National Association of Area Agencies on Aging

n4a

AGING Innovations & Achievement AWARDS

sponsored by CST Critical Signal Technologies

2015

Recognizing INNOVATIVE PROGRAMS and SUCCESSFUL PRACTICES of Area Agencies on Aging and Title VI Native American Aging Programs

advocacy | action | answers on aging

About n4a

The National Association of Area Agencies on Aging (n4a) is the leading voice on aging issues for the 623 Area Agencies on Aging (AAAs) across the country and a champion in the nation's capital for the 256 Title VI Native American aging programs. n4a's primary mission is to build the capacity of our members so they can help older adults and people with disabilities live with dignity and choices in their homes and communities for as long as possible.

For more information about n4a, AAAs or Title VI programs, visit www.n4a.org.

n4a's Aging Innovations and Achievement Awards staff:

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About CST

Critical Signal Technologies is a Health Services Company committed to offering innovative, cost-effective patient monitoring strategies for homes, hospitals and senior independent facilities in the U.S. and abroad. CST your Link to Life programs dramatically reduce unnecessary hospital admissions and allow individuals to live independently longer without compromising their dignity by providing real patient centered care. www.CSTLTL.com.

CST-LTL Leadership:

Jeffery S. Prough, President and CEO

Heather Sellar, Executive Director, Business Development

Introduction

Joseph Ruby
n4a President, 2014-2016

Sandy Markwood
n4a CEO

Every year, the National Association of Area Agencies on Aging (n4a) proudly recognizes the innovative programs and best practices of our members through the n4a *Aging Innovations and Achievement (AIA) Awards* program. This publication is a comprehensive listing of the 38 programs that have won the Awards in 2015.

It is thanks to our ongoing partnership with Critical Signal Technologies your Link to Life (CST-LTL)—long-time sponsors of the AIA awards program—that we have this opportunity to honor and showcase the initiatives of Area Agencies on Aging (AAAs) and Title VI Native American aging programs across the country.

We salute all those who have enhanced the prestige of this awards program by sharing their initiatives with their peers in the Aging Network. This sharing of cutting-edge concepts, best practices and innovative ideas helps inspire others, seed replication and ultimately, boost the capacity and success of all agencies.

In fact, n4a recognizes all our members for their tireless efforts to creatively use limited resources to develop vital services and supports for older adults, their caregivers and people with disabilities in communities nationwide. We hope this book supports your agencies' program development efforts and builds connections with your colleagues.

The awards highlight leading-edge and successful programs that demonstrate sound management practices that are replicable by others in the Aging Network. They exemplify both traditional and new strategies in a range of categories including Advocacy, Care Transitions, Caregiving, Civic Engagement, Community Planning & Livable Communities, Economic Security, Elder Abuse Prevention, Ethnic & Cultural Diversity, Health-LTSS Integration, Healthy Aging, Home & Community-Based Services, Nutrition, Technology, Transportation & Mobility and "You Name It!"

Aging Innovations Awards honor the most innovative programs among all nominations received, and **Aging Achievement Awards** recognize programs that meet all of the award eligibility criteria as a contemporary, effective and replicable program.

Annually, the awards are presented at the n4a Conference & Tradeshow. This year, 16 programs were honored with engraved *Aging Innovations Awards* and 22 received *Aging Achievement Awards* with a certificate of recognition. In addition, through the generous support of CST, the three top-ranking programs received monetary awards.

To qualify for an award, programs must be between one to five years in operation, receive minimal assistance from outside experts and demonstrate effective approaches in either offering new services or improving existing services. Award criteria include demonstration of measurable results, e.g., cost savings, improved client service and enhanced staff productivity. The AIA awards are open to n4a members only.

Highlights of all past *Aging Innovations Award* recipients are available in the n4a member-only clearinghouse of best practices at www.n4a.org/bestpractices.

We hope that these awarding-winning programs will inspire your efforts as you address current challenges, seize opportunities and implement solutions in your community. And remember, plan to share your innovations with us next year!

"CST is a long-time supporter of n4a and a company committed to this association. That can be measured not only by significant sponsorship investment we have made consistently for the past eight years, but also by helping shape the n4a Aging Innovations and Achievement Awards program. The program was developed to inspire the many talented people who comprise n4a's membership. While doing all this we have encouraged the members of n4a to give us the opportunity to share the many innovative ways we can help you… especially as you travel into the teeth of reform. I cannot thank enough the members who have allowed us to share your ideas and serve you as partners. The entire CST team is here to help and we look forward to speaking to all n4a members in the future."

Jeffery S. Prough
President and CEO
CST-LTL

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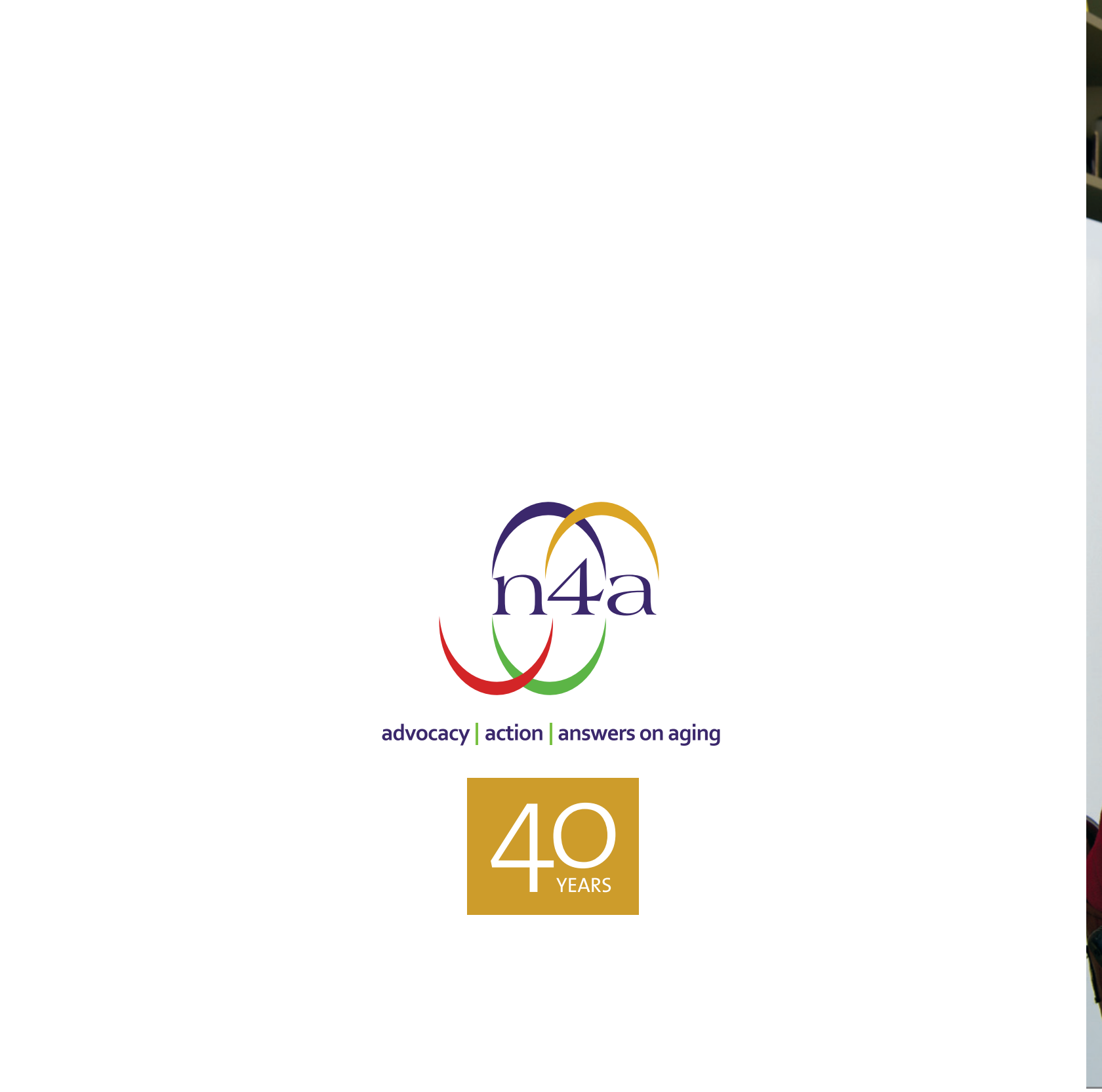

