

SIG FY2021 Program Funding Report

Grandparents Raising Grandchildren (\$25,000)

Colleen Pritoni, Director, Commission on the Status of Grandparents Raising Grandchildren submitted a budget for FY2021 utilizing SIG Funds. As in past years, these funds augment the Commission's mission of providing support to grandparents raising grandchildren.

The Commission's proposal for the FY'21SIG grant:

- Promote self-care and wellness of caregivers
- Translation of revised Tip Sheets
- PPE for grand-families and GRG support groups'
- Grand-Families FUNd
- Marketing Materials

Self-care and Wellness of Caregivers

Since the beginning of the COVID-19 Pandemic, the Commission had been increasingly concerned about the isolation, stress and overall well-being of grandparents raising grandchildren. During Zoom Support Groups, it became clear that grandparents were overwhelmed by remote learning for their grandchildren, working from home or being laid off, trying to care for children with complex mental health issues such as trauma or learning disabilities, as well as trying to handle the anxiety of the Pandemic. In response to these concerns, the Commission use SIG funds to hire a Yoga instructor to conduct "Chair Yoga and Wellness" during Zoom Support Group meetings. They also hired a Meditation Coach to do guided meditation sessions during Zoom Support Group meetings.

Translation of Tip Sheets for Grandparents Raising Grandchildren

The Commission recently worked with UMASS Medical to update and revise the Commission's Tip Sheets. The Tip Sheet packet is a useful tool for grandparents which includes information about financial resources, legal services, support groups, etc. The packet is 7 pages (front and back) and is broken down into 6 separate topics. The Tip Sheet packets are distributed to grand-families through the courts, senior centers and councils on aging, Family Resource Centers, DCF, etc. The Tip Sheet packets are distributed at the Commission's resource table at events and workshops and are always included in folders handed out at Commission events. The Commission had these tip sheets translated into Spanish and Portuguese.

Personal Protection Equipment (PPE) for GRG support groups

In FY'20 The Commission was able to purchase PPE for GRG support groups including 1,000 adult face masks, 500 children's face masks, and 400 12 oz. bottles of hand sanitizer. PPE was distributed to 12 GRG support groups based on need and interest. Beginning in July 2020, more GRG support groups started to reach out to the Commission in need of PPE in order to hold support group meetings as well as to help provide PPE for families who could not afford it. SIG funds were used to buy additional PPE for these groups.

The Grand-Families FUNd

The Commission developed a program in 2018 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 the preferred "respite" activity for these unique families. Support group facilitators also recognized that group activities, with support group members and the children they are raising, are a preferred in order to build long-lasting and meaningful relationships between the adult caregivers and the children get to meet other children in the same situation.

The plan was to continue this popular activity in FY'21: Support Group Event/Activity: A "grandparents raising grandchildren support group" would enjoy an outing together (one-time), along with the grandchildren. The purpose is to plan an intergenerational activity that will encourage bonding and supportive opportunities for the grandparents as well as for the grandchildren. Examples include a day at the zoo, New England Aquarium, etc. COVID-19 prevented groups from planning in-person activities, award recipients received a gift card/credit to the venue they had planned to attend and may plan an event when it is safe to do so.

Marketing

The Commission was interested in spreading their logo and contact information throughout the State. Funds were used to purchase marketing materials for community events and the annual conference.

Welcoming Place Project (\$22,490);

MCOA is working with local Councils on Aging to develop the skills, tools and strategies to broaden community participation and inclusion at Senior Centers. This multi-faceted approach, first developed in 2015, includes trainings, development of resource materials and videos to support local efforts to reach out to underserved populations.

- Teams from over 100 communities have participated in day long "Welcoming Place" training that incorporates:
 - "Communicating Across Boundaries"* cultural competency training
 - Review of local demographic data to identify underserved populations

- Development of action plan to reach out to the underserved population in the community engaged in training
- Produced 2 videos of tips and tools to work with Asian and LGBT populations
- Produced 4 videos showcasing community best practices through the eyes of older adults – Latino, LGBT, dementia, Vietnamese

*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. The training has been suspended during the pandemic because of the challenges of providing the training virtually.

SIG Funding in FY21 was used for:

- Dementia Capacity Training
- Unconscious Bias training
- Implicit Bias - Creating a Culture of Diversity & Inclusion training
- Reasonable Accommodations in the Workplace (including a discussion on how to address Covid related issues) training
- Technology/Digital Divide training
- Development of an advanced training for those who have completed the basic Welcoming Place training
- Financial support of technology to deliver virtual programs

50 + Job Seekers Program (83,466.44)

The goal of the 50+ Job Seekers is to provide education, resources, and support for an older adult that is either unemployed or underemployed to secure employment. Within 2 weeks of the State closing due to the pandemic, we were able to pivot to a virtual platform. This is a robust program that has incorporated numerous thought partners and has been successful in collaborating with COA's, the Discovery Centers, AARP, SCSEP, and MASS Hire this FY. Prior to the pandemic, this program operated out of 13 COA's and held regularly scheduled topic specific seminars, networking groups, and career coaching sessions. Seventeen COA's have been identified as regional sites if this program moves back into the COA's. The program manager, Susan Kelly is a professional career coach and her Group Leaders are the same.

The Bilingual 50 + Job Seekers is a 3 session pilot program that is gaining traction. AARP has allocated \$4,500 to support this specific program through September 30, 2021. This has been a tremendous project in terms of time and enthusiasm by many agencies.

Note: The SIG funds are leveraged with collaborations with the COA's, the Discovery Center Program, AARP, SCSEP, and with administrative support from MCOA.

Outcomes for FY21

- This program lost momentum due to delayed funding; funding received December 28, 2020
- With funding 12/31/20 the program was expanded to 22 monthly topic driven sessions, 4 monthly networking sessions, 12 Special Events, and 1 session per month of "speed" career coaching
- Secured a SCSEP participant and program manager, Susan Kelly agreed to supervise. The SCSEP participant is learning program management, group facilitation, manages the web page for this program, manages all of the incoming email, responds, or refers, and has been instrumental in helping identify sources of referral for the Bilingual Job Seekers program.
- Introduced Job Seekers program manager, Susan Kelly to Olga Yulikova, Adam Frank, Mass Hire, and SCSEP managers to expand the Job Seekers presence.
- Increased collaborations between SCSEP, MASS Hire, COA's, AARP, and Encore Boston Network
- Added a Bilingual Job Seekers program to work with older Spanish speaking job seekers. To date, MASS Hire has allowed some of their Bilingual Staff to assist with translation of materials and assist the Group Leaders deliver the curriculum.
- There are 1,000 +/- in the active data base for this program
- Attendance: Through June 30 2021 there have been 681 Unduplicated and 2231 Duplicated program participants
- Attendance in the new Bilingual program: Only 3 sessions offered as a pilot – an aggregate of 28 older Spanish-speaking Job Seekers have attended. Wrote/Received grant from AARP to support the Bilingual Job Seekers program through September 30, 2021.
- Program participants are asked to complete a survey and we have some on file
- Placements: During calendar year 2020, 40 individuals advised of employment and YTD 2021, 15 have reported employment. When received, this information is then recorded on the Job Seekers web site, 50plusjobseekers.org.

Discovery Center Program (23,946)

The Discovery Center Program aka Discovering What's Next works with COA Directors, Volunteer Coordinators and Program managers to expand the efforts needed to engage older adults in their communities through purposeful work, whether volunteer or paid, with a social purpose. With deep experience in deploying older adult volunteers into municipalities and nonprofits in high-impact roles, Discovering What's Next Program expands the pathways for people to find meaningful opportunities for civic engagement. Staying connected is good for the health and well-being of the person and community.

Without tapping into the demands already on staff, the basis of the program is to identify two volunteers in the community to function as a Transition Navigators (TN). One TN is trained to guide new volunteers

into a path of their choosing, and the other TN is trained to market the idea in the community and identify opportunities. The Discovering What's Next program manager provides all of the training and materials that have already been developed.

This program also assists in repositioning COAs to play a broader role in their communities and also helps in changing community perceptions of older adults' abilities to make a difference.

