Elder Services of the Merrimack Valley, Inc.
Choices for a life-long journey
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Elder Services of the Merrimack Valley, Inc.
Area Plan on Aging
Federal Fiscal Years 2018-2021

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Elder Services of the Merrimack Valley, Inc.
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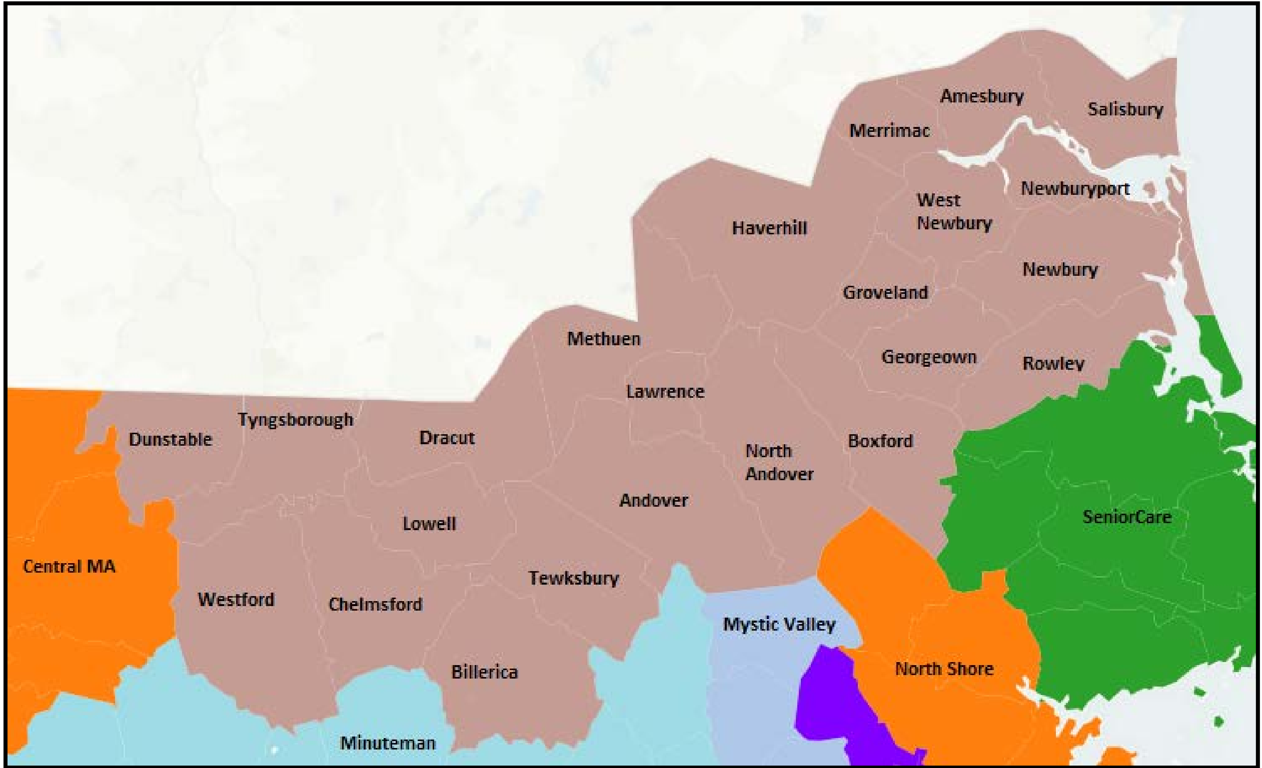

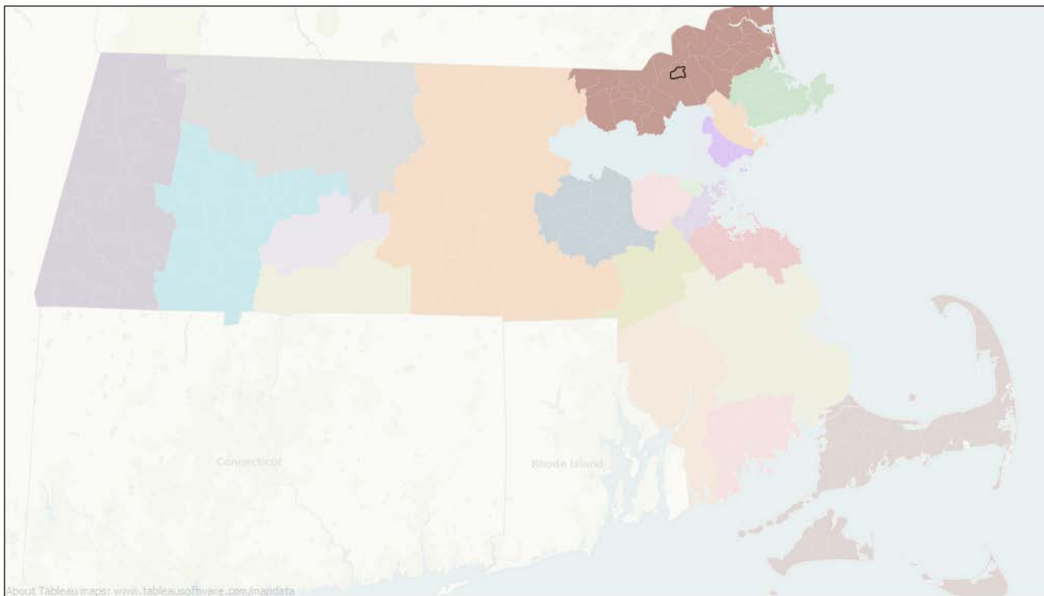

ELDER SERVICES OF THE MERRIMACK VALLEY 2018 -2021 AREA PLAN NARRATIVE

EXECUTIVE SUMMARY

Since 1974, Elder Services of the Merrimack Valley, Inc. (ESMV) has responded to the diverse and changing needs of elders, adults with disabilities, families, caregivers, and the general public with an evolving array of programs and services targeted primarily to those in the greatest economic and social need. Our designated catchment area is the 23 cities and towns of the Merrimack Valley (See Map on P.3), but many of our efforts now extend across Massachusetts and beyond. ESMV's mission supports an individual's need for choice and self-determination, and helps to strengthen the social fabric of communities for those individuals, families and caregivers managing chronic illness, disability, and/or challenges related to aging.