n4a

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40 YEARS

2015
Aging Innovations Awards

ADVOCACY

The Silver Key Coalition

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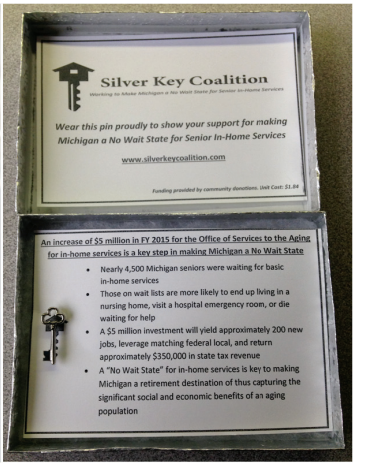
The Silver Key Coalition (SKC) was established in 2013 to combat Michigan's chronic in-home services (IHS) waitlist issues. The coalition brought together the statewide Aging Network, service providers and senior advocates to speak with a unified voice to make Michigan a "no-wait state" for senior in-home services so older adults can remain independent and in their own homes for as long as possible. The coalition is taking a data-driven, incremental approach in advocating for a $10 million increase in IHS funding by FY 2017.

After one year of the campaign, the coalition is halfway to reaching that projected goal. Members have organized Meals on Wheels ride-alongs with legislators, provided testimony to and educated legislators on key issues, and presented each member with the signature silver key lapel pin. The coalition also produced a 38-page white paper documenting unmet needs and demonstrating the return on investment that would result from increasing state funding by another $5 million over the next two fiscal years.

Michigan Governor Rick Snyder (R)



Budget:

The SKC is a grassroots advocacy effort that complements the missions of its member organizations. Program resources obtained through voluntary donations total less than $9,000 for advocacy tools, leave-behinds and more than 2,500 key-shaped lapel pins.

Accomplishments:

To date, SKC advocacy has helped lead to a state IHS funding increase of $5 million for FY 2015 and Governor Rick Snyder has committed to making Michigan a no-wait state.

Replicability:

This model is replicable in any state by bringing together the Aging Network and other stakeholders. Having solid data on key issues is necessary for educating legislators and understanding the timing of election and budget cycles is vital. For instance, the SKC began working to influence the FY 2015 budget process in July 2013.

CAREGIVING

High Country Caregiver Foundation

High Country Area Agency on Aging

In response to caregivers' growing needs for services and supports in northwest North Carolina, the High Country Area Agency on Aging's Family Caregiver Support Specialist (FCSS) created the High Country Caregiver Foundation (HCCF). The program started small with a fundraiser to cover nonprofit status application costs, but has since expanded to net more than $121,000 from a variety of monetary and in-kind resources to help meet the caregiving needs of a seven-county region.

One component is the respite voucher program, which allows caregivers to use vouchers for negotiated rates at home care agencies and adult day care, independent living and assisted living facilities. The Relatives as Parents Program (RAPP) provides services and supports based on the needs of individual families, while also offering group services such as support meetings and school supply and holiday gift drives.

Budget:

Initial investment includes 501(c)3 application costs and the FCSS's staff time. Current operating costs include full-time pay for an FCSS, 11 hours per week of part-time support, up to $400 per month to run group programs, $2,000 for mileage costs and $3,000 for event supplies.

Accomplishments:

Last fiscal year, HCCF distributed 126 respite vouchers totaling $63,000, which translated into 1,225 hours of home care, 62 days of assisted living care, 11 days of nursing home care and 14.5 days of group respite. Four clients participated in the group respite program and RAPP served 76 families via support groups and other forms of assistance.

Replicability:

Other AAAs can replicate this program by starting with small fundraisers and applying for grants. As the program grows, it may be necessary to apply for nonprofit status. It is important to recruit a network of committed individuals and agencies to assist.

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CARE TRANSITIONS

Eastern Virginia Care Transitions Partnership

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When chronically ill patients are discharged from a hospital to a skilled nursing or rehabilitation facility, transition from one setting to the next or return home, it can be confusing and challenging. After running a successful Care Transitions Intervention (CTI) coaching pilot program, the Eastern Virginia Care Transitions Partnership (EVCTP) was expanded to enable visits to an average of 900 homes per month to coach patients and their caregivers in 2013.

EVCTP—comprised of five Area Agencies on Aging, five health systems and 69 skilled nursing facilities—combines medical and long-term home and community supports to reduce hospital readmissions and prolong quality of life for patients living in their own homes. In addition to coaching, patients have access to enhanced services including transportation, home-delivered meals, in-home care and housing. EVCTP also helps create a seamless model of patient-centered care through enhanced agreements with hospitals for secure data sharing systems; trainings for governance, management and clinical teams; a single, centralized source for billing, tracking readmissions and other metrics; and integration into health systems' electronic health records and health information exchanges.

Budget:

During EVCTP's startup year in 2013, total operating costs of $352,370 included salary, fringe and indirect ($195,355); training and travel ($54,205); communications and equipment ($19,300); data processing and analytics ($70,000); rent, utilities and insurance ($7,010); and other ($6,500). After enlarging the project's footprint, the FY 2014 operating costs totaled $956,209, which included salary, fringe and indirect ($747,144); training and travel ($92,890); communications and equipment ($24,336); data processing and analytics ($80,065); rent, utilities and insurance ($3,854); and other ($7,920).

Accomplishments:

The Centers for Medicare & Medicaid Services (CMS) have recognized EVCTP as a "top performer," with one of the largest and most successful CTI programs in the nation. In addition to reducing the readmission rate from 18.2 percent to 8.9 percent, the EVCTP program resulted in an estimated savings of $17,318,400 due to 1,804 avoided readmissions from February 2013 to January 2015. Currently, the readmission rate is 7 percent. (The EVCTP-Hospital data is provisional and has not been confirmed by CMS.)

Replicability:

Due to this success, EVCTP is currently developing a three-year plan for Virginia CTI expansion. The plan is due December 2015.

Interagency Care Team

Region IV Area Agency on Aging

Hospitals, federally qualified health clinics, Area Agencies on Aging (AAAs), mental health professionals and public health professionals among others often provide critical services to the same patients without recognizing the interdependence of their efforts. Interagency Care Teams (ICTs) were formed to link people at high risk due to chronic health conditions and multiple hospitalizations with the help they need. The ICTs have flexible team leads and partners who are selected based on patient needs; use of a technology tool that allows multiple agencies to share progress notes; and AAA transition coaches and care management staff. This effort has led to reduced hospitalizations and increased patient access to community resources.

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Region IV AAA worked with fellow Healthy Berrien Consortium (HBC) partners to create a community roadmap of interventions and develop the ICT. Currently, health department epidemiologists are adding additional metrics for evaluation to extend the collaboration.

Budget:
ICTs use redirected efforts of existing staff from participating entities. A HIPAA-compliant communications tool was secured at no cost for beta test purposes. Through a $250,000 local grant, Region IV AAA is now identifying payment models to allow for scalability of the program.