Note: The SIG funds are leveraged with collaborations with the Job Seekers (Volunteering is a pathway to Employment) SCSEP, MA Service Alliance, and Encore Boston Network

Outcomes FY21:

- This program lost momentum due to delayed funding; funding received December 28, 2020
- This program is completely virtual
- Secured a SCSEP participant to expand capacity of the Discovery Program, primarily in the Cape and the Islands. SCSEP participant is learning program management, volunteer management, facilitating groups, performing functions of a TN, and increasing her written and oral communication skills. David Guydan, the program manager agreed to supervise the SCSEP Participant.
- October 2020- April 30 201: Secured a \$4,000 grant through MA Service Alliance to explore virtual placements during COVID and to build capacity in the Discovery Center program to assist the COA's
- Continued work with five new (April 2020 start) COA's: Andover, Agawam, Beverly, Dracut, and Lunenburg. Westin and Barnstable had to withdraw due to capacity issues
- Added Merrimac COA and Milton COA as Discovery Centers
- Watertown COA offered 2 Discovery Seminars but lacked capacity to move forward this FY
- Sites wishing to move forward in the summer of 2021: Town of Chelmsford (incorporating this into their Age Friendly plan), Chatham COA, Harwich COA, Mattapoisett COA, West Boylston COA.
- Orleans, Falmouth, and Plymouth COA's have all expressed interest in this FY but currently have capacity issues and will reevaluate early FY22
- Two Seminars, "Discovering the New Retirement" and "Thinking Beyond the Money" will be Statewide virtual seminars offered June 22 & 29. Participating COA's are assisting in this event. Registration is on-going so outcomes are not available for this report
- The Discovery Center program manager, David Guydan has created content for a call for Civic Engagement for COA's to use on the Cable channel. It is anticipated this will be available by June 30 or shortly thereafter and includes testimonials from the Discovery Center program participants
- Trained Transition Navigators: 11
- Seminars Offered: 27

- Attendance: 247 - Statistics are not recorded in My Senior Center so there is no report on Unduplicated/Duplicated. Given that, all but one seminar was done within specific communities so it would be appropriate to use the attendance as Unduplicated
- Placements: This statistic is not available as it was not consistent, AARP Tax Preparer, and a retired Financial Planner now offers short financial planning sessions with individuals.
- Survey: Boston College developed a survey tool for this program however it was not practical or possible to administer it this year

Living your Best Life (\$13,801)

Living your Best Life (LYBL), Grants were based off of the 'Live Your Life Well' one day course created by COAST. Betsy Connell developed a six-week program with accompanying facilitators guidebook and surveys, based on 10 topic tools from Mental Health America to expand the original program which is aimed at building resilience amongst elders. The ten topics are everyday basics for good health and good living. They included Connection with Others, Deal Better with Hard Times, Get Enough Sleep, Physical activity, Eating Healthy, Taking Care of Your Spirit, Getting Professional Help if you Need it, Staying Positive, Creating Joy and Satisfaction, and Helping Others.

Previously in FY 20', MCOA had awarded ten LYBL grants, however, the COVID-19 Pandemic hit just as the grantees were launching their programs. Due to the closing of programs at COAs and older people being isolated for a year, for FY 21, MCOA understood the importance of providing programming for older people to connect and look for ways to living a better life and build their resiliency.

Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, or significant sources of stress — such as family and relationship problems, serious health problems, financial stressors, and even living through a pandemic!

While MCOA initially allocated \$75,000 for this program, and issued an RFP in January 2021. A few weeks after the release, it was clear senior centers were still struggling with the vaccine roll-out, scaling-up operations, and other operational issues, as the response rate was less than anticipated. MCOA proceeded with those COA's who had applied and awarded 10 grants to COAs, (Brookline, Cohasset, Dennis, Hull, Lexington, Littleton, Mansfield, Marion, Northampton and Plymouth). Two of the ten subsequently informed COA that they could not implement the program (Littleton and Northampton). The remaining COA's did implement and run the programs and at the end of FY 21, the total amount spent on this program was \$13,801.

Using a facilitator the COAs' presented the topic for an hour to an hour and a half. Some also used guest speakers. This gave time for discussion and feedback about the topic. Due to some concerns with COVID, some centers offered the sessions by Zoom and others in person. Some of the centers had Zoom sessions but had a final session in person.

All of the participants indicated they received a lot of knowledge of the topics, and the useful tools they acquired to help them and would incorporate the strategies in their day-to-day lives.

Facilitators used the 'Facilitators Guidebook', to implement the program and conduct surveys of participants, (to view the guidebook, go to: <https://mcoaonline.com/lybl-facilitation-toolkit-mcoa-1-26-21/>)

At the completion of the course participants were asked to complete the 'Living YOUR Best Life Training Course Survey'. As noted below 96% rated their experience as excellent, and 4% rated it as good. In addition 100% of participants responded they would recommend the course

How would you rate your overall experience with this 10-week course?	Excellent	Good	Fair	Poor
	96%	4%	0%	0%

Would you recommend the "Living YOUR Best Life, Resiliency Training Course" to others, if it were offered again?	Yes	No
	100%	0%

When we asked **"why" participants took the course**, survey respondent comments included:

- *Because I want to Live my Best Life, my husband recently died, and I am on a new life's journey*
- *To learn strategies for coping with illness and disappointments*
- *After the year of being lockdown, I figured taking this training course will bring me back to positive thinking and to use my mind, body movement to stay in good health*
- *Thought it was just what I needed, to get through pandemic and isolation. Now living alone after passing of husband of 50 years*
- *To learn strategies to improve the quality of my life. The topics really interested me*
- *As I am aging, wanted to learn strategies for the life changes that are happening and learn resiliency tips*
- *I took this course to learn about making changes in my life. I am always looking for tips to help me have a more positive outlook, keeping things in perspective and meeting new people and learning new information*

- *After COVID, I was so ready to be with a group like minded people. I wanted new ideas for living my best life, Loved meeting new people*
- *Now that I have time for me, I want to be the best I can be so I can enjoy my time with my family and friends*
- *Knew I would get valuable info that would enhance my quality of life.*
- *To help after having been isolated with COVID*
- *I like the topics included in the workshop/lectures, covered every aspect of life. A relaxing sharing time with the group with encouragement & support.*
- *To center myself in my mid-sixties. So grateful*
- *Stuck in house for 1 year, when I heard about course at COA, I thought I can learn something constructive and socialize*
- *I wished it didn't have to end!*
- *It was uplifting, taking care of our life, being self-positive in life, having self-confidence and being back to a social atmosphere and able to see friends again*

As part of the survey, when asked **if they plan to continue using the new strategies learned from this course 98% of** Survey respondents said yes. In addition when asked if they responded yes to share “why” they would continue to use the strategies and tools, the survey respondent comments included:

- *Because they included practical ideas that can be put into life to make life more fulfilling*
- *I'm reminded of things that I use to do and got off track, now I can get back on track*
- *It is beneficial to my wellbeing and to keep me in a positive frame of mind, so that I can be Living My Best Life*
- *The strategies for Eating Well, Staying Positive and Get Physically Active and Connect are so important to help me to a healthy age*
- *These are useful dealing with intermittent depression and anxiety, and how to deal with hard times*
- *Nutrition, I've changed some of my meals and continue to do so*
- *I have been experimenting since the first class with ideas and strategies that were unfamiliar to me. The "why" is easy... The course provided exactly what I hoped for, a fresh take on some not so new issues*
- *I probably won't be perfect, but I learned so much, especially about diet and exercise*
- *I will continue to practice these new strategies because they have helped me to know myself and my capabilities better*
- *Yes, I will, and I will share some of what I've learned with others*

Additional comments from participants were shared with MCOA by the facilitators, when asking participants if there was anything they wished to share that they were thankful for;

- *For making me feel not alone in going through all this.*
- *For your openness and willingness to share*
- *For the empathy I felt from you*
- *For your empathy as well as your body language and facial expressions that showed me you understood what I was sharing or what others were sharing*

- *For allowing me to laugh with you. That felt really good*
- *For allowing me to cry if I needed to*
- *For our new friendships*

It is evident from the evaluation information that the LYBL course was extremely beneficial for the older adults who participated, and of particular interest is the impact of COVID on the reasons for participation. Based on this fact and the positive responses, MCOA will look to offer this essential program again.

UMass Database Survey (\$15,000)

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 database team reviewed the first generation of the survey instrument for changes. This year, we met with EOE for input as we readied the database update. The surveys were distributed throughout the year and two additional surveys will be distributed in the first half of FY22 to capture data related to COVID impact at COAs.

