

CARE FOR ELDERS ACCOMPLISHMENTS REPORT

FY 10 -11 (July 1, 2010 - June 30, 2011)

Care for Elders (CFE) is Houston's largest, most diverse and most experienced partnership focused solely on elder care issues. Uniting members from the public, private and nonprofit sectors, Care for Elders is dedicated to informing public policy and influencing community practice to increase access to services, improve the quality of care, and enhance the quality of life for older adults and their families. The partnership's major accomplishments in FY 10-11 are described on the pages that follow.

Accomplishments Report

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ACCESS AND COORDINATION EFFORTS

The Access Network

Care for Elders established the Access Network in 2006 to improve access to needed services, optimize system efficiency and provide older adults and family caregivers with a single, easy to remember phone number to call for community resource information. The Access Network (AN) begins at the 2-1-1 Texas/United Way Helpline, a well-known entry point for resource information and is formally linked to **13 additional senior service organizations** providing enhanced information and referral services, benefits counseling and case management.

| Access Network Utilization | | |
|--|---------|--|
| Total Calls to 2-1-1 | 456,446 | 12% of 2-1-1 Calls were Elder Care Calls |
| Elder Care Calls | 55,602 | |
| Elder Care Calls from Caregivers | 408 | 2% of Elder Care Calls were connected to Enhanced I/R |
| Enhanced Information & Referral | 1,293 | |
| Case Management | 326 | 25% of Enhanced I/R Clients were referred to Case Management |
| Benefits Counseling | 28 | |

The table below provides information about the type and level of support provided by each AN partner. This year, **Harris County Office of Social Services joined the Access Network as the 13th partner.**

| Partner Organization | Function | | Clients Served | | |
|---|-----------------------------------|-----------------|----------------|----------|----------|
| | Enhanced Information and Referral | Case Management | FY 08-09 | FY 09-10 | FY 10-11 |
| United Way of Greater Houston | x | | 1,382 | 1,452 | 1,281 |
| Alzheimer's Association | x | | 15 | 17 | 10 |
| Chinese Community Center | x | x | 4/2 | 0/1 | 0/2 |
| Houston Area Parkinson Society | x | x | 0/0 | 2/6 | 2/6 |
| Boat People SOS | x | x | 1/1 | 0/1 | 0/0 |
| Catholic Charities | | x | 66 | 53 | 62 |
| City of Houston, DHHS | | x | 17 | 3 | 3 |
| Family Services of Greater Houston | | x | n/a | 133 | 123 |
| Harris County Social Services | | x | n/a | n/a | 0 |
| Jewish Family Service | | x | 36 | 13 | 23 |
| Sheltering Arms Senior Services | | x | 55 | 43 | 63 |
| Neighborhood Centers, Inc. | | x | n/a | n/a | 23 |
| CFE Supported Case Managers | | x | n/a | 35 | 21 |

Demographic information for clients served within the Access Network is shown in the table below.

| Access Network Client Demographic Information | | |
|---|--------|--------------|
| | Number | Percentage % |
| Ethnicity | | |
| • African American | 745 | 58% |
| • Asian | 6 | 1% |
| • Hispanic | 241 | 19% |
| • White | 281 | 22% |
| Age | | |
| • 60-64 | 321 | 25% |
| • 65-74 | 530 | 41% |
| • 75-84 | 328 | 26% |
| • 85+ | 102 | 8% |
| Gender | | |
| • Female | 1005 | 78% |
| • Male | 275 | 21% |
| Income | | |
| • \$0 - \$750 per month | 480 | 41% |
| • \$751 - \$1200 per month | 447 | 38% |
| • \$1201 - \$1800 per month | 179 | 15% |
| • \$1801 - \$2200 per month | 24 | 2% |
| • Over \$2201/month (\$26,412 per year) | 42 | 4% |
| Living Arrangements | | |
| • Lives alone | 746 | 61% |
| • Spouse | 164 | 13% |
| • Spouse/Family | 29 | 2% |
| • Family | 261 | 21% |
| • Others | 27 | 2% |

