

GRANT HIGHLIGHTS

OCTOBER, 2009

This information comes from Grant Briefs, RRF's bi-monthly internal newsletter. Much of the information is taken directly from grantees' reports and is presented in their own words. We thank grantees and others for their contribution to Grant Briefs.

Advocates Win Protection for Adults with Mental Illness

This spring, RRF made a \$15,000 Executive Director discretionary grant to the Bazelon Center for Mental Health Law in partial support of a class action case related to the Supreme Court's 1999 Olmstead decision. The Olmstead decision mandated that persons with mental illness receive treatment in the most integrated setting suited to their needs.

Bazelon served as co-counsel in *Disability Advocates, Inc. v. Paterson*, a lawsuit against the State of New York. The suit charged that the state has been violating the Americans with Disabilities Act (ADA) and the Olmstead agreement by transferring individuals out of state psychiatric hospitals and into privately owned adult homes. In these large and chaotic adult homes (many of which house a couple hundred persons and are not even licensed), the mentally ill experience the same isolation and deplorable conditions as they do in state mental institutions.

The case represented 4,000 New York City adults with mental illnesses. Older adults represented 25 to 30 percent of the plaintiffs. The plaintiffs sought an order requiring New York State to offer alternative services to adult home residents and create additional apartments with supportive and rehabilitative services.

The State of New York filed to dismiss the case, claiming it was not responsible under the ADA because these adult homes are privately owned and not "state facilities." But, the U.S. District Court denied the State's motion and ordered the case to trial. The judge fast-tracked the case, and the trial began in May.

In early September, following a five-week trial, Judge Nicolas G. Garaufis of Federal District Court in Brooklyn ruled that the State of New York was violating the ADA by housing more than 4,300 mentally ill people in over two dozen adult homes. He said the residents had little hope of mingling with anyone in the wider community and called adult homes "segregated settings" that kept residents from integrating their lives into the day-to-day rhythms and rituals of neighborhoods. He said the state had "denied thousands of individuals with mental illness in New York City the opportunity to receive services in the most integrated setting appropriate to their needs." He also wrote, "To the extent that mental health programs or case management aim to teach independent living skills, like cooking, budgeting, and grocery shopping, residents have little or no opportunity to practice these skills in their present living situation." The judge directed

the State to submit a remedial plan by mid-October. As Grant Briefs was going to press, Bazelon's attorneys were reviewing the 210-page decision.

Bazelon partnered with Disability Advocates, Inc., a New York State advocacy group for persons with disabilities. Other partners included New York Lawyers for the Public Interest, MFY Legal Services, the Urban Justice Center, and the law firm of Paul, Weiss, Rifkind, Wharton & Garrison. Bazelon's role was to secure expert testimony and take depositions, monitor the trial, and keep the advocacy community nationwide aware of progress in the suit.

Bazelon is nationally recognized as perhaps the premier mental health advocate. RRF had previously supported Bazelon's work around community reintegration of persons with mental illness. The Foundation funded Bazelon's study, *Last in Line*, which analyzed barriers leading to the neglect of older persons with mental disabilities. RRF also supported Bazelon's work on the Olmstead case.

Study Finds Under-reporting of Elder Mistreatment in Residential Care Facilities

A two-year \$262,010 RRF grant enabled the University of California, Los Angeles (UCLA) to study elder mistreatment in residential care facilities (RCFs). Serving close to 1 million elders daily, RCFs include adult, personal, board and care, or domiciliary care homes; adult congregate living facilities; and assisted living facilities. Unlike nursing homes, which are required by the federal government to participate in regular inspections that are archived in a database, RCFs are regulated by the states. And, the regulatory environment varies considerably among states. The risk for mistreatment in RCFs may be as high as or even higher than that in nursing homes due to the relative lack of government oversight, minimal requirements for staff education, and the size and isolated nature of many RCFs. Despite widespread concern about elder mistreatment (including physical abuse, emotional abuse, sexual abuse, neglect, and financial exploitation), there have been virtually no studies of mistreatment in RCFs prior to this project.

The specific objectives of this project were to describe substantiated elder mistreatment occurring in RCFs, factors associated with allegations of mistreatment being unsubstantiated by inspectors, and the scope and nature of possible or probable mistreatment in RCFs. The research project occurred in Arizona because this state is one of only a few to archive data about its RCFs. The state uses ASPEN, the Automated Survey Processing Environment Regulations, a system similar to the one used for nursing homes at the national level. The project used data such as surveyors' citations for code violations (based on Arizona state statutes), narrative statements of deficiency in the survey report, and narrative data from ASPEN Complaint Tracking.

