grandchildren	Grandparent Raising Grandparents Commission	Regional
Age & Dementia Friendly	Greater Boston Chinese Golden Ager Center	Regional
Falls Prevention	Hadley Council on Aging	Local
Job Seekers Training & Networking	Halifax Council on Aging	Regional
Memory Café	Hampden Council on Aging	Regional
Falls Prevention	Harwich Council on Aging	Local
Benefits Counseling/Enrollment Assistance	Highland Valley Elder Services, Inc.	Regional
Assisted Listening Devices	Ipswich Council on Aging	Local
Age & Dementia Friendly	Latino Health Insurance Program	Regional
Memory Café	Lawrence Council on Aging	Regional
Falls Prevention	Leicester Council on Aging	Local
Benefits Counseling/Enrollment Assistance	LifePath, Inc.	Regional
EMHOT	LifePath, Inc.	Regional
Job Seekers Training & Networking	Marion Council on Aging	Regional
Memory Café	Marion Council on Aging	Regional
Age & Dementia Friendly	Marlborough Council on Aging	Local
Job Seekers Training & Networking	Marshfield Council on Aging	Regional
Assisted Listening Devices	Mashpee Council on Aging	Local
Assisted Technology Equipment	Massachusetts Association of the Blind	Regional
Assisted Technology Trainers	Massachusetts Association of the Blind	Regional
Assisted Listening Devices	Middlefield Council on Aging	Local
Age & Dementia Friendly	Millbury Seniors Inc., Friends	Local
Job Seekers Training & Networking	Natick Council on Aging	Regional
Aging Mastery Program State License	National Council on Aging	Statewide
Benefits Check Up Screening Program	National Council on Aging	Statewide
Age & Dementia Friendly	New Bedford Council on Aging	Local
EMHOT	New Bedford Council on Aging	Regional
Assisted Listening Devices	Newton Department of Senior Services	Local
Falls Prevention	North Attleboro Council on Aging	Local
Assisted Listening Devices	Northborough Council on Aging	Local
Age & Dementia Friendly	Northern Hilltown Consortium	Regional
Transportation	Northern Hilltown Consortium	Regional

Assisted Listening Devices	Northfield MA COA/Senior Center	Local
Memory Café	Norwood Council on Aging	Regional
Memory Café	Pembroke Council on Aging	Regional
Assisted Listening Devices	Pepperell Council on Aging	Local
Assisted Listening Devices	Provincetown	Local
Transportation	Quaboag Valley Community Development	Regional
Age & Dementia Friendly	Reading Council on Aging	Local
Falls Prevention	Rockport Council on Aging	Local
Assisted Listening Devices	Scituate Council on Aging & Senior Center	Local
Age & Dementia Friendly	SeniorCare, Inc.	Regional
Memory Café	Sharon Council on Aging	Regional
Falls Prevention	Shirley Council on Aging	Local
Age & Dementia Friendly	Shrewsbury Council on Aging	Local
Bereavement	Somerville Council on Aging	Regional
Falls Prevention	Somerville Council on Aging	Local
EMHOT	Somerville-Cambridge Elder Services, Inc.	Regional
Assisted Listening Devices	South Hadley Council on Aging	Local
Assisted Listening Devices	Southern Hilltowns Councils on Aging Consortium	Regional
Age & Dementia Friendly	Sterling Council on Aging	Local
Age & Dementia Friendly	Sturbridge Council on Aging	Local
Age & Dementia Friendly	The Loomis Communities	Regional
Assisted Listening Devices	Town of Phillipston COA	Local
Database Project	UMass-Gerontology Institute	Statewide
Assisted Listening Devices	Walpole Council on Aging	Local
Assisted Listening Devices	Watertown Council on Aging	Local
Assisted Listening Devices	Westford Council on Aging	Local
Falls Prevention	Westport Council on Aging	Local
Assisted Listening Devices	Williamstown Council on Aging	Local
Bereavement	Williamstown Council on Aging	Regional
Memory Café	Worcester, Elder Services	Regional
Age & Dementia Friendly	Yarmouth Council on Aging	Local

2. Aging Mastery Program (AMP) FY'18 Report

Aging Mastery Program®: Massachusetts Evaluation Summary Report July 1, 2017 – June 30, 2018

Report prepared by Hayoung Kye, MSW, Program Specialist, Evaluation and Project Management, Aging Mastery Program®

Aging Mastery Program® 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 2017 to summer 2018. A total of nine AMP programs were implemented and have reached 151 participants. NCOA has not received the full dataset from two sites (Scituate COA and New Bedford); however, the facilitators at the two sites have provided data on the graduation rate and total number of enrolled participants. Due to missing data, this report does not include the two sites' participant demographic and satisfaction 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 optional Participant Satisfaction Questionnaire.

