

SAGE Trains Service Providers on LGBT Aging Issues

Service & Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE) is the nation's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual, and transgender older adults. Since 2010, the U.S. Administration on Aging has awarded SAGE funding for the nation's first and only National Resource Center on LGBT Aging (the Center).

From 2011 to 2014, RRF awarded three grants totaling \$120,000 to support SAGE's training initiative for aging services providers, a central component of the Center. The goal of the training program is to increase the cultural competency of aging services providers around LGBT issues and, thus, improve the quality and scale of services and supports for LGBT older adults in their communities. With funding from other sources, the Center also provides training on aging issues for LGBT service providers and educates LGBT elders about the importance of planning ahead for long-term needs. Mainstream aging services providers account for 85% of the Center's training requests.

Since 2011, the Center has provided in-person training for more than 7,000 service providers from every part of the country. In the first year, SAGE trained a corps of volunteers, primarily professionals from the fields of aging and LGBT services, to deliver most of the trainings. The Center's staff and volunteers have also presented at several national and regional conferences, including the American Society on Aging, the National Association of Area Agencies on Aging, and others. More than 100,000 people from every state and 150 countries have visited the Center's website.

During the third year alone, the Center provided 61 basic trainings and three advanced trainings to nearly 1,400 people. The Center also provided 32 one-hour introductory trainings to more than 850 people. SAGE created a new partnership with the Alzheimer's Association, resulting in training the staff of all of the Association's regional offices.

The most recent participant evaluation, conducted by Hunter College during a two-year period, found that trainees exhibited significant increases in knowledge about the history and experiences of LGBT elders and their health and mental health concerns. Respondents indicated that they learned how to create a safe and welcoming environment for LGBT elders; felt greater comfort in communicating; and felt higher levels of inclusiveness and compassion for LGBT seniors. A 90-day, post-training follow-up survey indicated that the vast majority of respondents agreed that the training helped them in their relations with clients and made them more comfortable discussing LGBT issues with co-workers. Almost 50% responded that they had applied specific aspects of the training to their work within the first 90 days post-training.

SAGE has established SAGECare, a social enterprise to sustain the Center and its training programs. SAGECare will offer an accreditation program and generate revenue from training and consulting services, based on a tiered-pricing scale. Sustainability is very important as the Center continues to meet a growing interest in serving LGBT elders.

Alzheimer's Community Care Expands Family Nurse Consultant Program

Based in Florida, Alzheimer's Community Care (ACC) provides specialized care to patients with Alzheimer's disease and related disorders and their caregivers. ACC operates 11 Specialized Alzheimer's Day Care Centers and provides education and training, a 24-hour crisis line, caregiver support groups, case management, and disaster preparedness. ACC's Family Nurse Consultant Program provides community-based, dementia-specific services for families through needs assessments, home visits, care plans, and interventions designed to meet the needs of patients and caregivers.

In 2014, RRF awarded a one-year, \$10,000 grant to ACC to expand its Family Nurse Consultant Program for central and western Palm Beach County. The expansion was expected to provide services for an additional 275 patients and their families. More than 50% of the patients in these areas live below the poverty level. RRF funding supported the salary of a new Family Nurse Consultant.

During the grant period, ACC served 317 individuals (patients and caregivers) in the expansion area. The average ages of the caregiver and recipient were 58 and 77, respectively. Overall, ACC's Family Nurse Consultant Program provided interventions, care, and links to resources for 3,548 individuals, a 60% increase from the previous year.

ACC used a variety of evaluation tools, including a series of separate assessments, interviews with caregivers, and case notes. The evaluation indicated that more than 90% of caregivers reported increased access to support services in the community. The Zarit Burden assessment found that more than 75% of the caregivers experienced either stable or decreased levels of caregiver stress. More than 90% of the caregivers indicated they were likely to continue providing home-based care with the assistance of the Family Nurse Consultant Program.

ACC made several improvements to the program during the grant period. To handle an increase in incidents of patients wandering or becoming lost, ACC worked with the Florida Department of Elder Affairs to develop a Family Risk Guide and companion video. ACC also hired two Spanish-speaking Family Nurse Consultants. As a result, ACC was able to assist nearly 400 Spanish-speaking families and respond to more than 400 telephone calls in Spanish.

High-Risk Seniors Receive Services through Transitional Care Collaborative

In 2012, RRF awarded a \$60,000 grant to CJE SeniorLife to provide extended care management to high-risk patients discharged from the hospital through a Transitional Care Collaborative involving three local hospitals. CJE was one of 102 organizations that participated in a Community-Based Care Transitions Demonstration Project under Section 3026 of the Affordable Care Act. The demonstration was part of a national effort to reduce avoidable hospital readmissions for Medicare patients. CJE received three-year funding to manage its Transitional Care Collaborative, a partnership with Northwestern Memorial, St. Joseph, and St. Francis hospitals (the latter two are part of Presence Health).