Dementia Friendly Underserved Population (\$54,970)

Grants to Engage the Black American and Chinese American Community in the Dementia Friendly MA Initiative

Overview

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

However, as the initiative expanded across the state, it became clear that DFM did not have the resources or capacity to reach out to the Black and Chinese communities. This was due to a lack of cultural capacity to understand the nuances of dementia in each of these cultures.

To build this capacity, MCOA requested SIG funding to support DFM's efforts to build its cultural understanding and appreciation of the way the Black and Chinese American communities view dementia. Two RFP's were issued on January 27th and two grants were awarded in February. Grants had to be expended by June 30th.

- 1) 901 Consulting (\$25,056) – for Black American outreach (<https://www.901consulting.org/>)
- 2) Asian Women for Health (AWFH) - (\$29,997.00) – for Chinese American outreach (<https://www.asianwomenforhealth.org/>)

901 Consulting

Led by Khalil Saad, 901 Consulting is a “collective of racial equity consultants who were all educated from grassroots community activism and lived experience and who share the mission of providing the most comprehensive, holistic and effective organizational development process for building and sustaining a racial equity culture”. The group includes DFM partner, Dr. Jonathan Jackson. 901 Consulting came recommended to MCOA by Phillip Gonzales at the Tufts Health Plan Foundation.

As part of its award, 901 Consulting committed to complete the following:

1. Focus Group Discussions (s) The Grantee will conduct two focus groups. The sessions will be separated by gender. The main goal is to have the participants review the materials and give feedback on content and design, cultural beliefs and understanding of dementia, barriers to dementia care and treatment, the stigma around dementia, where dementia patients and their caregivers seek (or are likely to seek) information about dementia, who they receive help or advice from, generational differences in the understanding of dementia, and what types of supports are available in the Black community. The grantee expects each of the Focus Groups to last approximately 90 minutes. The focus groups will be conducted via an online platform (Zoom). Focus groups will be audio-recorded with the participant's permission. When completed, the recordings will be transcribed. Two members of the project team will code each transcript independently and then meet to discuss codes and themes with the entire project team to ensure a shared understanding of the results. The process and results will be written up in a report and presented to MCOA for further feedback.
2. Develop a shared vocabulary for talking about dementia in the Black American community. The grantee will begin to develop a shared vocabulary about dementia by first crowd-sourcing some common terms and phrases used by the Black community through our social media networks.
3. Revise existing DFM materials to make the documents more culturally appropriate for members of the Black American community. From the focus group results, the grantee expects to have a good understanding of the vocabulary and specific cultural practices and beliefs associated with dementia care. The grantee will use this knowledge to modify existing DFM material to make them more culturally responsive for members of the Black American community.
4. Assist in the distribution of the revised DFM materials to community-based organizations statewide that support, advocate for, and serve the Black American community. The grantee will connect MCOA to key stakeholders from the organizations listed above serving the Black American community.

5. Support the wide distribution of these materials on a peer-to-peer basis across organizations serving the Black American community in the Commonwealth to assist DFM in building Ambassadors into the Black American community.

Outcomes

All of the above activities were completed. As planned, two focus groups informed the development of a vocabulary and assisted in suggested edits to the existing DFM written materials. Specifically, suggestions were made on the design and selection of photos.

In addition, Consulting 901 presented (via Zoom) their findings and suggestions on June 30th. The session was marketed directly to COAs with high concentrations of Black Americans. It was a rich conversation. Unfortunately, only seven people attended. The session was recorded and is posted on the DFM website and will be used in future trainings.

DFM will continue to work with 901 Consulting in our outreach to the Black American community and use their networks to distribute our revised materials.

Asian Women for Health (AWFH)

AWFH is a peer-led, community-based network dedicated to advancing Asian women's health and wellness through education, advocacy, and support. AWFH was also recommended by Phillip Gonzales at the THPF. Based at Tufts University, AWFH committed to complete the following activities. The group is founded and lead by Chien-Chi Huang – a breast care survivor - uses her passion to help others in the Asian community understand health options.

1. Focus Group Discussions (FGDs) We will conduct three FGDs with key informants who are knowledgeable about the attitudes and beliefs associated with living with and caring for patients with dementia. The FGDs will be separated by primary language (English, Mandarin, or Cantonese) to be inclusive of a broad range of perspectives from a Chinese American community that is diverse in terms of acculturation status, education level, access to resources, etc. Each FGD will consist of 6-8 participants with a mix of personal caregivers, Supportive Daycare center providers, and representatives from Chinese-serving agencies or Chinese media outlets. We will translate the given materials into traditional and simplified Chinese. The main goal is to have the participants review the materials (both English & Chinese) and give feedback on content and design, cultural beliefs and understanding of dementia, barriers to dementia care and treatment, the stigma around dementia, where dementia patients and their caregivers seek (or are likely to seek) information about dementia, who they receive help or advice from, generational differences in the understanding of dementia, and what types of support are available in the Chinese community. We expect each FGD to last approximately 90 minutes. The focus groups will be conducted via an online platform (Zoom). Focus groups will be audio-recorded with the participants' permission. When completed, the FGD recordings will be transcribed and analyzed in Chinese. Two members of the

project team will code each transcript independently and then meet to discuss codes and themes with the entire project team to ensure a shared understanding of the results. The process and results will be summarized in English and written up in a report and presented to Mass Council on Aging for further feedback.

2. Develop a shared vocabulary for talking about dementia in the Chinese American community. We will begin to develop a shared vocabulary about dementia by first crowd-sourcing some common terms and phrases used by the Chinese community through our social media networks. We will then use our FGDs to explore these terms and phrases further. Our focus group participants will all be knowledgeable about dementia from either a personal or professional perspective.
3. Revise existing DFM materials to make the documents more culturally appropriate for members of the Chinese American community. From our FGD results, we will have a good understanding of the vocabulary and specific cultural practices and beliefs associated with dementia care. We will use this knowledge to modify existing DFM material to make them more culturally responsive for members of the Chinese American community. We will then email the revised materials to 3 participants from each group for feedback on final revisions.
4. Assist in the distribution of the revised DFM materials to community-based organizations statewide that support, advocate for, and serve the Chinese American community. We will connect the MCOA to key stakeholders from the organizations listed above serving the Chinese American community. We will facilitate introductions with these organizations so that MCOA can explore different avenues to reach their clients.
5. Support the wide distribution of these materials on a peer-to-peer basis across organizations serving the Chinese American community in the Commonwealth. AWFH will explore earned media exposure by doing interviews with Chinese outlets such as World Journal, Sampan, SingTao Daily, Epoch Times. We also have connections with specific public access TV programs that serve the Chinese American community, such as Eye on Quincy and Asian Spectrum in Malden.
6. Develop and deliver a training for Councils on Aging (to be recorded) on overcoming barriers to engaging the Chinese American community in building dementia-friendly communities. We will create a PowerPoint presentation with outreach strategies to present to the COA communities.

Outcomes

All of the above activities were completed. As planned, focus groups were held in both English and Mandarin and informed the development of a vocabulary and most importantly helped DFM understand the wide variety of views about dementia in the Chinese American community. Views vary based on age and where an individual grew up. While the Chinese community is deeply invested in intergenerational activities that support older adults, there is still, in some age groups, the assumption that dementia equals being senile.

AWFH was especially helpful in the revision of the DFM documents in terms assisted in suggested edits to the existing DFM written materials. Specifically, suggestions were made on the design (color and structure) and the selection of photos. They offered to help DFM find photos as there is limited availability of stock photos of older Asian individuals.

AWFH also presented (via Zoom) their findings and suggestions. The session was marketed directly to COAs with high concentrations of Asian Americans. 37 people registered for this event. Participants were rewarded with lots of feedback on the DFM materials but also guidance on how to reach out to the Chinese American community. The session was recorded and is posted on the DFM website and will be used in future trainings.

DFM hopes to be able to work with AWFH in the future as they are a powerhouse team with strong connections to the Asian community. I think that we could learn a great deal from this group.

CADER (\$44,500)

MCOA has contracted with CADER to develop a training sequence to strengthen the skills of COA managers. This year, the focus was to develop the foundation module. In succeeding years, the plan is to develop additional modules: a program development module and an evaluation module. This course is designed to identify and begin to develop the skills needed to be effective managers in human service organizations. Human services organizations are mission driven and are created to address individual, community and societal needs. Managers play a critical role in making organizations more effective by creating an environment that promotes competence in all staff. By understanding and utilizing the technical and people skills necessary to be effective managers, you can help create a culture and climate that strengthens and enhances the capacity of the organization to achieve its mission.