Our Vision: Choices for a life-long journey.

Our Mission: To ensure that choices of programs and services are available and accessible to meet the diverse needs and changing lifestyles of older adults.

Our Values: We believe home-based care, community services and supportive living programs maintain the dignity of human life by promoting self-determination and by encouraging the maximum independence of the people they are designed to serve.

ESMV's mission, efforts and plans closely align with the missions of the federal Administration for Community Living (ACL – formerly the Administration on Aging/AoA) and the state Executive Office of Elder Affairs (EOEA):

- **US Administration for Community Living Mission Statement**: *To develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities.*
- **Elder Affairs' Mission Statement**: *We promote the independence and well-being of elders and people needing medical and social supportive services by providing advocacy, leadership, and management expertise to maintain a continuum of services responsive to the needs of our constituents, their families, and caregivers.*

During the last 3 years, ESMV has maintained and built upon our leadership role on the local, state and national level in promoting evidence-based chronic disease self-management programs and demonstrating the value of community partnerships, especially in the health care arena. ESMV was ahead of the curve with our investment in transition coaching and care coordination that addressed the social determinants of health; efforts that were strengthened by our long-standing relationships with local hospitals and tradition of cross-sector collaboration. Our staff continued to respond to a large volume of Protective Services cases, along with Home Care referrals to support more elders with complex needs. We expanded our efforts to address elder food insecurity, and

established partnerships with local farmers, food relief organizations, and senior housing developments. ESMV increased efforts to engage minority communities to reach elders and their caregivers, and took steps to improve our capacity to address the needs of veterans, elders with behavioral health issues, LGBT elders, as well as elders who experience homelessness, Traumatic Brain Injury (TBI), or a variety of disabilities.

We expect these efforts to continue and to expand, as ESMV pursues opportunities in this emerging "Age-Friendly Communities" era, accelerated by major healthcare reform and demographic projections of an exponential increase in the older adult population. *See Attachment 1: Census Data and Projections.*

People 65+ represented 14.9% of the population in 2015 but are expected to grow to be 21.7% of the population by 2040. The 85+ population is projected to more than double from 6.3 million in 2015 to 14.6 million in 2040.
~ A Profile of Older Americans: 2016, Administration for Community Living

CONTEXT

ESMV is the state designated **Aging Services Access Point (ASAP)** for the Merrimack Valley under contract with the Massachusetts Executive Office of Elder Affairs (EOEA) and federally designated **Area Agency on Aging (AAA)** for the Merrimack Valley. ESMV also manages a number of contracts and programs through funding and support from ACL, the Centers for Medicare and Medicaid Services (CMS), the MA Division of Medical Assistance (Medicaid), and private foundations and public organizations.

Since 2004, ESMV has partnered with the Northeast Independent Living Program (NILP) to offer the **Merrimack Valley Aging and Disability Resource Consortium (MV-ADRC)**. The ADRC's purpose is to assist elders and people with disabilities seeking services and supports, regardless of age, disability or income, through a coordinated and seamless interagency system of information and access. The MV-ADRC continues its collaborative effort to provide "**no wrong door**" for efficient and effective access to long-term services and supports (LTSS). Our staff collaborate on core ADRC functions: Information & Referral (I & R), Options Counseling, streamlined eligibility and person-centered Transition Support. We recently joined forces to develop a proposal seeking certification as an LTSS Community Partner to local Accountable Care Organizations (ACO); ESMV was Lead Agency and NILP, our Affiliated Partner. We will continue to seek opportunities to improve access to care sought by elders and adults with disabilities.

According to EOEA's 2010 data, the Merrimack Valley's 23 cities and towns are home to an estimated 73,800 adults age 65 and over. We serve two of the state's poorest communities, Lawrence, where 24% of older adults live below the poverty line, and Lowell, with 15.4% of older adults living below the poverty line. These urban centers also add to the ethnic and cultural diversity of the region: 73.8% of Lawrence's population is of Hispanic or Latino origin; Lowell's population is 20.2 % Asian/SE Asian, including the largest Cambodian population in the state and the second highest Cambodian population in the country.

ESMV COMMUNITY NEEDS ASSESSMENT – TOP NEEDS

Our 2016 Community Needs Assessment survey results indicate that many elders are focused on **Health Care** issues (hearing loss was significant, along with general health concerns and physical disability). The next most frequent need area was **Household/ Personal Care** – aspects of maintaining independence (housecleaning, grocery shopping and laundry). Many elders are still struggling to meet basic needs, as expressed under the third category of **Financial/Legal** (paying for food, paying for rent/mortgage, and managing money). The final significant need area was **Personal Safety/Security** (balance/falls, mobility issues, and home repair). *See Attachment 2a: Community Needs Assessment.* These need areas also are reflected in the types of calls received by our I & R staff on our help line: 1-800-Age-Info.

