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Area Plan on Aging

2014-2017

September 2013

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Serving older adults, adults living with disabilities, and caregivers in Everett, Malden, Medford, Melrose, North Reading, Reading, Stoneham, and Wakefield.

Mystic Valley Elder Services Area Plan on Aging 2014-2017

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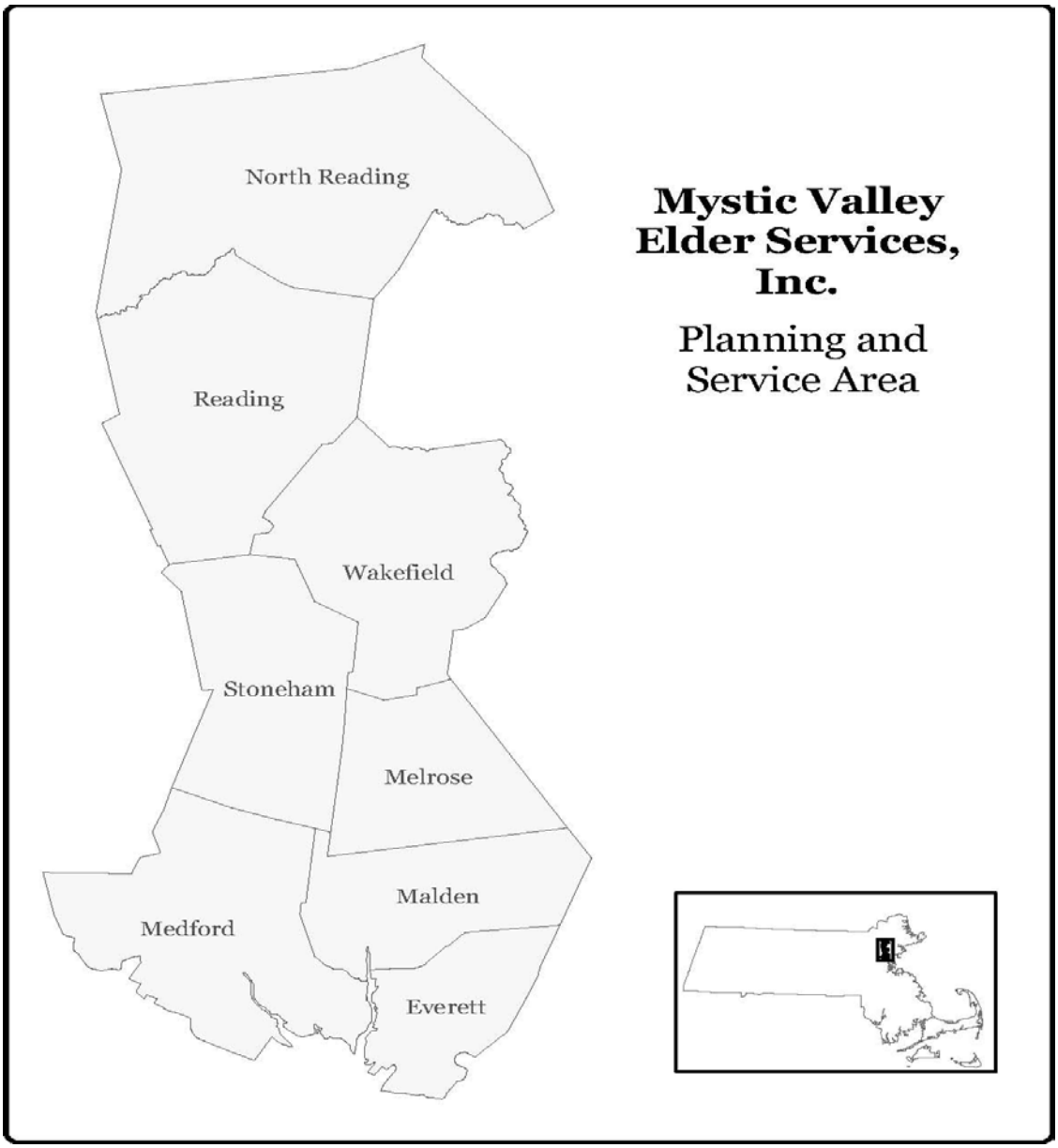


Executive Summary

Section 1: Introduction and Agency Overview

Mystic Valley Elder Services (MVES), a private, nonprofit organization, has a 38-year history of providing in-home and community-based care annually to more than 10,000 elders and individuals living with disabilities within eight North Suburban Boston communities: the cities of Everett, Malden, Medford, and Melrose and the towns of North Reading, Reading, Stoneham, and Wakefield.

MVES is one of 23 Area Agencies on Aging (AAA) in Massachusetts. As the AAA, MVES receives federal funding through Title III of the amended Older Americans Act (OAA) of 1965 to plan for the needs and provide in-home and community-based programs to help older adults and individuals living with disabilities. Although special emphasis is placed on older adults with greatest economic or social needs, all older adults over age 60 in the eight communities served by MVES may benefit from OAA programs.

The Older Americans Act intends that MVES, as the Area Agency on Aging, shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area (PSA). This means that the area agency shall proactively carry out, under the leadership and direction of the State Agency on Aging (Massachusetts Executive Office of Elder Affairs), a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the PSA. These systems shall be designed to assist older persons and individuals living with disabilities in leading safe, independent, meaningful, dignified and connected lives in the setting of their choice.

MVES was designated as the AAA for the eight communities by the Massachusetts Executive Office of Elder Affairs (EOEA) on behalf of the Administration for Community Living (ACL) in 1976. The communities which constitute the planning and service area (PSA) of an AAA are determined by various factors including the population size and geographic distribution of older adults, the incidence of need for supportive services, nutrition services, multipurpose senior centers, and legal assistance, and the distribution of older individuals who have greatest economic and greatest social need, with particular attention to low-income minority individuals, in the region.

As mandated in the Older Americans Act, MVES has always sought to play a vital role in the service area and to become the key repository of information and resources for elders, individuals living with disabilities, and their families. In Massachusetts, most AAAs are also Aging Service Access Points (ASAPs), receiving state funds to provide supportive long-term community-based care to low-income elders, and Federal funding to pay for a variety of access, legal, in-home, and nutrition services for elders of any income level.

Each AAA has a staff position designated as the Planner whose responsibility it is to develop and carry out the AAA's area plan as described in the Older Americans Act. Planning, resource

development, and program monitoring are three important components of the Planner's job. At MVES, the role of the AAA Planner is held by the Director of Community Programs.

Section 2: Planning and Service Area Profile and Needs Assessment

2.1 Area Profile

The PSA has a total population of 270,281 with 52, 012 or 19.24% over the age of 60 and 2.26% age 85 and older. Census records show population decreases between 2000 and 2010 for those 60 and older in the cities of Everett (-6.4%), Malden (-1.1%), and Medford (-4.2%) while all five suburban communities show an increase in 60 and older as well as 85 and older populations.

2.1.1 Tri-City Area:

The 16.4 square mile Tri-city area of Everett, Malden, and Medford has a total population of 157,290. Eighteen percent of Tri-city residents are 60 and older, 13% are 65+, and 2% are 85 and older. The Tri-city is the most ethnically diverse region in the PSA.