Table A: AMP Activity

Descriptor	Results
Number of AMP Sites	8
Program Duration	July 27, 2017 – June 18, 2018
Total Number of Participants	151
Graduation Rate *(Attended 7 or more classes)*	83%

Table B: Breakdown of Site Graduation Rate

Fall 2017/Spring 2018	Site Name	% Graduated	Total # of Participants
Fall 2017	Scituate*	57%	14
Fall 2017	Beverly	90%	21
Fall 2017	Duxbury	78%	36
Fall 2017	Lexington	100%	14
Spring 2018	Amesbury	89%	9
Spring 2018	Beverly	89%	19
Spring 2018	Chicopee	87%	15
Spring 2018	Hingham	74%	19
Spring 2018	New Bedford*	Missing	4

**Missing some data in AMP Community Site.*

Participant Demographics:

The demographic survey completion rate was 89%. Data was collected from 134 participants out of 151 total participants.

AMP participants were primarily female (74.6%), their average age was 73. The majority of participants reported that they identify themselves as non-Hispanic White, and most (78.9%) reported having multiple chronic conditions. Approximately one third (29%) reported having limitations in their daily activities due to physical, mental, or emotional problems.

Based on the data, less than a third (29%) 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 education (2%) and earned less than $1,000 per month. (Refer to Table C – AMP Participant Demographics)

Table C: Participant Demographics

Descriptor	Results
Average Age (Range)	73 (61-92)
Gender	74.6% Female, 25.4% Male
Ethnicity	93% White 1% Black or African American/American Indian/Hispanic, Latino or Spanish Origin 1% Other 5% Asian
Chronic Conditions	78.9% Multiple, 14.8% One, 6.2% None
Limitations in any Activities (Physical, Mental, Emotional problem)	29% Yes, 71% No
Caregiver Status (in the last year)	29% Yes, 71% No
Highest Education Attainment	63% College 4 Years or More 25% Some College or Technical School 9% High School Graduate or GED 2% Some Elementary, Middle, or High School
Average Monthly Income (Before taxes and other deductions last year)	33% Over $4,000 per month 19% Between $3,000 and $4,000 per month 18% Between $2,000 and $3,000 per month 25% Between $1,000 and $2,000 per month 5% Less than $1,000 per month

Overview: AMP Satisfaction

The satisfaction survey completion rate was 50%. Data was collected from 75 participants out of 151 total participants. As of summer, 2017, NCOA changed the method of collecting satisfaction surveys and encouraged sites to print the survey from AMP Content Library for data collection. This may have resulted in lower return of satisfaction survey data. 100% of participants rated the quality of the program as “Excellent” or “Good” and would recommend AMP to a friend. Ninety-nine percent 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	76%
Good	24%
Met educational expectations	
Yes, definitely	62%
Yes, I think so	37%
No, I don't think so	1%
Would recommend to friend	
Yes, definitely	86%
Yes, I think so	14%
AMP was fun	
A lot of fun	78%
Somewhat fun	21%
Not much fun	1%
Specific Improvements Attributed to AMP	**Outcomes**
Managing health more effectively	
Yes, it helped a great deal	40%
Yes, it helped	48%
No, it really didn't help	12%
Managing personal finances more effectively	
Yes, it helped a great deal	25%
Yes, it helped	47%
No, it really didn't help	28%
Improved quality of life in other ways	
Yes, it helped a great deal	40%
Yes, it helped	60%
Others say this program has made a positive change in me	
Yes, definitely	23%
Yes, I think so	58%
No, I don't think so	17%
No, definitely not	2%