A recent survey of Council on Aging (COA) Directors also indicated that far too many of our elders continue to struggle to meet basic needs: paying for rent/mortgage; paying for food, utility bills; paying for medication; etc. *See Attachment 2b: COA Directors' Survey Results.*

We respond in several ways to help older adults meet these "basic necessities". ESMV continues to provide:

- an "**Elder Care Fund**" to assist elders in emergency situations or with an urgent otherwise unmet need (with funds raised/donated throughout the year);
- a "**Basic Necessities program**" to assist elders with paying for rent, food, utilities, furnishings, medication, etc., (funds are obtained through grants from local foundations);
- an **Elder Brown Bag program** in partnership with the Greater Boston Food Bank, local Councils on Aging (COA) and community partners (see detailed description under Title III-C, Nutrition Services, below);
- our **Financial Resource Program** encompasses Money Management, Financial Literacy and Representative Payee). The state's **Money Management Program** is a free service matching trained, insured and supported volunteers to help low-income elders who are at risk of losing their independence due to an inability to manage their own finances. Jointly sponsored by the AARP, Mass Home Care, and EOEA, this program is operated locally through ESMV. The **Representative Payee Program** helps elders who are unable to manage their finances. Volunteers are appointed through the Social Security Administration to manage Social Security funds, Supplemental Security Income, and other benefits and ensure critical bills are paid.

AN AGENCY IN TRANSITION

In June 2017, the Executive Director of ESMV, Rosanne DiStefano, retired after 40 years of service – 37 of those years spent as Executive Director. Her extraordinary combination of traits: mission-focused, a passion for innovation, commitment to collaboration, exceptional vision and drive for excellence transformed this agency and propelled its

steady growth, particularly in the health care arena. **ESMV was fortunate to have another exceptional leader, Joan Hatem-Roy, to assume the reins as the new Chief Executive Officer,** after more than 30 years at ESMV – much of that time as the agency's Assistant Executive Director.

Ms. Hatem-Roy has been at the forefront of many of ESMV's major initiatives: overseeing the Healthy Living Center of Excellence (HLCE) and our investment in evidence-based approaches to chronic disease self-management, falls prevention, and other healthy living programs; promoting engagement with local hospitals and other payers to demonstrate the value of our expertise in transitional care coordination to address the social determinants of health; and reaching out to prospective Accountable Care Organizations (ACO) to explore ESMV's capacity to be a valuable community partner in addressing the needs of Medicaid beneficiaries with complex Long-term Services and Supports (LTSS) needs. While a focus on major initiatives such as these is expected to continue, **ESMV is about to embark upon a strategic planning process which will undoubtedly shape the agency's direction for the next several years. Based on the results of that process, the Area Plan on Aging may require an addendum**.

FOCUS AREAS & FUTURE EFFORTS

1. OLDER AMERICANS ACT CORE PROGRAMS

Since 1965, the Older Americans Act (OAA) has embodied our nation's commitment to provide comprehensive services to improve the lives of older adults. Title III, the largest program under the OAA, created critical programs and structures, and authorizes funding of supportive services. The OAA mandates that any person aged 60 and older may receive Title III services, regardless of income; however, the OAA targets the rural elderly and those with greatest economic and social need, especially low-income minority older persons.

The services included in this Title include:

- **Title III-B Supportive Services:** health, including mental health; transportation; Information and Assistance; housing; long-term care; legal assistance; services to encourage employment of older workers; crime and abuse prevention;
- **Title III-C Nutrition Services:** home-delivered meals for elders with high nutrition risk, community-based congregate meals, nutrition education, nutrition counseling;
- **Title III-D Disease Prevention and Health Promotion Services:** Preventive health services educate and enable older persons to make healthy lifestyle choices, promoting the OAA goal of increasing the quality and years of healthy life. These funds are now targeted to supporting Evidence-Based Programs;
- **Title III-E National Caregiver Support Program:** This Title was funded for the first time in 2000. It helps the millions of people who provide the primary care for spouses, parents, older relatives and friends by offering information to caregivers about available services, assistance to caregivers in accessing supportive services, individual counseling, and respite care.

Over the next 4 years, ESMV will address each of the core Title III Services as described below.

Title III-B Supportive Services

ESMV has utilized its Title III-B allocation to address critical needs identified in our service area: emergency shelter and supportive services to homeless elders; legal assistance to low-income elders and minority or immigrant elders – issues re: housing and tenancy, accessing benefits, and community education on legal issues; outreach, advocacy and education to very low-income/high risk elders; and outreach to minority elders.

While ESMV traditionally reallocated all Title III-B funding to community organizations through competitive bidding, our grants monitoring indicated that in areas such as minority outreach, the limited funds available failed to produce desired results. ESMV received a waiver to retain a significant portion of previously allocated Title III-B funds to develop a more effective, viable and sustainable approach to **elder minority outreach**. Our minority outreach team is focused on the primary minority populations in the Merrimack Valley: Hispanic/Latino, Asian and Southeast Asian, and Portuguese-speakers.

Racial and ethnic minority populations have increased from 6.7 million in 2005 (18% of the older adult population) to 10.6 million in 2015 (22% of older adults) and are projected to increase to 24 million in 2030 (28% of older adults).
~ A Profile of Older Adults, 2016 Administration for Community Living

ESMV's infrastructure allows us to support outreach staff and ensure that minority elders are prioritized – unlike our partner organizations that had less capacity to operate/build elder outreach programs or serve a broader population and variety of needs. In 2016, we also reallocated some of our required Legal Services funding to specifically target **legal services for minority elders** in the Merrimack Valley.