Everett

The city of Everett is the smallest of the Tri-cities and the most densely populated. It has the fourth highest number of people in the Commonwealth who were born outside the United States behind Chelsea, Malden, and Lawrence. Everett has a large Brazilian population (8%) the majority of whom are 18-64 years old. Everett has the lowest percentage of elders (60+) in the PSA at 15.66% (6,527). Nine percent of the elder population is Black or African American, and 6% Hispanic or Latino. Fifteen percent of Everett elders 65 and older who speak a language other than English at home are either non- or limited-English proficient, and 12.3% of those 65 and older live below the poverty level.

Malden

The gateway city of Malden has the largest population in the Tri-city area (59,450) and the second highest number of residents who were born outside the United States. 9,834 (16.54%) of Malden residents are age 60+. Among those 60 and older 13.6% are Asians – 67% Chinese and 18% Vietnamese. Black/African American elders make up 8% of the population and 3.3% are Hispanic or Latino. In Malden more than 19% of those 65+ for whom English is not a first language either do not speak English or are limited-English proficient, and 14.4% of those 65+ live below the poverty level.

Medford

Medford is the least densely populated of the Tri-cities. It has a total population of 56,173 with 20.3% (11,425) age 60 and older. Nearly 9% of the total population is Black/African American, 5.5% of whom are age 60+. The community of West Medford is one of the oldest African American communities in the United States. Increasingly, however, the Black population is Haitian/Haitian American. Three percent of the population age 60+ is Asian. Among those 65 and older whose first language is not English, 10% are either limited-English proficient or do not speak English, and 11.45% of those 65 and older live below the poverty level.

2.1.2 Suburban Communities:

The city of Melrose and four towns of North Reading, Reading, Stoneham, and Wakefield have a total population of 112, 991. Residents 60 and older account for 21.44% (24,226) of the population. North Reading, total population 14,892 (60+ at 2,714), has the largest elder

population increase since the 2000 census, 34.4% (60+), and 57.7% (85+). The town of Stoneham, with an elder population of over 5,300, has the largest percentage of residents 60 and older at 25%. All five communities are predominately white. Of the suburban communities Melrose, with a significant number of elder housing units, has the highest percentage of residents 65 and older living below the poverty level at 12.1%.

2.2 Community Needs Assessment

As part of the planning process a community needs assessment was conducted during the fall and winter 2012-2013. The methodology incorporated surveys, including SurveyMonkey, as well as focus groups/listening sessions at both small and large gatherings. Target audiences were comprised of community stakeholders and professionals in the AAA network, elder housing residents, Councils on Aging, and minority groups including LGBTQ elders, low-income minority, and faith-based groups. Two sessions were conducted with the assistance of translators: Haitian Creole and one session translated into both Cantonese and Mandarin. Other resources utilized to support the goals and objectives of the 2014-2017 Area Plan include a review of the agency's Information & Assistance statistics, consultation with MVES staff, and input from MVES' Greater Boston Legal Services' attorney. Significant needs identified within the community include housing issues; transportation; caregiver information, support, and/or assistance; isolation; health insurance information; health/in-home services; and dementia/mental health related issues. Some non-English speakers appear to have adequate support from family members. Others spoke about isolation due to language including the inability to communicate with bus or taxi drivers or EMTs responding to Lifeline calls, and those who live in elder housing said they were unable to participate in building information meetings.

Section 3: Plan Development

MVES prides itself on being a cutting edge, progressive statewide leader in the field of elder care. Recent initiatives include partnering with regional hospitals to provide Transitional Facilitators to assist in care transitions between hospital, rehab, and home; projects to test the use of innovative technology such as computer tablets and smart phones for in-home self-care; development of the consumer-directed TRIP Metro North transportation program volunteer driver model to provide transportation anytime, anywhere for those without the ability to drive or use public transit; the development of well attended Mystic Tea (a meal/social program for LGBTQ elders); and establishment of the Gap Endowment Fund (only one of its kind in the state) to ensure access to home care and supportive services for older adults who fall in service eligibility gaps.

The vision, goals and objectives of the MVES four-year Area Plan seek to expand upon agency successes and meet new challenges to support family caregivers and empower elders and individuals living with disabilities to maintain their health and independence by providing advocacy, leadership and a comprehensive, coordinated, and cost-effective system of home and community-based services. The plan's overarching goals under the headings of Older Americans Act Core Programs, Administration for Community Living Discretionary Grants, Participant-Directed/Person Centered Planning, and Elder Justice focus on the integration of consumer-directed and person-centered programs, food security and health (evidence-based programs,

expanded nutrition services, in-home and community- based services), elder justice, and community partnerships (ADRCs, public safety, medical professionals) and are in concert with MVES' mission and those of the US Administration for Community Living and the Massachusetts Executive Office of Elder Affairs.

Section 4: MVES Area Plan on Aging Goals and Objectives 2014-2017

Section 4.1 Older Americans Act Core Programs

In recognition of the fact that families are the primary providers of long-term care for older adults and individuals living with disabilities, the following goal has been developed.

Goal 1: Enhance programs that promote a broad mission to maximize health, well-being, and independence for older adults and individuals living with disabilities by providing them and their family caregivers with information, advice, and access to a wide variety of resources, services, and supports.

Objective	Advocate for, empower, and support family caregivers to enhance their ability to navigate the network, develop a care plan for loved ones, and reduce stress
Strategy	Offer services including one-on-one consultations and care planning advice, caregiver support groups, and information and referral
Measure	The number of family caregivers who receive services tracked by service
Strategy	Promote the evidence-based *Powerful Tools for Caregivers* and other programs to reduce stress
Measure	Analysis of evidence-based program participants behavioral changes, program evaluation responses, and number of completers
Strategy	Explore the possibility of offering a bereavement group
Measure	Data collection from outreach efforts and caregiver surveys, number of participants and satisfaction surveys if decision made to offer program
Strategy	Increase outreach efforts and support to isolated family caregivers including low-income limited-English proficient (LEP) and LGBTQ caregivers and elders
Measure	Number of identified caregivers and elders served following outreach efforts
Strategy	Partner with the Alzheimer's Association to provide support for a growing number of individuals impacted by Alzheimer's disease
Measure	Number of individuals served
Strategy	Continue to investigate and increase use of technology to assist and support family caregivers including long distance caregiving devices
Measure	Numbers and types of technological assistance provided, evaluation of the effectiveness of technology as it relates to caregiving

In accordance with the 2006 reauthorization of the Older American's Act commitment to comprehensive and coordinated systems for home and community-based services including transportation, and with the knowledge that the lack of transportation can contribute to declining

physical and mental health, MVES has a made a significant commitment to transportation which is reflected in the following goal.

Goal 2: Increase transportation options for older adults and individuals living with disabilities to reduce isolation, maintain health, and enhance their ability to live more independently.