Table E: AMP Participant Testimonials

- *I am more cohesively informed and involved in my aging process. I have resources and ideas I did not have before, and I enjoyed and learned from other people sharing their experiences and knowledge.*
- *I have tried to make sure I have a more social life and I'm coming to the senior center for exercise and to put my end of life requests and paper work in order!*
- *I am having my will updated and talking to my doctor about my meds.*
- *One change I made in my life as a result of AMP is an ongoing goal to get out of the home and reconnect with people.*
- *[I] developed a better plan for getting a good night sleep.*
- *[I] set a time for meeting a lawyer and also discussing my health and finances with children.*
- *[I am] using hand railings and am more aware of nutritional aspects of menu planning.*
- *[I am] updating my will and estate planning.*
- *[I've] offered to help others more often.*
- *[I am] maintaining social relationships and importance of staying active.*
- *[I am] being more aware of be grateful for those little things in life.*
- *[I am] maintaining social relationships and importance of staying active.*
- *Diet and exercise (eating in moderation and stretching).*

Participants said *"As a result of AMP…"*

- *I meditate every day for a few minutes and I practice more small acts of kindness [I am] going to socialize more.*
- *[I] pay more attention to what I am doing- logging activities, food, expenses, meditation.*
- *[I have] Increased discipline in taking care of my health through food and exercise. Importance of balance and strength.*
- *[I am] going to fill out advance directive and drink more water.*
- *[I] became more outgoing and comfortable with the aging process. I am getting better healthy guidelines and am using mediations.*
- *[I have] more positive attitude and feelings about retirement and social situations.*
- *I am meditating now. It helps me to remain calm with a positive mindset, letting go of the negative. This class brought to mind that an act of kindness or assisting in the community can bring happiness to someone but can also give you back so much more.*

EMHOT FY 19' Reporting Metrics

EMHOT Metrics Reporting FY 19 EMHOT NAME:	Q1	Q2	Q3	Q4	Q1-Q4
1. Client Statistics					
Number of individuals engaged as NEW Clients during the reporting period					0
Number of individuals engaged as CONTINUING clients					0
Of the number of clients engaged during the reporting period, the number of clients still in the ACTIVE phase of treatment at the end of the reporting period					0
Of the number of clients engaged during the reporting period, the number of clients still in the STABILIZATION phase of treatment at the end of the reporting period					0
Number of CRISIS cases(Crisis is when a person is either at imminent risk, or needs their EMHOT counselor due to situation that has or may trigger exascerabation of the persons' mental health issue)					0
Of the total number of individuals engaged as clients (Both NEW and CONTINUING) during the reporting period, the number of clients who have been discharged from treatment.					0
Total All clients engaged in reporting period	0	0	0	0	0
% of Clients referred still in active stabilization phase	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
% of all Clients discharged in the reporting period	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2. Referral Sources (Referrals should be reported once)					
Referral Source: Self/Family					0
Referral Source: Provider					0
Referral Source: Town Dept/ Employee					0
Referral Source: Geriatric inpatient Psych (includes inpatient pysch)					0
Referral Source: First Responder(s)					0
Referral Source: Hospital					0
Referral Source: VNA					0
Referral Source: LICSW, Therapists, Counselors					0
Referral Source: High Risk Mobil Team (or Hospital Team)DMH					0
Referral Source: DMH					0
Referral Source: Statewide Mobile Crisis Team					0
Referral Source:					0
Referral Source:					
TOTAL Referral Sources:	0	0	0	0	0
3. Lead Diagnosis					
Bi-polar					0
PTSD					0
Depression (Including Major Depressive Disorder, MDD)					0
Paranoid Personality Disorder					0
OCD					0
Schizophrenia					0
Neurocognitive (Dementia)					0
Gender Identity Disorder					0
ADHD					0
Hoarding D/O					0
Gambling D/O					0
Alcohol Use D/O					0
General Anxiety Disorder					0
Panic D/O					0
Substance Use Disorder					0
Adjustment Disorder					0
Insomnia					0
Autism Spectrum Disorder					0
Delusional D/O					0
Other: stress/trauma disorder					0
Other:					0
Other:					0
Total number of clients with Co-Morbid Psychiatric Illnesses:					0
TOTAL Diagnosis	0.0	0.0	0.0	0.0	0.0
Number of the above that also have dual diagnosis of Substance Use					
Percent of all DX w/dual diagnosis of Substance Use	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4. Nature of Risks arising for clients engaged					
Increased Risk of Fall(s)					0.0
Worsening of psychological symptoms and or/status					0.0
Physical decompensation					0.0
Cognitive decline					0.0
Finanical (hardships, difficulty managing money, inappropriate spending)					0.0
Housing Insecurities(homelessness, unsafe housing, change avoidance, disorganization or apathy home maintenance tasks)					0.0
Legal Issues					0.0
Loss of valued relationships					0.0
Suicide					0.0
Poor ADL Function (walking/mobility, eating, dressing, grooming, toileting, bathing)					0.0
Occupational risks (Inability to obtain/hold job, difficulties with forms, conflicks w/coworkers, loss of job)					0.0
Health risks (poor self care, apathy toward treatment)					0.0
Elder Abuse:					0.0
Domestic Violence					0.0
Other:					0.0
Total # Clients with identified additional risks	0.0	0.0	0.0	0.0	0.0