Accomplishments:
Initial accomplishments for 130 patients include reduced hospital admissions, increased utilization of primary care providers and a reduction in total cost of care. Other important achievements include implementation of a communications tool, common patient education across agencies and increased access to community resources.

Replicability:
Other agencies can easily replicate the community roadmap to help partners realize the potential of a coordinated approach. Enlisting a health department, university or other entity to assist with metrics and evaluation is advisable. Payment model success (health plan, hospital, etc.) will vary.

COMMUNITY PLANNING & LIVABLE COMMUNITIES

Dementia Friendly Communities—ACT on Alzheimer's

Minnesota Association of Area Agencies on Aging

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ACT on Alzheimer's is a statewide, transformative initiative preparing Minnesota for the personal, social and budgetary impacts of Alzheimer's disease. Minnesota's Area Agencies on Aging (AAAs), in partnership with the Alzheimer's Association of Minnesota/North Dakota, provide technical assistance to communities in their regions, helping form local action teams and assisting in the use of the ACT Dementia Capable Communities Toolkit to identify and address priority community goals.

The toolkit, which was developed through a contract with Stratis Health, gives communities a process and the tools needed to become dementia-capable by: (1) convening key community leaders and members to form Action Teams, (2) assessing current strengths and gaps within the community, (3) analyzing community needs and developing an action plan, and (4) ACTing together to pursue priority goals that foster community readiness for dementia.

Budget:

The ACT Dementia Capable Communities Toolkit, related website portal and community grant program, including administration expenses and resources for partner organizations, cost $1,075,500 over a four-year period.

Accomplishments:

Currently 34 communities are engaged in ACT on Alzheimer's. Most receive technical assistance from their respective AAA and the Alzheimer's Association. Examples of community-specific accomplishments include St. Paul Neighborhoods' training of 87 dementia champions to lead Dementia Friends sessions attended by more than 650 people, and Rural Cambridge's efforts to offer dementia education for physicians and care coordinators at the local medical center and through guest editorials in the local paper.

Replicability:

Minnesota's AAAs are poised to assist other AAAs using the ACT on Alzheimer's Community Toolkit (www.actonalz.org/toolkit) to help communities create a supportive environment for people with dementia.

HomeShare Program

Ventura County Area Agency on Aging

HomeShare helps seniors maintain their independence and remain in their homes by matching them with home seekers—other seniors, as well as some college students or single parents with children—who are willing to help with some combination of household tasks, transportation, companionship or financial support in exchange for housing. All parties involved in the housing arrangements go through a detailed screening process. Rental agreements are constructed based on the needs of both parties.

The HomeShare program began several years ago through a partnership with the Ventura County Area Agency on Aging (VCAAA) and a city housing authority. Recently, the HomeShare program came under the auspices of VCAAA. In addition to matching seniors with home seekers, the program assesses participants for eligibility for other social service programs, such as Medi-Cal, Covered California, Cal Fresh and congregate meals, through the agency's Benefit Enrollment Center.

Budget:

Program costs at startup were $8,000; the annual budget is currently $130,000, which includes four part-time staff and costs for criminal background checks on parties applying for HomeShare arrangements. Staff members spend about 20 hours a week conducting interviews. Working with Older Americans Act Title V workers has been an effective cost-reduction strategy.

Accomplishments:

Since VCAAA absorbed HomeShare, the program has become more formalized and has expanded into different parts of the county. Formalization of the program included creating standardized operating procedures, creating policies in concert with county rules and regulations and updating forms. VCAAA has doubled the amount of matches made through the program to 235 participants and the call volume increases monthly.

Replicability:

The HomeShare program could be replicated in any county or city with a commitment of staff and operational resources and a strong marketing campaign.

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COMMUNITY PLANNING & LIVABLE COMMUNITIES

Resources for Enhancing Alzheimer's Caregiver Health (REACH II)

United Way's Area Agency on Aging of Tarrant County

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Resources for Enhancing Alzheimer's Caregiver Health II (REACH II) is a multi-domain psychosocial and behavioral training intervention for caregivers of patients with Alzheimer's disease or dementia. This nationally recognized evidence-based program is designed to reduce caregiver burden and depression and improve caregivers' ability to provide self-care. Caregivers are given a customized, six-month plan that offers face-to-face visits and telephone support.

In Tarrant County, Texas, unpaid family caregivers provide 80 percent of care to Alzheimer's patients who live at home, which takes a tremendous toll on caregivers. The Area Agency on Aging of Tarrant County (AAATC) first implemented REACH II during a Community Living Program Demonstration Grant five years ago. The AAATC makes referrals, establishes goals, provides oversight and coordinates independent program evaluation. Recently, funding from the Rosalynn Carter Institute for Caregiving has allowed for expansion of the program.

Budget:

The program's total annual budget of $274,000 (approximately $975 per family) includes master's-level staff salaries and benefits, travel, caregiver notebooks and administrative overhead.

Accomplishments:

To date, 1,223 clients have been served in Tarrant County. Since the inception of the REACH II program, 92 percent of care recipients have been able to stay in their homes for at least six months following program completion, which exceeds the program goal of 80 percent. This has helped prevent premature nursing home placement, thus enhancing quality of life and contributing to an estimated $30.4 million in nursing home cost savings.

Replicability:

Fidelity to the REACH II model is imperative, which requires adequate time for applying for grant funding, completing proper training and establishing systems. Building a solid referral system involves partnerships with other local community agencies.

ECONOMIC SECURITY

Senior Job Club

Region IV Area Agency on Aging

Recognizing the gap between existing computer training and job placement services for unemployed and underemployed seniors, Region IV Area Agency on Aging developed the Senior Job Club. The project helps seniors return to the workforce and achieve financial stability by: (1) increasing employment skills through a six-week job search skills training and one-on-one coaching, (2) increasing education and work skills through computer technology training, and (3) increasing employment through on-the-job training.

Volunteer teachers and coaches are all age 50 or older. Participants leave with increased computer skills, a professionally developed resume, a network of support to aid in their job search and the skills and confidence to gain and keep employment.

Budget:

Start-up costs were minimal because the project utilizes an established computer lab. The $37,000 annual budget includes salaries/fringe ($11,000), contract staff ($11,000), a volunteer coordinator stipend ($4,800), office space ($2,000), supplies ($1,200), equipment ($5,000) and marketing ($2,000). The United Way funded the first five years of the program and has committed to funding three more.

Accomplishments:

Six months after completion of the program, 91 percent of participants report recognizing their marketable skills, 83 percent report having increased confidence in promoting themselves and 91 percent report gaining more effective work habits. In addition, participants report improvement in: resume writing skills (87 percent); networking skills (90 percent); interviewing skills (85 percent); and job search resources (80 percent).

Replicability:

Sustainable project funding is possible through the United Way. Partnerships with local workforce development boards, employment professionals, senior centers, libraries or other organizations are vital for creating curriculum and securing use of computer labs. It is important to engage highly-skilled contract staff and a volunteer coordinator who can recruit and train volunteer instructors.

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ELDER ABUSE PREVENTION

PC 368.1 Law Enforcement Card and Training Program

San Bernardino County Department of Aging and Adult Services

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To enhance the ability of law enforcement officers to investigate and successfully prosecute issues of elder and dependent adult abuse, the San Bernardino County Department of Aging and Adult Services (DAAS) created the PC 368.1 Law Enforcement Information Card and training program through the Adult Protective Services (APS) program.

The convenient, pocket-sized information card provides officers with penal codes applicable to elder and dependent adult abuse to assist them in filing proper charges against alleged perpetrators, while also outlining what APS can do in terms of treatment and services. DAAS APS social workers provide the informational card and training—which includes information on the signs and symptoms of elder/dependent adult abuse—directly to local law enforcement.