Objective	Provide necessary and cost-effective transportation for elders and individuals living with disabilities
Strategy	Establish a mobility management/transportation coordination program
Measure	Number of people served, trips provided, locations, reasons for travel, miles traveled, cost per trip, total cost of transportation, and customer satisfaction surveys
Strategy	Facilitate transportation for individuals in need of radiation, chemotherapy, dialysis treatments and other critical medical services
Measure	Number of individuals served, number of trips provided
Strategy	Cultivate partnerships and multi-agency activities to coordinate transportation services within the PSA
Measure	Number of vendor partners in the coordinated transportation network, number of trips provided
Strategy	Conduct outreach to increase number of agencies in the elder and disability communities that make referrals to the TRIP program
Measure	Number of agencies making referrals, number of referrals, number of passengers who report an improved quality of life and reduced isolation
Strategy	Develop a network of community ambassadors to promote and continue to expand the consumer-directed TRIP Metro North Program
Measure	Number of people served, trips provided, locations, reasons for travel, miles traveled, cost per trip, total cost of transportation, customer satisfaction surveys, number of ambassadors and analysis of effectiveness of ambassador program

In response to the changing demographics in the PSA, and to further outreach and support for individuals with the greatest social and economic need including those who are isolated by racial, ethnic status, minority religious affiliation, low-income, limited-English proficient (LEP), or due to sexual orientation or gender identity, the following goal has been developed.

Goal 3: Enhance efforts to improve the quality of life for marginalized, isolated and low-income populations to ensure they are aware of, able to understand, and access services and supports.

Objective	Increase access to and provision for information, programs and services for individuals with the greatest social and economic need
Strategy	Continue to support social services, translation, recreation, and socialization activities for Chinese elders in the PSA

Measure	Number of Chinese elders served, documentation of services provided, consumer satisfaction surveys
Strategy	Identify emerging populations, conduct outreach and provide information to, and partner with, agencies that serve marginalized older adults
Measure	Number of new partnerships
Strategy	Expand bilingual services at elder housing sites including food pantry signage
Measure	Number of materials developed for non- and limited-English proficient (LEP) residents
Strategy	Increase both paid and volunteer bilingual staffing to meet consumer needs
Measure	Number of staff hired, tracking of ability to match consumers with appropriate language
Strategy	Promote opportunities for non- and LEP elders to participate in English for Speakers of Other Languages (ESOL) classes
Measure	Number of individuals who receive English language instruction
Strategy	Consult with Mystic Tea participants and other members of the LGBTQ community to develop an agenda to meet additional program and services needs
Measure	Data collection, program development, consumer satisfaction surveys

Objective	Strengthen housing with supports
Strategy	Develop and implement an evaluation program to determine the Resident Services Coordinator (RSC) program impact on overall health and quality of life of building residents
Measure	Tabulate evaluation results: measure consumer isolation, physical, and mental health
Strategy	Advocate for additional supportive housing sites within the PSA
Measure	Number of new partnership with local housing authorities and private building sites
Strategy	Expand resident services program to additional communities
Measure	Increased number of supportive housing sites and RSCs
Strategy	When a vacancy occurs in a building with a significant number of non- or LEP residents, hire a bilingual Resident Services Coordinator
Measure	Surveys and informal feedback from residents regarding reduction in isolation and ability to become more engaged in building activities.

The goals and objectives outlined below are designed to reflect MVES' commitment to furthering the Nutrition program's role in addressing the needs of individuals with the greatest social and economic need, with particular attention to low-income older persons, including low-income minority older persons, older persons with limited English proficiency, and those at risk for institutionalization. The Nutrition program strives to reduce hunger and food insecurity, promote the health and well-being of older individuals by assisting them to access nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior. Moreover MVES

recognizes and promotes the socialization aspect of dining sites and its importance in promoting the health of older people.

Goal 4: Promote the health and well-being of older individuals through access to balanced nutritious meals, healthy lifestyles, and health education and promotion services.

Objective	Improve quality, variety, and participation in the meals programs
Strategy	Continue to provide and enhance nutritious meals at congregate dining sites, the monthly "Mystic Tea" LGBTQ supper program, and home delivered meals
Measure	Number of participants per program, analysis of consumer satisfaction surveys
Strategy	Insist vendors maintain consistency, high quality, visual appeal, and menu variety
Measure	Feedback from program participants via surveys, informal comments from program paid and volunteer staff
Strategy	Improve food freshness by instituting cook chill processing
Measure	Customer satisfaction surveys regarding taste, texture, and visual appeal
Strategy	Conduct additional customer service, food safety, and food presentation training for paid and volunteer staff
Measure	Consumer surveys regarding visual appeal of meal and social aspects of meal site
Strategy	Promote calendar related thematic meals in conjunction with Council on Aging Directors to encourage consumer participation at dining sites
Measure	Number and variety of programs offered, number of participants v. number of participants on other days, feedback from Council on Aging directors and meal site participants
Strategy	Analyze congregate meal attendance and pilot new programs at sites with low attendance; consider breakfast, brunch, and/or other programs
Measure	Number of participants in attendance, customer satisfaction surveys
Strategy	Offer additional programming at meal sites including wellness programming and exercise activities
Measure	Number of programs, program participants, satisfaction surveys, tracking number of people who continue with exercise activities
Strategy	Investigate the possibility of providing "farm to table" fresh foods for meal sites and home delivered meals
Measure	Analysis of feasibility; institution of program
Strategy	Increase the number of home delivered Chinese meals
Measure	Number of meals, consumer satisfaction surveys
Strategy	Identify community need and offer other culturally appropriate meal sites and/or home delivered meals in the PSA
Measure	Analysis of data collection and community need, number and type of meals offered, consumer satisfaction surveys
Strategy	Conduct group educational programs and one-on-one counseling by a licensed dietitian.
Measure	Analysis of educational program pre- and post-tests plus three-, six-, and 12-month follow up phone calls to determine if participants retain information and

	track their progress on personal behavioral modification goals to improve diet and health

Objective	Reduce food insecurity, promote the health and well-being of older individuals through access to nutritious foods
Strategy	Partner with Bread of Life and Project Bread to continue to support MVES sponsored food pantries within the PSA
Measure	Customer surveys utilizing dosage measurements, consumers reporting increased food security and financial savings
Strategy	Explore additional opportunities to develop self-sustaining food pantries
Measure	Number of additional food pantries and people served
Strategy	Provide consumers with information to help them use food pantry items
Measure	Number of tips and recipes developed, consumer satisfaction surveys
Strategy	Obtain and distribute Farmers' Market coupons
Measure	Number of individuals who receive coupons and savings value of coupons
Strategy	Enable low-income elders to obtain healthy foods on a limited budget by educating them about and enrolling them in the federal Supplemental Nutrition Assistance Program (SNAP), formerly food stamp program
Measure	Number of people who receive assistance
Strategy	Explore the feasibility of purchasing Consumer Supported Agriculture (CSA) shares for groups of elders
Measure	Research data collection, number of CSAs initiated, number of people who join
Strategy	Increase amount of fresh foods and culturally appropriate offerings at food pantries
Measure	Track shift in pantry offerings, program participation, satisfaction surveys
Strategy	Improve pantry signage to better meet needs of non- and LEP participants
Measure	Document any changes in consumer behavior, customer satisfaction surveys