Learning Objectives of Training

- Discuss the complex nature of human service organizations and the opportunities and challenges facing managers.
- Describe the factors that contribute to effective and collaborative relationships in the delivery of human services.
- Discuss skills and tools that contribute to effective management of people and organizations.
- Discuss racial, ethnic, and gender diversity in the workplace and how inclusive and racially just organizations contribute to more equitable outcomes.
- Describe management's role in the development and maintenance of healthy organizations and the achievement of effective outcomes.

SIG Funding in FY21 was used for:

- Development of the foundational module for Human Services Management program with a focus on COAs
- Funding is used to develop program and to waive program registration fees to COA registrants.
- In addition, the Facilitator Training, funded in FY20 was completed and made available to COA membership had 139 registrants – project description is below.

Group engagement plays an important role in the physical and mental health and wellbeing of older adults. Groups in community settings help older adults cope with health issues, accept new roles or status, such as caregiver or widow, as well as engage older adults in social and recreational activities with peers, reducing social isolation. In FY 21, this course has 139 enrolled. Training provides understanding various types of groups, stages of group development, knowledge about group dynamics and the skills needed for the role of group facilitator. Costs are related to development of courses – CADER then waives registration fees for course enrollees for COA network for 6 months. Topic areas were developed to enhance skills of staff and volunteers at COAs so that they may more skillfully conduct groups. Targeted enrollees include: support group leaders, leaders of peer groups and leaders of evidence based programs. The funding was used to develop a specific training for group leaders. We wanted to provide a high quality, academically grounded training that could serve a range of audiences. Trainings that we looked at provided training at one of two extremes - a quick overview of group work as a small part of evidence based training or a semester long academic course. It was our judgement that the MCOA network would benefit by a training that was in the middle of those two extremes.

CADER REPORT

Massachusetts Councils on Aging (MCOA) Training Program

FY21



Massachusetts Councils on
Aging (MCOA) Training
Program FY21

Evaluation Report from Boston University

August, 2021



Center for Aging and Disability
Education and Research

Boston University School of Social Work

Massachusetts Councils on Aging (MCOA) Training Program

FY21

I. INTRODUCTION

The Center for Aging and Disability Education and Research (CADER), is dedicated to workforce development in the aging and the disability fields through educational innovation, workforce change, and research. Located at Boston University School of Social Work, CADER builds upon the School's historical commitment aging and disability research and practice.

CADER programs and courses apply a competency-based approach. Health and human service practice with older adults and people with disabilities is complex. It requires competence, professional judgment, and critical thinking to translate knowledge, skills, and values into effective practice behaviors. At the beginning and end of each course, participants are asked to rate their skill level using the following scale: 0 - Not skilled at all; 1 - Beginning skill; 2 - Moderate skill; 3 - Advanced skill; 4 - Expert skill. At the end of each of the courses, participants were also asked to complete a course evaluation in order to gauge whether they felt that the training benefitted their practice. Participants rated their satisfaction level with each course using a scale of one to five (1, strongly disagree; 2, disagree; 3, neutral; 4, agree; 5, strongly agree). In the upcoming sections, the completion rates, pre- and post-competency results, and course evaluation results are reported for this training programs.

II. MASSACHUSETTS COUNCILS ON AGING (MCOA) TRAINING PROGRAM

In 2020, MCOA contracted with CADER to create a course on group work that was offered to Senior Center staff through June 2021. CADER developed all content and instructional activities in CADER's learning management system. The newly developed course, *Group Work with Older Adults*, launched to the network in January 2021 and has been offered free to MCOA members.

In March 2021, MCOA purchased 60 spots in CADER's online course: *A Guide to the Aging Network*.

In April 2021, through DPH funding, CADER offered two courses additional courses to MCOA staff at no charge. The courses offered were: (1) *Suicide Prevention among Older Adults* and (2) *Substance Use among Older Adults*.

The following sections provide completion and evaluation data for all courses.

Course #1: Group Work with Older Adults

This course focuses on understanding the various types of groups, the stages of group development, knowledge about group dynamics, and the skills needed for the role of the group facilitator. The content and exercises in this course aim to enhance skills for those facilitating a variety of types of groups for older adults with diverse backgrounds. In addition, participants will look at methods to evaluate the effectiveness of group interventions.

Massachusetts Councils on Aging (MCOA) Training Program

FY21

The total number enrolled in this course is 131 and 37 have completed all coursework. We analyzed increases in scores from pre-test to post-test across the competencies after participants completed this course. The competencies with the greatest increases in mean scores from pre-test to post-test in this course are:

1. Prioritize the meaning and role of diversity in group development and in the change process (67% increase from pre to post).
2. Demonstrate skill in assessing the stage of the group and the appropriate corresponding interventions, inclusive of group endings and transitions (66% increase from pre to post).
3. Understand the group facilitators “use of self” including self-awareness when leading groups (60% increase from pre to post).

The following feedback was reported from learners:

- Good course material. Some was a refresher for me. But other details were new and I found the examples of different groups very informative.
- It was informative and helpful to me as someone with limited formal training and new in this profession. The information will be very helpful to me as I move forward in my career. Thank you!
- I really enjoyed this course and feel more prepared to create and facilitate groups with the aging population.
- This course was extremely helpful to me. I had led one group and though I did some things right, I knew some aspects were lacking, but didn't have the knowledge I needed. This course filled the gaps in my knowledge. I realize what elements were lacking in my first group. There were two areas where I gained important insight. The first was in the usefulness of groups in helping group members reach certain goals. The second was the useful role that conflict can play in group situations. I understand now how groups create an environment where many skills can be practiced and insights can be gained.
- I truly feel more comfortable now planning my own groups than I did before. You cannot just wing it. There is SO much that (should) go into the successful implementation of any group. Thank you for making me feel more comfortable and confident as I move forward professionally to plan my own groups for our COA.
- I found the course very helpful. I have facilitated many programs and classes but, was never given the right tools in which to do so. A lot of things I had to learn/ experience on

my own... trial and error. Although some of the things that the course went over were things that I knew, it helped to see them put in different context.

- This was a wonderful course that explained so much about all aspects of group work.

Massachusetts Councils on Aging (MCOA) Training Program

FY21

- Lots of good and useful information!!
- I really appreciated the interactive aspect of this online course, the videos, and the opportunity to reflect on my past group work. Really good course!
- I enjoyed this course – there was a lot that I can carry over to my day to day work. Thank you!
- The course helped me to improve my knowledge of groups.

The following are some suggestions for change:

- It would be helpful to have some printouts of the lists such as for addressing conflict.
- Maybe more videos and virtual lecture, less reading.

Course #2: A Guide to the Aging Network

This course is intended to acquaint workers with the variety of services available to older adults and people with disabilities through programs funded and supported by federal and state governments and administered by states and local agencies. By the conclusion of this course, you should understand the key resources in the aging and disability networks and the eligibility requirements for participation in these programs.

The total number enrolled in this course is 51 and 20 have completed all coursework. We analyzed increases in scores from pre-test to post-test across the competencies after participants completed this course. The competencies with the greatest increases in mean scores from pre-test to post-test in this course are:

1. Understand the eligibility requirements of various federal programs, such as Social Security Disability Insurance, Medicaid, and Supplemental Security Income (SSI) (35% increase from pre to post).
2. Ensure that all information is available to and understood by the person and family (34% increase from pre to post).
3. Know what medical, nutritional, transportation, and other services and programs are available in the community, especially including person directed services and programs (30% increase from pre to post).

The following feedback was reported from learners:

- I learned so much from this course. The information that could be obtained to certain sites was very helpful and knowledgeable. The course itself was set up very simple and easy to follow. I will be printing out some brochures for the Seniors and their families that I obtained in this course.

Massachusetts Councils on Aging (MCOA) Training Program

FY21

- Great material presented in one course. Overview was fantastic & easy to follow. Thank you.
- I thought this course was very helpful especially regarding Medicare and Medicaid information.
- The course content was very useful.
- I enjoyed this class and learned a lot in the process. Thank you for offering the training.

The following are some suggestions for change:

- Update course content to reflect how the Affordable Care Act has impacted services. Videos were great to break up the reading; I would advise more added videos. Would have loved a printable sheet for all the resources to refer back to later.

