Area Agency on Aging
DRAFT Area Plan

Federal Fiscal Years 2026-2029

Mystic Valley Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point

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Agency and Planning and Service Area Profile, Focus Areas and Needs Assessment

Agency and Area Profile

Mystic Valley Elder Services, Inc. (MVES) was founded in 1975 to ensure that older adults and people with disabilities are able to live the life that they choose. Our mission is to support the right of older adults and adults with disabilities to live independently with dignity in a setting of their choice by providing them and their caregivers with information, advice, and access to quality services and resources. This mission aligns with that of the Massachusetts Executive Office of Aging & Independence (AGE), which promotes seven core values: partnership, inclusion, justice, humanity, community, connection, and choice. MVES upholds these values by integrating the mission and vision of AGE into our work.

The MVES Planning and Service Area (PSA) is comprised of 11 cities and towns: Chelsea, Everett, Malden, Medford, Melrose, North Reading, Reading, Revere, Stoneham, Wakefield, and Winthrop. Four of the communities in our PSA are designated under the General Laws of Massachusetts as a gateway municipality[1]: Chelsea, Everett, Malden, and Revere. MVES caters to more than 88,500 older adults and many more caregivers reside in our service area, representing dozens of ethnic and linguistic groups and a full range of socioeconomic needs. (Attachment K)

Approximately 11% of residents aged 60 and older lived below the poverty level in the last 12 months across the MVES PSA. This rate is higher in specific communities: 24% in Chelsea, 16% in Malden, and 13% in Revere and Everett. Approximately 47% of older adults in the PSA live in rental housing, with even higher rates in some cities — 71% in Chelsea, 64% in Everett, and 58% in Malden. (Attachment L)

Predominate languages among the total population in the 11-city and town service area include Arabic, Chinese dialects, French or Haitian Creole, Italian, Portuguese, Russian, Spanish, and Vietnamese. While the overall average for PSA race and ethnicity is 61% White, 23% of Everett selected multiple races, 29% of Malden is Asian, and 65% of Chelsea is Hispanic. (Attachment L)

[1] https://massinc.org/our-work/policy-center/gateway-cities/about-the-gateway-cities/

Community Needs Assessment Process and Top Results

Along with other Massachusetts AAAs/ASAPs, MVES conducted a community needs assessment in the fall of 2024, seeking to understand the changing needs of older adults, people with disabilities, and caregivers. The needs assessment activities are vital to the development of the Area Plan and critical in determining the services MVES should develop, enhance, and fund for the next four years.

Needs Assessment surveys were distributed to older adults and their caregivers throughout the MVES PSA. Surveys were distributed at MVES' 20 supportive housing sites, Councils on Aging in all 11 communities, and with home-delivered meals received by some of MVES consumers. Surveys also were mailed to 300 eligible residents in each community who had not previously been connected to MVES programs or services. These surveys were available in 14 different languages and made available on paper and online. Overall, MVES collected a total of 488 responses: 434 from older adult self-respondents and 54 from caregiver respondents.

It's important to note that the data gathered from these surveys reflects the perspectives of those individuals who opted to participate. While efforts were made to reach a wide cross-section of adults and caregivers across the MVES PSA, it's likely that certain groups may be overrepresented, while others (including homebound individuals and those with pressing medical, housing, or financial needs) may be underrepresented.

Among older adult respondents, the most common needs identified were:

1. **Staying Active/Wellness Promotion (59%)** – *finding classes on healthy aging, information on physical wellness, fitness program, exercise classes for older adults, and support for caregivers.*
2. **In-Home Support for Maintaining Independence (54%)** – *help with aging in place, assistance with activities of daily living, home and property maintenance, housing modifications, general tasks, balance and mobility issues, and obtaining needed devices.*
3. **Opportunities for Leisure, Recreation, and Socialization (53%)** – *finding and participating in social activities, information about programs, reduced rates at sites/museums, outdoor spaces for seniors, and socialization in rural communities.*
4. **Affordable Health Care (51%)** – *accessing affordable health services, insurance, managing prescription costs.*
5. **Transportation Access and Availability (49%)** – *finding rides for appointments or social activities, more bus/carpool opportunities, help with public transportation, and weekend transportation.*

Caregiver respondents' most identified needs were:

1. **Community Resources (52%)** - *Information about community resources and services available to caregivers.*
2. **Training and Education (46%)** - *Training on caregiving skills, dementia care, and information on managing specific conditions.*

3. **Transportation Services (46%)** - *Access to transportation for the care recipient's medical appointments and other needs.*
4. **Support Groups (44%)** - *Access to support groups for emotional and social support.*
5. **Respite Care (43%)** - *Temporary relief from caregiving responsibilities.*

Comparing the identified needs from this assessment to those from the previous needs assessment conducted in 2020 is difficult because the format and style of the questions differed significantly. Additionally, this assessment approached the concept of need from a different perspective, making direct comparisons challenging. Nevertheless, some consistent trends emerged — particularly a continued interest in active wellness opportunities and a strong desire for activities that help reduce social isolation.