Objective	Support and help sustain the seamless transition of elders from hospital to home through nutrition counseling.
Strategy	The registered dietitian will accept referrals from Transition Facilitators and conduct in-home one-on-one nutrition counseling
Measure	Number of individuals in the Community-Based Care Transition Program who receive in-home counseling from the registered dietitian

MVES prides itself on being a cutting edge, progressive statewide leader in placing a focus on the prevention and treatment of mental disorders and has developed the following goal to meet the increasing demand for services within the PSA

Goal 5: Support consumers to attain and sustain the best possible physical, cognitive, and mental health

Objective	Increase access to mental health services
Strategy	Continue to partner with mental health providers to increase access to in-home behavioral/mental health services for home-bound elders; increase program two-fold
Measure	Number of individuals served through the mobile mental health program
Strategy	Encourage consumers to accept peer support through the Eliot Community Health Services mental health peer advocates (bridgers).
Measure	Number of consumers who benefit from the peer advocacy program.
Strategy	Provide direct service paid and volunteer staff with ongoing in-service training about behavioral health issues including hoarding, substance use, etc.
Measure	Number of in-services provided and in-service participant attendance lists

The following goal has been developed in response to the increasing demand for information about health insurance resulting from rolling changes in health care related to the Affordable Care Act, the Supreme Court decision to strike down the Defense of Marriage Act (DOMA), and the significant number of baby boomers reaching retirement age (10,000 per day in the U.S.)

Goal 6: Empower individuals to make informed decisions about health insurance and other benefits.

Objective	Ensure Medicare beneficiaries: elders, individuals living with disabilities, and family caregivers have access to accurate unbiased health insurance information in a linguistically and culturally appropriate way
Strategy	Through the SHINE (Serving the Health Insurance Needs of Everyone) program reach out to elders, boomers, individuals living with disabilities, low-income, LEP, minority, and socially isolated populations to inform them about and enroll them in Medicare, MassHealth, Prescription Advantage, the Low Income Subsidy, and other benefit programs
Measure	Number of individuals assisted by the SHINE program, specific program enrollments, amount of savings realized through benefits consultations, and consumer satisfaction surveys
Strategy	In collaboration with the Aging and Disability Resource Consortia (ADRCs): Metro Boston ADRC, ADRC of the Greater North Shore and Cape Ann, Inc. (ADRCGNS, Inc.) and Independent Living Centers (ILCs) provide unbiased information and guidance about One Care plans
Measure	Number of individuals who receive counseling assistance, percentage of the 3,342 dual eligibles in the PSA who receive counseling assistance
Strategy	Increase the number of bilingual SHINE counselors to meet the needs of non- and limited-English proficient (LEP) consumers
Measure	Number of trained and certified bilingual SHINE counselors

Strategy	Educate Medicare beneficiaries, those about to retire, human resources directors and local GIC (Government Insurance Commission) administrators about the impact of the Supreme Court decision to strike down DOMA
Measure	Number of people who are educated about and/or receive counseling related to DOMA
Strategy	Identify and invest in technology to provide ADA accommodation to individuals seeking SHINE counseling
Measure	Devices purchased, customer satisfaction surveys

Section 4.2 Administration for Community Living (ACL) Discretionary Grants

The following goal addresses MVES' commitment to choice expressed in both its mission and core value to empower people by providing quality choices.

Goal 7: Provide access to an integrated system of community-based long-term services and supports

Objective	Present consumers with choice regarding long-term care planning through options counseling
Strategy	Enable elders, individuals living with disabilities, and family caregivers to develop a personal long-term care plan through options counseling
Measure	Number of counselors trained and placed with a special level of expertise in serving adults under 65 living with disabilities and eligible for One Care plans, number of individuals served by Options Counselors
Strategy	Expand ADRC services to more individuals
Measure	Number of referrals to partner agencies and services provided
Strategy	Target potential organizations to enlist a broader more diverse network of provider agencies into the ADRC
Measure	Number of new partners, compare targeted organizations to recruitment and enrollment goals
Strategy	Cross train staff from AAAs and agencies that serve individuals living with disabilities
Measure	Number of trainings

The following goal has been developed to support MVES' commitment to offering evidence-based programs that increase elders' access to interventions that have been tested and proven to be effective in reducing their risk of disease, disability, and injury.

Goal 8: Promote and utilize evidence-based programs to improve the quality of life for elders and individuals living with disabilities

Objective	Market and present evidence-based health literacy and practice programming within the PSA

Strategy	Increase the number of evidence-based programs and trained leaders
Measure	Number of trained leaders, number of workshops offered and identified by tier
Strategy	Engage 50+ participant completers per year
Measure	Number of completers per year
Strategy	Increase program offerings to marginalized and isolated populations including LGBTQ elders, low-income, minority, and LEP elders
Measure	Number of program offerings specifically targeting marginalized, isolated elders, number of completers
Strategy	Encourage isolated individuals to enroll and participate in online evidence-based programs
Measure	Number of online participants and completers

Objective	Through the Centers for Medicare and Medicaid (CMS) Community-Based Care Transitions Program (CCTP) in partnership with Somerville Cambridge Elder Services and area hospitals strive to reduce hospital readmissions
Strategy	Provide a seamless transition from hospital to home for 250 individuals per month by employing Transition Facilitators (TF) trained in Care Transition Intervention (CTI) to work across the continuum to support patients
Measure	Number of Medicare recipients tracked who are not readmitted to the hospital for the same medical condition within 30 days of discharge

Mystic Valley Elder Services fulfills its mission to support the right of elders and individuals living with disabilities to live independently with dignity within the setting of their own choice by offering programs and services that empower them to stay active and healthy and enable them to remain in their homes with a high quality of life for as long as possible. The goals below reflect this mission-driven commitment to providing quality services and resources.

Goal 9: Enable seniors to remain in their own homes with high quality of life for as long as possible.

Objective	Offer a variety of home and community-based services
Strategy	Provide ongoing care management including administration of the State Home Care Program, Respite Program, Community Choices Program, Enhanced Community Options Program (ECOP), Consumer-Directed Care Program, and MassHealth funded community-based care programs including the Group Adult Foster Care Program, Senior Care Options (SCOs), One Care plans, and Money Follows the Person.
Measure	Number of consumers served through the State Home Care Program, number of consumers enrolled in SCOs, number of consumers enrolled in One Care plans, consumer satisfaction surveys
Strategy	Through Title III of the Older Americans Act, fund programs as necessary that help older people, individuals living with disabilities, and family caregivers

	obtain services and supports that will enable elders and individuals living with disabilities to remain at home in the community
Measure	Number of individuals served through Title III funded programs categorized by program, customer satisfaction surveys
Strategy	Facilitate access as appropriate to managed care programs such as the Personal Care Attendant Program (PCA), Adult Family Care Program (AFC) and PACE (Plan for All Inclusive Care) program
Measure	Number of people served per program

Section 4.3 Participant-Directed/Person-Centered Planning

Mystic Valley Elder Services developed the following goals in support of the right of elders and individuals living with disability to live independently with dignity and advocates for the individual's ability to maximize their independence through informed decisions and choices regarding services and supports.