Course #3: Suicide Prevention among Older Adults and Substance Use among Older Adults

This course prepares those working with older adults to recognize suicide risk among their clients, to intervene, and to engage in and promote suicide prevention. You will learn about the underlying causes of suicide, and the risk factors associated with suicide in older adults, as well as the influence that cultural and religious factors may have on the risk of suicide. The course provides an assessment of the interventions that have proven most effective in preventing suicide among at-risk older adults. The course also includes a discussion of the ethical and legal issues that surround suicide.

The total number enrolled in this course is 41 and 12 have completed all coursework. We analyzed increases in scores from pre-test to post-test across the competencies after participants completed this course. The competencies with the greatest increases in mean scores from pre-test to post-test in this course are:

1. Describe the potential impact of ageism as it relates to older adults and suicide (54% increase from pre to post).
2. Describe collaborative emergency plans that can impact the older adult's safety when they are at risk of suicide (50% increase from pre to post).
3. Describe the skills that are needed to assess and intervene with a suicidal older adult (44% increase from pre to post).

The following feedback was reported from learners:

- One hundred percent (100%) strongly agreed or agreed that this course met the following learning objective: ***Summarize the various assessment tools that can be used to identify suicide risk.***
- Eighty-nine percent (89%) strongly agreed or agreed that this course met the following learning objective: ***Identify current policy issues regarding suicide.***

- Very useful. Thank you
- Excellent course for anyone in the field of geriatrics.
- This course was most informative and the material gave me a greater understanding of many aspects of the subject of suicide and its prevention. Thank you
- Lots of great information. Some food for thought as I work with my seniors.

The following are some suggestions for change:

- More videos

Course #4: Substance Use among Older Adults

This course will discuss the use of alcohol, and drugs, including illicit, prescription, and over-the-counter medications. You will explore the most effective ways to engage older adults in discussions about their use of alcohol and drugs and provide referral resources. You will also be able to explore your own attitudes about substance use in this population and understand more clearly the barriers to effective identification and treatment.

The total number enrolled in this course is 41 and 12 have completed all coursework. We analyzed increases in scores from pre-test to post-test across the competencies after participants completed this course. The competencies with the greatest increases in mean scores from pre-test to post-test in this course are:

1. Utilize evidence-based models for addressing substance use including SBIRT (329% increase from pre to post).
2. Identify standardized screening and assessment tools that are appropriate for use with older adults, such as the MAST-G and AUDIT (213% increase from pre to post).
3. Understand and address the barriers that might impact substance use interventions (114% increase from pre to post).

The following feedback was reported from learners:

- One hundred percent (100%) strongly agreed or agreed that this course met the following learning objective: ***Discuss the prevalence of substance use among older adults.***
- One hundred percent (100%) strongly agreed or agreed that this course met the following learning objective: ***Discuss treatment resources available to older adults.***
- One hundred percent (100%) strongly agreed or agreed that this course met the following learning objective: ***Outline the roles that workers can play in promoting recovery.***
- One hundred percent (100%) strongly agreed or agreed that the ***course content met my expectations.***

- A very good tool in introducing people to the idea of how substance use in elders is much more prevalent than what was previously thought. Well presented and thought out. Thank you!!
- Lots of practical and very useful information that I had not thought about before.
- Good start for learning about this subject.
- Another course I took through your program on Group Work with Older Adults used videos – I found these very helpful. It was very helpful to have different scenarios and examples of situations. Thank you for offering these courses
- Good information

The following are some suggestions for change:

- More videos and the option to listen in addition to reading.

III. SUMMARY

Participants in this program reported that they learned a great deal of relevant information that they will use in their work with aging and disability populations. Based on this evaluation data, it is evident that these four courses were beneficial to learners working at COAs in Massachusetts. Both the competency changes and feedback indicate that learners are benefiting from vital content needed to work with older adults. Although the courses were closed to enrolling new learners in July 2021, a number of learners didn't have time to complete their coursework.

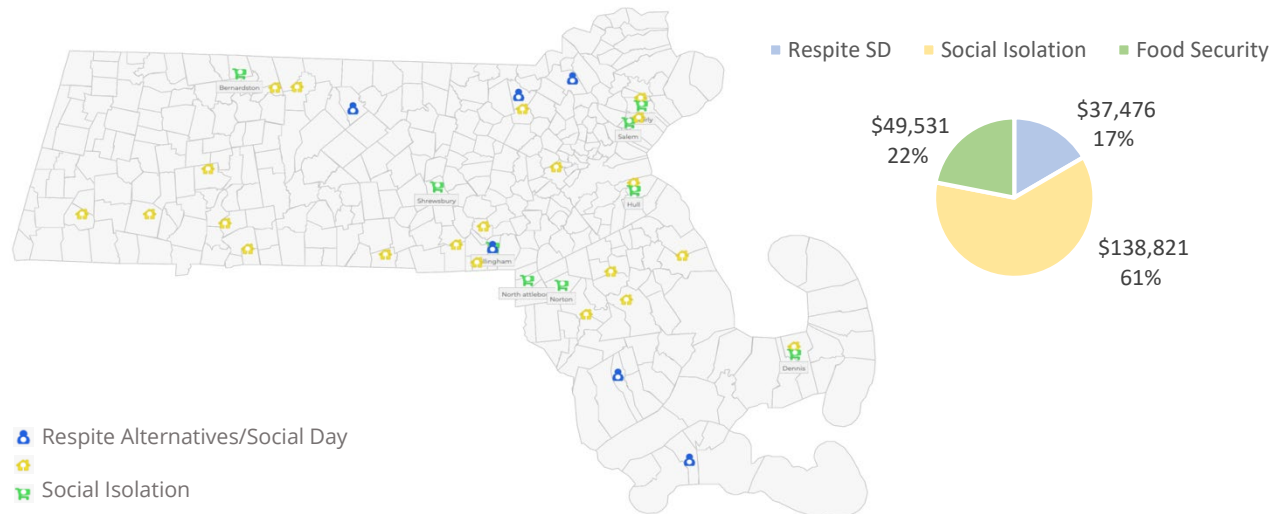
CADER will work with learners to help them finish their courses through frequent email reminders and phone calls to assist these learners in successfully completing their coursework. We look forward to continuing our work with MCOA to enhance the skillset of this workforce and positively impact the lives of older adults and people with disabilities.

Field Demonstration Project (\$236,913)

In January 2021, MCOA offered \$200,000 in state Service Incentive Grant award funds, approved by EOEA, to councils on aging for field demonstration projects. With these direct grants, councils on aging could provide services in three project areas by June 30, 2021.

Councils on aging were able to submit multiple proposals across project areas. Nearly sixty proposals were evaluated and thirty-seven (63%) awarded across the Commonwealth.

FY21 SIG Field Demonstration Grants



Social Isolation (22 projects = \$131,498)

Many of the Social Isolation programs identified best practices or areas of improvement and are planning interventions, sharing their experiences with MCOA regional groups. Several projects became pilot programs as COAs plan to establish the initiatives as permanent offerings. Survey responses outlined areas for improvement and illustrated how grateful older adults were for being thought of during the pandemic. There was an increased likelihood of participation in programs and services and becoming members of the center and other community groups. Outcomes and groupings include:

- Technology use
 - Reaching 161 households with high-speed internet start-up and follow up with additional 17 to combat barriers
 - tablet loan libraries begun including
 - 13 people reached via 30 tablets and five categories of 36 classes (subsequent next step of including broadband benefit program and longer/more training sessions)
 - 10 adults were loaned ipads for six months for use with games, video calls, etc.
 - 35 tablets purchased for loan distribution with six partnering COA

