

A Report on MCOA's FY2019 Services and Projects

Wellness Programs (page 6)

- Regional Elder Mental Health Outreach Teams
- Caregiver Respite Program
- Aging Mastery Program
- Falls Prevention
- Walking Promotion Initiatives

Regional Economic Security and Civic Engagement Programs (Page 17)

- Job Search Skills Training and Networking Groups for 50+
- Discovery Centers for Finding Purposeful Service Roles
- Benefits Counseling and Application Assistance Programs
- NCOA's Benefits Screening Application

Special Populations Outreach Services (Page 23)

- Dementia Friendly Movement in Massachusetts
- Regional 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
- Grandparents Raising Grandchildren Support Groups

Capacity Building - Technical Assistance for Staff and Training Activities (Page 31)

- Mentoring COA Directors
- Revised Certification Process
- Learning Communities for Outreach, Volunteer Coordinators and Wellness Activities Coordinators
- Training Programs
- Annual 3-day Training Conference
- Highlights on 4 special projects, including the "Welcoming Place for All" Initiative
- COA Network Services Survey and Database

MCOA Mission Statement

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



Senior Centers and Councils on Aging across Massachusetts are places where older adults may learn about and adopt new strategies for aging well, 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 in their community.

During FY'19, MCOA awarded 78 contracts to Councils on Aging and 30 additional organizations or individual service providers and project partners. Details about the FY2019 project goals and related activities are summarized herein. MCOA receives generous financial support from the MA Executive Office of Elder Affairs, the Tufts Health Care Foundation, the US Administration on Community Living, Blue Cross Blue Shield of Massachusetts, and AARP. Our members are skillful at creating and managing innovative programs and managing a large array of services through a combination of center staff, grants, long term volunteers, local service partnerships and local financial sponsors. MCOA is proud of their accomplishments and our role in supporting them through professional development programs, advocacy work, grant opportunities and partnerships with so many organizations and leaders in human services.

Who is MCOA?

The Massachusetts Councils on Aging is a non-profit membership organization whose mission is building strategic partnerships to educate, empower and advocate for professionals who work with older adults.

Our Vision is to seek statewide collaborations that can advance the quality of life for older adults.

Our strategy is to be the principal statewide organization to support municipalities, our members, and other organizations that serve older adults through advocacy, networking, professional development, consumer education, and resource opportunities.

Our 3 Core Values: Education, Advocacy, and Collaboration.

COA services are vital for ensuring older adults are informed about how to grow older in a healthy, socially engaged, and economically secure way. Please do not hesitate to contact us if you have any questions or need guidance in how to tackle making your community more age friendly and dementia friendly, given the challenges of limited time, funding, and staff resources. Our staff offers a rich, deep and wide-array of expertise and we are only a phone call or email away!

David P. Stevens, Executive Director
David@mcoaonline.com, 413-539-0565

Kathy Bowler, Director of Member Services
Kathy@mcoaonline.com, 413-271-4633

Donna Popkin, Director of Member Services
Donna@mcoaonline.com, 617-775-0116

Elizabeth (Betsy) Connell, Director of Behavioral Support Programs
Elizabeth@mcoaonline.com, 617-816-1338

Mary Kay Browne, Director of Special Projects
MaryKay@mcoaonline.com, 413-923-4161

Patty Sullivan, Program Manager, Dementia Friendly Massachusetts
Patty@mcoaonline.com, 617-470-9689

Shari Cox, Fiscal Manager
Shari@mcoaonline.com, 413-527-6425

Lynn Wolf, Communications Manager
Lynn@mcoaonline.com, 413-527-6425

Alan Dorman, Meeting Scheduler
Alan@mcoaonline.com 413-527-6425

Susan McNulty, Administrative Assistant, Dementia Friendly Massachusetts
Susan@mcoaonline.com, 413-527-6425

MCOA Board Members (2018-2019)

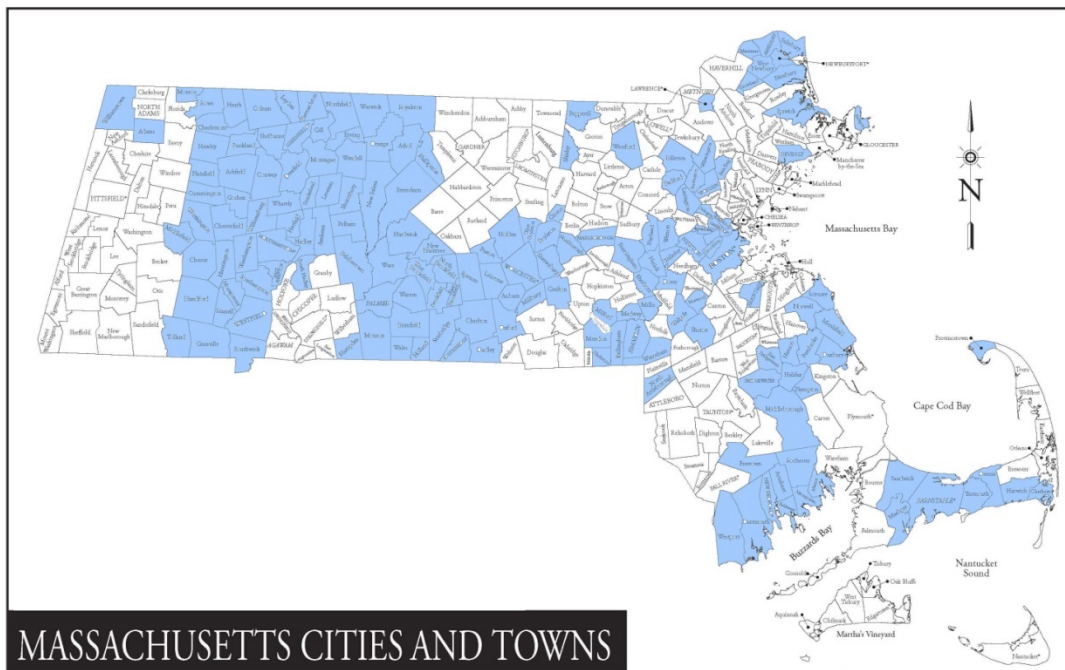
Becky Moriarty, President (Hampden)
Madeline Noonan, Vice President (Barnstable)
Brian O'Grady, Past President (Williamstown)
Cindy Hickey, Secretary (Somerville)
Emily Shea, Treasurer (Boston)
Marge McDonald, Assistant Treasurer (Burlington)
Jodi Zepke, Conference Chair (Ludlow)
Jayne Colino, Legislative (Newton)
Joanne Moore, Certification (Duxbury)
Amy Waters, At Large (Worcester)
Kelly Burke, At Large (Northborough)
Terri Marciello, At Large (Wilmington)
Stacy Minchello, At Large (Lynn)
Anne Bisson, At Large (Taunton)
Sharon Yager, At Large (Shrewsbury)

Projects Administered by MCOA during FY2019

Each year, MCOA administers grants to COA members and other qualified organizations to run programs that contribute towards healthy aging outcomes for older adults. The principal source of grant funding comes from the Executive Office of Elder Affairs as a result of the legislative appropriation under budget line item 9110-9002 to the Councils on Aging. Ninety percent of the appropriation goes to COAs in the form of a formula grant and 10% is used to fund innovative services and incentive grants for COAs and associations of COAs. During FY2019, other major funders for MCOA programs and projects included: Blue Cross Blue Shield of Massachusetts; the US Administration for Community Living; the Tufts Health Care Foundation; and Massachusetts State Office of AARP.