The study found that elder mistreatment in RCFs is a significant problem. Neglect was the most common form of mistreatment identified. However, the data showed evidence of all types of mistreatment. Evidence of many other mistreatment-related problems such as medication-related problems, unsafe environments, multiple

falls, unexplained injuries, pressure sores, and leaving the facility with no one's knowledge were also found in the data. An examination of the statements of deficiency for 95 RCFs from January 2005 to September 2008 found physical abuse in nine facilities, unexplained injuries in 24, physical restraint in 67, and neglect in 23.

The study found that elder mistreatment in RCFs is seriously underestimated. Based on citations alone, few cases of mistreatment were found in the data. But, based on definitions substantiated by state inspectors, about twice as many incidents were found in the narrative reports. The study suggests that current available data do not make it possible to understand why mistreatment occurs in RCFs.

Results of the study continue to be widely disseminated. Already 2,200 clinicians, researchers, and policymakers have attended conference presentations and poster sessions on the findings. The project's team has submitted articles to the *Arizona Journal of Geriatric Medicine*, *Journal of Elder Abuse and Neglect*, *The Gerontologist*, and other publications.

The study confirmed what had been suspected--that the magnitude of the problem of elder mistreatment in RCFs is understated. There were almost twice as many suspected cases as were substantiated. Only about five percent of them were cited for mistreatment. The project highlights the problems of elder mistreatment in RCFs--not only in Arizona but across the nation. It also emphasizes the need to develop more appropriate reporting systems to understand the scope of elder mistreatment. UCLA's work will hopefully spur efforts to protect the growing number of vulnerable adults living in such settings.

National Housing Law Project Continues to Protect Seniors in Subsidized Housing from Impact of Rising Energy Costs

In 2008, RRF made a second-year grant of \$20,000 to the National Housing Law Project (NHLP) to continue an advocacy campaign aimed at protecting low-income seniors residing in subsidized housing from the impact of rising energy costs. Renters in subsidized housing are supposed to pay no more than 30 percent of their income for housing costs. This includes the cost of both rent and utilities. The law mandates utility allowance adjustments, requiring landlords to drop rents so that overall housing costs stay within the 30 percent guideline. Adjustments are called for annually and anytime utility costs rise more than 10 percent in a specified period.

In the first year of the grant, NHLP engaged in successful litigation that resulted in reductions in monthly rents. It also trained legal service attorneys on the issue. With second-year funding, NHLP expanded its work through a combination of national outreach, education, and training. It conducted three training programs and reached 111 legal service organizations. The first training occurred in Washington, DC and attracted 19 advocates from across the nation. Several of the advocates decided to form a working group to continue sharing information. Two additional trainings, entitled "Utility Allowances: Practical Tips for Advocates," were conducted by webinar. Ninety-

two legal service attorneys from 27 states participated. The working group grew to include 37 members from 26 legal service and aging advocacy programs.

NHLP produced a new user-friendly brochure for residents of federally assisted housing. The brochure (*Having Trouble Paying Your Utilities and Rent? Read on...*) provides comprehensive information on utility allowances and guidance on working together with other tenants to win utility allowance adjustments. NHLP is disseminating the brochure through the National Alliance of HUD Tenants, Area Agencies on Aging, the Housing Justice Network, and others.

NHLP's advocacy focused on the San Francisco area. NHLP has been working with Bay Area Legal Aid attorneys, members of the national working group, and other advocates to seek enforcement of utility allowance provisions on behalf of nearly 4,500 senior residents of public housing.

NHLP has been providing technical assistance and consultation on 25 individual cases, some of which represent large groups of elderly. It is preparing a lawsuit against HUD and the New York State Housing Authority for allowing a change in the metering system for tenant-paid utilities that has driven up rates for renters in Yonkers by \$100 to \$200 per month. The case affects thousands of elderly in New York City and Westchester County. A similar NHLP action successfully restored adequate utility allowances for residents of a publicly financed building in Illinois. NHLP is also providing technical assistance to legal aid attorneys in Virginia, Georgia, Texas, and Louisiana.

Previously, legal aid attorneys avoided utility adjustment cases because of their complexity and time involved in assessing whether allowance adjustments were appropriate. NHLP has provided legal service providers with easy tools such as online calculators for allowance adjustment. NHLP's work results in protection for millions of low-income, vulnerable elderly facing potentially adverse effects of rising energy costs.