Future Efforts: As the diversity of the population continues to increase, we expect to increase our efforts to engage minority communities in the Merrimack Valley. We also plan to boost our outreach and engagement with underserved populations such as older veterans (through our Veterans Task Force, formed in 2016, which will soon issue a comprehensive Resource Guide for Older Veterans) and LGBT older adults (building on the LGBT Senior Social Connection, formed in partnership with the Merrimac Council on Aging). *See Attachment 3 for more details on Under-served Populations.*

Title III-C Nutrition Services:

In 2015, the Merrimack Valley Nutrition Project (MVNP) was informed that its host site no longer wished to support operation of **Home-Delivered and Congregate Meals** on-site. In consultation with EOEA and our Board of Directors, we determined that the best course of action was for ESMV to assume administrative responsibility for the Nutrition Program, with meal preparation contracted out to an experienced caterer. We began official operation on July 1, 2015 and continue to provide nutritious lunches at low cost, enhancing the efforts of COAs and Supportive Housing Programs (primary congregate meal sites) to encourage social interaction and build a sense of community. Our Nutrition Program's Home-Delivered Meals continue to bring nutritious meals to home-bound and isolated elders; in fact, the drivers who deliver these meals offer a friendly face, and their frequent contact may serve as a kind of "wellness check", helping to alert us to an elder's health decline, changes in functioning or other issues needing attention. We were successful in minimizing disruption of service in the midst of the transition, and worked with our caterer to retain many of the staff who had been employed by MVNP. ESMV's operation of this critical program enables us to more effectively respond to consumer feedback and COA input, to promote continuous improvement by our contracted caterer, and explore ways to address diverse food preferences while maintaining nutritional benefits.

In FFY 16, ESMV's Nutrition Program delivered congregate meals to 1,484 clients (including 106 with High Nutrition Risk) and Home-Delivered Meals to 2,922 clients (including 899 with High Nutrition Risk). We also administer the **Senior Farmer's Market Coupon Program**, which distributed 1,250 coupons at 7 sites across the Merrimack Valley: **Amesbury, Billerica, Dracut, Haverhill, Lawrence, Lowell, and**

Methuen. We plan to review and improve our current approach to the distribution of these coupons with the Merrimack Valley COA Directors and will explore other ways to increase access to healthy, fresh produce at the community level. *See Attachment 4: The State of Senior Hunger in America 2014.*

An estimated 15.8% of seniors face the threat of hunger, or food insecurity. This translates into 10.2 million seniors… Since the onset of the recession in 2007 until 2014, the number of seniors experiencing the threat of hunger has increased by 65%…
~ The State of Senior Hunger in America 2014: An Annual Report (June 2016)

Food insecure seniors are more likely to have lower nutrient intakes and to be at a higher risk for a number of diseases and negative health outcomes: 40% more likely to report an experience of congestive heart failure, 53% more likely to report a heart attack, and twice as likely to develop asthma.
After controlling for other known risk factors, food insecure seniors were 60% more likely to experience depression than food secure seniors.
~ Spotlight on Senior Health: Adverse Health Outcomes of Food Insecure Older Americans

OTHER FOOD ACCESS INITIATIVES

ESMV continues to develop and expand ways to increase access to nutritious food for elders in the Merrimack Valley. **Elder Brown Bag Program**: staff and volunteers continue to support a second distribution day/month at the Lawrence COA; in 2017, consolidating from 2 distribution sites in Haverhill to a single site will maximize the efficient use of resources without reducing capacity. Across all sites, **we now distribute 3,000 bags of food/month to elders in need**. Partnerships with local organizations such as the YWCA of Greater Newburyport help us deliver bags to food insecure elders in Salisbury and other struggling communities. **This program continues to operate with no funding.** Donated food comes from the Greater Boston Food Bank; distribution is coordinated by ESMV staff, along with COA staff, community and corporate volunteers.

ESMV has benefitted from a multi-year investment by the George C. Wadleigh Foundation to support our community-wide **Elder Food Security Initiative** in Greater Haverhill. The Foundation's funding helped us increase Brown Bag capacity in Haverhill, promoted the development of our Greater Haverhill Elder Food Collaborative and the design and implementation of our **Elder Community Market Program (ECMP)**, which has grown from 40 participants in 1 senior housing site in 2014 to our current program: bringing fresh produce to 270 residents of 8 senior housing sites in Haverhill. **By the end of 2017, the ECMP will have brought a total of 42,190 lbs. of fresh produce to 700 participants** at 8 senior housing buildings in Haverhill and helped to build a sense of community among residents.

Future Efforts: In addition to Title III-C, ESMV continues to utilize other resources to address the importance of healthy eating and food access for elders in the Merrimack

Valley. For example, the HLCE offers an evidence-based Healthy Eating program to help elders learn proper nutrition and how to make good choices when food shopping and preparing meals. ESMV was recently asked to join efforts to create a "Food as Medicine" pilot program in Massachusetts – recognizing food access and nutrition as important social determinants of health, especially as we age. We will continue our efforts to increase Elder Food Security and hope to expand our initiatives through additional grants, sponsorships, and increased community investment. Over the next 4 years, ESMV will be coordinating our various initiatives related to nutrition and food access to maximize resources and expand our impact across the Merrimack Valley.

Title III-D Disease Prevention and Health Promotion Services:

While ESMV devotes considerable resources to this area through our HLCE, only a small portion of Title III funds are available for Disease Prevention and Health Promotion, which must be targeted to evidence-based programming. These limited funds go toward paying a portion of the salary of our Chronic Disease Self-Management (CDSM) Program Manager who helps promote the HLCE's Healthy Living Programs. *See Attachment 4 for more details on the Healthy Living Center of Excellence.*

Title III-E National Caregiver Support Program:

Each day, 10,000 boomers turn 65 and over the next 30 years, the population of older adults will nearly double – growing from 48 million to 88 million, with the largest percentage increase among those 85 and older….
About 36 million Americans provide care and support for an aging relative today. How will we manage the care and support of our parents, grandparents, aunts and uncles? How will we manage the care of our friends and neighbors who perhaps don't have children, at least not in close proximity?
~ Next Avenue: Finding Solutions to the Growing Caregiver Crisis, 2017

Over the past 4 years, ESMV's Family Caregiver Support Program (FCSP) has grown, in terms of our capacity, events, targeted population, and offered programs. Since our last report in 2013, the FCSP shifted the focus of our partnership with the Alzheimer's Association from organizing one large annual conference to several smaller events, targeting more diverse caregiver populations. Our experience with these local, targeted events has been rewarding – both in terms of the response from minority caregivers, male caregivers, and grandparents, but also in what we are learning from their experiences, cultures and beliefs. Our integration with the community also has grown considerably. This is apparent in several intergenerational activities, and the community connections, resources and partners we tapped to design and deliver events such as our **Latino Caregiver Event, Cambodian Caregiver Event, and "Pies for Guys".** These events are supported by generous sponsors such as the Pfizer Foundation, which embraced ESMV's mission and invested in our work to support family caregivers.