During FY'19, MCOA awarded 78 contracts to Councils on Aging and 30 additional organizations or individual service providers and project partners to improve their local services, increase their service capacity or to lead a regional service program for multiple communities. Of the 78 contracts awarded to COAs, 42 contracts were for managing a vital service across a **regional service area**. See the Appendix for the list of COAs that received contracts from MCOA during FY'19.

In the map below, the blue shaded communities show locations of communities who received a grant award from MCOA. See the Appendix for the sources of the purpose of each award. Note: Where awards fund regional programs, all communities served by the regional program are shaded too.



This report is organized according to dimensions:

- i. Wellness Programs
- ii. Economic Security and Civic Engagement Programs
- iii. Outreach Services for Special Populations
- iv. Capacity Building Projects and Training or Technical Assistance for Members

Wellness Projects Operated with MCOA Grants during FY2019

COAs are the 'front door' to the aging service system and the most visible provider to the public at large. COAs are wellness centers for older adults – accordingly, local programmers strive to offer activities and program across 8 dimensions of wellness, including: physical health; mental health; social connections; creative expression; civic engagement; environmental enjoyment; spiritual or mindful reflection; and financial security.

During FY2019, MCOA funding focused upon improving mental health, balance, falls prevention, walking for weight management and sustained independent living, and mastering healthy aging practices. The programs we funded are described below, along with the benefits experienced by participants and in some cases, calls for action based upon the lessons learned and suggestions for scaling some programs for statewide access.

Regional Elder Mental Health Outreach Teams funded via a Service Incentive Grant from Elder Affairs

In February 2016, MCOA began 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 the first 3 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 2 additional teams were led by:

- 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.

In sum, the EMHOTS 5 regional Elder Mental Health Outreach Teams covered 48 communities in Massachusetts during FY2019.

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. For adults who need long term therapeutic services, EMHOTS work to stabilize the client and then connect them with another clinician.

From July 1, 2018 through June 20, 2019, the 5 Elder Mental Health Outreach Teams (EMHOT) served 1,063 older adults with behavioral health issues. At the end of the Fiscal Year, 253 clients were either in the active (130) or stabilization (123) stages of treatment, and 35 who were in the active category were crisis cases in the last quarter of FY19.

Over 4,500 hours and more than 16,000 individual behavioral health counseling sessions were provided to older adults. In addition, 311 group counseling sessions were conducted.

FY19 EMHOT Impact Review: Service Provided

EMHOT Services Provided FY19	Totals
Resource Management (obtaining food, medicine, furniture, etc)	218
Arranging transportation	69
Wellness checks	229
Crisis contacts (may include safety planning)	86
Financial Supports (organizing bills, referring to SHINE, Protective, SNAP applications, etc.)	55
Family Support/collaboration	73
Provider Collaboration	197
Case management/care coordination (includes financial coordination, Insurance issues, food sourcing, benefits assistance)	395
Discharge planning	74
Referrals	317
Others (Hoarding, Cleaning/Organizing support-	154
Total of servies provided	1867

Referrals to EMHOT continue to come from a variety of sources as a result of the EMHOTs collaborative community engagement, including: local Police and Fire department personnel, medical centers, self or family, Councils on Aging, geriatric psychiatric units, local LSWs, Protective Services case managers, DMH's High Risk Mobile Teams, home health agencies/VNAs, and physicians. Referrals from self or family account for 30% of all referrals to EMHOTs, which reflects an increase over FY18.

The clients served by EMHOT had a vast array of diagnoses with depression (23.7%) and General Anxiety Disorder (12%) as leading diagnoses and 7% had a *dual diagnosis* of Substance Use Disorder. The diagnoses treated include: PTSD, Bi-Polar Disorder, Hoarding Disorder, Adjustment Disorder, Gambling Disorder, Generalized Anxiety Disorder, Alcohol Use Disorder, Major Depressive Disorder, Delusional Disorder, Schizophrenia, and Dementia.

Additional Risks

EMHOT clinicians also evaluate for additional risks co-occurring or a result of the mental health issues. The EMHOT Teams then link the older adults with additional support services to help reduce the following identified risks:

- **25.19% of clients identified for additional risk of worsening of psychological symptoms**, such as increased depression, as well as cognitive decline.
- **30.08% of clients identified for additional risks to health**, such as poor self-care/self-neglect, poor ADL function, apathy regarding treatment, poor organization impairing follow through, heightened autonomic arousal/stress impacting chronic conditions, increased risk of falling, and physical decompensation.
- **15.06 % of clients identified for additional risks to relationships**, such as elder abuse, (physical, emotional or financial), loss of friends/family, conflict with others and/or family, and social isolation. 15.06%
- **9.14% of clients identified for additional risk of housing insecurities**, such as homelessness, eviction, unsafe housing, indecisiveness/avoidance around making changes in housing, and disorganization/apathy regarding home maintenance tasks.
- **11.9 of clients identified for additional risk of financial issues**, such as fiscal hardships, difficulty managing money, ability to make financial priority decisions, control concerns, and inappropriate spending/debt.

EMHOT FY19 Client Survey Outcomes:

Beginning in FY19, EMHOT's began conducting client surveys to obtain service outcomes directly from their clients. The results are summarized in the table and select comments, on the next page.

OUTCOMES	Percentages
Deal more effectively with daily problems.	87.30%
Better able to control one's life	78.57%
Better able to deal with crisis.	76.19%
More satisfaction with one's daily routine.	64.29%
Does better/improved in social situations	56.35%
Housing situation has improved/stabilized	46.03%
Has increased awareness of community resources	65.87%
Symptoms have improved	63.49%
FUNCTIONING	
Now does things that are more meaningful	60.32%
Better able to take care of one's needs	68.25%
Better able to cope or handle things when they go wrong	69.05%
Better able to do things one wants to do	57.14%
Is hopeful about the future	57.14%
SOCIAL CONNECTEDNESS	
Is happy with friendships	63.49%
Has people with whom one can do enjoyable things	63.49%
In a crisis now has the support needed from family or friends	66.67%
Knows people who listen and understand me when I need to talk	81.75%
When needs help right away, knows people one can call.	79.37%

EMHOT FY19 Client Survey Comments:

- *"This service is great. It helps me a lot. Everything can't be fixed but I can deal better. Thanks!"*
- *"This service has been very helpful in a lot of ways. To know there I someone who seems to believe in me and cares. A lot of doctors don't always. I know sometimes friends aren't professional and can't help because they aren't trained to understand mental health issues"*
- *"...I look forward to her visit so that I can relieve the stress. I feel that I have a good trusted friend."*
- *"Am hopeful I will feel better eventually. I have learned a lot and am trying to follow the good advice she gives... many people would benefit from 5 minutes with her"*
- *"She's been there for me in good times and in horrendous times. She's very prompt getting back to me when I call her in a panic. She calms me down and keeps me grounded! Thank you for your help."*

CASE STUDIES (names changed for privacy)

Intensive De-Cluttering Support - Carol self-referred to the EMHOT program due to stress of an upcoming inspection. Carol had a history of PS involvement due to hoarding and housing instability. She reported significant distress around the inspection, particularly since a new assistant property manager had been hired with a reputation for strict adherence to the housing code. EMHOT served as a mediator with the management, working out a plan to break up the work needed to pass inspection into manageable “bite sized” pieces. EMHOT has worked closely with Carol to develop a plan to get the work done on time, and efficiently utilize heavy chore service. EMHOT has additionally served as emotional support throughout the stressful inspection process. The presence of EMHOT has prevented the management company from pursuing legal action against Carol and it has stopped her from cycling through Protective Services.

Early Intervention to Stabilize Housing and Reduce Stress during Threatened Eviction - Two long-term tenants of a private building were referred to EMHOT, shortly after their home was sold and they were issued letters of lease non-renewals. Both tenants were older females with little family support and underlying mental health conditions. Both women had been psychiatrically hospitalized in the weeks after receiving the notice. One tenant, Claire, was referred by the inpatient geriatric psychiatry social worker. The other tenant, Jean, was referred by Claire. EMHOT assisted both women with their housing search. Claire had some assets and a higher income so she did not qualify for legal services or subsidized housing. EMHOT connected her with a mediation program, *Just a Start*, to help negotiate the move out with the property manager. EMHOT continued to provide assistance to coach her through speaking with her psychiatrist about her concerns about medication side effects and helping her find a local therapist for ongoing support.

EMHOT assisted Jean, a housing voucher holder, in obtaining free legal services and provided emotional and technical support with her housing search. She has since qualified for emergency inclusionary housing. Through the process of working with the management company, an additional tenant came to the attention of the EMHOT social worker. EMHOT referred this tenant to Protective Services as his eviction was farther along. Early intervention helped both Claire and Jean through a difficult transition, preventing likely further exacerbation of psychiatric symptoms and potential homelessness. EMHOT further provided an extended safety net, helping an isolated at-risk elder obtain assistance from Protective Services.

Support through Transition - EMHOT Clinicians have supported a number of clients transitioning from one living situation to another, attending to both practical case management and emotional needs. One EMHOT client was referred by an inpatient geriatric psychiatry unit following a period of emotional instability. Her difficulties were precipitated by notice from her landlord that her longtime apartment had been sold and she would need to move. Through EMHOT, she found support looking for another apartment, and legal

consultation to negotiate her move out. Once in her new home, she received assistance finding a nearby therapist and with encouragement from her clinician began going to a gym.

EMHOT clinicians are able to intervene in the earliest stages of housing instability, to assist people with all aspects of transition- both practical and emotional- prior to a crisis situation.

Personalized Approaches to De-cluttering - EMHOT Clinicians employ flexible, personalized approaches to clients facing risks due to hoarding conditions. Clinicians are trained in sorting and discarding and tailor the approach to meet individual clients' needs.

Case Study: Joe, a 64 male who is legally blind was referred by Protective Services due to an eviction risk for a hoarding condition. Joe initially expressed that he was not willing to engage in sorting and discarding. The EMHOT clinician created a system, and would see him biweekly. On the first week of the month, the clinician would walk with Joe to the food pantry in his neighborhood and pick up needed items to assist him during the month. During the walk, they built rapport and the clinician would check in on how things were going. During the second visit, he gave the clinician bags of donated items to take. This compromise has been working and there have been significant improvements in the clutter, as the clinician continues to build rapport and set goals for donated items, his risk of eviction will diminish even further.

Case Study: Jill has a diagnosis of OCD and hoarding. She self-referred due to a verbal threat of eviction from her property manager. She was not interested in working with Protective Services, but agreed to meet with an EMHOT counselor. The EMHOT counselor helped her resume her heavy chore service, set up a regular schedule and discussed how best to utilize the service to ensure that there was enough progress to halt the eviction proceedings, while getting to keep treasured items. The EMHOT counselor also helped her set goals for her space including obtaining a bed (she currently sleeps on the floor) and a sofa, and worked on obtaining a therapist with specialization in hoarding and Jill planned to attend a Buried in Treasures group. As a result of Jill's early progress, the property manager held off pursuing eviction."

Respite Services Pilot Programs funded under a Grant from the US Administration for Community Living

Key Highlights of Grant Activities for FY2019

- To date, 276 persons with dementia, and 734 Caregivers, have received services through the ACL grant.
- 104 Memory Cafes have been conducted under the ACL Grant, and the majority of these Cafés have utilized the TimeSlips creative expressions activity model.
- The Alzheimer’s Association on-boarded an additional 23 Family Support Volunteers, bringing the total to 92, and have conducted 230 various programs (Education, Alz MeetUps and support groups).
- DDS continued to deploy the RN Specialist to conduct post diagnostics consultations to informal and formal caregivers via home visits and/or telephone interviews.
- Since the grant began, 33 respite Companions have provided Respite. All project coordinators (Boston, Coastline and Middleton) continue to engage in recruitment efforts for respite companions and recipients.
- Coastline developed an innovative pilot project to increase respite companions in its service area. The resulting pilot project is collaboration with Bristol Community College (BCC) Occupational Therapy Assistant (OTA) program. In this pilot project, 19 sophomore occupational therapy students will, as part of their curriculum, serve as respite companions for the upcoming fall semester. REST training will be provided to the OTA students in early September 2019. These OTA students will then be placed as respite companions, with nineteen persons with dementia, providing two hours of respite weekly for 8 weeks period as a part of their Level II Fieldwork. This pilot may be an avenue toward building sustainability of the respite companion program element.
- Behavioral Symptom Management Training service is relatively new for the project, having begun to offer it in January of 2019, and no caregivers had availed themselves of this service. As a result the process for connecting caregivers with this service was changed in mid- August, and we have just received four referrals for this service as part of the respite companion element of the ACL project grant.

Product deliverables/other outputs/ and people oriented outcomes.