Economic Independence Initiative

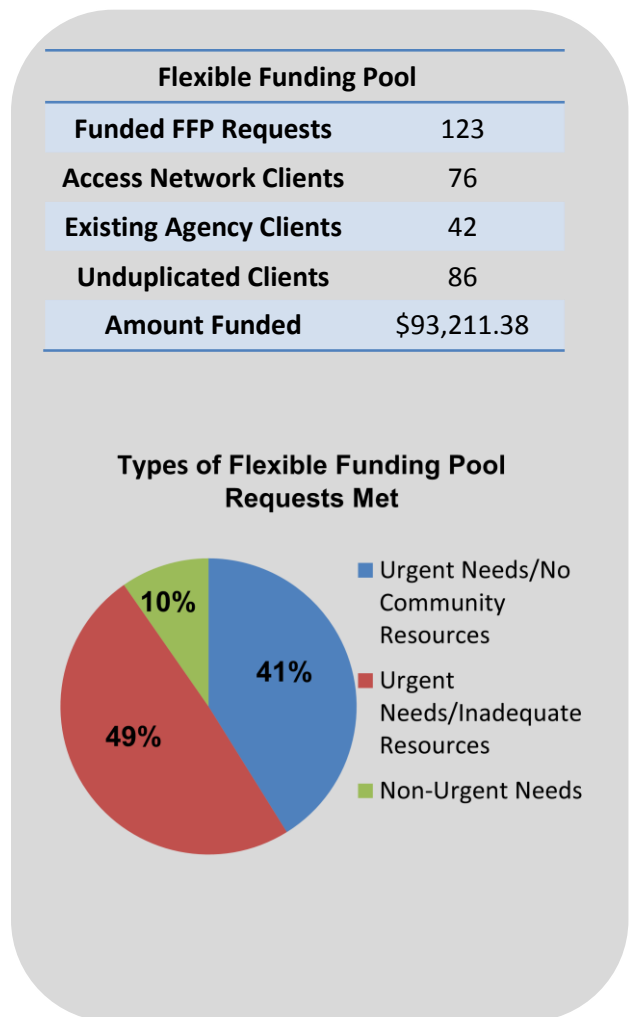
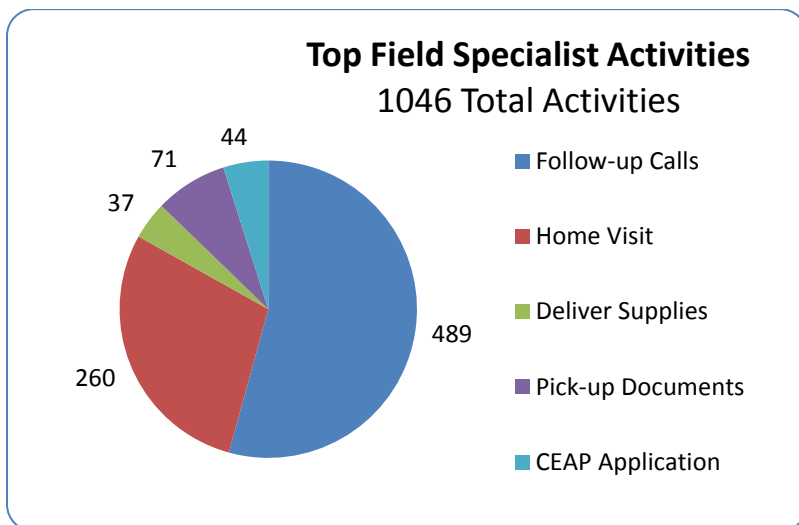
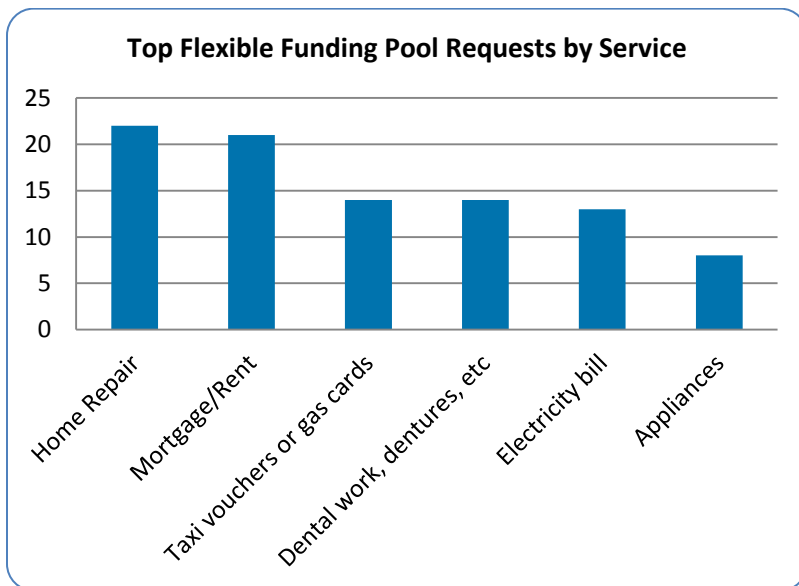
In November 2010, Care for Elders was **selected as a national demonstration site by the National Council on Aging for their Economic Security Initiative**. As part of this pilot, and with funding from the Bank of America Charitable Foundation, Care for Elders launched its own Economic Independence Initiative (EI²), adding economic casework tools and interventions to the routine practice of **22 community case managers from seven Access Network partner organizations**. **Ninety-five (95) clients were served** by partner and Care for Elders case managers in EI² through June 2011.