In 2016, the FCSP received a $10,000 grant from the Eastern Bank Foundation; the funds helped us enhance the agency website, making it more informative and interactive for caregivers, including a **Caregiver blog** (launched in 2017) and links to valuable resources.

We continue to promote evidence-based programs and now offer **Savvy Caregiver,** an educational, supportive and informative program for caregivers of individuals with moderate Alzheimer's disease or other dementia-related illnesses. We are exploring new methods for support groups, e.g., piloting a telephone support group for grandparents raising their grandchildren. This telephone support was aimed at those who may be more isolated and unable to attend a support group, offering them the option to call in on a conference call line. The support group provided educational materials and resources from various agencies in Massachusetts, and allowed the time for grandparents to share their challenges and victories while raising grandchildren. *See Attachment 6 for an AARP Public Policy Institute report on caregivers.*

Future Efforts: Over the next 4 years, FCSP staff will continue bridging gaps with our Care Coordination Department (CCD), in order to help the staff gain a better understanding of caregivers, their role, the challenges they face, and the resources available to them. The FCSP will continue to explore new support group methods, and enhance the current methods they have experimented with, such as Skype, and an interpreter phone line for telephone support groups, for Spanish speaking individuals. FCSP also will continue to expand our outreach to our area COAs, presenting on our program at established support groups, to increase our visibility and accessibility in the community. Lastly, we now offer a Memory Café in Newburyport, and will try to identify potential funding sources to help expand access to this model in our area.

2. **PARTICIPANT-DIRECTED/PERSON-CENTERED PLANNING**: Person-centered services authorize elders, and their family caregivers a degree of choice and control over the long-term services and supports they need to live at home. Participant-directed services are home & community-based services that help people of all ages across all types of disabilities maintain their independence and determine for themselves what mix of personal assistance supports and services work best for them.

As various health systems move toward streamlining services and care for adults with complex care needs, a number of goals must be met. The individual served and their family/caregivers must be at the center of system evolution. Delivery systems must work together as a simplified, easy to navigate, cohesive whole. Health care and supportive services should be tailored to each individual's unique circumstances, preferences, and goals for living a full and meaningful life. Health and well-being, including living independently, are essential and need to encompass the social, non-medical components of home and community-based services.

~ What Matters Most: Essential Attributes of a High-Quality System of Care for Adults with Complex Care Needs, The SCAN Foundation 2016

In 2016, several ESMV staff (Options Counselors, Resident Service Coordinators) joined Options Counselors from our MV-ADRC partner, NILP, to participate in the **National Person-Centered Counseling Training Program** for the No Wrong Door System. This online training curriculum is intended to increase the knowledge and skills of staff who work with individuals and families who need, or may need at some point, Long-Term Services and Supports (LTSS).

Future Efforts: In 2017, we contracted with NILP to deliver a training program on **Disability Awareness and Cultural Competence** to our staff; the goal is to have all ESMV staff complete this training by early 2018. If we are certified by the Executive Office of Health & Human Services (EOHHS) as a LTSS Community Partner (see below), efforts such as these will enhance our staff's ability to engage and involve the people we serve, and their caregivers, as full partners.

MassHealth Delivery System Restructuring Initiative – LTSS Community Partner

The MassHealth 1115 demonstration project has spurred efforts to restructure the service delivery system "to emphasize value in care delivery and better meet members' needs through more integrated and coordinated care." The first step in this process was to establish a Delivery System Restructuring System Initiative Program (DSRIP) which began with the creation of statewide MassHealth Accountable Care Organizations (ACO) which are held contractually responsible for the quality, coordination and total cost of members' care. A major goal of the DSRIP is "to strengthen linkages between health care providers and community-based organizations, including organizations that serve individuals with Long-Term Services and Supports (LTSS) needs, to support members with complex LTSS needs and to help these members navigate the LTSS system in the Commonwealth." ACOs are required to do so, by contracting with one or more LTSS Community Partners (CP).

Future Efforts: Leading up to the recent ACO procurement, ESMV had discussions with a number of organizations interested in becoming ACOs to explore our scope of services, expertise, and network as well as the role we might play within their system. ESMV has well-established relationships with key local health care providers. Our partnership with NILP has begun to connect us more directly to local disability providers. Our shared commitment to person-centered planning, consumer engagement and empowerment, and choice unite us as an ADRC. Together, we built a coalition to help ESMV and NILP deliver the breadth of expertise, basic infrastructure, and connections necessary to successfully apply for certification as an **LTSS Community Partner for Service Areas within the Merrimack Valley.** In August, 2017 ESMV was notified by EOHHS that our proposal had been approved and we were invited to negotiate a contract to become a certified LTSS Community Partner for the Northeast area; this will allow our Merrimack Valley Community Partnership (MVCP) to contract with local ACOs.

Community Care Transition Program (CCTP)

In August, 2015 ESMV's person-centered Community Care Transition Program (CCTP) funding from CMS came to an end. We anticipated this outcome and implemented a planned downsizing; finding other positions for most CCTP staff within ESMV. We also

marketed our CCTP model and care transition outcomes to other payers. The availability of Community Hospital Acceleration Revitalization & Transformation (CHART) funding in October, 2015 for certain hospitals enabled two of our CCTP partners, Lawrence General and Anna Jaques, to write ESMV into their CHART grants; our staff provide the care transitions coaching component of their care transition programs.