- JF&CS produced a 38-minute webinar, which has been shared with the Percolator email list and Dementia Friendly Massachusetts leaders. This webinar is likely to be of interest to a

select group of people: those currently running cafés and wishing to make them more inclusive; IDD providers interested in exploring the café concept, and professionals from many parts of the country seeking ways to serve people with IDD who are also living with dementia. It can be viewed here: <https://www.jfcsboston.org/Our-Services/Older-Adults/Alzheimers-Related-Disorders-Family-Support>, and is also accessible at: <https://www.youtube.com/watch?v=EE49z4CpyP8>

- The Memory Café Toolkit was updated and revised, as well as translated into Spanish. It went live in mid-July and has been downloaded 64 times.
- DDS disseminated to caregivers the *Aging and Down Syndrome, a Health and Well Being Guidebook*, and *Alzheimer's Disease & Down Syndrome, a Practical Guidebook for Caregivers* published by the National Down Syndrome Society. They also distributed both guidebooks via the Nurse Practitioner visits or visits at the project doctor's clinic and printed copies of them which are now available to DDS Area Office nurses to distribute.
- DDS conducted the Training for community caregivers: "Alzheimer's Disease and Related Dementias in Individuals with Intellectual/Developmental Disabilities: What the Caregiver Needs to Know", for Agency Partner caregivers, including HHAs, ASAPs and Home Health/VNA nurses, sixty eight attended.

Lessons Learned & Adjustments for the Future

- Caregivers being served through the DDS element of the grant appear to see the RN Specialist as a "lifeline" to answer questions about behavior, nutrition, sleeping, personal care, etc. and reassurance regarding the care they are providing. This also identified the need for DDS to create a webinar and/or documents that can answer some of these questions for caregivers in absence of access to NP as part of DDS's development of "One Pagers". Plans are also underway to also create an "Orientation Sheet" for new caregivers to inform them about the progression of the disease for the individual based on level of function.
- The Boston, Coastline and Middleton Respite Project Coordinators all have noted that recruiting older adults to become respite companions has substantive challenges, including older adults fear of dementia, cultural barriers, lack of time, and the desire to be financially compensated (particularly in low income areas) for serving as a respite companions. Recruitment on a volunteer basis remains difficult. Both Coastline and Middleton have begun to seek respite companions outside their traditional resources to address the challenges of recruiting respite companions. It is hoped that expanding the pool of resources for obtaining respite companions may serve to create options for the sustainability of the respite companion programs.

- Respite Companion Project coordinators noted that they sometimes find that caregivers of those in the early stages of dementia are slow to accept help but program staff continue presenting and reviewing the benefits of the service.

Aging Mastery Program

The **Aging Mastery Program** is a central component of MCOA’s healthy aging program suite. It is a 12-week program designed by the National Council on Aging that teaches strategies for mastering key aspects under our control that contributes to healthy aging. These include purposeful engagement in passionate interests, adequate hydration and nutrition, ensuring better sleep quality, understanding how expressing gratitude builds up one’s mental health, and many more strategies.

MCOA pays a state license fee so any member community may offer the program. In FY2019, the following communities purchased AMP kits: Dalton, Westford, Williamston, Framingham and Scituate. Participant demographics are described below:

Descriptor	Results
Average Age (Range)	73 (61-92)
Gender	84% Female, 16% Male
Ethnicity	97% White 0% Black or African American/American Indian/Hispanic, Latino or Spanish Origin 1.5% Other 1.5% Asian
Chronic Conditions	92% at least one chronic condition, 8% None
Limitations in any Activities (Physical, Mental, Emotional problem)	32% Yes, 68% No
Caregiver Status (in the last year)	21% Yes, 79% No
Highest Education Attainment	46% College 4 Years or More 41% Some College or Technical School 6% High School Graduate or GED

	3% Some Elementary, Middle, or High School
Average Monthly Income (Before taxes and other deductions last year)	37.5% Over \$4,000 per month 25% Between \$3,000 and \$4,000 per month 25% Between \$2,000 and \$3,000 per month 10% Between \$1,000 and \$2,000 per month 3% Less than \$1,000 per month

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] 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).*

For FY2020, MCOA offered program kits to members via an RFP; 14 communities will offer the program, 11 for the first time. Since 2014, over 70 communities across MA have offered the Aging Mastery Program to their community members.

Falls Prevention

MCOA is committed to bringing falls prevention classes, and other programs that address the fear of falling, to all COAs to help adults who are afraid to go out to community places, and become more withdrawn and potentially depressed as a result. Unlike in FY'18, when 17 sites received awards for falls prevention classes or fitness equipment, in FY'19 MCOA did not have funding to support new falls prevention course instructors. Nonetheless, we researched several evidence based programs that help to encourage walking by overcoming fears of falling or pain related to physical exercise. In FY'2020, we will work to increase access to these

new programs by arranging for more training of COA staff to become certified instructors for courses in the Healthy Living Center of Excellence portfolio of classes.

Walking Initiatives Funded by MCOA with SIG and Blue Cross Blue Shield of Massachusetts Funds

Over the past 5 years, MCOA has focused upon forming new walking clubs with seed funding provided by Blue Cross Blue Shield of Massachusetts. COAs used the funds to provide a walk club leader a small stipend. This model worked well; in FY 2018, we formed 11 new COA-based walking clubs which supported 154 new older adults. There are now 55 COAs with active walking clubs fueled by the Blue Cross Blue Shield grants. After so many years of seed funding clubs, we concluded we had drawn in all the communities that wanted to host a year round walking club.

So, for FY2019, we introduced a new walking incentive system called the **Walk Massachusetts Challenge**. The challenge is a 6 month campaign designed to entice adults to adopt a daily personal walking routine. The format focused upon encouraging walkers to walk 5 days per week from April 1 to September 30, 2019. We invited older adults as well as COA board members and COA staffs to join the challenge. The challenges were named using Massachusetts' terrain features. Walkers may log their walks as part of a team of 4 or individually. Team goals were distance-based and individual goals were time-based.

For incentives, the first 400 walkers to sign up received a water bottle and everyone who finished was entered into a drawing to win a \$50 gift card. In addition, each team and individual who completed the challenge earned an entry for their COA in a drawing for a \$250 cash prize to support future health programming. The more people who completed the challenge would raise the chances for a COA to win a prize.

With this new walking program model, we had greater number of participants (385 people) and a large number of communities involved (46) from all across Massachusetts! The Walk Massachusetts Challenge is an innovative way to increase the number of older adults taking on a new daily walking routine and to engage COAs in encouraging adults to become regular walkers. People want to get fit and they want to help out their Senior Center! We have already received the following feedback:

"It got me to finally go into my senior center, so thank you for that!"

"I'm enjoying the walking now that the weather is nicer and feel better already!"

Registration statistics include:

- 238 people signed up as a team member, and 147 individuals registered to walk on their own

- Of the teams, 54 teams chose the 'Round the Border' challenge (walking 1 mile per day per person on 5 days per week) and 16 teams chose the Mass-ters challenge (walking 3 miles per day per person 5 days per week)
- Of the individual walkers, 104 people are walking from "Provincetown to Lee" (30 minutes per day 5 days a week) and 47 chose the "Mount Greylock Gradual Ascent" challenge (starting at 7 minutes walking per day and working up to 30 minutes of walking per day after 26 weeks)
- 76 registrants are current walkers, 93 are sometimes walkers, and 42 never or seldom walk.