County of San Bernardino
Department of Aging and Adult Services

TO REPORT ELDER OR DEPENDENT ADULT ABUSE, CALL:
1-877-565-2020
24 hours per day,
7 days per week, Toll-free

Penal Codes (PC) Relating to Elders and Dependent Adults

PC Section 368 (b)(1) - Any person who, under circumstances likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult, with the knowledge that he/she is an elder or dependent adult, to suffer, or inflicts physical pain or mental suffering, or has the care or custody of an elder or dependent adult and willfully causes or permits the person or health of the elder or dependent adult to be injured or placed in a situation where his/her person or health is endangered, is punishable by imprisonment in a county jail or state prison.

PC Section 368 (c) - Any person who, under circumstances or conditions other than those likely to produce great bodily harm, or death, who violates the law described in **PC 368 Section (b)(1)** is guilty of a misdemeanor.

PC Section 368 (d) - Any person, not a caretaker, who violates the law proscribing theft, embezzlement, forgery, or fraud, or who violates **PC Section 530.5** proscribing identity theft regarding the property or personal identifying information of an elder or dependent adult, or who knows or reasonably should know that a victim is an elder or dependent adult, when the value of property taken does not exceed $950, is punishable by imprisonment in the county jail, a fine not exceeding $1,000 or a fine and imprisonment. When the value of property taken exceeds $950, the person is punishable by imprisonment in a county jail or state prison.

PC Section 368 (e) - Any caretaker of an elder or dependent adult who violates the law described in PC Section 368 (d) when the value of property taken exceeds $950 is punishable by imprisonment in the county jail or state prison. When the value of property taken does not exceed $950, it is punishable by imprisonment in the county jail, a fine not exceeding $1000, or both a fine and imprisonment.

PC Section 368 (f) - Any person who falsely imprisons an elder or dependent adult by use of violence, menace, fraud, or deceit is punishable by state imprisonment.

PC Section 368 (g) – "Elder" is any person 65 years of age or older.

PC Section 368 (h) – "Dependent Adult" is any person between ages of 18-64 years who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his or her rights, including persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adults include any person between 18 and 64 years of age who Is admitted as an inpatient to a 24-hour health facility.

The expanded definition of a dependent adult is any person between 18 and 64 years of age who, as a result of a physical or mental impairment, **is unable to protect his or her own interest, or obtain goods or services necessary to meet essential human needs. To the extent** that this impairment renders the person unable to communicate responsible decisions (lacks capacity), the person would be considered a dependent adult. The physical or mental impairment results in an inability to protect his or her rights.

PC Section 368 (i) – Caretaker is any person who has the care, custody, or control of, or who stands in a position of trust with an elder or dependent adult.

Additional Considerations

CONFIDENTIALITY: To ensure the safety of the reporting party, the reporting **party's name and information is to be kept confidential.**

INFORMATION AND ASSISTANCE: For non-emergency information and assistance please contact the Senior Information and Assistance (SIA) office at 1-800-510-2020. This program provides elders or dependent adults with referrals, assistance, and advocacy in solving problems or obtaining needed services. General information and referral for essential human services can also be obtained by dialing 2-1-1.

SEARCH WARRANT: Welfare and Institutions Code (WIC) Section 15755 states that a law enforcement agency may seek a search warrant from a magistrate pursuant to the procedures set forth in **Chapter 3 (commencing with Section 1523) of Title 12 of Part 2 of the Penal Code** to enable a peace officer to have access to, and to inspect, premises if a county welfare worker has been denied access to the premises by the person or persons in possession of the premises and there is probable cause to believe an elder or dependent adult on those premises is subject to abuse. While executing the search warrant the peace officer may allow a county welfare worker, or any other appropriate person, to accompany him or her.

Services Provided by County APS

- A 24/7 hotline for receiving reports of abuse and neglect of elders and dependent adults.
- Investigation of reports of abuse/neglect of elders or dependent adults.

Budget:

The approximate total cost of $1,874.33 for developing the PC 368.1 Law Enforcement Information Card and providing the training program includes development of materials ($315), printing of materials ($560), training presentation delivery ($193) and transportation to training sites ($805).

Accomplishments:

Use of the information card and related training has resulted in increased participation in elder and dependent adult abuse investigations by local law enforcement agencies and improved relationships between DAAS social workers and law enforcement.

Replicability:

The information card and training program can be easily replicated by any Area Agency on Aging responsible for administering the Adult Protective Services program or raising awareness of elder abuse. The development of the card involves the use of a computer with Adobe InDesign software. The card can be printed by any printing services vendor. Microsoft Word and PowerPoint are utilized in the development of the training slides and materials presented at law enforcement meetings.

ETHNIC & CULTURAL DIVERSITY

Mosaic Elder Refugee Pre-Literacy Program

Area Agency on Aging, Region One

To address the need for pre-literate English education among elder refugees who must learn a sufficient amount of English in order to pass the U.S. citizenship test, the Mosaic Elder Refugee Program created a pre-literacy program, found established curricula (the English Pre-Literate Program by Cielito Brekke), recruited volunteer teachers and coordinated with Mosaic case managers to identify participants.

The pre-literacy program began with 88 students meeting twice weekly during 10-week-long sessions held at three sites. At the end of each 10-week session, students are evaluated on their progress and then are either referred back to their case managers, continue for an additional 10 weeks or graduate to an ESL class.

CONTACT:
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President & CEO

Area Agency on Aging, Region One

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Budget:

Annual costs for this project ($13,800) include personnel ($10,800) and printing ($3,000). Transportation to classes and classroom space was provided at no cost through collaboration with the Agency's contracted senior centers and senior housing complexes.

Accomplishments:

To date, the program has served 155 individuals, with 225 currently on a wait list. For FY 2013-2014, the program exceeded its short-term goal of transferring 25 percent of clients to an ESL class after 20 weeks of pre-literate instruction, with 43 percent of clients learning enough English to advance. The program also exceeded its long-term goal of 40 percent of enrolled clients passing the citizenship test and becoming a U.S. citizen: 42 percent passed the citizenship test in FY 2013-2014.

Replicability:

Public domain curricula are available. There are few additional costs other than an increase of 1 FTE employee from 28 hours per week to 40 hours, unless enough volunteer teachers are available.

HEALTH-LTSS INTEGRATION

Faith to Fate: A Faith-Based Advance Care Planning Initiative for Underserved Communities

Senior Connections, The Capital Area Agency on Aging

CONTACT:
Ivan Tolbert, Director, Faith to Fate Advance Care Planning Initiative

Senior Connections, The Capital Area Agency on Aging

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Richmond, VA 23219

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itolbert@youraaa

The Faith to Fate (F2F) Advance Care Planning Initiative seeks to assist with end-of-life medical and property-asset legal questions and provide free wills, advance medical directives and powers of attorney to members of African-American congregations and their surrounding communities within the Greater Richmond Virginia Metro region. F2F addresses the lack of advance medical and legal planning among older African-American adults through a partnership between Senior Connections, three institutional partners, several volunteer legal partners and six area churches.

F2F involves a three-step sequenced process for each enrolled church: (1) a public announcement of the partnership, (2) a free, open educational forum conducted at the church by a Senior Connections staff member who is an Advance Care Planning Facilitator certified under Respecting Choices®, and (3) a half-day, by-appointment-only document-execution-and-delivery event sponsored at each church.

Budget:

Development costs include $22,500 (funded through a one-time faith leader training and implementation grant from the Virginia Center on Aging) and $7,200 for 12 F2F Team Leader Certifications at $600 each. Annual costs include $24,000 for allocated professional staff time (.75 FTE), $1,500 for mileage and $5,000 for materials and supplies.