- Purchase of 15 Echo show devices to use in homes to assist with memory issues
- Intergenerational
 - 29 older adults participated in pen pal connection programs (one technology based, one traditional) which included in-person social event and upon completion 59% of participants are remain in touch with pen pal, 82% would like to participate again and 100% of respondents would recommend the program
 - increased awareness of and empathy for older adults and their needs by pairing ten older adults and six student interns via Alexa-type devices, hosting community-wide monthly intergenerational events and implementing a marketing plan
 - intergenerational pen pal program and virtual meetings reached 48 older adults (via 400 letters and cards) who also received goody bags of personal necessities, puzzle books, etc.
- Gift bags and baskets
 - Reusable bags of toiletries, water and COA programs and information reached 1,131 older adults including many previously unknown in the community
 - 82 personalized gift baskets were given to individuals (25% of older adults in the community)
- Physical activity
 - 14 older adults participated in a weekly Nordic walking program and explored walk sites and trails; three purchased their own sets to walk on their own schedule and nine borrowed poles to practice on their own
 - Trained staff on the and held movement classes using an Octaband
- Environmental/Facility Changes
 - reaching 117 unduplicated/819 duplicated older adults by creating a 30'x40' patio space with planters, perennial border, green carpet and electrical source to hold Mother's Day social, exercise programs, memory café, congregate lunch setting and gardening DIY kit (COA matched 60% of additional funds). It was named 'Jo's Garden' after a 98 year-old long-serving volunteer who was present at the Mother's Day event and died two weeks later.
 - purchase of 20'x40' tent reached 467 older adults through 30 sessions (social groups, physical activity programs, services and special events; this was an *"opportunity for many to break out of COVID confinement while feeling safe and minimally exposed to potential health hazard"*)
- Targeted outreach
 - Funds used to hire an outreach worker in a very rural town without local services (grocery stores, public transportation, inadequate cell service/high-speed internet) enabled them to reach 49 (14%) older adults via individual visits to engaging them with puzzles, games and assessing their needs, providing referrals and follow-up contact
 - Outreach information provided to 721 older adults on farmers market coupon, taxi voucher and class fee voucher, bird guide and personal protective equipment

Also:

- Televised a 12-week virtual senior center program with group activities and a focus on mental health topics, keeping people connected to the community
- Distribution of mechanical pets to ten older adults for use at home, hospital and rehab stays to decrease isolation, depression and anxiety
- 1200 meals and ~100 craft kits and games were distributed not only decreasing isolation and loneliness but also sharing the center's scaling up plans
- Social-in-place program via tablet purchase/loan with and cooking online cooking classes using meal kits which could be replicated for less than \$10. More active participation and socialization was seen when adults under 55y joined (purchased kits at their own cost) offsetting costs for program replication and also the use of partner organization
- Reached 390 older adults through a series of five programs which taught new skills, recipes, and presented a new restaurant in the community. The impact of decreasing social isolation was clearly seen in the floral arrangement program where two arrangements were made and paired with two bagged lunches. One flowers/lunch set was for keep by the participant the other for sharing. *In one, instance, a recipient asked if she could pass the gift along to grieving friend and neighbor. This prompted the original participant (giver) to give her own flowers/lunch to original intended recipient.* Sixty adults on wait lists also received lunches and/or floral arrangements.

Food Insecurity (nine projects = \$56,166)

Similar to the social isolation projects, offering food insecurity programs made clear the depth and breadth of the need in communities and were catalysts to permanent programs and larger discussions. Older adults felt improved their food intake, were able to stretch food budgets and felt more connected to the community. Best practices and areas of improvement were often noted and shared within communities and regions.

- 138 people received 1,260 grab-and-go meals (46 days x 35 meals) which were often large enough to stretch to two portions
- Pop up emergency pantry provided shelf-stable items and fresh produce for pickup. Four distributions served 200 people/month (3500#); COA staff learned food insecurity is more pervasive than thought in the community
- 113 people via 196 meals benefitted from a night off from cooking where participants received meals for seven evenings and \$10 worth of produce. 25% of recipients live in senior housing
- Village pantry supported by purchasing of reach-in refrigerator and freezer for perishable items. Pantry is available to caregivers shopping for clients

- 80 people received weekly hot meal delivered to home, connection to outreach staff and wellness check. provided connection to outreach staff and wellness
- 105 people received grocery bags of foods specific to needs of older adults and individual portion sizes. COA maintained senior-specific inventory. Recipients developed positive relationships with center staff and several reached out with concerns and requests for assistance
- 430 meals distributed to 166 unique individuals; 137 unique individuals participated in pop up farmers market. Luncheons with musical entertainment decreased 'free meal stigma'. *"Not only did we address the issue for food insecurity, but we were also able to address. . . caretakers who needed additional support . . . residents who would qualify for the SNAP program"*
- 60 people were reached through three raised garden beds and 50 grow bags. This intergenerational partnership with high school provided backyard gardening and nutrition education. Video of the process will be shared with more people and next steps include bringing the concept to the housing authority and 500+ older adults.
- 50 microwaves and meal packages were purchased for distribution to older adults for supplemental and emergency situations. Upright refrigerator also purchased to supplement emergency perishable meals inventory. With food donations low, equipment is storing free water and sugar-free popsicles for COA participants.

Caregiver Respite Alternatives and/or Supportive Day (five projects = \$49,250)

This section of the RFP encouraged COA to submit innovative ideas for providing support for adults and care partners who need respite including Supportive Day programs.

- **Andover Elder Services** received \$ \$2,844.51 in grant funding to support a technology program for the supportive day program, Senior Connections. This allowed for the purchase of 13 Amazon Fire Tablets for participants and volunteers to learn how to use them with the long-term goal of teaching them how to connect at home to programming, family, and friends
- **The Chelmsford Social Day Program** was able to resume 6.5 hours of daily in-person scheduled activities. Before the grant, the program was operating half-days a few days a week. The goal of this program is to provide a daily schedule of activities to promote the social, emotional, and physical health of the clients, and to provide a respite for caregivers. \$20,000.00 in funds were awarded.
- **Martha's Vineyard Center for Living (MVCL)** MVCL is a non-profit organization on the Vineyard that provides a variety of services through partnerships with the Town Councils on Aging. With the \$2,987.09 in grant funding, MVCL designed an in-home program for older adults. 15 Lenovo tablets were purchased with charging stands that also function as a hands-free prop for the tablet when in use. Staff set up the

home screen with the MVCL phone number on top for easy access to support when needed.

- With the grant award of \$20,000.00, the **New Bedford Adult Social Day Program** was able to expand its operations to two Social Day Sites to maintain the social distancing of the participants. Both of the Adult Social Day sites now operate five days per week, Monday – Friday from 8:15 am until 3:45 pm including transportation and meals. Each participant admitted has a treatment plan with long and short-term goals that are developed based on their individual needs. The programming falls into the following categories: Social, Nutrition, Health and Wellness, Education, Crafts, and Exercise.
- Through the \$3418.25 grant, **Templeton COA** staff /volunteers were able to assist 11 families by providing respite services thereby allowing caregivers a 'day off' from their caregiving responsibilities. In total, these 11 families accounted for a total of 33 individuals. This may not seem like a large number, but the degree of impact the service provided was indeed profound for the community.

Outcomes

- Older adults are eager to maintain social connections and be engaged with their peers and their community. They are willing and able, even eager to learn new strategies and use technology when it is made accessible to them.
- The program staff working relationships with the Board of Health have been strengthened.
- Staff learned the depth of suffering that some folks endured throughout the pandemic as well as the lack of professionals available to meet the extreme demand for service.
- Staff became acutely aware of the need for follow-up services in the homes of all those we served. Referrals to Montachusett Home Care, VNA's, and MDs were a common occurrence. We were also able to identify programs that senior centers could provide to assist these families.
- Having respite workers working directly with our families provides a closer view into these households and their needs than would typically be afforded. Through this closer view, staff have been able to quickly ascertain what if any additional services may be needed to improve the quality of life in the home as well as which homes needed more of my direct intervention.
- Staff learned that many caregivers are reluctant to leave their loved ones in the hands of a respite worker.
- Having respite workers who were *trained professionals*, nurses, and Home Health Aides helped to overcome some of these objections thus paving the way for us to provide this vital respite service.
- Of the 12 new participants, the New Bedford Council on Aging has been able to secure funding going forward via Mass Health for all but one participant. The

remaining person has advanced Multiple Sclerosis but is only 53 - so not eligible for MassHealth. This is due to the additional time that staff had to research services.

- It was determined that one-on-one tutoring was the most successful model. This allows individuals to learn to use the tablet at their own pace while playing a game that was of interest to them. The participants were unable to follow an instructor or use a technical manual.
- A stylus pen was very successful in helping them click, drag, and swipe. Several participants struggled with the act of clicking and dragging but when given a pen they could do it more easily.

TRAINING (\$90,019)

MCOA has also hosted a variety of virtual trainings as well as videotaped trainings addressing a variety of emerging issues. All of the live trainings were recorded to develop an extensive library of training available to members. The general goals of the training sessions are to build capacity/skills of MCOA membership and introduce a range of innovative programs to membership.

Each year, MCOA hosts a large training conference. In the Fall of 2020, 383 people registered for the conference held virtually.

In the Spring of 2021, the Small and Rural Conference was held virtually with 101 registrants.