ESMV also negotiated contracts with some of our Senior Care Options (SCO) programs to provide care transition services. Our work with United SCO began as a pilot which has been extended through June of 2017 with talks scheduled in March to discuss a longer-term contract for this service; there have been 410 clients enrolled since October 1, 2015. We also have a contract with Senior Whole Health (SWH) for care transition services; there have been a total of 149 enrolled clients since February 2016.

Future Efforts: ESMV will build on these efforts and pursue other opportunities as they emerge, to demonstrate the value of our expertise in addressing social determinants of health (which include food security, housing stability, social inclusion, mobility/access to transportation); supporting effective care and life transitions; assisting individuals to age in place and maximize their independence; and promoting self-determination and consumer choice. *See Attachment 7 for information on Social Determinants of Health.*

HEALTHY LIVING INITIATIVES

ESMV's partnership with Hebrew Senior Life culminated in 2008, when we created **the Healthy Living Center of Excellence (HLCE).** ESMV now operates the HLCE which disseminates 14 evidence-based programs to empower individuals to manage a chronic disease or other health concerns. ESMV was an early adopter of evidence-based programs developed by Stanford University to address chronic disease, health, wellness and safety. By empowering elders to take better care of their health, to stay active, to manage chronic illness and painful conditions, and to maximize the benefits of supportive services, we help to enable them to remain independent, exercise a wider range of options, and have a better quality of life. Highlights of the evolution of ESMV's role and our sustained investment in these critical programs are included in *Attachment 4* in order to illustrate our ongoing objectives and to fully appreciate what we envision going forward.

ESMV will continue to create and/or collaborate with others to support programs and services that promote successful **aging in community.** Examples include:

- ESMV has joined forces with EOEA and the Chelmsford Housing Authority to spearhead a local Aging & Housing Task Force to 1) promote mutual understanding between local Housing Authorities and the aging services network and 2) to explore opportunities for collaboration that might benefit elderly residents in public housing as well as those aging in place;
- ESMV has a contract with the Tufts Health Plan Foundation to be the fiscal agent for their Massachusetts Healthy Aging Collaborative (MHAC). MHAC is a network of leaders in community care, health & wellness, government, advocacy, research, business, education and philanthropy working together to

promote Massachusetts' leadership in healthy aging through support for age-friendly communities across the Commonwealth.

Future Efforts: ESMV will continue to pursue opportunities to "raise the bar" for ourselves and agencies like ours with regard to quality, value and person-centered care. We are once again "early adopters" by participating in efforts by the National Committee for Quality Assurance (NCQA) to develop accreditation standards for organizations responsible for LTSS coordination. ESMV has submitted an application for **NCQA's Accreditation of Case Management for Long-term Services and Supports.** "NCQA's standards provide a framework for organizations to deliver efficient, effective person-centered care that meets people's needs, helps keep people in their preferred setting and aligns with state and MCO requirements. They are a roadmap for improvement – organizations can use the standards as a gap analysis and align their improvement activities in the areas that are most important to individuals, payers and states."

OTHER CRITICAL ISSUES:

BEHAVIORAL HEALTH

The aging of the baby boomer generation is bringing a tidal wave of primary care and behavioral health issues unlike any the Commonwealth has ever known.
For example, the prevalence and cost of depression for this population is high and… SAMHSA reported a 50% increase in emergency room visits by people over 65 for misuse of pharmaceuticals.
We know from studies and research that seniors do use illegal drugs and self-medicate using prescription medication – their own or others'.
Absent community treatment options, the presence of a mental health condition and related behaviors of an elder is a determining factor in a family caregiver's decision to seek a nursing facility admission, often leading to a premature and unwanted expensive placement.
~Summit on Older Adults: Behavioral Health Issues and the Coming Wave, 2013

ESMV continues to see an increased incidence of mental health and substance use (behavioral health) issues in the older adults we serve; its impact is felt across a variety of programs (Home Care, CIU, Protective Services, Family Caregiver Support Program, LTC Ombudsman Program). Due to the lack of adequate services for this diverse population, ESMV implemented a clinical counseling program to provide 1:1 in-home counseling to consumers who are unable to access these services from community counseling programs. In addition to having 4 credentialed staff who can bill Medicare and Medicaid for these services, ESMV has contracts with Commonwealth Care Alliance/One Care, Tufts Health Plan, Senior Whole Health and United Health Care to provide these services to their members. *See Attachment 8: Summit on Older Adults (cited above).*

Future Efforts: ESMV will continue to explore opportunities to enhance our capacity to respond to the needs of older adults with behavioral issues, through additional sources of payment and/or in collaboration with community partners, e.g., the Amesbury COA's

Elder Mental Health Outreach Team (EMHOT). We also will continue to advocate for state-wide funding for comprehensive Elder Behavioral Health Services as an active member of the Mass. Aging & Mental Health Coalition (MAMHC).

HOUSING

A key aspect of aging in community is to ensure that people have access to stable, affordable housing, ideally in their community of choice, and to supports to help them age-in-place and be part of a community. The need for affordable housing also was identified by our staff and echoed in our COA Directors Survey. ESMV continues to play an important role in developing supportive housing – both state-supported models and federal HUD 202 models, which offer these benefits to elders. We provide **Resident Service Coordinator (RSC) services for senior housing sites in Amesbury, Billerica, Chelmsford, Methuen, Tewksbury and Westford, which house a combined total of 631 residents**. We also hold coffee hours and a summer cookout for 41 elderly residents of 101 Broadway in Methuen to encourage a sense of community among residents.

Future Efforts: Looking forward, we will continue to advocate for increased access to affordable housing (e.g., rental subsidies) and for more RSCs throughout our catchment area. This truly valued service is a great addition to any housing location. As needs change and our population increases in diversity and complexity, we will continue to redefine/adjust the RSC's role to best meet the needs and desires of elder residents. We also view our co-leadership of the Merrimack Valley's Aging & Housing Authority Task Force as an opportunity to improve communication, increase access to the range of services available through ESMV, and promote a better quality of life for elder residents of public housing.