5. Clients referred to other Providers										
Number referred to PCP										0
Number referred to other Behavioral Health Clinician										0
Number referred to Support Groups * (narrative to list)										0
Number referred to ASAP										0
Number referred to VNA										0
Number referred to Neurology/Neurologist										0
Number referred to Hoarding Program or Specialist										0
Number referred to VA										0
Number referrred to other Out Patient Provider										0
Number referred to Pain Clinic										0
Number referred to Bereavement/Stress support group										0
Number referred to law enforcement										0
Number referred to other physician specialist										0
Number referred to Protective Services										0
Number referred for Consultation										0
Number refered to services of COA (legal, etc)										0
Number referred to "other Provider"										0
Psychiatrically hospitalized for suicidal ideation										0
Other:										0
Total # of Clients referred		0		0		0		0		0

6. Clients Counseled by EMHOT										
Number of clients counseled by EMHOT Staff										
Number of clients Counseled in Group Counseling Sessions										
Total # of Clients counseled by EMHOT staff		0		0		0		0		0
Number of clients engaged in 1:1 Peer Support										
Number of clients engaged in 1:1 Peer Support Group										
Total # of Clients counseled in Peer Counseling		0		0		0		0		0

7. Other EMHOT services provided (counseling reported seperately)										
Resource Management (obtaining food, medicine, furniture, etc)										0
Arranging transportation										0
Wellness checks										0
Crisis contacts (may include safety planning)										0
Financial Supports (organizing bills, referring to SHINE, Protective, SNAP										0
Family Support/collaboration										0
Provider Collaboration										0
Case management/care coordination (includes financial coordination, Insurance issues, food sourcing, benefits assistance)										0
Discharge planning										0
Referrals										0
Others (please list) -										0
Others (please list) -										0
Others (please list) -										0
Total Outcomes		0		0		0		0		0

8. Client Outcomes WILL AUTO FILL FROM SURVEY TABS (Outcomes of all clients surveyed Bi-Annually and at discharge										
OUTCOMES		1st Survey						2nd Survey		Annual Totals
Deal more effectively with daily problems.		0						0		0
Better able to control one's life		0						0		0
Better able to deal with crisis.		0						0		0
More satisfaction with one's daily routine.		0						0		0
Does better/improved in social situations		0						0		0
Housing situation has improved/stabilized		0						0		0
Has increased awareness of community resources		0						0		0
Symptoms have improved		0						0		0
FUNCTIONING										0
Now does things that are more meaningful		0						0		0
Better able to take care of one's needs		0						0		0
Better able to cope or handle things when they go wrong		0						0		0
Better able to do things one wants to do		0						0		0
Is hopeful about the future		0						0		0
SOCIAL CONNECTEDNESS										0
Is happy with friendships		0						0		0
Has people with whom one can do enjoyable things		0						0		0
In a crisis now has the support needed from family or friends		0						0		0
Knows people who listen and understand me when I need to talk		0						0		0
When needs help right away, knows people one can call.		0						0		0
										0
Total Outcomes		0						0		0

9. Clients waiting to be seen										
Number of clients on waiting list at end of reporting period		0		0		0		0		0
Total # of Clients on waiting list		0		0		0		0		0

10. Units of Counseling Services provided										
Number of hours of 1:1 counseling services provided										0
Number of 1:1 Units of counseling Service (15 min = 1 unit)		0		0		0		0		0
Number of Group counseling services (1 unit = 1 hr)		0		0		0		0		0
Total Hours of counseling services provided		0		0		0		0		0

EMHOT CLIENT SATISFACTION SURVEY

Instructions: Please rate your level of agreement with each statement from "Strongly Agree" to "Strongly Disagree," by circling the one response that best fits your experience **with the EMHOT services you received over the last 6 months. If the statement is about something you have not experienced, or does not apply to your situation, or services your EMHOT does not provide then please circle "Does Not Apply."**

As the result of the EMHOT services I have received….

