



Living Well! A Partnership in Public Housing

Grantee: Family Eldercare

Project Manager: Joyce Hefner, LMSW

About Family Eldercare

Mission: Family Eldercare provides essential services to seniors, adults with disabilities and caregivers.

Vision: Elders and adults with disabilities live in a supportive community with dignity and as much independence as possible.

Established 1982



Family Eldercare's Programs and Services

Family Eldercare carries out its mission through a variety of programs.
Priorities are to:

- Prevent abuse, neglect, self-neglect and financial exploitation
- Prolong independent living in the least restrictive environment
- Promote the health, well-being and dignity of elders, adults with disabilities and their caregivers.

Family Eldercare provides a continuum of services on a sliding fee scale to more than 6,000 elders, people with disabilities and their caregivers annually in Travis, Williamson and Hays counties.

- In Home Care and Caregiver Services.
- Geriatric Consultation
- Guardianship
- Money Management
- Lifetime Connections Without Walls
- Service Coordination
- Living Well! Aging in Place Initiative
- ❖ Lyons Gardens Senior Housing (HUD 202)
- Summer Fan Drive (serving 11 counties)

How did our CIAIP Project Develop?

Housing
Authority
Reaches Out to
Aging Services
Providers

Partnership Planning Meetings

MOU Established and Proposal Written

Project Goal:

Promote a community where older adults are active and engaged.

Provide on-site services to support aging in place.

Promote healthy aging.

Target Population:

We work with residents in 5 public housing properties with a total of 456 units occupied by residents who are elderly (age 60+) or disabled.

Partnership:

We are a partnership in public housing. Our partners are governmental and non-profit agencies.

Family Eldercare H.A.N.D WeViva

Housing Authority, City of Austin

Area Agency on Aging of the Capital Area

New Connections at AGE

Coming of Age

Georgetown Housing Authority

Components of Program Model



Role of Service Coordinator

Traditional Role

- *Intake and Assessments
- Information and Referral
- Case management
- Linkage to Services
- Emotional Support
- *Advocacy
- Crisis Intervention
- Conflict Resolution
- Caregiver Support and Education



Enhanced Role

- Project Ambassador
- Link Residents to onsite programs and activities
- Connect residents to direct client assistance
- Program Development
- Partner Relations
- Project Evaluation

Partners and Programming

| Evidenced Based Practices | Healthy Aging Programs | Direct Client Assistance | Volunteerism & Engagement | Property Staff Training & Education |
|--|---------------------------------------|---------------------------------|---------------------------------|---------------------------------------|
| Medication Management (MMIS)- AAACAP | Nutrition Education- CAFB | Personal Assistance- HAND | Structured program developed | Focus Groups |
| Problem Solving Therapy- UTSSW | Writing Workshops- BadgerDog | Homemaker Services-FE | Integrated with HACA positions | Aging Sensitivity |
| Matter of Balance- AAACAP | Brain Boosters- New Connections | Transportation | Resident Volunteerism | Assessment skills and Resources |
| SeniorWISE (Memory Improvement)- UTSN | Fitness Classes-We Viva | Durable Medical Equipment | Community volunteers | Boston University Certificate Program |
| CDSM/DSM- Central TX AAA | Yoga- Community Yoga | Basic Needs | Recognition Activities | Advise Administration |

Measureable Results

| Program | Measure | Results | Related Data |
|---|---|---|---|
| CDSM/DSM 6 weekly classes | Understanding Problems Understanding Mgmt. Tools Knowledge of Healthy Behaviors | Self rating from 1.8 to 2.8 Self rating from 1.4 to 2.8 Self rating from 1.4 to 2.8 | 40 unduplicated 20 attend 3+ classes 10 complete both evals. |
| Brain Boosters Weekly classes Class size limit=15 | Warning signs of memory loss Steps to maintain brain health Ways to cope with memory loss | Self rating from 2.2 to 2.8 Self rating from 1.2 to 3.8 Self rating from 1.5 to 3.7 | 81 unduplicated Average class size=7 10 complete both evals. |
| SeniorWISE 8 weekly classes | Confidence about memory Understanding of memory Anxiety about memory | ♠ 81%♠ 88%♣ 80% | 31 attended 2 + classes 18 completed evals. |
| Healthy Choices Nutrition- 4 classes | Knowledge of healthy foods, importance of exercise, disease risk and food choices | Overall of 60% (goal: 40% increase) | 41 unduplicated Average 2 classes |
| Medication Screening/Flu shots | Take 10 or more medications= 27 On site flu shots provided | # accepting referral= 6 from 35 to 63 | Combined pharmacist provided flu shots and medication screenings. |