SIG Funding in FY21 was used for:

- Attached list of training sessions
- Total of 227 training hours
- Total of 168 training sessions
- Total of 4577 duplicated attendees
- Technology support (Traveling and Zoom)

MCOA SIG Program: Nutrition (Tara)

FY21 Report

The expansion of MCOA's SIG-funded nutrition program is due to hiring a full-time staff member who became an integral part of the organization by working individually with councils on aging, supporting the network and strategically promoting older adult nutrition to and through partner agencies.

The impact of this program resulted in:

1. An exponential increase in training and technical assistance to COAs in the form of individual meetings to dozens of directors and staff members, and countless emails and calls on topics from programming requests to advocacy strategies.
2. The creation and/or promotion of tools (print and video) to raise awareness of and combat older adult malnutrition in the Commonwealth (Nutrition Community Checklist: A Self-Assessment, COVID-19 Nutrition Update, SNAP average benefits reports by city and town, Cooking as Self Care series, Stepping Up Your Nutrition, shelf-stable food list and dozens of recipes and nutrition education handouts)
3. Older adult nutrition presentations to network the network through Membership Meetings, Advisory Council Meetings, Small and Rural Conferences, Annual Fall Conferences as well as stand-alone nutrition forums and workshops.
4. Deeper collaborations with existing partners including Massachusetts Public Health Association, MA DTA, MA DPH including the Healthy Eating Communities of Practice, MA Food System Collaborative, MA Law Reform Institute, NANASP, Alzheimer's Association, and others.
5. Stronger communication between COAs and IIC programs by attending EOEA's Elder Nutrition Program Director meetings, clarification of IIC and farmers market coupon/homebound produce programs and procedures, etc.
6. Increased promotion of information and campaigns for COAs to use such as Be a Good Nutrition Neighbor, Malnutrition Awareness Week, Food to Families food boxes, etc.
7. Illustrating examples and successes through report submission, data visualization such as Mapline and new communication platforms such as MyMCOA.
8. Strategic planning of this position and activities into healthy aging and public health.

A detailed list of activities is available on request.

Elder Mental Health Outreach Team (EMHOT) (\$930,786)

Subsequent to the restoration of the Elder Behavioral Health Line item (#9110-1640) in the FY 20 budget, and the legislative line-item approval of \$800,000, MCOA convened an RFP workgroup that conducted a Bidders conference and made final recommendations to MCOA on September 10th, and 13th, of 2019. Elder Services of Berkshire County, and Ethos were notified they had been selected for funding.

During FY20', MCOA continued to work with EOEA and the EMHOTs on the revised reporting metrics which resulted in the creations of a standard reporting form for all EMHOTs and EHOTs. The reporting cycle was moved from quarterly to semi-annually. New reporting metrics now provide a strong foundation for the continued advocacy of program growth and network expansion of regional EMHOTs.

With the outbreak of the COVID-19 Pandemic MCOA conducted a Zoom meeting with all the EMHOTs to learn how they were managing, what technology platforms they were using to provide services, trends they are seeing in elder mental health; and identifying acute challenges and solutions. In short MCOA learned the following:

- EMHOTs were staying in touch weekly or even daily with their clients
- EMHOTs reporting many clients were experiencing increased anxiety, and some increased paranoia. They stressed that even though they are continuing to provide services and supports, for the majority of their clients, the underlying mental health issues remain and for many they have been exacerbated during this crisis.
- With the Stay-At-Home Advisory in the early days of the pandemic, clients who relied upon/participated in support groups (such as AA) could not get to those support groups. Concerns were discussed about the likelihood that we will see an increase in substance use among older adults as a result of this pandemic.
- The EMHOTs raised some concerns around housing (for clients with hoarding issues).
- They were in the process or had already started to shift to providing some services (counseling, etc.), virtually or by phone.
- LifePath created a "Phone-Pal" program Pairing vetted volunteers with EMHOT clients.
- SCES is conducting a similar Phone touch base program.
- Amesbury created a "Rapid Response" Team which includes conducted tele-wellness checks, and pick-up services (groceries, RX, etc.)

- Elder Services of Berkshire County is conducting a phone support group with 22-25 EMHOT clients

EOEA notified MCOA that additional funds had been identified for the EMHOTS to utilize. MCOA issued amended contracts to all seven EMHOTS for the additional funding provided by EOEA and worked with EMHOTS on revisions to initially proposed uses, due to pandemic.

Insights and Outcomes of the EMHOT services are reflected in the EMHOT FY20' Fact Sheet (See Appendix A)

Appendix A: EMHOT Insights and Outcomes, FY'20 Fact Sheet

Elder Mental Health Outreach Teams – EMHOTS

April 14, 2021
FY 21 Data Report Summary
For 7-1-20 – 12-31-20 Reporting Period

Elder Mental Health Outreach Teams –

Seven regional Elder Mental Health Outreach Teams currently cover 81 communities in Massachusetts, and are based in Amesbury, Bellingham, Boston, Greenfield, New Bedford, Pittsfield and Somerville/Cambridge.

They assess older adults for behavioral health issues, provide counseling and provide and/or connect elders to crucial social support services in their communities.



Recent EMHOT Findings

511 Older Adults were served during the reporting period

- **Depression (49%) ,and Anxiety (23%)** are the most common psychiatric conditions among EMHOT clients.
- **15%** of EMHOT clients experienced a behavioral health crisis in the reporting period.
- **There was a 20% increase** of clients with Co-morbid psychiatric illnesses over the previous reporting period.
- **There was a 130% increase** in the diagnoses of Dementia or other neurological disorders over the previous reporting period.
- **There was a 149% increase** in Substance Use Disorder diagnoses over the previous reporting period.



COVID 19 Impacts

Since the Pandemic began

- **There has been a 25% increase of elders diagnosed with Stress/Trauma Disorder.***
- **There has been a 50% increase of elders with a Dual Diagnosis of substance use.***

* Includes FY 20 data from 1-1-20 to 6-30-20

The Devastation of Social Isolation

A National Academies report on older adults released in 2020 concluded that social isolation can hasten premature death from all causes, with a mortality risk potentially on par or even greater than factors like smoking and obesity. In addition, further studies have shown that Social Isolation was associated with about a 50% percent increased risk of dementia. The EMHOT Reporting Data which shows a 130% increase in the diagnoses of Dementia or other neurological disorders over the previous reporting period is alarming.



Massachusetts
Councils On Aging

Observations and Challenges During the Pandemic

*"[A] client...was seeking emotional support in managing several major life transitions, including taking care of her long-term partner who was dying. **These experiences are difficult at any time but were compounded by the pandemic.** Being in the program enabled the client to **get specialized support not only around grief and loss, but also important advice relating to community-based services and resources.**"* Source: SOMERVILLE CAMBRIDGE ELDER SERVICES, EMHOT

*"A client in her **eighties who lives alone** ...has experienced **severe anxiety and fear of COVID-19**...she will not leave her apartment, **will not allow Home Care services into her apartment**, will not use the washing machines in her apartment building, will not go out to get her medications."* Source: ETHOS, EMHOT

*"Through television and print media, elders witnessed a summer of civil unrest and then the most contentious presidential elections in this nation's history. In addition, there were daily newspaper articles late fall/early winter about the number of elders residing in local skilled nursing facilities who were dying of COVID-19 after a sharp increase in cases in area. **These events, coupled with the on-going pandemic, have further impacted the consumers' sense of security.** In addition, many consumers are either extremely anxious when they receive medical care or **are foregoing it all together due to the fear of COVID-19 exposure.**"* Source: ELDER SERVICES BERKSHIRE COUNTY, EMHOT



Massachusetts
Councils On Aging

Behavioral Health Trends in Massachusetts Older Adults

Prior to the Pandemic: More than 30% of Older Adults in Massachusetts were diagnosed with Depression.

The 2018 Mass Healthy Aging Report found that 31.5 % of older adults in Massachusetts, have been diagnosed with depression. The report also found one of every four older people in MA had been diagnosed with some form of anxiety disorder.