1. *I deal more effectively with daily problems.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
2. *I am better able to control my life (that is, being in charge of, managing my life).*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
3. *I am better able to deal with crisis.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
4. *I am more satisfied with my daily routine.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
5. *I do better in social situations.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
6. *My housing situation has improved.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
7. *I have increased awareness of community resources.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
8. *My symptoms have improved.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
9. *I do things that are more meaningful to me.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
10. *I am better able to take care of my needs.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
11. *I am better able to cope or handle things when they go wrong.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
12. *I am better able to do things I want to do.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
13. *I am hopeful about my future*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
14. *I am happy with the friendships I have*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
15. *I have people with whom I can do enjoyable things.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
16. *In a crisis I have the support I need from family or friends.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
17. *I know people who listen and understand me when I need to talk*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
18. *When I need help right away, I know people I can call on.*	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply

Flyer for the 50+ Job Seekers Regional Networking Groups

Join Us! 50+ Job Seekers Regional Networking Groups!

NETWORKING WORKS!! Your AGE really is your EDGE!!

Can you check off one or more of these boxes? *We Want to Help YOU!*

- ✓ ***Stuck in your Job Search?***
- ✓ ***Not Sure What to Do Next?***
- ✓ ***Feeling Challenged by Ageism?***
- ✓ ***Need Help with your Resume?***
- ✓ ***Don't Know How to Use LinkedIn?***
- ✓ ***Uncomfortable with Networking?***
- ✓ ***Perplexed by how to use Social Media?***

We offer our program biweekly at ***9 host sites. Find a*** **Meeting Near YOU!** *The* ***Schedule of Networking Meetings*** *for each location is as follows:*

- **ACUSHNET(Co-Host w/Marion): 3rd Thursday: 1-3pm: *FIRST MEETING - OCT 19th***

Location: Senior Center/COA: 59 1/2 South Main Street: 508-998-0280

- **BARNSTABLE**: **1st and 3rd Thursday: 9am – 11am: *FIRST MEETING on SEPT 21st***

Location: Council on Aging: 825 Falmouth Rd (Hyannis): Phone: 508-862-4750

- **BURLINGTON: 2nd and 4th Tuesday: 9am-11am**: ***FIRST MEETING on OCT 10th:***

Location: Human Services Bldg/COA**:** 61 Center St (1st Floor): Phone: 781-270-1950

- **CLINTON: 2nd and 4th Wednesday:1-3pm:*FIRST MEETING-OCT 11th***

Location: Senior Center/COA: 271 Church St: Phone: 978-733-4747

- **HALIFAX(Co-Host/Marsh): 1st Thursday: 9am–11am**: ***NEXT MEETING-OCT 5th:***

Location: Halifax Town Hall: 499 Plymouth St: Phone: 781-293-7313

- **MARION (Co-Host/Acushnet): 1st Thursday: 1pm-3pm: *FIRST MEETING on OCT 5th***

Location: Council on Aging: 465 Mill St: Phone: 508-748-3570

- **MARSHFIELD(Co-Host): 3rd Thursday: 9 – 11am: *FIRST MEETING on SEPT 21st***

Location: Council on Aging: 230 Webster St: Phone: 781-834-5581

- **NATICK**: **1st and 3rd Wednesday: 2:30 – 4:30pm: *FIRST MEETING on OCT 4th***

Location: Community Senior Center, 117 Central St. : Phone: 508-647-6540

Join Us! 50+ Job Seekers Regional Networking Groups!

NETWORKING WORKS!! Your AGE really is your EDGE!!

If you are unemployed and actively looking, underemployed, seeking for a new career direction, re-entering the job market after a long employment gap, recently retired and looking for your "Encore Career", this networking group program is PERFECT for YOU!!!

DID YOU KNOW: 85% of all jobs are found through NETWORKING!!! REALLY!!

All Meetings in All Locations are OPEN to anyone participating in the program. Join us in a professional forum for networking with peers in a safe and comfortable environment conducive to developing new relationships and developing skills and strategies to help in your career transition.

Each biweekly meeting is facilitated by an **Experienced Career Coach** and features a new topic! Meetings include a **presentation** and **hands-on workshop** on topics relevant to career transition /job search, guest speakers, access to hiring managers, ample opportunity to **network,** and **1-1 coaching** guidance. Participating on a *regular basis* will give job seekers the many tools and strategies needed for a successful job search. And we have many success stories!