In addition to the Needs Assessment survey, we conducted a focus group with the directors—or their designees—from the Councils on Aging representing each of the communities in our PSA. This session took place on October 17, 2024, with participants from Wakefield, Medford, Melrose, Chelsea, Everett, Revere, Stoneham, and North Reading. During the discussion, participants expressed concern about reaching individuals in our communities who are isolated and not currently connected to services. They highlighted the need for enhanced transportation resources, as well as support for social and educational activities. Emphasis was placed on offering diverse programs and services to reflect the varied needs of the populations within our PSA.

The findings from this Needs Assessment and focus group will serve as the foundation for the MVES Area Plan for 2026 to 2029. Strategies to address the documented needs of local older adults and caregivers will include both the continuation of long-established MVES services and programs, as well as the introduction of new initiatives designed to meet evolving concerns.

Plan Development

Mystic Valley Elder Services prides itself on being a progressive, mission-driven, statewide leader in addressing the needs of older adults, people with disabilities, and caregivers. MVES centers its work around strategic pillars that will also serve as the foundation for this Area Plan:

- Recruiting, Retaining, and Supporting Staff
- Strengthening Existing and Forging New Partnerships
- Using Data to Improve Policy and Action
- Addressing Health Equity
- Targeting Consumer Needs

These pillars are the foundation of this Area Plan. While the plan is grounded in these core priorities, it is also shaped by the four focus areas identified by the Administration for Community Living (ACL), detailed below, and is tailored to address the specific concerns of people in the MVES Planning and Service Area, especially those facing the greatest social and economic challenges.

Focus Area 1 - Older Americans Act Core Programs

OAA core programs are found in Title III (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) and service as the foundation of the aging services network. Below are MVES plans to strengthen and expand Title III and VII services and continue integration of these core programs across the network.

Staying Active/Wellness Promotion

- Support healthy lifestyles and promote healthy behaviors through evidence-based disease prevention and health promotion programs designed to reduce the need for more costly medical interventions
- Partner with local Councils on Aging and other community based organizations to offer Title III D evidence-based programs within our service area including Tai Chi, Matter of Balance, and other programs for balance/falls prevention; programs for chronic conditions including Chronic Disease Self-Management and Diabetes Self-Management; and those for strength and fitness including Enhance®Fitness as well as new programs as they are certified and available to the network
- Continue to offer an annual virtual Healthy Aging Workshop that can be marketed towards isolated and homebound elders otherwise unable to participate in fun, group activities

Opportunities for Leisure, Recreation, and Socialization

- Expand outreach and partnerships with local organizations to support socialization and recreation activities through Title III grants and other collaborations.
- Reengage our friendly visitors, social engagement program to reach those that are unable to attend events or activities in the community.

- Connect caregivers to information and resources available through our Family Caregiver Support Program

Affordable Health Care

- Empower older adults and their caregivers to make informed decisions about health insurance and other benefits through the SHINE (Serving the Health Insurance Needs of Everyone) program
- Reach out to older adults, people with disabilities, low-income, non-English speakers, LEP individuals, health insurance insecure and social insecure/isolated older adults to inform them about and enroll them in Medicare, MassHealth, Prescription Advantage and other benefit programs
- Identify additional language needs within the Regional SHINE contract area; develop and implement a plan to enhance counselor recruitment and training plan

Technology Access

- Offer Technology Access Program (TAP) services such as one on one tech support and tech courses in local Councils on Aging and Libraries to assist older adults with ability to connect with others, attend telehealth appointments and engage in virtual social events.
- Translate courses into other languages such as Spanish and Mandarin to expand the reach of the programs.
- Research and engage with other service providers who offer technology services including Tech Goes Home, AARP, and others.
- Continue to research ways to connect technology needs to socially isolated individuals to help them access technology and learn how to use it to connect with others.

Elder Abuse, Neglect and Financial Exploitation

- Respond to reports of elder abuse by opening cases and provide case management services as appropriate.
- Increase awareness of elder abuse, neglect and exploitation by continuing to identify, outreach to and educate a broad spectrum of community partners including first responders, health services professionals, hospice workers, VNAs, and banking institutions.
- Partner with behavioral health providers to continue to provide and increase access to in-home behavioral health services including peer to peer counseling and Tele health as available
- Provide paid and volunteer staff with ongoing in-service training topics including housing search , behavioral health, dementia, hoarding, and substance misuse disorders

Focus Area 2 -Greatest Economic Need and Greatest Social Need

The OAA requires services to be targeted to older adults 60 year and older with greatest economic and greatest social need. The area plan must address activities to reach this population.

Support Services

- Outreach to and partner with agencies that serve culturally isolated older adults and people with disabilities
- Increase bilingual capacity of both staff and volunteer to meet the growing need of those we work with
- Assist people in need of guidance by providing them with information about benefits and resources through the MVES Information and Referral team, the Options Counseling staff, and the SHINE Program counseling.