Measureable Results

| Program | Measure | Results | Related Data |
|---|---|--|---|
| Personal Assistance Homemaker Services | Medically fragile are stabilized At risk for eviction stabilized | 5 of 6 remain in housing 23 of 23 remain in housing | 1 resident moved to hospice 10 of these had lease violations |
| Service Coordination | Residents engaged in program | ♠ by 32% in one year (from 319 to 420) | Change from 2010 to 2011 |
| Resident Volunteerism | # of volunteers # of hours of service # of resident led activities | ◆ 32% (31 to 41)◆ 140% (1,536 to 3,691)9 new resident led activities | Change from 9/10–3/11 to 4/11-9/11. |

Stories to Tell....

Mrs. S. age 73

Assisted resolving medical bills.
Supported after financial exploitation by a friend
Provided support and transportation to visit
another resident who was hospitalized and dying.
Linked with housekeeping following lease violation.
Attended CDSM, Nutrition, and Brain Booster
classes. Volunteers at events and leads sewing
group. Interviews show she reports that
socialization has increased from several times a
week to daily. Her overall status of well-being has
increased from "Fair" to "Good."

Assisted with organizing bills and papers and renewing Medicaid and SNAP benefits that lapsed due to her disorganization. She was assisted with housekeeping due to a lease violation. She was referred to the bill payer program at FE. She participates in most activities and classes (CDSM, nutrition, exercise, writing, computer). Linked with a volunteer job at a local hospital. Assisted with joining the YMCA. She uses her computer skills to research nutrition information, materials for writing, etc. She has lost significant weight

Mrs. P. age 70

New Chapter: Williamson County Project Expansion

Timeline

Community Assessment

- -Focus Groups
- -AdvantAGE Initiative

Partnership with Georgetown Housing Authority

- -Health Indicators
- -Medication Screening
- -CDSM Classes

Report and Release AdvantAGE survey results

Key Accomplishments

- Engagement of residents in Program
- Development of effective incentives program
- Increased access to health services on site
- Increased knowledge and skills of program participants
- Prevention of eviction or pre-mature institutionalization
- Promotion of volunteerism and meaningful activities
- Williamson County expansion and AdvantAGE initiative

Lessons Learned

| Implementation though Multiple Partners | Engaging Residents in Activities and Programs |
|--|--|
| Great Way to share workload and Resources | Takes time to build trust with residents (and staff) |
| Increases complexity of project management and communication | Seek resident feedback and respond to feedback |
| Requires structure, dedicated staff, regular check-in and evaluation | Residents not always receptive of evidenced based programs or "Cadillac" models. |
| Look beyond "usual suspects" to meet goals and address needs | Design an incentive program to build participation and volunteerism |

What's Next?

- Partners working on sustainability plans
- Marketing project to new communities
- Release of Georgetown AdvantAGE survey & publicity campaign

Recommendations

- It is essential to support policies and prioritize programs that support aging in place.
 - The AASC estimates savings of \$4,283 for every month a low income senior lives independently
- Allow for flexibility in interventions and programming to be selected.
 - Strong evaluation program and best practices can give great results!

This is a beautiful home to come to every day. I have lived here nearly 20 years and intend to stay 20 more and enjoy my golden years.

Quote from Optimistic 80+ Resident

Contact: Joyce Hefner, LMSW
Family Eldercare Austin, TX
jhefner@familyeldercare.org