Additional Walking Programs of MCOA supported by Blue Cross Blue Shield of Massachusetts

Walking Clubs - 55 COAs currently host a Keep Moving walking club that meets at least 2 times per week throughout the year. Club size ranges from 6 to 24 adults.

Go4Life Family Fun Walks - MCOA members organize a 1-day Go4Life Family Fun Walk in September. In FY19, 22 COAs hosted these one-day intergenerational walks with over 450 people participating.

Economic Security and Civic Engagement Projects

Elder **economic insecurity** is widespread across Massachusetts and the nation. UMASS Boston's Gerontology Institute's *Living Below the Line: Economic Insecurity and Older Americans* report describes what elder economic insecurity looks like in all states. Key findings include:

- **Half of older adults living alone, and 1 in 4 living in two-person households, lack the financial resources required to pay for basic and necessary needs.**
- Mississippi, and then **Massachusetts**, had the worst (highest) levels of economic insecurity for single older adults.

Please read the full report at: <http://scholarworks.umb.edu/demographyofaging/14/>.

Many people outside of the social services field assume that public benefits programs are an effective social safety net that meets the needs of those who don't have enough income or resources. However, there is a large number of older adults who have incomes greater than the federal poverty level but less than the economic security income level needed for meeting basic necessities. Individuals in this "gap" have incomes too high to qualify for many public programs yet too low to achieve long-term economic security. **In every state, the number of older adults living "in the gap" between the FPL and the Elder Economic Security Level is larger than the number living in poverty!!**

MCOA and its members actively support services and legislation that can help ameliorate the financial pressures economically insecure adults face. Read below for details about our efforts.

Regional Job Seekers 50+ Coaching and Networking Groups Funded by a Service Incentive Grant

It takes older job seekers (55 and older) twice as many months to secure a new job, when 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 by, often, a much younger hiring manager who may have an ageist bias against older workers.

Starting in FY16, MCOA began developing 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;
- underemployed adults cobbling together several part-time jobs to make ends meet in unfulfilling jobs that do not use their skills and experience;
- Retirees who realize they cannot really afford to be fully retired;
- Retirees who discover total freedom for hobbies is not as fulfilling as imagined; or,
- 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.

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 achieved 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.

With funding from Elder Affairs for SIG FY'19 period, MCOA managed an open procurement during spring 2018 to bring the program to new areas of the state. In total, 6 new COAs were awarded grants to host a regional job seekers networking program. In FY19, the program ran 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

AARP became a program partner in FY19 – they funded one site and conducted advertising for all sites via a large e-brief promotion sent to over 90,000 AARP members in MA.

Key Group Metrics:

- 2100+ individuals attended meetings
- 8/12 host sites welcomed 175+ people at their meetings
- Average age range for participants was 60-69
- 85% of attendees were unemployed and actively seeking meaningful FT employment
- Most effective marketing strategies were COA newsletters, flyers & brochures at the Career Centers and libraries, and word of mouth.
- The groups with highest attendance had the most success in engaging their Career Center to make referrals
- 85-90% of attendees stopped attending for positive reasons, including finding employment, getting what they needed out of program or a neutral reason, meaning the program ended for FY19.

**Transition Navigators for Older Adults Seeking to Give Back Through Service
Funded by a Service Incentive Grant**

All of us need help during life’s major transitions. One of the biggest transitions is leaving paid employment and the social connections and sense of purpose it provides.

MCOA began working with Empower Success Corps (ESC) to develop new Discovery Centers staffed with volunteer Transition Navigators in 4 pilot sites. The Discovery Centers employ transition coaches named “Transition Navigators” who are trained to be skillful in helping adults transition from full time employment to a new “community service” phase in their lives. They 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. Adults who meet with the Transition Navigators have access to thought-provoking life transition seminars, personal 1:1 coaching and support from a skillful transition navigator, and access to comprehensive confirmed volunteer job opportunities.

We are excited about the impact this program could have in changing the way adults in MA think about what to do in this “encore” or “third phase” time of life -- words have power and so more and more people are replacing the word ‘retirement’ with ‘encore job’ or ‘sustaining a purposeful role in community life’.

MA is on its way to becoming an Age Friendly State – we believe this model of service will be an effective and impactful way to ensure civic engagement by older adults. We anticipate the program seminars, local publicity, and the creation of robust local service job inventories will

combine to build a much greater public awareness of how important it is to sustain purposeful roles in civic life after we leave our career jobs. The program inventory of nonprofit jobs and public commissions and boards will expedite finding jobs that match a retiree's interests and talents.

In FY19, program development steps included:

- In October 2018, the Discovery Program was introduced at the MCOA Fall 2018 Meeting and recruited sites for pilot.
- In November of 2018, ESC hired Encore Fellow Willia Cooper as program manager.
- A training program was created for training Transition Navigators (TN).
- 4 pilot sites were selected: Amesbury, Dartmouth, Framingham, and Wellesley.
- Public Information Sessions about the program were conducted to recruit TNs. In sum, 18 Transition Navigators were recruited, trained and launched into service.
- A Reporting Form was developed for TN use to document participant outcomes.
- Marketing of the Discovery Centers has been ongoing, and includes: videos of TN/participant interactions, overviews of "What is a Discovery Center?", and a video about the program with the Amesbury Director, local newspapers articles and announcements in regional newsletters.
- ESC Discovery delivered Seminars at each location; topics included *Discover Your Encore*, *Discover Your Purpose*, *Discover the New Retirement*, and *Thinking Beyond the Money*.
- An inventory of social purpose volunteer jobs is being built – it's called "the Discovery Toolkit". It contains resources that help participants find appropriate matches for civic engagements as well as suggestions to guide TNs in how to support their participants.
- During FY2019, Q4, twenty-two adults worked with the Transition Navigators to learn what types of volunteer service opportunities were open in their local government and nonprofit sectors.

Additional Funding: In FY19, ESC received a grant of \$20,000 (\$10,000 per year for 2 years) from the Caleb Loring, Jr. Foundation to support the Discovery Centers in Essex County. In FY20, the second year of the Discovery Centers for Civic Engagement Program Pilot, the experience gained will expedite the next phase of adding 6 new COA sites, attracting participants, and linking participants with service jobs.

In FY202, ESC will work in partnership with the United Way of Massachusetts Bay and Merrimack Valley to release another on line support tool ("Connect for Good" resource) that helps users find suitable volunteer engagements from a large database of nonprofit and municipal opportunities. The database currently contains nearly 300 organizations that have been vetted and entered. Each of the pilot Discovery Center sites is working to add hundreds more local volunteer opportunities. Also, during FY20, a program evaluation will be undertaken by staff and students from the Boston College School of Social Work.

Benefits Counseling and Application Assistance (BCAA) Programs Funded by a Service Incentive Grant

FY19 was the fourth and final year of funding for benefits counseling and application assistance programs in Franklin and Hampshire counties; MCOA contracted with large regional nonprofit home care agencies, LifePath and Elder Services of Highland Valley, to engage a manager and a team of volunteers to provide comprehensive application assistance to rural, economically insecure older adults. The 3 basic services of the benefits counseling program were:

1. To provide an individual with assistance (sometimes in their home, if necessary) to complete applications for public benefits that are needed to secure a basic need for financially insecure elders;
2. Help to apply for home repair programs that perform home modifications that ensure the house is suitable and safe; and
3. Educate consumers as necessary to remind them of their basic civic or contractual rights and /or opportunities when it comes to tax credits, utility discounts, and home equity protections.