Accomplishments:

F2F is the nation's first and only intervention model that is successfully delivering locally accessible, affordable and ongoing professional advance care planning within African-American churches and congregations. To date, more than 2,000 congregants, plus their extended family members, have been educated. One hundred individuals have signed up or already received their executed legal documents.

Replicability:

The F2F Advance Care Planning Initiative is replicable across all ethnic populations, denominations and faith traditions if a sponsoring lead agency, volunteer lawyers and notaries, and several faith institutions are willing to participate.

Get a Ride Guide

Riverside County Office on Aging

The Get a Ride Guide is a comprehensive resource to help the more than 395,000 seniors over age 60 in Riverside County navigate a complicated transportation system, particularly as they transition from driving to relying on assisted transportation. The Guide goes beyond the traditional contact directory, providing detailed information on transportation options and consumer information on topics such as travel training, qualifying for a restricted license and staying on the road to help readers remain independent, self-sufficient and connected to their community.

The Riverside County Office on Aging developed the Get a Ride Guide in partnership with 23 organizations. The three primary organizations that supported the development of the Guide were the Independent Living Partnership, Community Access Center and the Riverside County Office on Aging. Each of the primary organizations contributed different types of critical information to the Guide.

Budget:

The Get a Ride Guide is an effective consumer resource that provides cost flexibility depending on program goals, budget and targeted consumer base. Printing costs account for the majority of the annual expense. The competitive rate is $1.41 per copy, with minimal personnel time of 10 hours to update each edition.

Accomplishments:

The initial project goal to print and distribute 5,000 copies in FY 2013 was met, plus an additional 3,000 electronic copies were distributed. The Guide received positive feedback from professionals and consumers. One of the most frequent comments about the Guide was that it was easy to read and informative.

Replicability:

Program replication can be achieved with minimal personnel by establishing relationships with providers, organizations and county departments that work in the community to provide assisted transportation services, mobility training, consumer advocacy and education.

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TECHNOLOGY

Enhancing Work Efficiency: Using Technology to Get Reliable Program Outcomes Data

San Francisco Department of Aging and Adult Services

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The SF Connected Program offered by San Francisco Department of Aging and Adult Services (DAAS) provides free computer training in multiple languages to more than 1,000 seniors and adults with disabilities in 55 San Francisco senior/community centers. The administration of online surveys to participants and use of computer tracking software allowed DAAS to obtain accurate data for measuring program outcomes.

In the past, consumer satisfaction surveys were distributed and returned in paper form. Use of an online survey tool led to an increased response rate on the survey, which is administered in five languages (English, Spanish, Chinese, Russian and Vietnamese). In addition, computer software is now used to track participants' online activities at community centers in order to gauge how they are educating themselves about health promotion and economic security issues.

Budget:

The total startup cost of $5,197 included an Online Survey Platinum Plan ($780), translation ($520) and initial software costs ($3,897). Total annual costs of $2,144 include the yearly Online Survey subscription ($780) and software ($1,364).

Accomplishments:

The average paper survey return rate was 8.7 percent; the online survey return rate for FY 2013–14 was 27.6 percent. Data collected from the software tracking computer usage showed that 11,312 activities were related to economic or health improvement information, which helped answer funders' questions about computer usage and confirmed that the program helped participants gain information on health improvement and economic security.

Replicability:

This program is replicable because the tools used for the survey are all available online. The software used for tracking usage can be purchased; technical assistance is available for a small fee.

YOU NAME IT

Housing and Supportive Services for Older Adults

Area Office on Aging of Northwestern Ohio, Inc.

The National Church Residences (NCR) organization and the Area Office on Aging (AOoA) of Northwestern Ohio have worked together for more than a decade to provide supportive services and quality care for low-income seniors and disabled adults; NCR managed several housing properties for AOoA. But in 2010, after an accident destroyed a historic housing complex in downtown Toledo, AOoA convinced NCR to work with them to rebuild and rethink the facility. The resulting joint venture funded and created a 54-unit facility known as the Renaissance Apartments.

Thanks to the collaboration, some of the community's most vulnerable citizens have access to quality care and supportive housing. NCR invested more than $10 million in renovation of the facility, which was originally built in the early 1890s. AOoA provides services (such as daily meals, home-care waiver services, information and assistance and service coordination) to residents.

Budget:

Total funding for this project exceeded $10 million. Sources of funding included $7,260,980 net equity from the sale of low-income housing historic tax credits, $2,483,113 from the Ohio Housing Finance Agency and a $605,000 HOME loan. The annual funding from AOoA is $30,000. Other operating funding comes from rental receipts and additional grants.

Accomplishments:

This project provides the opportunity for low-income older adults to live in a safe, affordable and supportive environment. The facility has been made home-like, comfortable and rich in services and amenities. Research shows that increased levels of social supports, such as daily meal service, the availability of community-based resources and information, health screenings and medical transportation, have positively affected the health status of residents.

Replicability:

The partnership between AOoA and NCR can be easily replicated. It is essential that Area Agencies on Aging find a housing partner who has development expertise and interest in providing housing options for older adults. State and HUD financing, tax credits and conventional loan opportunities may be available.

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YOU NAME IT

Making Life Care Choices—Health Care Choices and Advance Planning

Elder Services of the Merrimack Valley, Inc.

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Elder Services of the Merrimack Valley, Inc.

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Elder Services of the Merrimack Valley (ESMV) developed and implemented a training program for all agency staff to increase their understanding of Health Care Proxies (HCPs) and Advance Directives (ADs) and ensure they discuss key information about these documents with consumers.

Session one uses the Conversation Project Starter Kit to provide general education on HCPs and ADs. The 5 Wishes booklets are utilized to explain the process of choosing an HCP and to help identify more personal end-of-life choices. Participating staff members complete the documents for themselves and discuss their process at the second session, which helps ensure they are familiar with the documents when they discuss them with consumers. Session two also addresses questions employees have about the documents and provides them with specific scripts and scenarios to assist them as they speak with consumers about their care choices.

Budget:

Annual costs of $6,000 per year include clinical social worker staff time for startup, development and training ($5,400) and 5 Wishes booklets ($600).

Accomplishments:

Pre and post-surveys of employees indicated an increased knowledge of and increased motivation to complete HCPs for themselves and family, as well as an increased confidence in undertaking end-of-life discussions with clients. This has resulted in a significant increase in documented HCPs.

Replicability:

This program is easily replicable because it uses the Conversation Starter Kit, which is available online and can be downloaded at no cost, and 5 Wishes, which meets the legal requirements for Advance Directives in 42 states, is available in 26 languages and can be completed online. Scripts and protocols relevant to the agency should be developed locally.

Mobile Resource Center, a.k.a. MaRCy

ElderSource

ElderSource's Mobile Resource Center (MaRCy) is an Internet-equipped "office on wheels" in a retrofitted RV complete with two computer workstations and outdoor furniture. Funded by the Community Foundation of Northeast Florida and National Council on Aging (NCOA), the RV allows ElderSource to bring its services to the people who need them most.

According to ElderSource's needs assessment, only 60 percent of elders in the area are aware of service/activities available to them and even those who are aware may not have a phone to call the helpline or the ability to visit in person. MaRCy allows staff to help elders find resources, obtain screening for services and apply for benefits at various outreach events throughout the agency's planning and service areas. The branded vehicle is also a mobile billboard that builds awareness of ElderSource throughout the community.

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ElderSource

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Budget:

The initial cost to purchase, renovate, brand and insure the vehicle was $61,000. Annual operating costs of approximately $50,000 include part-time staff (driver and outreach person), gas/maintenance, supplies/printing and marketing.