Nutrition

- Provide support to older adults with Home Delivered Meals, primarily a nutrition and food security intervention, but noted that the driver is very often the only person that interacts with the older adult and allows them to feel "less lonely"
- Continue to offer dining experiences in congregate settings to attract individuals to the sites for social engagement as well as access to nutritious meals.
- Continue to offer medically tailored meals to improve health outcomes among older adults and people with disabilities and investigate possibility to expand as funding allows.
- Continue providing culturally appropriate congregate and/or home delivered meals and evaluating the possibility of expanding what is offered as requested by new populations and cultures served
- Offer nutritional counseling services and partner with local COAs and community groups to offer nutritional education sessions conducted by our Registered Dietitian
- Support consumers by educating them on how to prepare and gain the best value from food they access at pantries or other locations.
- Educate low-income consumers about and assist them to access SNAP benefits.

Transportation

- Provide consumers with safe, cost-effective needed transportation services utilizing a variety of public, for-profit and nonprofit vendors
- Continue to cultivate community and agency partnerships to coordinate transportation services
- Improve access to transportation for culturally isolated individuals by connecting them to interpreters and/or providing translated collateral materials
- Continue to promote and expand the participant-directed TRIP Metro North program as funding allows
- Provide transportation for care transitions to ensure that individuals can receive post-hospital or rehab medical care
- Support consumers enrolled in Community Transition Liaison Program (CLTP) by providing transportation services for individuals seeking permanent housing following nursing home rehab discharge

Focus Area 3 -Expanded Access to Home-and Community-Based Services

Hone and Community based services are fundamental to making it possible for older adults to age in place. Below are MVES plans to support these services.

In-Home Support for Maintaining Independence

- Enable older adults and people with disabilities to remain in their homes and maintain their independence for as long as possible through the provision of high quality, cost effective proven interventions that meet a wide range of needs in a person's home to support independent living.
- Provide and manage access to a variety of in-home and community-based services and ongoing care management including administration of the State Home Care Program, Community Choices Program, Enhanced Community Options (ECOP), MassHealth funded community-based care programs including Adult Day Health, Group Adult Foster Care, Senior Care Options (SCO), and Integrated Care Organizations (One Care)
- Facilitate access, as appropriate, to managed care programs including PCA and PACE programs
- Provide Long Term Services and Supports (LTSS) to Accountable Care Organization (ACO) eligible elders
- Offer long-term care options counseling
- Function as part of the Veterans Independence Plus (VIP) team
- Provide seamless "no wrong door" access to health and long-term care in collaboration with ADRC and Independent Living Center (ILC) partners
- Educate and empower individuals to make future health care decisions including discussions with family and advance directives
- Utilize Comprehensive Screening and Services Model (CSSM) and Clinical Assessment and Eligibility (CAE) to determine appropriateness for services in a long-term care facility and provide assistance with transitioning to the community
- Educate and advise elders about home related cost savings including the Circuit Breaker, fuel assistance, the property tax work off program, and legal services
- Partner with local housing organizations including Greater Boston Legal Services, Housing Families, and the MA Coalition for the Homeless to support individuals in need
- Inform consumers about and facilitate their access to assistive technology through our Technology Access Program (TAP) as funding allows
- Reduce economic insecurity by expanding Money Management services to a greater number of consumers as funding allows
- Continue to target transportation insecure residents throughout the community that we serve with particular focus on low-income communities and underserved residents

Public Health Partnerships and Linkages

- Expand the Public Health Wellness initiative through which MVES staff provide onsite office hours, wellness presentations, and health promotion activities at local housing sites.
- Work in partnership with local nursing facilities to provide the Community Transition Liaison Program which assists individuals interested in transitioning back to the community with appropriate information and resources.

- Explore funding opportunities to continue our Hospital to Home Partnership Program which embeds MVES staff who work in collaboration with hospital staff to assist patients access the services and support they need to safely transition from hospital back to the community

Focus Area 4 -Caregiving

Services and supports for caregivers that provide a range of support services to family and informal caregivers to assist in caring for loved ones and focus on promoting person-centered support and developing tools and services that address caregiver needs.

Support Services

- Advocate for, empower and support family caregivers to enhance their ability to navigate the network of services to care for loved ones at home for as long as possible
- Provide family caregiver support by planning, developing, and coordinating resources including one-on-one consultations and care planning advice, caregiver support groups, information and referral, and respite services
- Offer programs to reduce caregiver stress including the Alzheimer's Association 12-hour evidence-based Savvy Caregiver
- Explore the possibility of offering a bereavement group
- Increase outreach and support to isolated family caregivers including LGBTQ, non-English speaking and LEP caregivers and elders
- Partner with agencies including the Alzheimer's Association to assist families impacted by Alzheimer's disease; connect families to needed services and supports
- Promote and support Memory Cafés
- Utilize technology, as developed and appropriate, to support and assist family caregivers
- Offer co-located Caregiving programs in collaboration with COAs and local community organizations including the Iron Stone Horse Farm Dementia Caregiver Program
- Offer Caregiver respite support groups where participants can share their stress, receive support and advice, and build rapport with peers. These groups reduce the tremendous isolation caregivers often experience while simultaneously allowing care recipients to participate in activities facilitated by a contracted home care aide, who can assist with personal care.