Goal 10: Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options to maximize independence.

Objective	Serve as the resource for information, counseling and care coordination
Strategy	Provide seamless, "no wrong door" access to health and long-term care through the ADRC
Measure	Number of individuals receiving Information & Assistance referrals
Strategy	Offer long-term options counseling for elders and adults living with disabilities
Measure	Number of individuals served through long-term options counseling
Strategy	Provide dual eligibles with information and counseling about One Care plans
Measure	Number of dual eligible who receive counseling
Strategy	Provide IL- LTSS (independent living-long-term services and supports) care coordination and assessment services for dually eligible members in One Care plans
Measure	Number of dually eligible One Care plan members who select MVES as their LTSS coordinator

Objective	Support the right of individuals to transition from institutions to the community
Strategy	Through the Money Follows the Person (MFP) program, interview every individual of a long-term care facility who indicates their goal is to return "home" and assist them with care planning to achieve their stated goal
Measure	Number of LTC residents who return to a community setting
Strategy	Through the Comprehensive Screening and Services Model (CSSM) and the Comprehensive and Assessment and Eligibility (CAE) model determine appropriateness for services in a long-term care facility and assistance with

	transitioning to a community setting based on a person-centered model of care.
Measure	Number of screenings and eligibility determinations, number of LTC diversions to the community to avoid premature institutional placement

Section 4.4 Elder Justice

The strategies below reflect MVES' role to protect elders and individuals living with disabilities from financial exploitation and other threats to their independence, well-being, and quality of life.

Goal 11: Ensure the well-being and rights of older adults and individuals living with disabilities.

Objective	Protect the rights of all elders and people living with disabilities with a focus on low-income and marginalized individuals
Strategy	Enhance community outreach to mandated reporters at local housing authorities, hospitals, skilled nursing facilities, and other partner locations
Measure	Track number of outreach activities including training for mandated reporters, domestic violence/sexual abuse agencies, track number of in-service programs offered to MVES staff, document number of elders provided with housing related assistance
Strategy	Partner with legal services to ensure representation for elders who face eviction from public or subsidized housing
Measure	Number of housing cases, number successfully resolved
Strategy	Identify and assist elders who have been sexually abused through participation in the Sexual Abuse Consultants Group
Measure	Number of individuals assisted
Strategy	Conduct outreach and training for local domestic violence/sexual abuse agencies and MVES staff through participation in the Stop Violence Against Women grant
Measure	Number of trainings; number of attendees
Strategy	Assist victims of domestic violence in partnership with members of the High Risk team (local district attorney's office, law enforcement, and domestic violence agencies)
Measure	Documentation regarding participation, number of individuals assisted through partnership
Strategy	In conjunction with Northeastern University, Greater Boston Legal Services (GBLS), Minuteman Senior Services, and Somerville Cambridge Elder Services share and document best practices related to elder abuse prevention (Elder Abuse Prevention Project)
Measure	Amount of information shared and documented

Objective	Protect elders against threats to their independence, well-being, and financial security

Strategy	Participate in the Bank Reporting Project to educate banking institutions about financial exploitation and how to assist elders at risk
Measure	Number of presentations, number of bankers reached
Strategy	Expand AARP Foundation Money Management program capacity to provide excellent customer service to a greater number of low-income consumers
Measure	Number of Money Management consumers served/year. Money Management customer satisfaction surveys
Strategy	Increase the number of bilingual Money Management volunteers to meet the needs of residents within the PSA, focus on Chinese, Haitian, Russian elders
Measure	Number of bilingual Money Management volunteers recruited, trained, and matched with consumers, customer satisfaction surveys
Strategy	Cultivate and maintain partnerships with Social Security Administration, banking institutions, Councils on Aging, and others to support Money Management program
Measure	Tracking of partnerships, support provided, and consumers assisted
Strategy	Refer consumers to resources for SNAP, fuel assistance, and other benefits
Measure	Number of referrals per program and number of people assisted
Strategy	Support the regional Ombudsman program contracted through North Shore Elder Services
Measure	Promote Ombudsman volunteer opportunities within the PSA
Strategy	Partner with legal services to obtain benefits and resolve cases related to Social Security disability and over payment
Measure	Number of cases resolved
Strategy	Partner with legal services to reduce or eliminate credit card and other consumer debt
Measure	Number of cases resolved by legal services and/or Money Management program
Strategy	Advocate and represent elders who have applied for and been denied MassHealth benefits
Measure	Number of cases resolved by legal services and/or SHINE program
Strategy	In conjunction with the SHINE program, GBLS Elder, Health and Disability Unit, and the Medicare Advocacy Project (MAP) prevent termination of benefits for elders and individuals living with disabilities
Measure	Number of cases resolved by legal services, MAP, and/or SHINE program
Strategy	Educate elders and their families about long-term planning and the use of advanced directives including but not limited to Health Care Proxies, Power of Attorney
Measure	Number of presentations, number of individuals in attendance

MVES has an extensive network including professionals in health care, law enforcement, and financial institutions, and will continue to seek out and cultivate new partners to meet current and future community needs. The strategies outlined below are only a sample of the current and potential future community connections

Goal 12: Develop strategic partnerships and resources that will strengthen MVES' capacity to continue to expand and improve working relationships with housing providers,

health care institutions, and other organizations including those that serve elders and adults with disabilities.

Objective	Establish a network of partnerships to enhance service to consumers in the PSA
Strategy	Partner with local community hospitals to reduce hospital readmissions.
Measure	Number of individuals who remain out of the hospital within the 30 day period by reducing Medicare readmissions by 20%
Strategy	Partner with the Boston Center for Independent Living, the Independent Living Center of the North Shore and Cape Ann, and members of the Metro West ADRC and ADRC of the North Shore and Cape Ann, Inc. to create a larger network to promote programs that support the rights of elders and individuals living with disabilities
Measure	Increased number of participating agencies in the ADRC network, number of people served
Strategy	Partner with organizations that serve individuals living with disabilities to provide benefits counseling, transportation options, and other services
Measure	Number of partner agencies in the SHINE benefits counseling network, number of individuals served through new partnerships, number of agencies making referrals to TRIP Metro North, number of people served via new partnerships
Strategy	Continue to partner with SCM Transportation and other transportation vendors to improve transportation coordination in the Metro North region
Measure	Development of a mobility management program
Strategy	Partner with agencies that serve non- and/or limited-English proficient elders
Measure	Number of new partners, number of people served through partnerships
Strategy	Partner with additional housing authorities to increase the number of supportive housing sites
Measure	Number of new resident services coordinators positions and placements, number of people receiving service as a result of increased housing supports
Strategy	Continue to partner with the LGBT Aging Project
Measure	Increased number of activities and opportunities designed for LGBTQ elders
Strategy	Partner with the local district attorney's office, police departments, and domestic violence agencies (High Risk Team)
Measure	Number of people who receive assistance as a result of partnership
Strategy	Access the EOEA supported software program called the Physician Portal through SAMs to allow MDs and other eligible health care professionals to see key home and community-based care assessment and care plan data to create a more integrated and holistic health care plan all based on a person-centered approach. Enroll 25 physician practices during years one and two of the rollout of the Physician Portal integrated medical and home care electronic client record project
Measure	Number of practices enrolled, facilitation of record sharing via the Physician Portal integrated medical and home care electronic client record project
Strategy	Partner with community mental health services to enhance the in-home mobile mental health program
Measure	Increased number of individuals served through the mobile mental health