Casa Central Builds Marketing Capacity for Senior Programs

In 2006, RRF made a three-year, \$114,000 organizational capacity building grant to Casa Central to improve marketing of its senior programs. Casa Central is the largest Hispanic multi-social service agency in the Midwest. Its senior programs, referred to as the "Elderly Cluster," offer a continuum of care for Hispanic elderly from socialization and recreation to employment, adult day care, and home care. The objectives of the grant were to design and implement a marketing program for the full range of services offered by its Elderly Cluster, improve relations with collaborating service providers to increase referrals, and improve enrollment in its senior programs. RRF funds were used to hire a new marketing associate who would spend half-time on the Elderly Cluster and to cover the cost of new marketing materials and advertising.

Casa Central successfully completed its objectives. A new marketing associate was hired and devoted half-time to the Elderly Cluster. The position has proven very valuable, and Casa Central has continued to support the marketing associate beyond the grant period. New program brochures were produced. The Taproot Foundation,

which provides technical support in marketing, selected Casa Central as one of its new grantees. Taproot will advise on production of additional materials and on the alignment of Elderly Cluster marketing strategies with those of the agency overall.

During the grant period, Casa Central engaged in substantial outreach. It issued 48 public service announcements that were aired on Spanish television, newspaper, and radio. The agency website was redesigned to allow for online intake for senior programs. All Elderly Cluster staff became involved in making presentations o the aging network and in raising awareness to enhance referrals.

There was direct payoff in terms of increased referrals of senior program participants. Casa Central's Adult Day Service saw its daily census increase by 25 percent--from 70 before the grant to 88 clients. It is almost at capacity for the first time. Home Care services saw a 14 percent increase to 318 participants. The employment program maintained 58 subsidized slots and improved retention. An unexpected benefit was the attraction of new direct care workers for the homecare program, enabling this program to grow.

Casa Central learned many valuable lessons about how to market more effectively to Hispanic older adults and their families. It learned which media and outreach approaches were likely to be successful and how to deal with challenges such as the limited number of bilingual referral sources and continued cultural resistance to services (especially adult day services).

In the short-term, Casa Central's marketing efforts resulted in increased program participation. For the long-term, Casa Central has built its capacity to market the Elderly Cluster more effectively and has new respect for the value of the marketing function. The marketing associate position has been highly valued by the organization and will be sustained.

Four Accessible Faith Grantees Complete Projects

Over the last two months, four houses of worship have improved their facilities with funding from RRF's Accessible Faith Grant Program. The first, United Church of Rogers Park, is a relatively small, 126-member Methodist Church. Although small, 24 percent of its members are age 60 or over. The seniors are the mainstays of the congregation. The church is used extensively by the community as a weekly soup kitchen, a site for health screenings and information sessions, and several 12-step programs. Two other religious congregations that do not have their own houses of worship use the church's facilities.

The church's large building, which occupies a half block, was built on several levels. The third floor, which houses the fellowship hall and kitchen, previously had no accessible restroom. With a \$13,800 Accessible Faith grant, the church was able to renovate the third floor restroom to make it accessible. The congregation had to raise additional funds to cover a slight cost overrun caused by repairs required under the city's building code.

Now that the project has been successfully completed, there is a noticeable increase in activity. The free meal program and the Sunday evening Vespers service, which occur on the third floor, have nearly doubled in attendance. Many who attend are homeless persons who tend to carry their possessions with them. They are grateful to have a restroom large enough to accommodate their items and to be relieved of worrying about theft. A new neighborhood organization assisting African Americans with disabilities is using space in the church for the first time.

In the final report, the pastor stated, "Perhaps the most striking but unanticipated outcome of this project is the realization that we have not yet gone far enough in making our church fully accessible." Plans for an elevator to access the sanctuary and undercroft levels of the church and connect to the church lobby are now on the drawing boards.

The second house of worship to complete its Accessible Faith project is Divine Savior Church of Norridge. This Roman Catholic Church has 4,200 members; 31 percent are seniors. A \$30,000 Accessible Faith grant helped Divine Savior raise the remaining funds from its congregation to install a platform lift and new automated entry doors. With the new platform lift, there is now an accessible route to various levels of the church, connecting the sanctuary, church hall, and entrance levels.

The pastor reported an increase in attendance at Senior Clubs and at parish liturgies. The Sisters of Notre Dame who rent the convent are now able to use the parish hall for gatherings. Now that the facility is accessible, the Archdiocese is considering establishing a new early childhood educational Academy at the church and adding intergenerational programs.