In addition, Care for Elders/EI² established formal referral linkages between the AN and community programs that provide financial coaching, employment and job training, assistance with scams and fraud, and benefits counseling to ensure that the financial security needs of Houston area older adults are met. Capacity building opportunities are central to EI² as well, and in partnership with the Harris County Area Agency on Aging, **seven AN case managers are in the process of becoming certified benefits counselors**.

In 2010-11, Care for Elders also partnered with the National Council on Aging (NCOA) on **two additional pilot projects**. The first was NCOA's Reverse Mortgage Services Network that allowed **Care for Elders' funded case managers to become certified reverse mortgage counselors**, providing 29 counseling sessions to educate older adults about the risks and costs when considering a reverse mortgage. The second is **NCOA's Tax and Insurance Default Mitigation pilot** which assisted older adults who were in default with their reverse mortgage due to unpaid taxes and insurance. Case managers from Catholic Charities and CFE provided comprehensive case management to clients with an additional emphasis on financial well-being, and advocated on clients' behalf with their reverse mortgage lender. Seven clients in Houston were served as part of the pilot and the results from this work have been shared with the US Department of Housing and Urban Development.

Practice Enhancements

Equipping Access Network partner organizations with resources and tools to enhance their practice is a key component of Care for Elders' work. The graphs below highlight two such enhancements—the **Flexible Funding Pool and the Field Specialist**. The Field Specialist provides support to case managers and Enhanced I&R Specialists by assisting with client tasks and applications. The Flexible Funding Pool is available to Network Partners to purchase one-time services or supports to meet clients' needs when no other community resource is available or sufficient to do so.



Additionally, Access Network **case managers have enhanced their practice by delivering Healthy IDEAS**, an evidence-based depression intervention targeting community-based older adults. **Client outcomes** for AN partners implementing Healthy IDEAS show:

- 36 of 39 clients who were screened exhibited moderate symptoms of depression; 14 participated in Healthy IDEAS
 - 12 of the 14 (85%) reported depressive symptoms in the moderate to severe range
- **Clinically and statistically significant improvements in mental health for this cohort group of 12**
 - Average Geriatric Depression Scale score decreased from 9 to 5.1 (3.9 points)
 - 8 of 12 reported fewer symptoms
 - 6 of 12 (50%) had clinical improvements that placed them in the normal range

Care for Elders also provided opportunity for Network partners to take advantage of **other capacity-building trainings** this year, including:

- Mental Health First Aid provided through the Mental Health and Mental Retardation Authority of Harris County;
- Psychological First Aid offered by the Harris County Office of Social Services;
- Screening and Brief Motivational Intervention for At-Risk Drinking and Psychoactive Medication Misuse in Older Adults conducted by the Council on Alcohol and Drugs Houston; and
- Sheltering Arms Senior Services training to prepare case managers to complete and submit Utility Assistance and Weatherization applications for their clients.