Many older adults or their caregivers need help with applications – most involve LIHEAP, utility discounts, home repair programs, and SNAP. By far, SNAP applicants required the most time to enroll because they require multiple contacts with DTA. Over the pilot period, DTA reformed its enrollment processes for older adults and eliminated previous barriers to enrollment.

During FY19, the 2 BCAA programs' coordinators and counselors helped 322 unduplicated clients apply for a range of financial assistance programs. Average household income of clients assisted, reported each quarter, was \$1387.

Long Term Sustainability: At the end of the grant period, both host agencies committed to continue providing the application assistance service with staff and resources from their organizations. HVES found the program to be "so essential and valuable to our consumers". They decided to embed its function and responsibilities into their Money Management Program. This means they will train these volunteers on both money management practices as well as other benefits enrollment rules and forms so the same corps of volunteers can assist consumers as needed with all aspects of their financial needs. They believe this is a better service for their consumers.

Call for Action: We urge all Money Management Programs in MA to follow the example set by Highland Valley Elder Services by incorporating a larger set of responsibilities into the role of Money Management Volunteer. For further information and a copy of their revised toolkit, please contact Valerie D'Aquisto, Associate Director of Programs and Services, of Highland Valley Elder Services.

**Benefits Check Up Online Screening Tool for Individuals
Funded by a Service Incentive Grant**

Over the past 2 years, a steady level of consumers conducted benefits screenings using a state licensed application at www.BenefitsCheckUp.org/MCOA . Annually, the total value of benefits those screened appeared eligible for averaged \$420,000. As of FY2020, after supporting NCOA in its successful development of the BenefitsCheckUp application, especially the recent release of a mobile application, the MCOA Board has decided to conclude its license agreement with NCOA. Today, consumers and caregivers across the United States can access the Benefits Check Up screening website via both desk top computers and personal mobile devices. As more older adults and caregivers learn about social determinants of health and come to accept that their elder economic insecurity is a result of greater longevity and other structural issues, we anticipate the interest in and use of public benefits will increase accordingly; the BenefitsCheckUp screening tool will play an important role in linking consumers with assistance programs they are eligible to use.

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.

Supporting the Dementia Friendly Massachusetts Movement Funded by the Tufts Health Plan Foundation and the Service Incentive Grant

What is Dementia Friendly Massachusetts (DFM)?

Dementia Friendly Massachusetts is an initiative of the Massachusetts Councils on Aging and a member of Dementia Friendly America. The state-wide grassroots movement, generously supported by the Tufts Health Plan Foundation, is comprised of organizations, individuals, and municipalities growing dementia friendly communities.

The goal of DFM is to increase the number of municipalities around the Commonwealth that commit to supporting those living with dementia, their families, and care partners by signing the Dementia Friendly Massachusetts pledge. To help communities to become dementia-friendly, DFM offers educational and networking events, access to online resources, and guidance from the DFM project manager.

Why is this movement necessary?

An estimated 120,000 people in Massachusetts live with Alzheimer's disease and the number is expected to climb. The Commonwealth's population is aging at a fast rate with Massachusetts now having more residents over the age of 60 than under the age of 20.

What is a dementia-friendly community?

Dementia-friendly communities address the needs specific to their residents, advocate for dementia awareness and provide services and programs to support people with dementia and their care partners. Each dementia-friendly community's approach is different. Some towns organize workplace training so professionals can identify and offer solutions to problems commonly encountered with people living with dementia. Other regions focus on introducing programs like memory cafés and respite programs to directly assist people with memory loss. All dementia-friendly communities share one thing: a mission to make their neighborhoods inclusive, welcoming those touched by dementia to continue to be active, contributing residents.

What are the benefits of being a dementia-friendly community?

The Dementia Friendly Massachusetts organization formally acknowledges communities that sign the DFM pledge by awarding a Certificate of Recognition. By accepting this certificate, residents and local government officials pledge they will be accountable for promoting inclusivity through acknowledging the human dignity of individuals living with memory impairment, for providing supportive programming, and for advancing public awareness.

Dementia-friendly communities attract seniors as the programs and services available to older adults can support a decision to age-in-place. Older adults can take comfort in knowing that should they experience memory loss, they can still engage in activities and events, contribute to the local economy and be respected by community members.

Major Accomplishments during FY2019:

- Idea Exchanges were held in 20 communities across the state, attracting more than 300 people - including COA staffs, local volunteers, community officials and other members of the aging services network staff - to come together and share idea about how to become age and dementia-friendly.
- An estimated 160 Massachusetts communities are engaged in some sort of effort to become dementia-friendly. From Memory Café's, Adult Day services, educational programs, trainings, and community awareness events, the Idea Exchanges help communities share best practices and understand the state-wide resources available to support this work.
- DFM launched a new website in February 2019. The site has received over 3,500 hits in its first 6 months. The site clarifies the steps to becoming dementia-friendly, provides sample materials so that communities do not have to create their own flyers and/ or brochures and provides links to resources - both financial and technical - that can support dementia-friendly efforts.
- As of July 1, 2019, 17 communities have signed the Dementia-Friendly Pledge - which means that their community, including elected officials, is committed to fully implementing their community plan and expanding efforts to become more dementia-friendly. Ten of these communities held community events where they celebrated the awarding of their Certificate of Recognition.

Memory Cafés Funded by a Service Incentive Grant

The first year of funding for memory cafés under the Service Incentive Grant from Elder Affairs occurred in FY2017, when MCOA held a competitive procurement and funded 8 **regional memory cafés**. MCOA funded the 8 sites for 3 years (FY17 – FY19). In the second full year of funding, sites received 80% of the original award and began investing community financial support into their programs. In the final year of funding, sites received 50% of the original award. All cafés launched with SIG funding are now fully operational using local resources. And, all café sites are linked with JCFS' list of memory cafes in MA; many participate in the Percolator Support Group that meets quarterly to share best practices in operating a café.

Lessons Learned

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

- Café's launched successfully without any real problems.
- Cafés offer a variety of creative activities including music, arts and crafts, entertainers, exercise, flower arranging and more.
- 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.
- The café keeps the focus on making it enjoyable for everyone and to keep discussions about dementia off the table.
- 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 – and nobody blinked an eye.
- Sites have advertised in a variety of ways such as through their newsletter, community sites like libraries and churches, Facebook.
- All of the sites organize a variety of activities yet find that music is the favorite. Having a café weekly made it challenging to come up with different and creative ideas. Most occur on a monthly basis.
- Many people have made connections and have been able to socialize outside the café.
- 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.