In his final report, the pastor stated that the Foundation's Accessible Faith grant "seeded the project in the minds and hearts of our parish leadership and members, provided the kick-start necessary to generate the additional funds, and insured the viability of this project goal. The grant helped overcome resistance, create added value, and change the intrinsic culture and external perception of the project's worth."

The third Accessible Faith grantee, Saint Victor Parish, is a 2,000-member Roman Catholic Church serving Calumet City. In addition to a number of active senior groups, the church hosts Thorntown Township Services. This relationship forms a strong service connection between the parish and the community.

The church's facility was completely inaccessible prior to receiving a \$30,000 Accessible Faith grant. The grant enabled the church to raise an equal amount of funds from its congregation to construct a lift and a cement ramp from the exterior. Two restrooms on the lower level were also made accessible.

St. Victor's pastor reported that the project "energized the congregation." Many parishioners offered their services pro bono. A retired engineer and member of the parish designed the lift, got an architect to donate the drawings, conducted the bidding process for contractors, and functioned as project manager for three months. Other parishioners painted, landscaped, and cleaned up. The church recruited volunteers to operate the lift.

Increased awareness of the benefits of accessibility has spurred the parish leadership to make additional accessibility improvements. Two more accessible washrooms were constructed on another level of the building. The pastor shared with RRF a column he wrote for the parish bulletin about the lift. It included poignant examples of parishioners returning to the church after long absences because of the addition of the lift.

The fourth Accessible Faith grantee, St. Paul's Lutheran Church of Waukegan, has 1,100 members; 46 percent are seniors. In addition to housing many programs involving seniors, the church hosts several community groups, provides health screenings, and offers space to two theatre groups. Prior to an Accessible Faith grant, the church had no accessible route between its various levels.

The original plan called for installation of a two-stop LULA (limited use/limited application) elevator that would provide an accessible entrance from the parking lot and connect the main floor to the lower level. As the project evolved, however, the congregation decided to expand its scope and install a full three-stop commercial elevator. This added about \$100,000 to the original cost of the project. The church was able to get a line of credit and has been fundraising to pay down the loan.

The project went very smoothly, in large part because a member of the congregation with considerable construction experience agreed to serve as project manager. Now that accessibility has been achieved, the congregation plans to establish a parish nurse program and an adult ministry. It also expects to expand relations with a YWCA by housing the organization's child care program. This will bring additional revenue to the church and possibly create intergenerational opportunities

The church's final report included an outline of all the steps that others considering such accessibility projects should take. RRF staff plans to add these suggestions to RRF's tips for accessibility improvements that are on the Foundation's website.

Not only did these four churches complete the intended accessibility improvements (in some cases going beyond the original scope of the project), but they increased the sensitivity of their congregations and community to the value of full inclusion of elders and persons with disabilities.

University of Colorado Provides Mental Health Training to Allied Health Professionals

Five years ago, RRF engaged in its first formal strategic planning process. One of the decisions that came out of the process was to support mental health training for allied health professionals (e.g., occupational and physical therapists). Two institutions were selected to develop mental health training projects: Wayne State University and the University of Colorado at Colorado Springs. The goal of the two projects was to train allied health professionals to recognize symptoms of depression, assess for depressed moods vs. cognitive impairment, educate patients to accept treatment, and

use therapeutic skills to reduce symptoms for homebound elders. Both projects began in 2006. The results of the Wayne State grant were reported on in the October 2008 issue of Grant Briefs.

A two-year grant of \$261,173 was awarded to the University of Colorado at Colorado Springs to produce training tools for in-home care professionals. Originally, home care agencies were going to use the tools to train their professionals. As it turned out, group trainings were not feasible. Most of Colorado's home care agency professionals function as independent contractors and they rarely come into the agency office. Further, the state of Colorado does not require continuing education units for occupational or physical therapists working for home care agencies. Thus, these agencies were not willing to promote group training even though they had committed to do so during the project's planning.

The project's PI Sara Qualls and her team were quite resourceful in revising the training methodology and in outreach to allied health professionals. They developed CD-ROM-based training in very interactive, multi-model modules with printable, video, and voiceover versions of each section. The training covers depression, cognitive impairment, and the impact of these conditions on therapeutic resistance. It presents screening methods for each and includes downloadable screening forms. It includes methods for modifying communication and engaging clients to accept referrals for help and to understand that follow-through on therapy will help them improve physically, emotionally, and functionally.