Accomplishments:

In two years, staff using MaRCy have reached more than 2,000 people. The demand for MaRCy has led to an increase in outreach from once a month to at least once a week and from one county to seven. The establishment of new partners has led to scheduled appearances at Walgreens, the St. Vincent's Medical Center mobile unit, mobile food pantries and more. MaRCy has been recognized by NCOA and has received a second grant for funding.

Replicability:

The project is replicable with funding for a new or used RV. New RVs can be custom built for use as office space; used vehicles will need retrofitting. Grants may be available to cover costs.

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2015
Aging Achievement Awards

ADVOCACY

AIS Promoting Independence and Choice (PIC) Program

County of San Diego, Aging & Independence Services

The Aging & Independence Services (AIS) Promoting Independence and Choice (PIC) Program in San Diego County provides voluntary conservatorship-like services at no cost to low to middle-income individuals age 50 or older who are struggling to make financial and/or health care decisions due to dementia and other conditions associated with cognitive decline. AIS joined with numerous community partners to develop the program, which offers intensive and ongoing case management, financial management, health care management linkage, social connectedness linkage and advocacy.

Budget:

Total new costs of $332,785 include additional staffing ($96,210), anticipated court fees to establish conservatorships ($211,575), and advisory services ($25,000), all offset by $100,000 in identified revenue from the Mental Health Services Initiative.

Accomplishments:

A total of 50 referrals were evaluated and accepted from October 2013 to October 2014. Long-term data is still forthcoming.

Replicability:

Replication depends on availability of internal and community resources and strong community partnerships. AIS is willing to share information related to the program.

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Elder Abuse Intervention Coalition

The Heritage Area Agency on Aging

The Elder Abuse Intervention Coalition was established by the Heritage Area Agency on Aging and stakeholders, advocates, attorneys and people with legislative connections to expand and improve elder abuse prevention, protection and intervention services by raising community awareness and building support for public policies that address the needs of abused and at-risk older adults.

Budget:

Forming the coalition was a no-cost endeavor outside of staff time, as members are volunteers. Two trips to the state capitol cost a total of $546.

Accomplishments:

The coalition played a major role in getting the Iowa Elder Abuse Law passed in 2014 and was active in getting the Iowa Department on Aging to provide a $525,000 grant to six Area Agencies on Aging for elder abuse prevention programs. With the help of the coalition, Iowa has reinstated and appropriated funds for the Office of Substitute Decision Maker.

Replicability:

AAAs will need to start by identifying key community members, who should sign a commitment letter and collaborate on establishing a mission statement and key goals.

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The Heritage Area Agency on Aging

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CAREGIVING

Residential Care Facility for the Elderly (RCFE) Rating System

County of San Diego, Aging & Independence Services

After a local media investigation revealed a lack of rigorous state oversight and follow-through at long-term care and assisted living facilities in San Diego, Aging & Independence Services (AIS) convened an internal workgroup to form the framework for the Residential Care Facility for the Elderly (RCFE) Rating System to measure the level and quality of care at RCFEs and deliver this information to consumers via a website.

Budget:
Operating costs for Phase 1 for FY 2014-15 are estimated at $50,000. Operating costs for Phase 2 for FY 2015-16 are estimated at up to $200,000.

Accomplishments:
After the formation of the internal workgroup, 59 facility representatives attended a town hall meeting and more than 25 percent of facilities in attendance volunteered to participate in the pilot. AIS has successfully solicited procurement proposals and selected a contractor for the project.

Replicability:
The RCFE Rating System may be replicated, depending on the availability and accessibility of licensing records and buy-in from local RCFE owners and managers.

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The KIPDA Region Resource Coordination Specialist Project

Kentuckiana Regional Planning and Development Agency

The Resource Coordination Specialist (RCS) serves family caregivers by supporting their efforts to enhance the well-being of their care recipients and ensure their care and safety needs are met. Participants receiving RCS services acquire tools to manage the demands of their caregiving role and learn where to find needed assistance and community resources. The RCS serves as the hub of a caregiver model of services that also includes counseling, training, support groups and respite.

Budget:
The annual cost of the Resource Coordination Specialist is $28,875.

Accomplishments:
Through the work of the RCS, 87 percent of care receivers were able to maintain their current living situation, 84 percent of caregivers reported feeling less stress as a result of services received, 92 percent of caregivers reported an increased awareness of self-care and 92 percent of caregivers reported that they learned about resources that could help them.

Replicability:
It is necessary to hire a staff person who understands the needs of caregivers and the stress they endure. Staff must be able to conduct a thorough assessment and find needed resources within the community.

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CIVIC ENGAGEMENT

Santa's Little Helper

Southwest Missouri Office on Aging

The Southwest Missouri Office on Aging Santa's Little Helper program pairs families, individuals and business partners in the community with seniors who are alone and/or who need assistance with necessities during the holiday season. The Office on Aging solicits wishlists from seniors and provides those lists to "adopters" who purchase items on the wishlists in time for Christmas. The Office on Aging is also working to develop a Christmas in July program to assist seniors during the summer.

Budget:

The only costs associated with the project are staff time involved in implementing and overseeing the project and sending thank-you notes to the many adopters who donate wishlist items.

Accomplishments:

Over the past four years, the program has grown from helping 60 seniors to adopting more than 130 a year. Adopters have also helped support senior centers by providing bundles of essential items used on a daily basis, such as cleaning supplies, bulk foods and paper goods.

Replicability:

A key to success is reaching out to the community during the holidays to recruit adopters.

Contact:

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COMMUNITY PLANNING & LIVABLE COMMUNITIES

Age Friendly Community Readiness Assessment

Alliance for Aging

In fall 2013, the Alliance for Aging was asked by the Health Foundation of South Florida to conduct an assessment to determine if Miami-Dade County was ready to join the WHO-AARP Network of Age Friendly Communities. The assessment involved determining what the community needed to do in order to proceed, conducting interviews with local stakeholders to assess interest and presenting findings to the Age Friendly Initiative's steering committee. The process identified a range of considerations related to staffing an initiative, engaging elders and funding and sustaining activities.

Budget:

Funds of $10,000 from the Health Foundation of South Florida covered staff time for conducting research and interviews, analyzing data and presenting results.

Accomplishments:

The assessment provided a way for community partners to think strategically about how best to implement an age-friendly initiative in Miami-Dade County. The Alliance is currently creating and implementing an action plan.

Replicability:

The Alliance can provide their results and lessons learned. This includes models and cost estimates for leadership, partnerships, staffing, funding, conducting the age-friendly assessment and engaging older adults.

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ELDER ABUSE PREVENTION

Aging Information Exchange Session
Arlington Area Agency on Aging

The Aging Information Exchange Session provides administrators and supportive service coordinators of long-term care (LTC) communities with direct contact with external resources and programs through a quarterly, 2.5-hour-long roundtable gathering focused on information-sharing and organizational networking and attended by county staff, resource service providers, representatives from LTC communities and members of the Commission on LTC Residences. Topics of interest covered in past sessions included transportation, emergency mental health, discharge planning, senior employment opportunities, Medicare counseling, in-home services, and emergency planning and fire safety.

Budget:
This program requires minimal funding of about $500 for staff time and purchasing refreshments. Sessions are held at Arlington County's building and speakers volunteer their time.

Accomplishments:
The program has yielded an increased number of referrals from service providers. The relationship among county staff, commission members and LTC communities has been strengthened.

Replicability:
The program's low-cost implementation affords high potential for replication. Relationships between the agency and administrators of local LTC facilities are critical.

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iFAST
AgeOptions

iFAST is a powerful collaboration between social service organizations, county and state law enforcement, financial institutions, legal services and state agencies to more effectively prevent and respond to elder financial exploitation through case consultation, community education, provider training and rapid response. AgeOptions collaborated with the Consumer Financial Protection Bureau and the Illinois Department of Aging to bring the iFAST model to the metropolitan Chicago area, with the ultimate goal of statewide expansion.