Long Term Sustainability: Three years after we seed funded the first 8 Memory Cafes in the COA network, there are now over 100 memory café sites across MA in COAs and many other venues! They are clearly wonderful effective programs in providing social connections for caregivers and people living with dementia to relax for a few hours in the company of

understanding people wherein all involved -- participants, volunteers, visiting performers and staffs – gain deep pleasure and satisfaction from being there together.

**Subsidizing the Purchase of Assistive Listening Devices to
Help Engage Adults who are Hard of Hearing in Center-based Activities
Funded by a Service Incentive Grant**

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. In addition, research now links hearing loss with greater risks of cognitive decline.

Over the past 2 years, MCOA has issued RFPs for assistive listening systems (ALS). Adults who are hard of hearing have trouble joining in center activities and conversing with COA staff. We offer to COAs a subsidy to defray the full cost of three types of ALS systems, listed below. In FY19, we provided equipment to 10 Councils on Aging. They received combinations of the following type of equipment:

- The Pocket Talker. 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.
- Stationary Base units. The unit includes ten headsets that give ten hard of hearing individuals the ability to hear a talk or listen to a movie at their center.
- The Portable Multi-systems. 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 classroom in the COA, a trainer can use it to deliver their remarks clearly to these who wear the headsets. Also, a translator may use it to convey a speaker’s remarks in a different language.

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. This program will continue to be part of MCOA’s annual offerings as it is highly popular with local centers and municipal leaders.

**Establishing New Assistive Technology Training Centers for Visually Impaired Adults
Supported by the Service Incentive Grant**

People aging into vision loss are one of our most vulnerable populations. Advances in digital computers and smart phones make assistive technology training even more in demand. Access to assistive technology training is vital for being able to incorporate these tools into

activities of daily living. However, prior to the startup of our initiative, assistive technology training was limited to a few locations in MA. MCOA has partnered with MABVI to bring AT training into regional centers, free of charge. In time, as more regional hubs are set up, access to this training for adults coping with low vision will not be barred by distance, cost, or a clinical criterion that restricts other forms of vocational assistance to legally blind adults or younger adults seeking employment.

Adults with age-related vision loss who access assistive technology will use it once they feel comfortable with the tools, say MABVI and other vision loss experts. But, adults need to learn how to use AT through training and intermittent, as needed support thereafter. AT trainers know that adults 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.**

We've learned that the individual training goals are quite varied: some who have received AT training just needed a lesson or two to learn how to use a video magnifier. Some need months of training to use a screen reader, a mobile device, or an 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 mission for the training centers is summed up perfectly by MABVI's Director for Community Services: *"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,

In FY19, the 4 AT training centers were open for 15 hours/week per site. Staff and volunteer trainers worked 1:1 with consumers. The lead supervisor worked with 6-8 volunteers at each MABVI site. (Some of the centers have recruited student interns with vision impairments from the Carroll Center and the Massachusetts Commission for the Blind)
The centers served over 250 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.
- Trouble shooting equipment and service delivery problems.
- Overseeing volunteers and following up with discharged consumers.
- Evaluating procedures to ensure quality of services.
- Formulating long and short term consumer training 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.

History of the Program: In 2016, the Massachusetts Commission for the Blind (MCB) and Elder Affairs asked MCOA to pursue the replication of a free AT training model program offered in the Harwich Free Library since 2008. MCOA created an operational guide and issued an RFP in FY17 with funding for 3 centers, joined by other funding and in kind support from MABVI and the COA host sites and volunteer trainers. 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. For FY 19, the second full service year for the AT training centers, a new AT training center opened in the **Natick Senior Center**; the Natick center's opening was made possible by a generous private donor who had received training in AT from the MABVI program based in Brookline!! Their SIG grant has provided core funding for the VIBRANT (Visually Impaired and Blind Recipients Accessing New Technology) Assistive Technology Program. Funding is also provided by the Highland Street Foundation, the Memorial Foundation in Worcester and the Boston Foundation. While the Franklin COA program is independently run now, MCOA and MABVI continue to collaborate on ways to add more AT training centers across the state. The AT training center in **Harwich** joined as a VIBRANT center affiliate and a new assistive technology training center opened in Natick in May 2018, bringing the 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 3 years. This would be the first state-wide assistive technology community-based training program for blind or low vision

adults in the nation. We share MABVI's commitment to ensuring community-based assistive technology training programs are available to all adults in Massachusetts with vision loss and others with multiple disabilities who cannot access traditional low vision assistive technology training in the limited venues.

Support for the Grandparents Raising Grandchildren Support Groups Funded by a Service Incentive Grant

MCOA awarded funding to the Commission on Grandparents Raising Grandchildren to support and strengthen their support groups. The support of this grant augments the Commission's ability to get information and resources to relative caregivers throughout the Commonwealth and will provide a positive and direct impact on grandparents statewide.

Major deliverables during FY2019 included:

- Starting a Lending Library for Grandparent Support Group Members: The Commission purchased a set of books for the startup of a lending library for their statewide network of 47 support group leaders and members. Annually, the Commission trains adults who wish to start a support group for grandparents raising grandchildren in their area. Due to the growing demand for group leaders, the Commission needed to purchase another group leader training kits as well 65 books of *Hey, Kiddo* – the newly published book by local children's book author, Jarrett Krosoczka, who was raised by his grandparents and lived with family addiction. The Commission gave these books to support group members during special events.
- Intergenerational Activity: As previously stated, local children's book author, Jarrett Krosoczka, has published a book about being raised by his grandparents and living with family addiction. The Commission collaborated with him to appear at an intergenerational book-reading event for grandparents, relative caregivers, and the children they are raising. The funds enabled more families to attend the book-reading and receive copies of the author's book.
- Respite/Self-Care for the Grandparent and Grand-Family- "The Grand-Families FUNd": The Commission has developed a program to encourage grandparents and relative caregivers to consider taking time to care for themselves in order to better care for the children and their families. After conducting focus groups and surveys with grandparents and relative caregivers in Massachusetts, it became clear that grandparents consider fun, stress-free, and low-cost activities **with** their grandchildren to be their preferred "respite" activity. Support group facilitators also recognized that inclusive group activities (with both grandparents and the grandchildren they are raising) are preferred in order to build long-

lasting and meaningful relationships between the caregivers and the children. The Commission has identified three categories for the Grand-Families FUNd:

- a. Self-Care for the caregiver
 - b. Grand-Family Fun - providing a grand-family an opportunity to enjoy an intergenerational activity together to build attachment and bonding. Examples include a paint night together, movie passes for the family, an overnight stay at Great Wolf Lodge or CoCo Keys.
 - c. Support Group Events with Activities: A “grandparents raising grandchildren support group” would enjoy an outing together (one-time), along with the grandchildren. Examples include a day at the zoo, New England Aquarium, etc.
- Marketing: The Commission purchased 300 coffee mugs to use as giveaways at community events to attract more grandparents who don't yet participate in or know of the support groups.