For Program Information and Pre-Registration, please feel free to contact:
Susan Drevitch Kelly, Program Director at susan@sdkelly.com or 781-378-0520.
Visit our web page at www.mcoaonline/50plus for information on upcoming guest speakers, career fairs and meeting schedules.
Like our Facebook Page at www.facebook.com/mcoa50plus
Join our LinkedIn Group at www.linkedin.com/groups/8467280.

Flyer for SNAP and Extra Help for Prescription Drugs

MLRI
Massachusetts Law Reform Institute

Attention Medicare Beneficiaries Over Age 60 -- If You Get Extra Help for Prescription Drugs, then You Can Get Extra Help for Food Costs Too!

Get Extra Help to Pay for Prescription Drugs for People with Medicare

Anyone who has Medicare can get Medicare prescription drug coverage. Some people with limited resources and income **may also be able** to get Extra Help to pay for the costs—monthly premiums, annual deductibles and prescription co-payments—related to a Medicare prescription drug plan. The Extra Help is estimated to be worth about $4,000 per year. Many people qualify for these important savings and don't even know it.

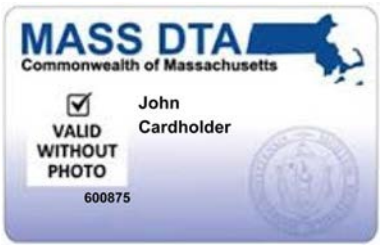
To qualify for Extra Help:

1. You must reside in one of the 50 states or the District of Columbia;
2. **Your resources must be limited to $13,640 for an individual or $27,250** for a married couple living together. Resources include such things as bank accounts, stocks and bonds. We **do not** count your home, car, or any life insurance policy as resources; **and**
3. **Your annual income must be limited to $17,820 for an individual or $24,030 for a married couple living together**. Even if your annual income is higher, you still may be able to get some help. Some examples where you may have higher income and still qualify for Extra Help include if you or your spouse supports other family members who live with you or you have earnings from work.

Applying for Extra Help is easy. Just complete Social Security's *Application for Extra Help with Medicare Prescription Drug Plan Costs* (SSA-1020). Here's how:

- Apply online at ***www.socialsecurity.gov/extrahelp***;
- Call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) to apply over the phone or to request an application; or
- Apply at **your local Social Security office**.
- Ask the SHINE Health Benefits Counselor at your local Council on Aging for help.

After you apply, Social Security will review your application and send a letter to you to let you know if you qualify for Extra Help. Once you qualify, you can choose a Medicare prescription drug plan. If you don't select a plan, the Centers for Medicare & Medicaid Services will do it for you. The sooner you join a plan, the sooner you begin receiving benefits. If you aren't eligible for Extra Help, you still may be able to enroll in a Medicare prescription drug plan.



Getting Extra Help for Food Costs!

A SNAP card is like a debit or bank card you can use at grocery stores and farmers markets to buy food. You may get a SNAP card (Supplemental Nutrition Assistance Program) if your gross **income (before taxes)** is below:

$ 1,980/month for 1 person
$ 2,670/month for 2 persons

There is **NO asset test** for most SNAP households. *(Special rules apply for persons with disabilities and elders above these income limits - call DTA to find out more).*

Most everyone aged 60+ who is enrolled in the Medicare Extra Help Program for Prescription Drugs can also enroll into SNAP. SNAP helps to buy fresh fruits, produce and many other food items. And you may qualify for a utility discount too!

Your monthly SNAP benefit will be between $16 and $194. The benefit is based on your income and your living costs. These include your rent or home ownership costs, the type of utilities you have, your caregiver or homemaker costs. And you may get more SNAP if you can prove your out-of-pocket medical costs, including health care premiums and co-pays, over-the counter health supplies, travel to medical appointments and more.

Three ways to apply for SNAP:
1) Download paper SNAP applications, available in 13 languages; 2) Apply online; OR 3) Go to a local Department of Transitional Assistance (DTA) office. See http://www.mass.gov/snap to learn more or download an application.

You can mail or fax the paper SNAP application to: DTA Document Processing Center, PO Box 4406, Taunton, MA 02780-0420. Fax: 617-887-8765.

If you get SNAP now but need help using your food benefits, the Councils on Aging can help arrange a ride to the grocery store, or help you identify a trusted person to food shop. If you lost your EBT card or forgot your PIN, we can also explain how to get that fixed.