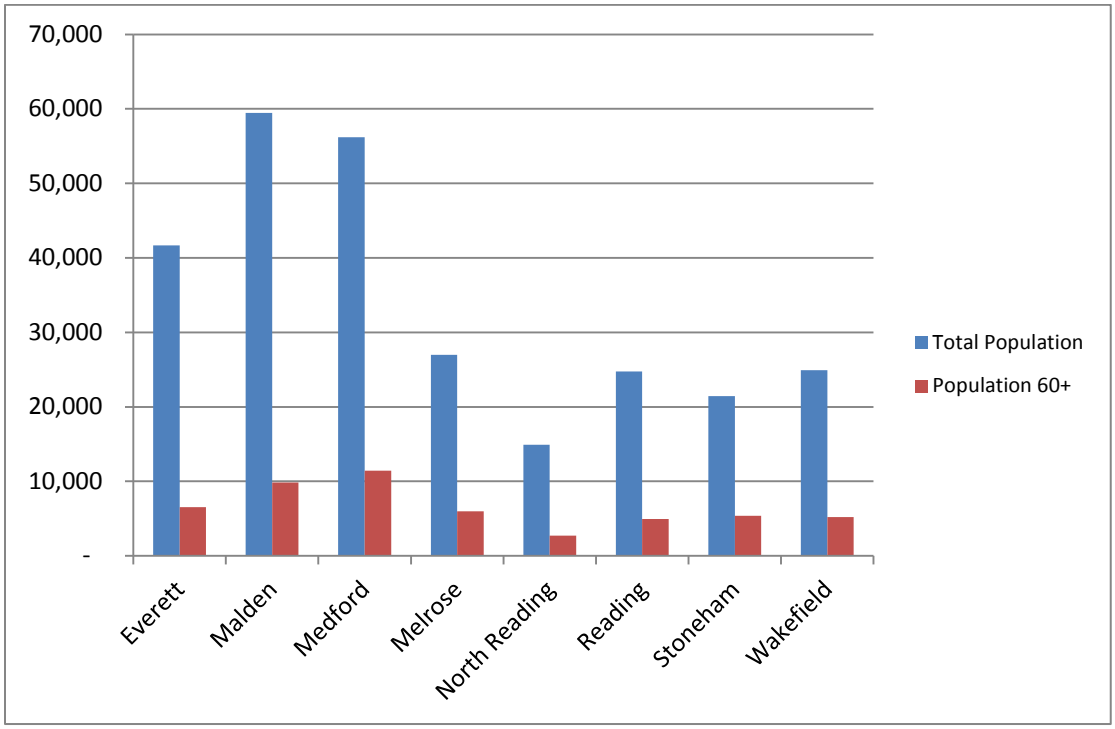
	program
Strategy	Expand network of bankers to support the Money Management program through direct service and/or with funding
Measure	Number of consumers assisted through bankers network, financial support for program
Strategy	Continue to partner with AARP Massachusetts, Mass Home Care, and EOEA to enhance the Money Management program
Measure	Increased number of volunteers, development of standardized statewide procedures particularly as they relate to online banking
Strategy	Partner with the Bread of Life and Project Bread to reduce food insecurity in the PSA
Measure	Amount and variety of additional food available for food pantries, development of new pantries, customer satisfaction surveys
Strategy	Partner with members of the Bank Reporting Project (EOEA, Massachusetts Bankers Association, Office of Consumer Affairs and Business Regulations, Division of Banks) and local banking institutions
Measure	Number of presentations, number of bankers trained
Strategy	Partner with Councils on Aging, and community coalitions (Everett Community Health Partnership, Medford Health Matters) to promote healthy life styles
Measure	Number of health promotion and wellness programs including evidence-based programs offered, number of participants
Strategy	Partner with health centers and educators to offer evidence-based programming in the PSA
Measure	Number of programs, number of completers, number who continue to practice concepts learned, participant surveys
Strategy	Continue to partner with Councils on Aging, local and regional emergency personnel
Measure	Efficiency and effectiveness of emergency preparedness, drilling, and implementation during an event

Table 1: Mystic Valley Elder Services Area Agency on Aging Population

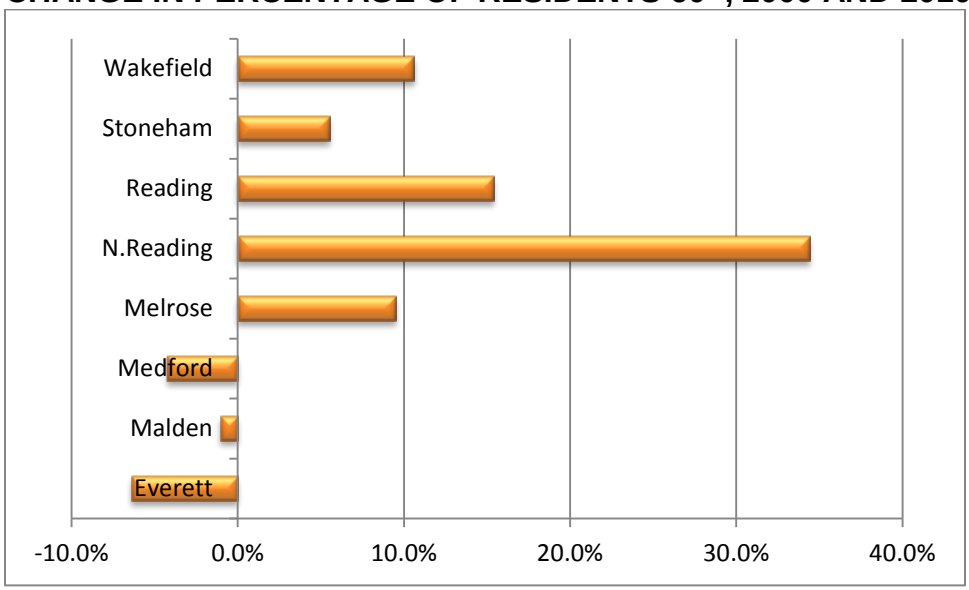
CITY/TOWN	POPULATION										RATE OF CHANGE 2000-2010		
	Total	60-64 years	65-74 years	75-84 years	85 years and over	60+	65+	60+	65+	85+	Age 60+	Age 65+	Age 85+
	Number	Number	Number	Number	Number	Number	Number	%	%	%	%	%	%
Everett	41,667	1,746	2,345	1,725	711	6,527	4,781	15.7	11.5	1.7	-6.4%	-14.7%	1.0%
Malden	59,450	2,845	3,594	2,385	1,010	9,834	6,989	16.5	11.8	1.7	-1.1%	-10.4%	-6.2%
Medford	56,173	2,862	3,844	3,147	1,572	11,425	8,563	20.3	15.2	2.8	-4.2%	-11.4%	15.0%
Melrose	26,983	1,719	2,087	1,451	722	5,979	4,260	22.2	15.8	2.7	9.5%	-3.9%	0.4%
North Reading	14,892	869	1,010	619	216	2,714	1,845	18.2	12.4	1.5	34.4%	27.8%	57.7%
Reading	24,747	1,464	1,670	1,229	591	4,954	3,490	20.0	14.1	2.4	15.4%	3.6%	39.7%
Stoneham	21,437	1,389	1,845	1,439	697	5,370	3,981	25.1	18.6	3.3	5.5%	-3.1%	14.1%
Wakefield	24,932	1,538	1,850	1,240	581	5,209	3,671	20.9	14.7	2.3	10.6%	-2.1%	9.2%