Community Resource Database

In partnership with the United Way of Greater Houston, Care for Elders is currently developing Houston's first web-based Community Resource Database (CRD) of Senior Services. This year, the first phase of the project was completed, with **the creation of 20 easy-to-search CRD categories which have been linked to more than 200 different types of social and health services**. In addition, an **e-library with articles to help consumers better understand and navigate the database was created**. Work has begun on the next phase of the CRD which includes technology updates being made on the United Way (host) website, and the design of a pilot test to evaluate the usability of the database with consumer and professional groups.

Hospital to Home

Hospital to Home (H2H) is a care transitions intervention that utilizes a community-based social work case manager as a “transition coach” to create a bridge between health care and community care for older adults being discharged from the hospital with a primary diagnosis of congestive heart failure (CHF). Developed with partners from the Methodist Hospital, Baylor College of Medicine, the VA, Texas Woman’s University, and Sheltering Arms Senior Services, **H2H draws upon evidence-based and other best practices** to focus on:

- Educating clients about ways to manage their chronic health condition,
- Coordinating the reconciliation of clients’ medications with a hospital pharmacist,
- Ensuring clients go to follow-up physician and specialists appointments, and
- Creating a personal health record for clients to consolidate their health information and aid in their communication with health care providers.

The H2H transition coach **also utilizes Healthy IDEAS** to address depressive symptoms in clients, and **provides comprehensive case management services** to address psycho-social needs. In July 2010, the **Methodist Hospital integrated H2H into their daily practice** as a strategy to reduce 30-day hospital readmissions, and provided six months of funding to support the H2H Transitions Coach position.

Formal, **professional evaluation of H2H was conducted** with the following exciting results:

- Number of Individuals Served
 - A total of **32 older adults were served** from April 2009 – December 2010

- Process Measures
 - The Transitions Coach (TC) made **6.4 home visits per client and 6.7 telephone calls per client.**
 - Approximately **67% of clients had social and health related needs that required additional support coordinated by the TC.** Most requested help with follow up care or assistance with health insurance related matters.
 - Methodist pharmacists conducted medication reconciliations and the TC spent considerable time with clients educating them on the purpose of their medications and helping them to take them as prescribed. Fortunately there were no serious medication related issues, even though this **cohort of clients was on an average of 12 medications.**
 - The cohort of 32 patients had a **total of 38 follow up visits with their respective primary care physicians (1.3 visits per client).** Most of the specialist referrals were for cardiologists, but follow-up visits ranged from urologists to ophthalmologists and from endocrinologists to dermatologists. The **group had 113 specialist follow-up visits (3.5 visits per client).**
 - The Transitions Coach tracked the number of warning flags experienced by each client as well as the number of times the client was able to take an appropriate action. This group of clients had a **total of 60 yellow flags and 20 red flags (or 1.8 yellow flags/client and 0.6 red flags/client, respectively.)** However from the 60 yellow flags, clients were able to respond appropriately 66% of the time (40 events), and from the 20 red flags experienced, clients were able to respond 60% of the time (12 events).