Budget:
iFAST's annual costs of $50,860 for FY 2014 include personnel and overhead. The ideal budget for this program is $99,696, which allows for additional staff time to develop relationships, attend meetings and events, and expand volunteer recruitment and community education.

Accomplishments:
To date, 100 percent of attendees have rated the sessions "very good" or "excellent" and have either agreed or strongly agreed that they now are better able to recognize and reduce the risk of elder financial exploitation.

Replicability:
Replication requires having at least 50 percent of a staff member's time devoted to iFAST. Hiring a consultant can help tailor an organization's message to financial institutions. Soliciting financial support is key.

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AgeOptions

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ELDER ABUSE PREVENTION

San Diego County Adult Protective Services Acutely Vulnerable Adult Protocol

County of San Diego, Aging & Independence Services

The San Diego County Adult Protective Services (APS) Acutely Vulnerable Adult (AVA) Protocol is an approach to investigating and intervening when individuals have severe cognitive or communication deficits that prevent them from protecting themselves from maltreatment. After the tragic death of a developmentally disabled young adult, APS established a workgroup to create the AVA protocol.

Budget:
Costs for implementing the program were minimal because county APS staff developed, implemented and provided the training.

Accomplishments:
In FY 2013-14, 88.2 percent of AVA clients had a rating of "stable" or above at case closing and 21.4 percent had a rating increase from "stable" to "safe" at post–case closure follow-up. In the first half of FY 2014-15, 96.2 percent of AVA clients had a rating of "stable" or above at case closing and 100 percent of clients maintained a rating of "stable" or above at post–case closure follow-up.

Replicability:
Other organizations can replicate the AVA Protocol by utilizing the definitions, protocols, tools and processes developed by the County of San Diego.

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ETHNIC & CULTURAL DIVERSITY

A Culturally Appropriate Nutrition Program for the Samoan Seniors in San Francisco

San Francisco Department of Aging and Adult Services

For several years, the Samoan Community Development Center (SCDC) provided American-style meals to Samoan seniors, but attendance was low because the meals did not meet their cultural needs. San Francisco Department of Aging and Adult Services (DAAS) worked with SCDC to identify a restaurant that agreed to cook Samoan-style meals according to DAAS menu requirements.

Budget:
For FY 2014–15, the congregate meal program costs $25,800 for 4,218 meals for 35 unduplicated consumers. Cost per meal is around $6.11.

Accomplishments:
Participants in the SCDC senior center increased by 39 percent in FY 2012-13 and by another 20 percent in FY 2013-14. As a result, the program has expanded from two to three days per week. Consumer satisfaction is very high.

Replicability:
This program model can be replicated to address ethnic and cultural needs in any community. DAAS has shared the program model, resources and best practices with the American Samoa Territorial Administration on Aging, which has since replicated the model.

Contact:
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HEALTHY AGING

CareLink/Healthy IDEAS (Identifying Depression, Empowerment Activities for Seniors) Program

Riverside County Office on Aging

The CareLink/Healthy IDEAS (Identifying Depression, Empowerment Activities for Seniors) program provides person-centered case management and early depression intervention to frail adults and seniors who are at risk for hospitalization and/or admission to a skilled nursing facility. Care Managers work with clients to complete a Care Plan and purchase needed services through contracted vendors.

Budget:

The FY 2014-15 operating budget of $400,000 included professional purchased services for clients, salary and benefits for three Care Management staff, training, mileage and overhead.

Accomplishments:

More than 600 people have been served since the program began. This fiscal year, CareLink/Healthy IDEAS served more than 150 clients, who have remained in their homes for longer periods of time and experienced a decrease in hospitalizations and admissions to skilled nursing facilities. After six months enrolled in the program, participants obtained significantly lower depression scores and improvements in emotional well-being, family relationships and general health.

Replicability:

Program replication can be achieved by obtaining training on the Healthy IDEAS model and establishing relationships with local providers, organizations and mental health agencies.

Contact:

Robin McCall, LCSW, Mental Health Service Supervisor, Coordinated Care Programs

Riverside County Office on Aging

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Emergency Safety Awareness for Seniors

Generations, Area 13 Agency on Aging & Disability

During emergencies, unprepared seniors can be a danger to themselves and an obstruction to emergency response. To address this concern, the Generations Volunteer Program began offering Emergency Safety Awareness for Seniors. A team of trained volunteers teaches participants to identify their specific needs and prepare individualized "Grab and Go" bags in case they are forced to evacuate or shelter in place. Vial of Life bottles contain information on medication, insurance, family contacts, doctors, pets and more.

Budget:

Program costs include a portion of the volunteer coordinator's salary (for training and assisting the volunteer team) as well as supplies for 300 participants, including purchase of Vial of Life Bottles ($375) and printing of forms ($100).

Accomplishments:

This project helps seniors better cope with emergencies by showing them how to prepare in advance. An increasing number of groups are asking the volunteer team to present the program.

Replicability:

The Vincennes Housing Authority recently contacted Generations about using the program materials to educate elderly residents. There are plans to expand the program to five additional counties in the Generations service area.

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Generations, Area 13 Agency on Aging & Disability

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HEALTHY AGING

Fall Prevention Program

Ventura County Area Agency on Aging

The Fall Prevention program provides resources to seniors who have experienced a recent fall in order to facilitate rehabilitation and prevent future falls. The program, housed at Ventura County Area Agency on Aging (VCAAA), partners with hospitals, emergency medical services, home health providers, public health and community resources to serve clients.

Budget:

The annual cost of the program is $85,000, which covers rent, information technology services, travel to industry-related conferences, salary for one social worker and pay for extra help workers who assist with data entry and aggregation. The prevention of three falls per year (at hospital costs of $25,955 each) pays for the program.

Accomplishments:

The current goal is to reduce falls by 13 percent. With the addition of Title III D–funded Matter of Balance classes and Stepping On classes, VCAAA expects to see a long-term reduction in fall activity.

Replicability:

Other Area Agencies on Aging could easily implement a Fall Prevention Program by forming a coalition of interested parties. Strong data aggregation and analytics are necessary to establish a baseline and monitor program success.

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Improving Brain Health: A Community Collaborative

Central Plains Area Agency on Aging

To promote brain health education to seniors, Central Plains Area Agency on Aging (CPAAA) collaborated with the Sedgwick County Science and Discovery Center-Exploration Place and the Wichita State University Aging Institute to develop a traveling educational poster display called “10 Steps for a Healthy Aging Brain.”

Budget:

The directors of the three organizations collaborated on poster development. CPAAA promoted and delivered poster displays to senior centers. Total costs of $3,678 included mileage ($500), 40 hours of CPAAA staff time ($1,378), 20 hours of the directors’ time ($1,300) and poster design/production ($500).

Accomplishments:

Through newspaper and newsletter articles and displays, this project educated 20,000+ seniors across Sedgwick County. The display traveled to 19 senior centers in 2014 and is expected to reach 15 more in 2015. The display also was highlighted at CPAAA’s annual Senior Expo.

Replicability:

Collaborating with unusual partners like local museums on health initiatives, education and events can broaden the reach for Area Agencies on Aging. Offering local demographic data and details on how partnerships will benefit all involved is a key step.

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HOME & COMMUNITY-BASED SERVICES

Vital Link

Clinton County Office for the Aging

Vital Link personal health information packets ensure that all necessary medical information—including Do Not Resuscitate orders, Health Care Proxies, Power of Attorney forms, and information on physician and emergency contacts, allergies and more—are available in one accessible place. The packet is a clear vinyl folder with a heavy-duty magnet on the back for hanging on the refrigerator so it is easy for patients or Emergency Medical Services (EMS) personnel to find.