US Census 2010

TOTAL POPULATION/POPULATION 60 YEARS OF AGE AND OLDER



CHANGE IN PERCENTAGE OF RESIDENTS 60+, 2000 AND 2010 CENSUS STATS



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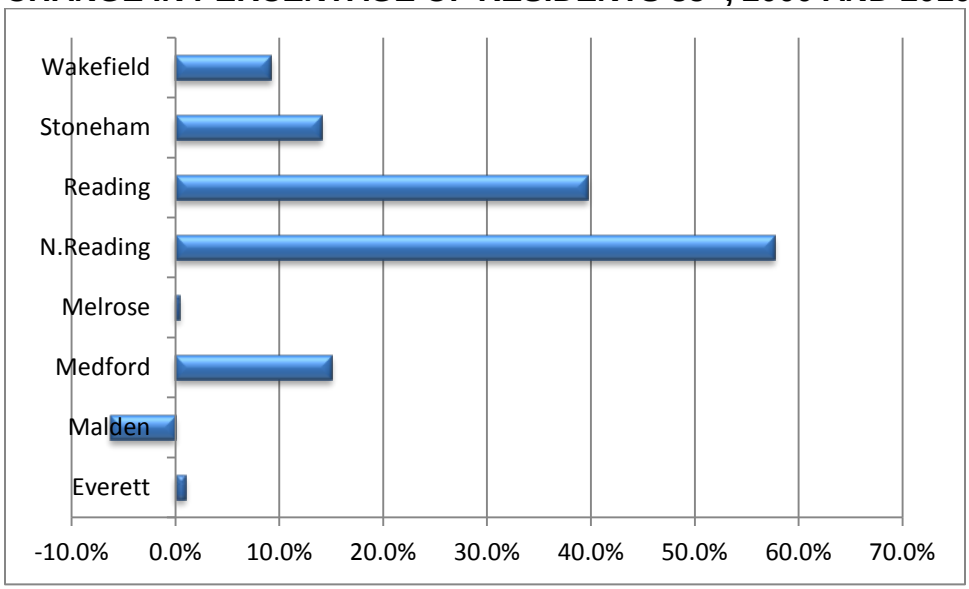


Table 2: Population 60+ By Ethnicity and Race

	POPULATION 60+								
CITY/TOWN	Total 60+	White Alone	Hispanic or Latino Any Race	Black or African American	Asian Alone	American Indian Alaska Native	Native Hawaiian Pacific Islander	Other	Two or More Races
Everett	6,527	5,408	387	588	197	15	0	227	95
Malden	9,834	7,489	325	786	1,338	14	0	115	88
Medford	11,425	10,299	165	642	308	15	0	69	91
Melrose	5,979	5,743	57	64	133	0	0	12	24
North Reading	2,714	2,688	22	0	28	0	0	0	10
Reading	4,954	4,835	24	17	82	0	0	0	13
Stoneham	5,370	5,194	71	43	83	0	0	10	29
Wakefield	5,209	5,052	43	26	97	0	0	11	22
TOTALS:	**52,012**	46,708	1,094	2,166	2,266	44	0	444	372

2010 Demographic Population Finder -- 2010 Demographic Profile US census

TOTAL POPULATION/WHITE ALONE

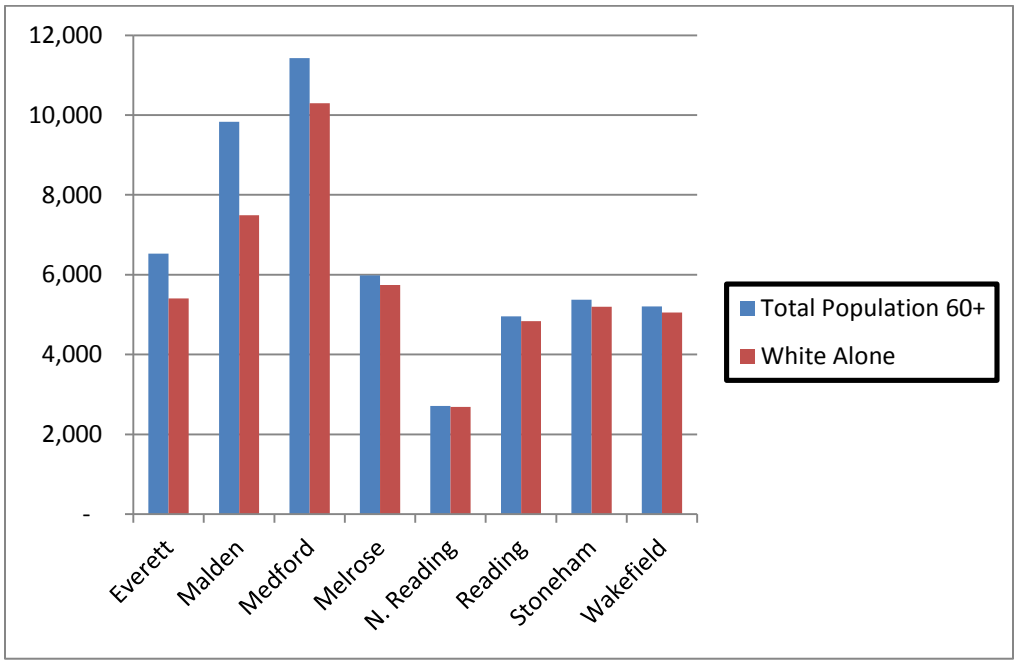
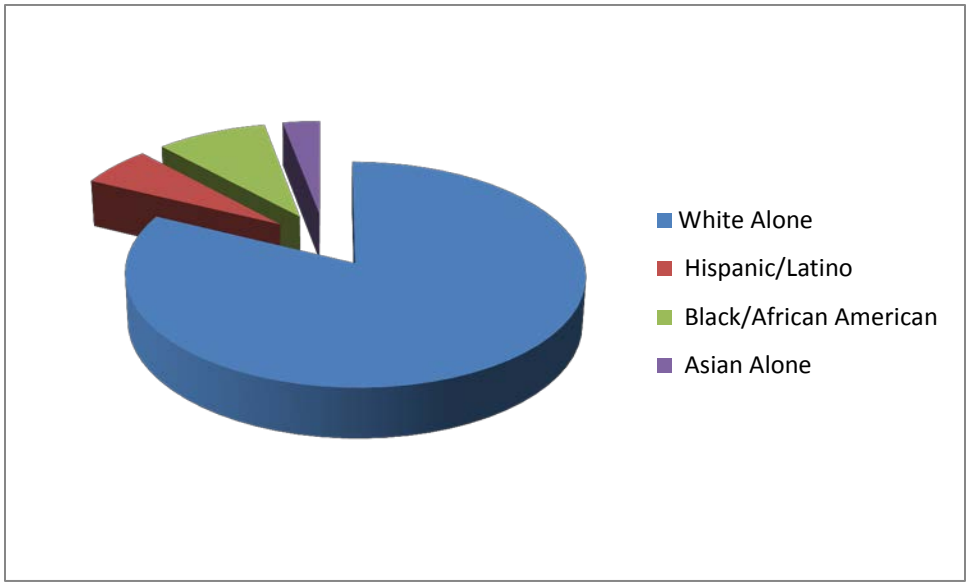