- Outcome Measures
 - H2H administered the Kansas City Cardiomyopathy Questionnaire (KCCQ), a valid, reliable assessment tool, on participants to understand both their change in quality of life and overall health as a result of their participation in H2H.
 - Changes in Overall Health
 - The KCCQ was administered on 27 clients who had a mean increase in score of 8.95 points, which was interpreted as a moderate improvement in overall health. For this cohort of clients, the average pre-test score was 42.24 and the average post-test score was 51.19 (out of a scale of 100). **Statistical analyses reveal that the difference between the two measures is significant (p=0.05) and therefore the change in score confirms that study participants had better overall health by the end of the program.**
 - Quality of Life
 - Quality of Life is one component of the overall summary KCCQ score. The mean pre-test score was 51.59 and the mean post-test score was 70.24 (out of 100), indicating a net increase of 18.65 points; this represents a **large improvement in quality of life to program participants (a change of greater than 12 points is defined as a large improvement in quality of life).** **Not only are these results clinically significant, but the change in score is also statistically significant (p-value=0.009).**
 - Changes in Self-Management
 - One question about self-management asked in the KCCQ was “how sure are you that you know what to do, or whom to call, if your heart failure symptoms get worse?” The group replied that they were “mostly sure” and this was consistent post-program. Non-parametric statistical analyses comparing pre and post scores for this question on the KCCQ revealed that the **improvements (i.e. differences) were statistically significant (p=0.03).**

Healthy IDEAS Replication Sites Map



IMPROVING QUALITY THROUGH DIRECT CARE WORKFORCE INITIATIVES

Improving the recruitment, training, recognition and retention of the frontline, hands-on workforce has been a top priority of Care for Elders since the partnership first formed. Over the years we have implemented several initiatives, including screening, orientation and continuing education pilots (in 2006), and in 2009, CFE pilot tested an employee recognition program. **More recent efforts to address workforce issues** include:

- **Convening direct care workers** to provide them with an opportunity to network, receive training and engage in advocacy;
- Developing an **educational brochure for older adults about selecting home care services**, including information about what to expect, questions to ask, and how to navigate the system;
- **Presentation** entitled “Strategies for Improving the Recruitment and Retention of Front Line, Direct Care Workers” conducted **by CFE staff at the American Society on Aging’s 2011 Aging in America Conference**;
- A **publication** in the August 2010 online edition of Aging Times, a publication of the National Center for Gerontological Social Work Education. The article, “Vital Yet Undervalued: Recruiting and Retaining Qualified Direct-Care Workers”, was **written by Nancy Wilson, Care for Elders Governing Council member and Jane Bavineau, CFE’s executive director**;
- **Active participation in national and state level advocacy groups**, the Direct Care Alliance and the Texas Association for Professional Direct Care Workers; and
- **Leadership to a state level council** appointed by the Executive Commissioner of the Texas Health and Human Services Commission to study and recommend strategies for improving the recruitment and retention of direct care workers.

Conference for Direct Care Workers Who Care for Older Adults

For the past four years, with funding from the Harris County Area Agency on Aging, Care for Elders has planned and coordinated a **full day training conference specifically for direct care workers**. Free to direct care workers, this year’s conference was entitled *On the Front Line and at the Heart of Quality Care for Older Adults*.

Highlights from the conference include:

- **Proclamation from Houston's Mayor Annise Parker** declaring March 10, 2011 as Direct Care Workers Day in Houston, Texas. Every worker that attended the conference received a copy of the proclamation signed by the Mayor.
- **183 individuals attended** the conference, representing **27 different agencies**
- Presentation of the "**4th Annual Ready for Life Awards**", recognizing direct care workers who serve as a role model for others and demonstrate a commitment to improving the quality of life for older adults. Fourteen (14) nominations were received this year from supervisors, co-workers, clients and family members of clients. Three (3) winners were selected; two (2) received Honorable Mention Awards and one was chosen as the overall award winner, receiving both a plaque and \$500.

CONSUMER INPUT AND ADVOCACY

Consumer Priority Setting Process

In FY 09-10, Care for Elders completed an extensive process of gathering consumer feedback about what the priorities should be for improving Houston's elder-friendliness. **Nearly 1,200** older adults, family caregivers and other key stakeholders **participated in the survey process** – representing all four Harris County Precincts, each of the major ethnic groups, and all age ranges and income brackets.