The Collaborative involved the use of transitional care nurses (TCNs) to follow Medicare patients from hospital to home, long-term care settings, or rehabilitation facilities. A TCN visited the patient within 72 hours of discharge and made three additional telephone contacts within the first 30 days of post-hospitalization to help patients transition to care outside of the hospital setting. From CJE's previous experience, the agency recognized that patients at the highest risk for hospital readmission would need additional post-hospital care management beyond the 30-day period. However, the federal demonstration limited reimbursement to only 30 days of transitional care. CJE used RRF funding to enhance the effectiveness of transitional care by extending care management for the highest risk patients for up to 180 days.

During the three-year demonstration, CJE's Transitional Care Collaborative enrolled 3,712 patients. Of that number, 400, or 11.4%, were determined to be highest-risk patients. The length of care varied significantly for these patients, with an average of 57 days. Extended care services included subsidized personal care, arrangements for private pay caregiving, consumer assistance, transportation, and emergency home response.

CJE's Leonard Schanfield Research Institute evaluated the Transitional Care Collaborative from 2012 to 2014. It concluded that the intervention reached the target population; was delivered as intended most of the time; and had a positive impact on the self-care or care of the patient. The rate of re-hospitalization among CJE's patients was considerably lower than the hospitals' overall rates: 17.4% for lower risk and 19.9% for highest-risk patients, compared to the hospitals' average rate of 23%.

Hospital Elder Life Program Develops Business Plan

In 2013, RRF awarded a two-year, \$145,029 grant to Hebrew SeniorLife to develop a business plan for the sustainability of the Hospital Elder Life Program (HELP). This evidence-based model of care is designed to prevent delirium and functional decline and improve health outcomes in hospitalized older adults, while decreasing healthcare costs. HELP involves the use of skilled interdisciplinary staff and trained volunteers to carry out interventions for older hospitalized patients, including daily visits and orientation; sleep deprivation prevention; increased ambulation; use of visual aids

and hearing supports; enhanced fluid intake; and falls monitoring. HELP was developed by Sharon Inouye, MD, with earlier investments by RRF. HELP's National Office is located within Hebrew SeniorLife, a large, long-term care and research institution in Boston.

More than 200 hospitals have adopted HELP around the world, including hospitals located in 32 states. However, the number of U.S. hospital adopters represents less than 5% of the nation's acute care hospitals. Studies estimate that if HELP were to be implemented by even half of all U.S. hospitals, savings to the healthcare system would amount to more than \$18 billion annually.

HELP's National Office develops, manages, and distributes the program's materials, provides assistance to HELP sites, and conducts HELP dissemination efforts. However, with limited staff resources the National Office has not been able to promote the desired growth of HELP.

RRF funding enabled the National Office to hire consultant Lynn Spragens to lead the development and initial implementation of a strategic business plan for HELP. Following an extensive investigation of HELP's infrastructure needs, a series of business recommendations, strategies, and revenue projections was developed along a three-year time frame. Program planning tools for new and existing sites were created and tools were re-bundled with various pricing options. Tools include a summary of the evidence case for HELP; data collection worksheets; budget and staffing worksheets; a concept paper (outlining the justification for HELP); a stakeholder interview guide; a program proposal outline; and annual reporting tools.

HELP's National Office secured funding from a number of foundations to begin implementing the business plan, update the HELP website, develop e-learning modules and other revenue-generating products and services such as webinars, certification/recognition, an adoption toolkit, site visits, and distance mentoring. Funding has also enabled the National Office to hire a consultant to develop a communications strategy. The National Office now has a practical roadmap toward sustainability and tools to take HELP to scale.

Justice in Aging Addresses Transitions to Managed Care

From 2012 to 2015, RRF awarded two grants totaling \$270,000 to Justice in Aging (JIA) to support advocacy efforts to protect frail, low-income seniors in states transitioning to managed long-term care services and support systems. JIA (formerly the National Senior Citizens Law Center) targeted three of the first states to transition to managed long-term care: New Jersey, Kansas, and Florida. The goal was to protect seniors during the transitions and enable advocates to share their lessons with others across the country. In the third year of the grant, JIA had planned to add New Hampshire to the project, but the state delayed rollout of its managed long-term care services program. Instead, JIA expanded its legal consultation services to advocates in Pennsylvania.

During the three-year grant period, JIA engaged in several advocacy strategies to protect managed care enrollees. It created an online catalogue of contract provisions, provided language that protected against threats to beneficiary rights, suggested ways to protect clients from changes in care plans without notification, and strengthened the appeals processes. JIA produced several issue briefs, helped develop consumer guides for enrollees, trained hundreds of advocates, and pushed for state and national policy changes.

JIA targeted specific problems occurring in each state. With JIA's assistance, Florida advocates won a number of significant victories on behalf of enrollees. Florida Legal Services presented evidence to the state showing that homeless beneficiaries in the Miami area had no access to mental health services under managed care. The state took steps to remedy the situation. JIA helped secure a settlement preventing Florida managed care plans from cutting services if the senior was receiving help from family. JIA was also successful in ending the use of balance billing. The Florida Agency of Healthcare Administration amended contracts that require managed care organizations to participate in appeals processes.