RRF staff reviewed the training and was very impressed by the highly interactive and engaging nature of the materials and the accommodations to many different learning styles. The training includes wonderful videotaped interactions between real patients and professionals. It shows professionals discussing well-being and sensitively screening and engaging patients in seeking help. The training also addresses professionals' feelings as they face a depressed or resistant client and the importance of resetting their goals for the client.

Ninety-four professionals, including nurses, nursing students, occupational therapy students, and physical therapists, completed the training. A pre-test, post-test evaluation of trainees showed a highly significant increase in correct scores. Scores improved on perceived ability to use the content to proactively and more effectively help patients with mood problems.

The team has been broadly disseminating the training. A link to the training and to earning continuing education credits will soon be placed on the Colorado University Gerontology Center's website. The team has used newsletters, listserves, and websites of the Colorado Associations for physical and occupational therapists to announce availability of the training. Dr. Qualls has also been presenting at national meetings to promote it.

The project's team is considering modifying the training for use with other professionals and para-professionals. A variation has already been created and used for direct-care worker training. The National Association of State Units on Aging has

approached Dr. Qualls about the possibility of using the training with staff of Area Agencies on Aging around the country.

This project has the potential to make a great contribution to the field. With effective dissemination and adaptation to other professions like social work, the training product could build the expertise of large numbers of health and allied health workers serving older adults in home settings.

Elderly Are Over-Represented Among Suicide Victims

A \$5,500 RRF grant enabled Dr. John McIntosh of the University of Indiana South Bend to update data and disseminate training and educational materials on late life suicide. Dr. McIntosh's recent suicide statistics are on his webpage at <http://mypage.iusb.edu/~jmcintos/>. His webpage provides links to many other education and training materials on late life suicide. RRF staff has created a link to Dr. McIntosh's webpage on the Foundation's website.

According to most recent statistics, one in every six suicides in the U.S. is committed by an older adult (age 65 or over). In 2006, the latest year for statistical reporting by the Centers for Disease Control, 5,299 elderly committed suicide out of 33,300 such events. Although suicide rates among the elderly have been declining, older Americans are still over-represented among suicide victims. The elderly represent 12.6 percent of the population but 15.9 percent of all suicides.

Eighty-four percent of late life suicides are committed by white males. A greater percentage of elder suicides involve firearms--72 percent compared to 50 percent of all suicides. Suicide is the eleventh cause of death in the U.S. More people kill themselves than are killed by others. Suicide is becoming a growing public health concern because of the faltering economy and stress it is putting on persons of all ages. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) recently announced an increase in funding for National Suicide Prevention Lifeline Crisis Centers. However, this increase is likely to have little effect on the elderly who are vastly underserved by public mental health providers.

Coalition of Limited English Speaking Elderly Wins Grantmakers in Aging's Diversity Award

Grantmakers in Aging announced the Coalition of Limited English Speaking Elderly (CLESE) as the winner of the 2009 Diversity Award. CLESE was nominated by RRF for this prestigious award. The award is given annually in recognition of an individual or organization that embraces diversity as a fundamental element in all levels of working in aging.

Founded 18 years ago with initial RRF support, CLESE improves the lives of limited English speaking elderly through leadership, education, and advocacy. CLESE is a coalition representing the interests of its 50 member organizations, most of whom

are administered by immigrants, refugees, or migrants. These providers, in turn, represent the interests of their individual elderly constituents. The 50 member organizations represent over 30 different ethnic and language groups. CLESE provides the member organizations with administrative, technical, and supportive assistance to operate their programs.

Grantmakers in Aging is recognizing CLESE especially for its innovative Depression Program. The program was created because of the realization that in many ethnic-specific communities, the elderly suffer from depression at rates far exceeding mainstream elderly. However, despite prevalence rates of 30 to 50 percent, depression often goes untreated. The Depression Program began in 2006 with RRF funding. It trains ethnic agency staff to understand depression, builds awareness of depression in ethnic communities, improves knowledge of depression among primary care physicians, and works with five language communities to conduct support groups for ethnic elderly suffering from depression. RRF has made four grants totaling \$260,000 to CLESE for the Depression Program.

Representatives from CLESE will be honored later this month at the Grantmakers in Aging's annual conference in Denver. They will be joined at the awards ceremony by RRF staff, Irene Frye and Mary O'Donnell. RRF nominated this very worthy organization in the hope that its coalition model and some of its distinctive programs will be adopted by other communities and supported by our peer foundations.