In July 2010, the results were posted on the Care for Elders website. The following were deemed of **highest priority**:

- Improve how current **transportation programs** operate so that they better meet seniors' needs
- Make it easier to get **help with paying electric and utility bills**
- **Teach older adults about scams** and how to protect themselves from being taken advantage of
- Make it a law that all home care and "hands on" **workers must be trained** before they help a senior
- Work with businesses to **encourage them to hire older workers**

Leadership Briefing

"Aging... It's About the Encore" was the title for a Leadership Briefing hosted by Care for Elders and sponsored by TXU Energy on November 17, 2010. A full-house audience of **120 elected officials, funders, business executives and other local decision makers** gathered at the Houston House of Blues to learn about older adults in Harris County and what they can do to promote health, happiness and support for those in the encore time of their lives.

Care for Elders Executive Director, Jane Baveineau presented "*10 Things You Need to Know About Older Adults in Harris County*", providing both an overview of key issues facing older adults as well as options and opportunities we all have to promote healthy aging and improve our community's responsiveness to the needs of older people. After the presentation, the following individuals served on a panel and offered their unique points of view on aging and how to make Houston more elder-friendly:

- **Sue Lovell**, City of Houston Council Member
- **Catherine Clark Mosbacher**, President and CEO, The Center for Houston's Future
- **Vernon Stockton**, United Way Community Impact Chair and Retired Business Executive
- **Ellen Cohen**, Former State Representative, Texas House of Representatives
- **Nancy Whitelaw, PhD**, Senior Vice President, National Council on Aging



Care for Elders Consumer Advisory Council Members Margarita Moreno and Dolores Torres at the briefing

A quick feedback survey of those in attendance showed that overall, **97.3% of respondents rated the briefing as excellent or good** (86.5% rated it as excellent!), and **97.3% of survey respondents believed that they learned something new** about aging and Houston's older adults.

“Call to Action” Video

Care for Elders **created a short video entitled “Aging... It’s About the Encore”** that was first shown at the November Leadership Briefing. The video features eight local older adults sharing what they believe to be the best and most challenging aspects of aging. The **National Council on Aging featured the video** in their weekly online newsletter; it can also be found on the Care for Elders website.

Advocating for Elder –Responsive Laws and Policies

Jane Bavineau, was selected by Texas Health and Human Services Executive Commissioner, Tom Suehs, to **chair a state-level workforce council** specific to direct care workers. Meetings began in 2009, and in November 2010, the Council submitted its final report to the Executive Commissioner. The complete report can be accessed from the Care for Elders website; priority recommendations called for improving compensation and benefits for workers, gathering and analyzing data about direct care workers in Texas, and designating a staff person at DADS or HHSC to lead future efforts to improve the recruitment and retention of direct care workers. Care for Elders also highlighted the report during its **invited testimony before the Texas Legislative Committee on Aging and at three other state level public hearings.**

In addition, Care for Elders senior staff have been **active participants in the national dialogue with the Department of Labor** and others around the country regarding the need to revise the Fair Labor Standards Act and ensure inclusion of minimum wage and overtime protections for direct care workers. Staff has also **contributed to highly promoted national blogs**, and been quoted about Texas budget challenges that will likely have adverse effects on direct care staff.

CATALYST FOR SYSTEMS IMPROVEMENTS

Care for Elders sees one of its most important roles as serving as a catalyst for systems improvements in aging-related services and long-term care. The partnership was honored to be **selected by the National Council on Aging for its 2011 Jack Ossofsky Award**, an award given to “individuals or organizations that have taken a creative, new idea and developed it into a successful program, service, or policy that helps older people achieve vital aging”.

In addition to the accomplishments already described in this report, below are examples of other ways the partnership has served as a catalyst for improvements, functioning in both leadership and supporting roles.

Disaster Preparedness and Response

Care for Elders has formally joined with the Harris County Social Services Department and the County’s Office of Emergency Management to support future disaster response efforts under “Annex O” (related to case management and human services). CFE **developed the Adopt-A-Senior Housing Community program** to ensure that facilities (and their senior residents) have adequate support following disasters, and will utilize volunteer residents to identify the immediate needs of their neighbors and communicate with CFE about resources needed. There are **12 senior housing communities** that have agreed to be adopted under the new program. In addition, CFE and **will seek the release of case managers** from partner organizations to support our disaster response commitments.