TRANSPORTATION

As many COA Directors noted in our recent survey, the current transportation "system" fails to meet the needs of elders in many communities across the Merrimack Valley: routes are limited and flexibility is either not well-known (agency website and printed materials need to be updated), too confusing, or insufficient to help elders get where they want/need to go. According to the most recent Elder Transportation Study published by the Merrimack Valley Regional Transportation Authority (MVRTA) in 2009: "The majority of seniors drive, but a large percentage (21%) don't. Those 21% and perhaps more would choose transportation alternatives if they were convenient, accessible, and available." To that observation, many of our consumers would add "and affordable."

While the report came out in 2009, many of the **gaps** identified in the report continue to exist across the Merrimack Valley, including: Mobility alternatives for inter-city travel; Cost of para-transit and Ring & Ride Services; Limited night time transportation services; Ride times on the fixed bus routes; Limited transportation choices for medical trips outside the region; Challenge of flag stops and not knowing where to catch the bus; and Lack of bus shelters. *See Attachment 9: AARP report on Specialized Transportation.*

Future Efforts: ESMV's Advisory Council has embraced the challenge of examining the current transportation issues faced by elders in our region, reviewing the current

system/resources, and building on the preliminary work of the Merrimack Valley Regional Coordinating Council (RCC) to identify possible improvements.

3. ELDER JUSTICE

LONG-TERM CARE OMBUDSMAN PROGRAM (LTCOP)

Our LTCOP staff and volunteers cover the largest territory in the state with regards to the number of LTC facilities & residents: currently 43 facilities and 4465 residents. In any given month, LTCOP staff and volunteers conduct over 430 visits to facilities to see residents. The phone intake system averages 130 consultations per month, but the bulk of the Ombudsman program's advocacy is conducted in person – meeting with residents, interacting and interceding with families, and mediating with staff, administrators (and sometimes family) on a resident's behalf. Rights protection encompasses a wide range of issues – from access to friends and family, to issues of privacy, as well as informed consent, safe and appropriate discharge, as well as ensuring resident safety and pursuing allegations of harm by staff, other residents or visitors.

LTCOP staff also conduct extensive training, community presentations and panel discussions to educate a wide variety of audiences about the rights of residents in long-term care facilities, the Ombudsman's role, and resources available. In 2016, the LTCOP invited key staff in long-term care facilities, hospitals, and home care providers (social workers, nurses, discharge planners) to meet, learn more about the LTCOP and residents' rights, and network to strengthen collaboration on behalf of the elders we serve; these efforts will continue.

Future Efforts: Ongoing challenges to our LTCOP include an influx of residents who are experiencing mental health issues; the opioid crisis also has begun to affect skilled nursing facilities as a younger population struggling with addiction end up in short-term rehab to address injuries or other physical consequences of addiction or overdoses. Our Ombudsmen will continue to work with facilities to see that these issues are addressed either through in-house clinical resources or short-term hospitalizations. While we are fortunate to retain a dedicated, skilled core of volunteer Ombudsmen, volunteer recruitment, training and retention continue to challenge the LTCOP statewide.

CRISIS UNIT & PROTECTIVE SERVICES – ELDER ABUSE & NEGLECT

ESMV's Crisis Intervention Unit (CIU) investigates, reports, and mitigates abuse, neglect, or financial exploitation of an elder. The CIU Team is made up of 19 protective investigators and three community outreach workers. Our CIU continues to be one of the busiest in the state. In the past year, CIU's monthly average was 224 new referrals, 144 investigations and a caseload of approximately 75 ongoing "open" cases each month, while supporting an additional 145 elders monthly with money management services. In addition to addressing complaints and reports and working to protect individual consumers, the CIU also works hard to raise awareness of elder abuse, provide education and training that includes what to look for, how to report possible elder abuse, and promotes efforts to prevent elder abuse in the Merrimack Valley.

Every year an estimated 2.1 million older Americans are victims of elder abuse, neglect, or exploitation. Experts believe that for every reported case of elder abuse or neglect, as many as 5 other cases go unreported. Every year, ESMV recognizes World Elder Abuse Awareness Day to raise awareness of this growing problem. ESMV takes action to spread the word, providing trainings to varied audiences in a variety of community settings: COAs, Police Departments, Domestic Violence Task Forces, Home Care agencies, and SCO nurses and nurse managers.

Our Protective Services (PS) program numbers continue to grow from year to year. In fiscal year 2017, we completed 2,785 reports of abuse, neglect and exploitation, 1,806 investigations were completed and a total of 935 (close to 52%) were substantiated. Of these reports, 226 involved elders at risk of homelessness; 234 involved substance use; and 78 involved suicidal ideation.

Future Efforts: In 2017, ESMV was informed of significant regulatory changes that impact the way our Protective Services staff approach their work, particularly with regard to with whom they can share privileged, confidential information in the course of investigating reported elder abuse or neglect. We are working closely with EOEA to roll out implementation of these changes, including staff training, and education sessions with key community partners such as COA Directors, first responders (Police, Fire, EMTs), and Housing Authority Directors. These efforts coincide with the recent decision by EOEA to manage all Protective Services intake calls via a single statewide hotline, which now takes the call, documents critical information then transfers calls to the appropriate Protective Services team. *See Attachment 10 for information on the statewide Elder Abuse Hotline.*

SENIOR MEDICARE PATROL (SMP)

Since 2000, ESMV has been proud to host the Massachusetts Senior Medicare Patrol **(MA SMP)** Program, a partnership between community-based organizations and mainstream agencies. The program's objective is to reach and educate all Medicare and Medicaid beneficiaries, family members, and caregivers on the importance of becoming engaged healthcare consumers to prevent **healthcare errors**, **fraud** and **abuse.** The MA SMP Program is designed to engage elders, particularly isolated, hard-to-reach, underserved, un-served, limited English speaking and Native American elders. According to ACL, an estimated **$121 million in savings nationally**, including Medicare and Medicaid funds recovered, beneficiary savings, and other savings have been attributed to the SMP project as a result of documented complaints. The MA SMP Program's Advisory Committee is comprised of representatives from a diverse group of governmental and non-governmental statewide organizations that advise and help guide the program in its efforts to reach and educate all Medicare and Medicaid beneficiaries.