JIA developed relationships with key officials in each of the targeted states. As a result, it successfully monitored the Kansas Department of Health and Environment's efforts to reduce a backlog in Medicaid processing. JIA plans to continue protecting beneficiaries from cutbacks in services under managed care contracts as it expands its work to other states.

Equal Rights Center Promotes Fair Housing for LGBT Elders

The Equal Rights Center (ERC) is a national, nonprofit civil rights organization that promotes equal opportunity in housing, employment, public accommodations, and government services. ERC conducts hundreds of civil rights tests annually, using methods recognized and accepted by the civil rights community, government agencies, and federal and state courts. In 2012, ERC conducted an RRF-funded study of discrimination against LGBT elders seeking senior housing. Using matched testing in 10 states, ERC found that the tester identified as part of a same-sex couple experienced at least one type of adverse differential treatment 48% of the time, when compared to the tester identified as part of an opposite-sex couple.

In 2014, RRF awarded a one-year, \$34,574 grant to ERC to implement recommendations from the housing discrimination study. The goal was to promote equal housing opportunity for LGBT older adults by improving compliance in states and municipalities with existing protections and increasing protections in states and local communities without a relevant non-discrimination law. The project included education of advocates in targeted states, a media campaign, and outreach and education for senior housing providers that had shown discriminatory treatment in the study.

With assistance from SAGE and the Equality Federation (an association of state-based advocacy groups for the LGBTQ community), ERC selected Garden State Equality (New Jersey), Equality Florida, and Bradbury Sullivan in Pennsylvania as project collaborators. The three organizations agreed to host education sessions for

advocates and seniors, assist in distributing ERC's toolkit (*The Opening Doors Toolkit: Fair Housing Self-Advocacy for Older LGBT Adults*), and promote fair housing for LGBT elders through media outreach.

Each advocacy group hosted a %Know Your Rights+ workshop to increase advocates' awareness of potential discrimination and relevant laws, build advocacy skills, and provide information about available fair housing resources. More than 800 toolkits were distributed at the three workshops and two national events, hosted by SAGE and Creating Change. ERC and its collaborators crafted joint press releases and disseminated them locally and nationally. ERC also invited 39 housing providers to meet and discuss ways of enhancing compliance with fair housing laws.

Mercy Housing Lakefront Establishes Integrated Health and Wellness Program for Grayslake Seniors

In 2014, RRF awarded a one-year, \$15,000 grant to Mercy Housing Lakefront (MHL) to establish an Integrated Health and Wellness Program at its Lakefront Residences in Grayslake, an independent living facility for low-income people. Of the residents, 80% are age 65+ and approximately 25% have mental illness, although the residents are generally unaware that units have been set aside to accommodate individuals with special needs. With RRF funding, MHL planned to help residents formulate individual care plans and confidentially provide additional assistance to residents with mental illness.

MHL contracted with New Foundation Center (NFC) to provide two on-site case managers to assess residents' needs; create individual care plans; organize on-site health and wellness activities in partnership with other providers; promote and support resident-led clubs and activities; facilitate a weekly wellness group; and provide referrals to NFC specialists for on-site mental health services. Services included benefits acquisition; contracting with service providers for Activities for Daily Living (ADL) support; health education; harm reduction strategies; transportation; and healthcare referrals.

Health surveys and ADL needs assessments were completed by 80% of the residents. Individual care plans were established for 53% of the residents, exceeding the projected goal of 40%. All residents with a diagnosed mental illness were clinically assessed, received individual care plans, and had ongoing case management services throughout the grant period. Half of the other residents also received case management services. Nearly all residents maintained housing stability.

A survey conducted near the end of the grant period found that MHL's integrated service program had promoted healthy behavior among residents, including self-reported daily fruit and vegetable consumption and weekly physical activity. The program helped residents with special needs live independently without being directly discriminated against or stigmatized. Toward the end of the grant period, MHL recruited its own case managers. It has continued the program at Grayslake and plans to replicate it at a new facility in Kankakee.

St. Catherine Labouré Installs Accessible Doors

Located in Glenview, Illinois, Saint Catherine Labouré Catholic Church serves a congregation of nearly 4,500. The parish's demographic composition is diverse; 66% of the congregation's members are white; 14% are Hispanic/Latino; and 11% are Asian Pacific. The majority of parishioners are lower-middle income. Nearly 50% are age 65 or older. The congregation provides a wide variety of spiritual, service, and cultural activities.

In 2014, Saint Catherine Labouré received an 18-month, \$16,600 Accessible Faith grant to replace the existing entrance doors to the church. These doors were too heavy for many seniors and people with disabilities to open independently. The project involved replacing the doors, removing existing thresholds, and installing automatic door openers at two entrances.

The project was successfully completed and stayed within budget despite challenges requiring a switch in contractors and some revisions. As a result of its improvements, Saint Catherine Labouré plans to host events for neighboring parishes which are less accessible.

Note: RRF staff takes much of the information for Grant Highlights directly from grantees' final reports. Staff often asks questions and holds discussions with grantees to get a more complete understanding of the results of grants and to understand challenges grantees faced.