Support to Other Partners’ Efforts

CFE staff continues to actively support other partners’ efforts that align with the partnership’s priorities. Currently, **CFE serves on 22 different councils and committees.**

In addition, Care for Elders has launched a **twice per month e-newsletter that features upcoming events** being hosted by our partners.

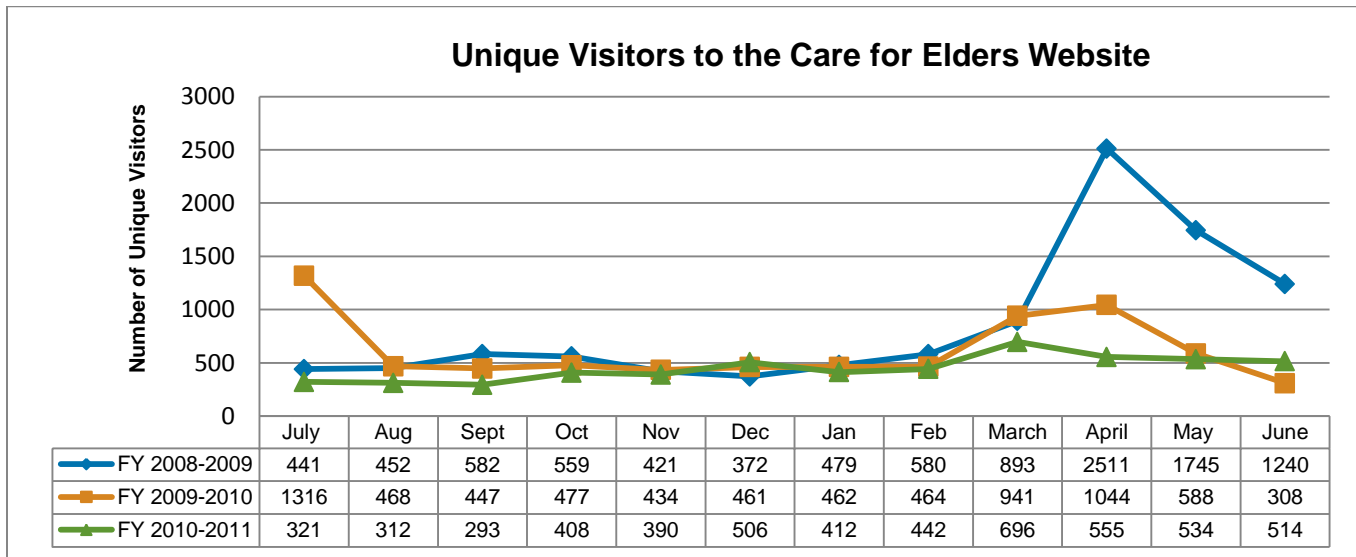
Care for Elders Website

The goal of the Care for Elders website is to provide partners, policymakers, and professionals in the field of aging with relevant and current data on the older adult population of Harris County, as well as keep the community abreast of Care for Elders initiatives, accomplishments and results. Updates to the website are on-

going, and **new features were added to the site** this year as well, including links to national, state and local reports on aging issues.

Most Popular Pages

1. Care for Elders Home Page
2. Healthy IDEAS Overview
3. Access Network Overview Page



Resource Development

Care for Elders pursues funding and resources to sustain its work and support new projects, studies, and initiatives. In FY 10-11, the following **funding organizations have provided support** as follows:

- United Way of Greater Houston – for partnership infrastructure, special projects and the Flexible Funding Pool
- Houston Endowment – for partnership operations and special projects
- The Brown Foundation – for partnership staff additions and the Flexible Funding Pool
- The Frees Foundation – for a case manager position in the Access Network
- National Council on Aging and the Bank of America Charitable Foundation – for support to the Economic Independence Initiative and Reverse Mortgage Counseling project
- Texas Woman’s University – for dissemination of care transitions and Hospital to Home information
- TXU Energy – for the November 2010 Leadership Briefing
- Harris County Area Agency on Aging – for the direct care worker conference
- The Methodist Hospital – for the Hospital to Home transitions coach