Future Efforts: The MA SMP Program works hard to recruit, train and retain a dedicated cadre of volunteers to ensure that the SMP message is visible and shared in communities across the state. In response to increasing demand, the MA SMP Program intensified its complex case management and inquiry resolution efforts. The Program will continue its efforts to increase collaborations with partner organizations, and interface with CMS,

Medicare contractors, the Office of the Inspector General (OIG), and other partners. The MA SMP Program will continue to utilize all forms of media and expand its public awareness campaigns. More volunteer recruitment and nurturing are needed to fully mobilize a ground force of volunteers to become more active in community education.

STRATEGIES: LOOKING AHEAD

As we look ahead, it is important to recognize the unprecedented level of uncertainty that currently exists in this country. We have a new Republican President whose party also controls both houses of Congress; they have vowed to "repeal and replace" the Affordable Care Act which the Congressional Budget Office (CBO) estimated would result in 20 – 24 million Americans no longer having health insurance and it could destabilize the health insurance marketplace. Their efforts thus far also seek to convert Medicaid to a block grant – with significantly less funding and a cap on the federal contribution to this critical source of healthcare for low-income Americans, and the foundation of funding of our long-term care system. For the first time in decades, threats to programs once considered the "third rail of politics" – Medicare and Social Security – are openly discussed and difficult to dismiss.

ESMV's overall strategy must include our remaining educated, engaged, and responsive advocates who work with elders and other stakeholders across the Merrimack Valley to preserve these and other critical programs that matter to the people we serve. At the State level, we will support the efforts of Rosanne DiStefano, our recently retired Executive Director, who was just appointed to the new Governor's Council to Address Aging in Massachusetts; she can be counted on to promote policymaking that reflects elders' priorities. We also will continue to participate in efforts such as the Elder Mental Health Collaborative and Mass. Aging and Mental Health Coalition (MAMHC), promoting behavioral health services for older adults statewide.

Since we are about to embark upon a strategic planning process initiated by our new Chief Executive Officer, strategies, goals and objectives will largely consist of continuing the major initiatives, programs, and services already outlined in this document.

However, the following strategies describe some of **ESMV's Keys to Success**:

- ✓ **We believe in, and practice, meaningful collaboration** – Whether it's establishing one of the first ADRCs in the country, disseminating evidence-based programs statewide through our HLCE, engaging our local hospitals to pilot a Care Transition model or bringing together a broad-based coalition to prepare for a challenging LTSS Community Partner RFP – ESMV's success has been fueled in large part by our commitment to meaningful cross-sector collaboration.
- ✓ **We believe that there is no true failure, only a failure to learn** – Despite the fact that CMS funding for our Community Care Transition Program (CCTP) ended, we fully expected this program to continue to evolve, as we learned from our experience, current partners and future collaborators. The CCTP experience taught us a great deal about the social determinants of health, especially for consumers with behavioral health challenges. We also learned the value of technology (Care at Hand) in providing real-time information to inform care interventions. These lessons play out daily in our contributions to CHART programs operated by local hospital partners in order to improve access, service delivery, and client outcomes.

- ✓ **We are willing to take risks, be "early adopters" and do things before funding is there** – Thanks to visionary leadership, confident skilled staff, a solid infrastructure, and a supportive non-risk-averse Board of Directors, ESMV is willing to "step up to the plate" and take calculated risks to address unmet needs or systemic challenges. Examples include: the decision to pursue training in the Coleman model of Care Transitions and pilot this approach well before there was any funding available; pursuing Stanford University's Chronic Disease Self-Management Programs (CDSMP) which soon found a home base in our HLCE; and our current willingness to be an "early adopter" of NCQA's Accreditation for Case Management in LTSS.
- ✓ **We believe in sharing what we know with others, especially to develop needed capacity in the community system** – ESMV is committed to capacity-building – whether it's the capacity of other community-based organizations to deliver CDSMP and other Healthy Living programs; teaching caregivers to take better care of themselves via Powerful Tools for Caregiver (PTC) classes; enhancing the ability of hospitals, SCOs and ACOs to reduce avoidable readmissions through CCTP and care coordination; training first responders to recognize and respond to elder abuse; training bank tellers and educating elders and caregivers to prevent or avoid financial exploitation, scams or fraud; SHINE counselors helping Medicare beneficiaries make informed choices and decisions about health insurance coverage – we empower individuals, families, communities and partners to promote health, independence, dignity, self-determination and choice across the lifespan.
- ✓ **We fight for programs that matter to the people we serve** – One of the challenges that lie ahead will draw on ESMV's willingness to fight for critical programs whose funding is under serious threat of elimination, e.g., SHINE (Serving the Health Insurance Needs of Everyone) which helps Medicare beneficiaries make informed choices, identify drug prescription plans that best meet their needs and incomes, and otherwise navigate the complex and constantly changing Medicare system – all at no cost to them. The face-to-face contact and objective counsel provided by our trained SHINE counselors (most of whom are volunteers) is highly valued by elders across the Merrimack Valley – calling 1-800-MEDICARE or logging onto Medicare.gov simply cannot compare to the assistance provided by SHINE.

See Attachment 11: ESMV 2016 Annual Report