Capacity Building & Technical Assistance Initiatives

Last year, MCOA records indicated that half of current Council on Aging Directors had held their job 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 was older people age 60+ living in Massachusetts than residents under the age of 20. In addition, our world is becoming increasingly diverse, and the need to support growing numbers of older adults from wide-ranging backgrounds is greater than ever.

Over the last generation, Senior Centers are 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 Council on Aging services are delivered in a cost effective manner. To achieve that goal, MCOA employs 2 directors of member services to coordinate staff development and special training events. Member Services staff work in partnership with EOE Program Manager Emmett Schmarsow to support the training and staff development needs of the COAs.

Below is a summary of the key strategies MCOA staff uses to support the development of a skilled professional workforce at all of the 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. During the past fiscal year, the MCOA Directors of Member Services have met with 40 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 for local COA staffs to learn laws and regulations and best management practices 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 working with municipal officials, dementia friendly partnerships, the upcoming federal census, and many other topics.
- **Workgroups** - MCOA convenes workgroups for directors, outreach workers, volunteer coordinators, activities coordinators, 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'19, workgroups focused upon sharing wellness program ideas and resources, 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 the fall of 2018, the three-day event was held at the SeaCrest Resort in Falmouth. Attracting over 400 registrants, the conference is one of the largest conferences in the northeast states focused on older adult services. More than 80 workshops were featured with a wide range of content areas for Council on Aging directors, staff and advisory board members. The Wednesday Plenary Session was engaged by Nancy LeaMond, the Chief Advocacy and Engagement Officer at AARP as she challenged attendees to consider "The New Realities of Aging in America: Implications for Aging Advocates and Volunteers. Emmett Schmarsow, EOE Program Manager for EOE and Heidi Reed, Commissioner of Deaf and Hard of Hearing were awarded Lifetime Achievement awards. The Thursday early morning plenary was delivered by James Firman, CEO of NCOA as he discussed the "Vision for the Future of the Aging Network". The

Thursday Plenary topic was “Reframing Aging: Telling a New Story about Aging” and was given by Jennifer Nichols, the Assistant Director of Research Interpretation and Application, Frameworks Institute.

Major financial sponsors for the conference included: The Executive Office of Elder Affairs, My SeniorCenter, Blue Cross Blue Shield MA, AARP, Tufts Health Plan, Senior Living Residences, Boston Medical Center HealthNet Plan, and Alzheimer Association.

- **State Commission Participation by MCOA Board:** MCOA’s Board President Brian O’Grady served on the Governor’s Commission to Study Aging in Massachusetts; and Board Member Pamela Hunt served on the Commission on Malnutrition Prevention among Older Adults.

Highlights from Unique Capacity Building Projects of FY19:

- **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 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. 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 information supports Elder Affairs and MCOA in developing equitable access to important social support services for all elders via the COA network. The database is 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 are available on the database page of the MCOA website. A limited database is also available on the MCOA website. The Database Project committee will begin to plan the update of the data in FY '20.

- **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. The process is intended to encourage continuing professional growth of certified Council on Aging personnel. Certification is administered and awarded by MCOA.

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. Now, the NCOA/NISC

standards and principles are aligned with MCOA's certification program. Specific training days with follow up telephone coaching sessions have been developed for the certification candidates to support major components of the certification submission: strategic plan, marketing plan, and evaluation plan.

MCOA accepted 17 new applicants for Director Certification and 1 applicant for Program Manager Certification in the fall of 2018 whose certification portfolios will be finalized and submitted by January of 2020.

Appendix

List of Lead Councils on Aging Managing Grant Awards from MCOA during FY'19

Purpose	Community Awarded	Regional or Local Impact
Employment	1. Acushnet	Regional
Employment	2. Acton	Regional
Civic Engagement	3. Amesbury	Regional
Mental Health	4. Amesbury	Regional
Walk	5. Ashburnham	Local
Employment	6. Barnstable	Regional
Mental Health	7. Bellingham	Regional
Employment	8. Belmont	Regional
AL Systems	9. Belmont	Local
Walk	10. Bolton	Local
Respite Services	11. Boston	Regional
Walk	12. Braintree	Local
AT	13. Brookline	Regional
Employment	14. Burlington	Regional
Mental Health	15. Cambridge	Regional
Walk	16. Chicopee	Local
Employment	17. Danvers	Regional
Respite Services	18. Dartmouth	Regional
Civic Engagement	19. Dartmouth	Regional
Walk	20. Dennis	Local
Memory Café	21. Dudley	Region
Walk	22. East Bridgewater	Local
Civic Engagement	23. Framingham -	Region
AL Systems	24. Framingham Callahan Center	Local
Benefits Counseling	25. Franklin County Communities	Regional
Mental Health	26. Franklin County Communities	Regional
Walk	27. Georgetown	Local
Civic Engagement	28. Grandparent Raising Grandparents	Region

Caregiver Support	29. Hampden	Region
Benefits Counseling	30. Hampshire County Communities	Regional
Walk	31. Holland	Local
AL Systems	32. Holland Community Center	Local
AL Systems	33. Holliston	Local
Employment	34. Ipswich	Region
AL Systems	35. Lakeville COA	Local
AL Systems	36. Lanesborough	Local
Caregiver Support	37. Lawrence	Region
Walk	38. Lee	Local
Respite Services	39. Marion	Region
Caregiver Support	40. Marion	Region
Walk	41. Marshfield	Local
Respite Services	42. Mattapoisett	Region
Respite Services	43. Middleton	Region
Walk	44. Millbury	Local
AT	45. Natick	Region
Employment	46. Natick	Region
Respite Services	47. New Bedford	Region
Mental Health	48. New Bedford	Region
Employment	49. Newton	Region
AL Systems	50. Norfolk	Local
Walk	51. North Attleboro	Local
Walk	52. North Brookfield	Local
Caregiver Support	53. Norwood	Region
Caregiver Support	54. Pembroke	Region
AL Systems	55. Rehoboth	Local
Respite Services	56. Rochester	Region
Walk	57. Russell	Local
Respite Services	58. Salem	Region
Walk	59. Scituate	Local
Caregiver Support	60. Sharon	Region
Mental Health	61. Somerville - Regional	Region
Walk	62. South Hadley	Local
Walk	63. Southampton	Local
Walk	64. Springfield, Dept. of Elder Affairs	Local
Walk	65. Sturbridge	Local
Walk	66. Sudbury	Local
AL Systems	67. Upton	Local

Walk	68. Upton	Local
Respite Services	69. Wareham	Region
Walk	70. Wareham	Local
AL Systems	71. Wayland	Local
Walk	72. Wayland	Local
Civic Engagement	73. Wellesley - ESC	Region
Walk	74. West Boylston	Local
Walk	75. Weymouth	Local
Walk	76. Wilmington	Local
AT	77. Worcester, Elder Services	Region
Caregiver Support	78. Worcester, Elder Services	Region

Highland Valley Elder Services (ASAP)

Benefits Counseling and Application Assistance Services

Replicable Work Flow Chart for ASAPs from I&R Departments to Money Management/Benefits Application Assistance Counselors

FY'19