Current Risk Assessments of EMHOT Clients

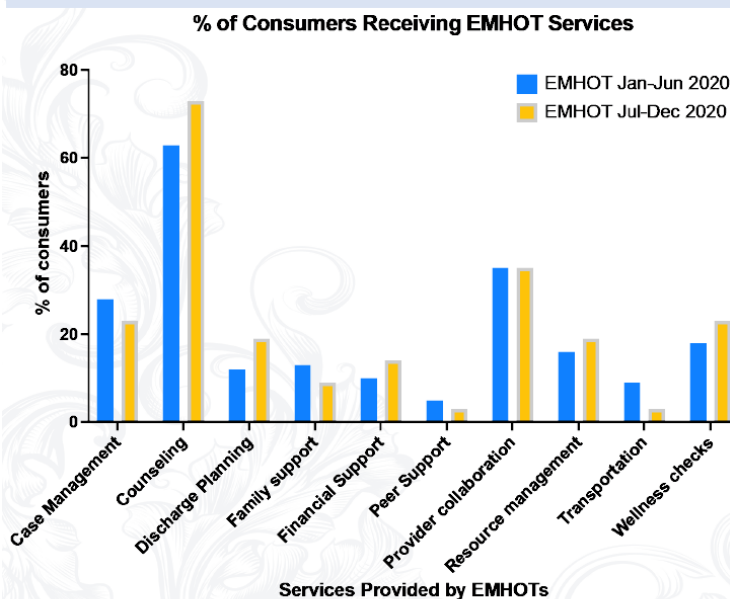
30% of EMHOT clients were found to be at Increased risk for experiencing significant health issues.

21% of EMHOT clients were found to be at Increased risk for decreasing ability to manage ADL's (Activities of Daily Living, which include: Eating, Bathing, Dressing, Mobility and Toileting.)

11% of EMHOT clients were found to be at Increased risk for abuse, neglect, or exploitation.



Services provided by EMHOT Programs



- Compared to the previous reporting period, the provision of the following services **increased**:

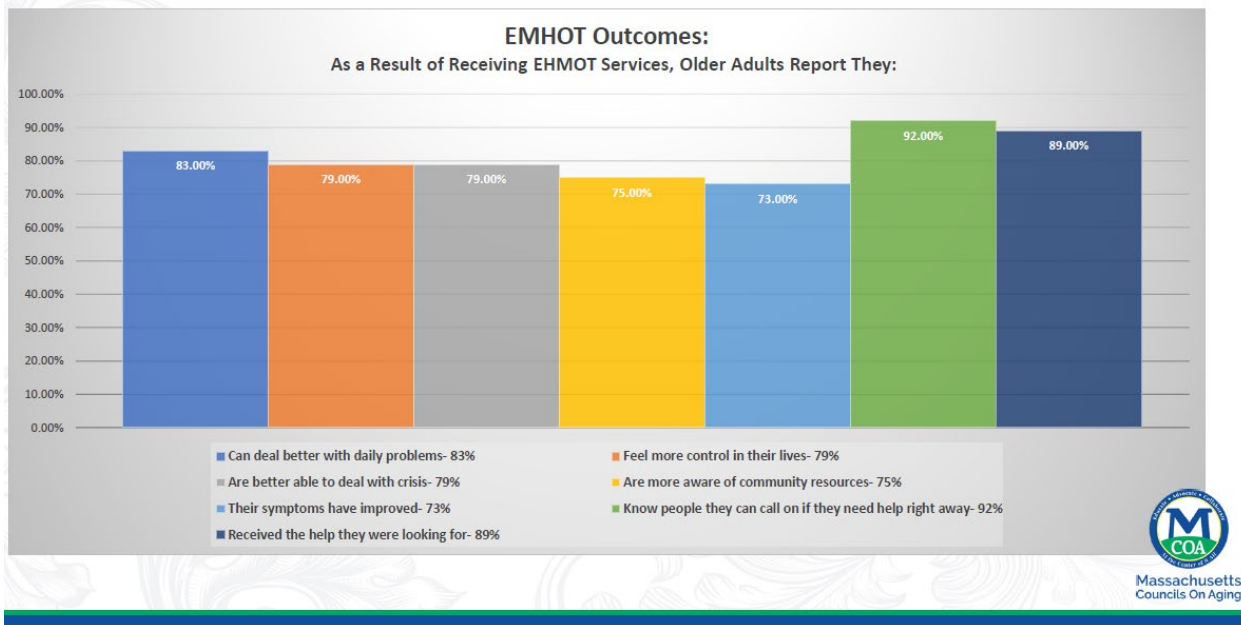
- 15%** for Counseling services
- 30%** for Wellness checks
- 30%** for Financial support
- 16%** for Resource management*

- 2,902 hours of counseling were provided directly by EMHOTs and 116 group counseling sessions were held

* Resource Management includes arranging for and/or dropping off, food, medication, etc.



EMHOT Client Outcomes



Why EMHOT Programs work

*EMHOTs provide the link to or directly provide behavioral health services, **AND** of vital importance is that EMHOTs are able to connect those elders to the additional community supports, resources and services that they need to address the broader factors associated with behavioral health issues, such as housing insecurity, chronic diseases, loss of social connectedness, and financial challenges- this connectivity is why the work of the EMHOTs is successful.*

EMHOT Client Feedback



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*“This was/is the worst year of my life...I could write a book on how wonderful [my worker] is and **an angel for those of us in need.**”*

Bellingham COA, EMHOT Client

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*“Living alone and being rather isolated, it was great to have **someone who listened to my concerns in a very genuine way.**”*

LifePath EMHOT Client

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*“Didn't feel like a program, it was me being able to discuss systemic racism in my apartment. **I felt heard.**”*

Ethos EMHOT Client

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Massachusetts
Councils On Aging

FINAL FY2021 SIG Billing

	Component	FY21 Award Approved	Amended	Final FY2021	Description	Previously billed	Invoice 5 June 1, 2021 to June 30, 2021	Balance
	DMH	800,000.00	932,451.00	932,451.00		559,876.26	370,909.09	1,665.65
	EOEA-SIG	884,000.00	1,283,977.00	1,283,977.00		825,141.05	458835.95	-
	Program Staff: Technical/Training (3 FTE); Grants Manager (1FTE); Communications (1FTE);	480,000.00	469,205.00	452,259.96	Staffing for SIG Programs and telephone	402,720.52	49,539.44	-
	EMHOT ACL-Staffing	144,000.00	58,126.00	61,198.18	EMHOT -ACL Project staffing	37,659.08	23,539.10	-
	Nutritionist coordinator	120,000.00	108,000.00	109,156.89	Nutritionist program:staff, travel, phone and other related program expenses	95,768.20	13,388.69	-
	Dementia Friendly-staff		48,646.00	50,254.11	Staffing for Dementia Program	27,404.38	22,849.73	-
	Grandparents Raising Grandchildren	25,000.00	25,000.00	25,001.65	Grants to local Grandparents Raising Grandchildren to underwrite new and existing support groups and outreach costs	24,877.54	124.11	0.00
	Welcoming Place	30,000.00	30,000.00	22,490.44	Training for COA's; develop cultural competency curriculum-	12,500.00	9,990.44	-
	Job Seekers 50+	60,000.00	80,000.00	83,466.44	Training, Support and material-13 sites running regional networking	71,976.44	11,490.00	-
	Discovery Centers for volunteerism	20,000.00	20,000.00	23,945.69	Discovery centers with transition navigators	10,870.49	13,075.20	-
	Live your Best Life		75,000.00	13,800.65	6 week resiliency training sessions	-	13,800.65	-
	Survey	20,000.00	25,000.00	15,000.00	Updating comprehensive membership survey that specifies what services/programs are being	15,000.00		-
	Dementia Friendly-Underserve 1		30,000.00	29,970.00	Underserved Asian Community & Dementia Friendly	13,560.00	16,410.00	-
	Dementia Friendly-Underserve 2		30,000.00	25,000.00	Underserved Black Community & Dementia Friendly	-	25,000.00	-
	Online Facilitator Training- CADER		25,000.00	44,500.00	CADER Training Program	24,500.00	20,000.00	-
	Field Demonstration Projects		200,000.00	236,913.23	Focus on Nutrition, Social Isolation, and Respite-social Day projects	37,848.17	199,065.06	-
	Training Events/Conference		60,000.00	91,019.76	5 day conference, small & Rural, allvirtual programing; includes speakers,presentors,	50,456.23	40,563.53	-
	Elder Community outreach team	800,000.00	932,451.00	932,451.00	Support 7 regional collaboratives operating an Elder Mental Health outreach team-behavioral	559,876.26	370,909.09	1,665.65
	TOTALS							-
	TOTALS	1,699,000.00	2,216,428.00	2,216,428.00		1,385,017.31	829,745.04	1,665.65