Budget:
The cost of 3,000 packets is $3,000, which includes printing and the purchase of vinyl folders.

Accomplishments:
The Vital Link health files have made it easier for clients to keep all of their medical information in one place for easy access in case of emergency.

Replicability:
This project is easily replicable. Volunteers help put together the packets. Partners come to the office to pick up the packets, which are distributed by Office for the Aging staff and contractors, local EMS, and Medical Home and hospital discharge planners.

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NUTRITION

Fill the Plate

The Heritage Area Agency on Aging

The Heritage Area Agency on Aging developed Fill the Plate, a telethon and food drive to address food insecurity issues for older adults, after a significant decline in voluntary contributions to its meals programs. The four-hour-long telethon was broadcast live on a local ABC channel, with sponsors, local celebrities and lawmakers answering phones and taking pledges.

Budget:
Fill the Plate has minimal costs aside from staff time: $340 for the first year, $500 for the second and $1,400 for the third. Credit card bank fees for donations were the largest expense. Last year, $880 was spent on refreshments for volunteers. Location, production and technical costs were provided in-kind.

Accomplishments:
In three years, Fill the Plate has raised more than $195,000 for congregate and home-delivered meals, amounting to more than 39,000 additional meals and ensuring at-risk older adults get necessary nutrition, safety checks and companionship. More than $36,000 worth of food has been donated.

Replicability:
Community partners are key to replicating this event and keeping costs low. Planning can take up to five months. Adequate staff time is crucial for coordinating the project.

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TECHNOLOGY

MichiganHomeCareGuide.com
Area Agency on Aging 1-B

MichiganHomeCareGuide.com is a free community resource designed to guide consumers who are looking for quality in-home care. Seniors, adults with disabilities and family caregivers can search online listings to find and read reviews about local home care providers. The site, which was created and is managed by the Area Agency on Aging 1-B, also offers an extensive library of informative articles.

Budget:
Capital costs of $50,000 covered developing and marketing the site. Annual costs of $5,000 include website hosting and maintenance. Staff time covers monitoring consumer reviews and applications from vendors. A $25,000 grant from the Jewish Fund helped cover development costs.

Accomplishments:
Since the site launched in February 2014, there have been 12,355 unique visitors with more than 34,000 page views. The agency has secured more than $5,000 in advertising revenue. More than 50 consumers have completed reviews and there are 48 organizations currently on the site.

Replicability:
Identifying funding from a foundation or private partner helps cover development costs. Savvy marketing is key to increasing website awareness and visits.

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Telehealth Intervention Programs for Seniors (TIPS)
Westchester County Department of Senior Programs and Services

The Telehealth Intervention Programs for Seniors (TIPS) serves adults in congregate or community dwelling arrangements who have their vital signs checked in a community setting twice a week. Weight, blood pressure, pulse and oxygen levels are taken by student technicians and transmitted to a telehealth nurse for feedback. Wrap-Around Services such as Benefits Checkup, Health for Life, Caregiver Coaching and Care Circles are also part of the program.

Budget:
One site can run for six months for $5,000. Kiosks range from $800–$1,000. The telehealth nurse costs $45 per hour, and telehealth technicians receive $15 per hour. Data capture for the program is facilitated by social work college students who are completing unpaid fieldwork in accordance with academic requirements.

Accomplishments:
TIPS has made more than 3,000 contacts since its inception. Many participants have signed up for and/or received Wrap-Around Services.

Replicability:
TIPS is currently being replicated in Scranton, Pennsylvania, in conjunction with the University of Scranton. A National TIPS Advisory Board is currently being developed.

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TRANSPORTATION & MOBILITY

Seabury Connector Senior Transportation Program

District of Columbia Office on Aging

The Seabury Connector Senior Transportation Service combines multiple transportation programs in response to a Senior Needs Assessment that found transportation and meal services were unsatisfactory and inaccessible. The program includes: (1) Seabury Connector Transportation Service, providing transportation to sites citywide, (2) Homebound Meals Delivery Program, offering nutritious meal transports for 460 frail, homebound seniors Monday through Saturday, and (3) Seabury ConnectorCard Program, offering access to public/private transportation using a prepaid transportation card. All programs are offered at low or no cost to seniors.

Budget:

For FY 2015, the District of Columbia Office on Aging awarded $6,087,760 to Seabury Resources for Aging for program management. Voluntary contributions to the program are anticipated at $30,000.

Accomplishments:

During FY 2014, the program completed 120,802 transportation trips, delivered 78,087 meals and provided 153 transportation subsidies. A quarter of the way through FY 2015, the program has already completed 60,885 one-way trips, delivered 54,191 meals and provided 130 transportation subsidies.

Replicability:

An open, cooperative relationship between government, the Area Agency on Aging and any involved service providers is necessary. Operating a free or low-cost transportation service requires a committed funding source.

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YOU NAME IT

Ageless

Central Oregon Council on Aging

Ageless magazine, available online and in hard copy, increases the visibility of seniors in Central Oregon, raises public awareness of senior issues and provides role models for seniors' continued engagement in community life. Published bimonthly by *The Bend Bulletin* in partnership with the Central Oregon Council on Aging (COCOA), *Ageless* is made available at no charge to the public, with more than 1,500 printed copies distributed to strategic locations in a tri-county area.

Budget:

Expenses covered by COCOA include staff time to write articles, secure photos and distribute the magazine, plus mileage reimbursement for distribution. *The Bend Bulletin* secures the sponsors that help fund each issue.

Accomplishments:

Measurable outcomes include generating more volunteers for COCOA, securing additional support for specific COCOA programs, and fostering relationships with distribution venues such as public libraries and recreation facilities.

Replicability:

A key to success is establishing a good working relationship with a media outlet by providing stories about seniors, their contributions to the community and their needs.

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YOU NAME IT

Ages 'n Stages: An Active Adult Lifestyle Show

Pima Council on Aging

Since 2012, Pima Council on Aging (PCOA) has hosted Ages 'n Stages, an annual, free active adult lifestyle show. The event provides information to people age 55-plus and caregivers. The 155 exhibitors address the critical and essential life needs of this population, while also offering live music, stage shows and fun activities for attendees. The event directs revenue back into the community to support the social safety network for frail elders.

Budget:
PCOA exceeded its goal of gross income of $73,000. Exhibitor booths were sold for $600 each. This year's net income will be close to $25,000. The event took up to 30 percent of a staff person's time and relied on more than 100 volunteers.

Accomplishments:
More than 2,300 older adults and their caregivers attended the most recent expo.

Replicability:
PCOA is willing to share valuable lessons learned from each of the four years it has done this event. The format is a great public relations and funding campaign platform that can help advance organizational missions and improve community awareness.

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The Alzheimer's Project

County of San Diego, Aging & Independence Services

San Diego County's Aging & Independence Services (AIS) is working with the county Board of Supervisors and community stakeholders and agencies to address Alzheimer's disease and develop resources to mitigate its multiple impacts. This 10-year initiative is being accomplished through four "roundtable" groups: Cure, Care, Clinical and Public Awareness & Education.

Budget:
The implementation plan identifies short, mid and long-term recommendations. Short-term recommendations will be developed using existing funding and resources. Mid and long-term recommendations will require securing new funding.

Accomplishments:
The work of the four roundtable action groups culminated in a report, "The Alzheimer's Project: A Call to Arms," as well as the 10-year Implementation Plan and three epidemiological reports. Each roundtable group has initiated additional work: raising $500,000 for cure research efforts, enabling online registration for people at risk of wandering, planning a caregiver conference, undertaking media outreach and developing clinical standards.

Replicability:
Many of the reports and resources developed for this project are available for review and AIS can consult with any group interested in initiating a similar project.

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