Table 3: Tri-city Population 60+ by Ethnicity and Race

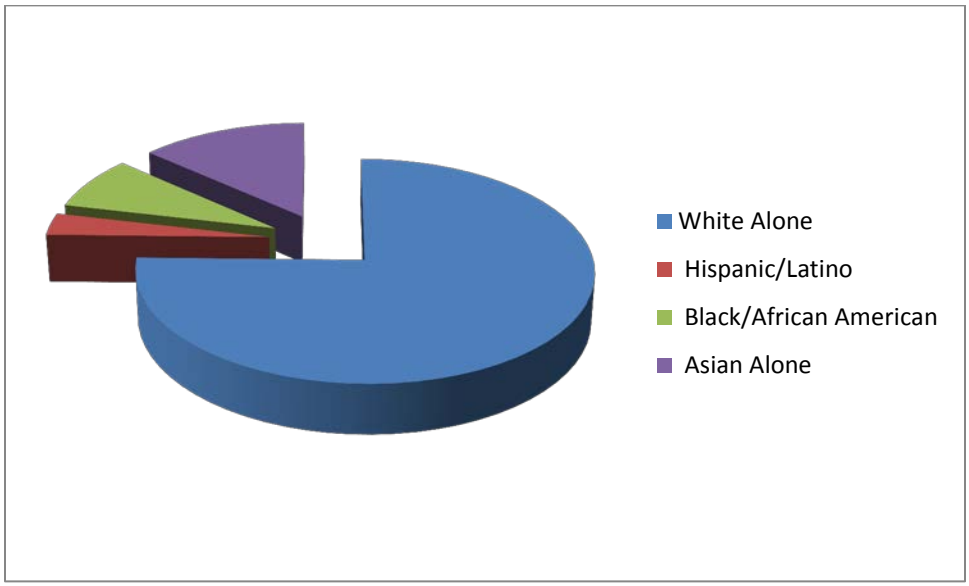
	TRI-CITY POPULATION 60+								
CITY/TOWN	Total 60+	White Alone	Hispanic or Latino Any Race	Black or African American	Asian Alone	American Indian Alaska Native	Native Hawaiian Pacific Islander	Other	Two or More Races
Everett	6,527	5,408	387	588	197	15	0	227	95
Malden	9,834	7,489	325	786	1,338	14	0	115	88
Medford	11,425	10,299	165	642	308	15	0	69	91
TOTALS:	27,786	23,196	877	2,016	1,843	44	0	411	274

2010 Demographic Population Finder -- 2010 Demographic Profile US census

EVERETT RESIDENTS 60+ BY RACE AND ETHNICITY



MALDEN RESIDENTS 60+ BY RACE AND ETHNICITY



MEDFORD RESIDENTS 60+ BY RACE AND ETHNICITY

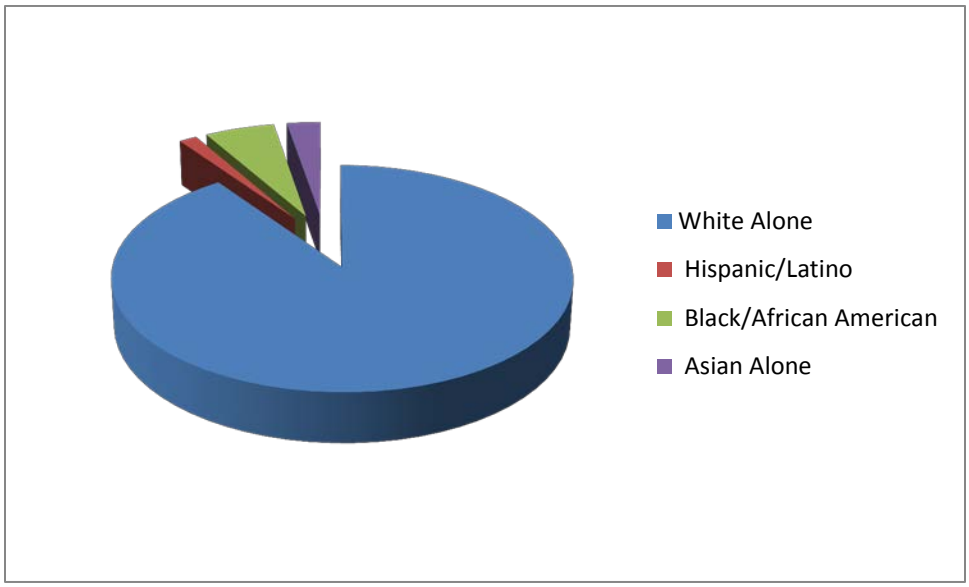


Table 4: Community Needs Assessment Priority Areas

Identified Need/Concern	# Groups Listing as Priority	# of Groups Listing as Issue
Transportation	6	7
Caregiver Issues	3	5
Isolation	3	5
Health Insurance Info	2	5
Housing	2	4
Dementia/Mental Health	N/A	4
Planning (LTC & Financial)	2	4

Table 5: Complete List of Topics Discussed

Access to Health Care Information	Health Care Costs
Caregiver issues	Healthy Aging Workshops
Chinese Home Delivered Meals	Housing
Computer Classes	Information Only Available Online
Cultural and Linguist Barriers	Isolation
Culture Clashes in Housing	LGBTQ Community Meals
Dementia/Mental Health	LGBTQ Discrimination Issues
Denial About Aging	LGBTQ Support Group
Domestic Violence	Long-term Care Planning
Educational Programs	MassHealth
Elders Caring for Adult Children	Need a New or Renovated Senior Center
Financial Planning	Recreational Opportunities/Facilities
Friendly Visitors	Snow Removal
Fuel Assistance	Transportation
Grocery Shopping	Volunteer Opportunities

Participant Groups

AAA Network Professionals
Advisory Council
Chinese Elders
Congregational Retirement Homes
LGBTQ Community Conversation
LGBTQ Online Survey
Judge Donnelly Low-Vision Support Group
North Reading COA
Zion Haitian Baptist Church

Experts
Stakeholders
Language Barrier
Low-income
Isolated
Isolated
Disability
Suburban
Language Barrier