Washington County Thriving in Place - Year Three Update

In November of 2019, a Ripple Effects Mapping session was held with Washington County Thriving in Place to reflect on outcomes that had been achieved since the first REM session at the end of year 1. The following pages show outcomes identified during the initial session as well as newly reported outcomes. Newly reported outcomes are highlighted in a dark black outline.

For sustaining print and online resources it was identified that the paper guide could be covered through operating resources of CCC. Partners also help to share events and training's and link to the online resource guide.

There are three more towns that are now participating in the age-friendly community program.
REM participants raised key education and training events and the importance of these events for partnership building.

The following were events highlighted:

- Elder abuse response workshop in partnership with Elder Abuse Institute of Maine and Next Step. Included state troopers, domestic violence experts.
- Workshop where lawyers came and talked about estate planning and long-term care.
- TIP was a participant or lead at the Aging My Way Community Fair/Health Fairs at Eastport, Indian Township and Machias.
- Estate planning workshop which has led to partnerships with Sunrise County Economic Development around succession planning.
- The Eastport Senior Circle worked with a health center to set up part of a senior center to provide medical equipment, incontinence underweare.

In discussing the impact of these events, participants framed them as a way of helping to facilitate connecting citizens to resources:

"Those events help build relationships so that people feel more comfortable about asking for resources." These connections are facilitated by the density of resources and face to face contact.

Also discussed in relationship to education and training was a newly established caregiver bracelet program that lets authorities know that the wearer cares for someone in case the caregiver has a medical emergency. The program has had eight participants, has the potential to scale-up, and has involved an innovative relationship with the Regional Communications Center serving Washington County.

For education and training sustainability, Community Caring Collaborative will continue these educational activities, although the number per year is to be determined. These types of activities have been written into major operating grants and CCC has a commitment to events for seniors, caregivers, and providers who are working with seniors and their caregivers, as part of the populations they want to train.
Indian township has sustained three Elder Advocates and has committed to funding these positions through tribal government. These Advocates do patient transports, make sure people have food, and deliver commodity boxes. They also help with weekly social events for elders and regular trips.

The Maine Housing Home Modification Program, which helps provide low cost home repairs such as raising toilet heights and adding grab bars, is anticipated to have funding for the next year.

REM attendees noted that through Downeast Community Partners, there have been local routes established in Washington County focused on built up areas and the needs of Seniors. It was noted that DCP is actively looking for resources to sustain the pilots.

Regular convening was identified as perhaps the most sustainable piece overall, with a participant noting: A whole network has been established here and an awareness of elder issues that maybe was not in place when this whole process started. I see that being sustainable.

Community Caring Collaborative has indicated a commitment to continuing to convene and asks for partners to continue taking part, which was supported by other attendees, with one noting: “Even though we started out as separate partners and entities, it’s like we’re just one group now.”
The Navigator program was a significant focus of the Ripple Effects Mapping session. Key outcomes reported:

The list of services referred to by the Navigator grew to include SSI, housing, MaineCare, local utilities, and primary care offices. Referrals to veteran’s benefits were identified as an area of particular need. Major collaborators have included Machias Savings Bank (access to insurance benefits) and the Cancer Patient Navigator.

Particular examples of the benefits of these connections included:

- A client who was able to be signed up for transportation services, freeing up the caregiver to work and get respite.
- How the Navigator was able to facilitate the purchase of a furnace which helped the client to stay in their home.
- A man who lived alone who worried about his pets if he had health issues, who received a Senior Companion that checks-in on his wellbeing.

REM participants also highlighted other types of benefits from the Navigator program:

- The value of referral to screenings in helping to keep up the “continuum of care” by proactively identifying needs.
- The role of the Navigator in bringing to light systemic barriers when working with clients, while also finding workarounds to address client needs.

- The value of Navigator in helping to bring the stress of clients down by getting them services they need.
- The ability of the Navigator to be knowledgeable of key resources like local emergency funds.

In the realm of systemic changes, REM participants noted:

Direct service collaborations have informed educational efforts, where experts from organizations like Machias Savings Bank or APS not only serve clients, but provide education such as the fraud workshop from Machias Savings Bank. As one participant said, “The referrals lead to relationships, which lead to broader educational activities.”

It was also emphasized that the Navigator can help to identify barriers and resources that can inform partnerships:

“Just as you lift up the barriers you also lift up the resources in a way that inform the partnership, which is really important.”

Regarding sustainability, DCP and CCC will cover the Navigator position for the coming year. This will allow for finding additional resources in the coming year to keep the position going.
Participants discussed the progress of the Blue Binder project that provides a centralized place for community members to store medical information and advance care directives. Emergency management has been trained to look for the blue binder to gain critical information about patients.

Staff have been educating people to include their doctors notes and med lists in the Blue Binder and have worked with primary care practices to understand and look for Blue Binder data.

REM participants report that the Blue Binder has made patients feel empowered to make decisions about end of life. The Binder also helps to reduce tech barriers around medical records and patient portals, providing them with "their own little portal they take with them" according to one participant.

An accomplishment noted by REM participants was the relationship that has grown among assisted living activity directors. These relationships resulted in a well-received "Senior Prom" that was organized. Suits and gowns were collected, an orchestra came in, and the event involved multiple generations.

This strengthened collaboration and communication among activity directors continues and they are actively looking for funds to sustain their work.