



Martha's Vineyard Elder-Service Mapping

November 2019

CONTENTS

Executive Summary 2

Elder Service Providers 3

Introduction 11

Methods 14

Results 15

Discussion 22

Recommendations 30

Service Categories 31

EXECUTIVE SUMMARY

A rapidly growing elder population on Martha's Vineyard has highlighted the need for reliable data on which to base current and future planning for elder-related services. As a starting point, the Martha's Vineyard Commission conducted a survey of Island organizations in 2019 to evaluate the availability of existing services, identify key challenges and opportunities, and gauge the availability of data related to participation rates, budgets, and funding sources at both the program and organizational levels. This project aims in large part to help Island towns and organizations document their annual spending and better serve the community.

The MVC identified 43 organizations that provide elder services to Island residents. In addition to the data collected during the year, our conversations with program directors emphasized pervasive concerns related to housing, social isolation, workforce availability, financial resources and the seasonal economy, but also the benefit of dispersed, sometimes redundant services across the Island, which interact organically.

Data at the organizational level was the most accessible, along with data for the type of service provided—which allowed for a breakdown of organization funding sources and amounts, and an initial analysis of program redundancy among providers. Data at the program level was more elusive, although an analysis of our response rates reveal that organizations that receive town, state or federal funds—which typically must comply with official reporting requirements—had significantly more data.

A relative abundance of services offered by fewer than five providers may indicate a need to strengthen the existing service network so that elders can access those programs more readily. Services offered by fewer than five providers include substance use disorder services, financial support, long-term care, and support for victims of domestic and sexual violence. Our conversations with program directors also highlighted a continued need for housing services, including housing for employees.

The Martha's Vineyard Elder-Service Mapping project provides a foundation for continued analysis in regard to elder-service availability, funding and budgets on the Vineyard. A mix of targeted, well-run and well-integrated services will become increasingly important for Island elders and their families in the years ahead, and reliable data should inform all stages of the planning process.

ELDER-SERVICE PROVIDERS

Best of Care

Annual budget: \$8,250,000 (FY18; \$425,000 for the Island)

Best of Care provides round-the-clock home care to elders, including those residing in retirement and assisted living facilities. The organization covers Greater Boston and the South Shore, along with the Cape and Islands and Greater Springfield. It is contracted with Elder Services of Cape Cod and Islands for home care in the region.

Cape and Islands Veterans Outreach Center

Annual budget: \$437,787 (FY18)

Based in Hyannis, CIVOC provides essential services to veterans and their families. Services are available to all veterans under honorable or general discharge, although outreach to the Islands has been limited. Programs include housing placement for the homeless, cognitive counseling, holistic therapies and food distribution.

Dukes County

Annual budget: \$2,184,229 (FY18; not including MVY Airport and Dukes County Registry of Deeds; includes \$529,408 for senior services)

Dukes County administers a wide range of services for Island seniors, including homelessness prevention, help with food and utilities, and employment services. The county operates veteran services and social services departments, and is the host agency for the Vineyard Health Care Access Program, Martha's Vineyard Center for Living and other programs.

Elder Services of Cape Cod and the Islands

Annual budget: \$25,375,399 (FY17)

Serving Barnstable, Dukes and Nantucket counties, ESCCI is the federally designated Area Agency on Aging (AAA), the state-designated Aging Services Access Point (ASAP) and the Aging and Disability Research Consortium (ADRC) for the three counties. Among its many services, ESCCI administers the Meals on Wheels and home care programs on the Vineyard, with funding from federal, state, county, town and private sources.

Featherstone Center for the Arts

Annual budget: \$693,595; \$15,000 specifically for senior services (FY17)

Featherstone offers year-round art classes in a variety of mediums to people of all ages and abilities. It also provides funding and space for a weekly memory support group.

FirstStopMV

Annual budget: \$47,500 (FY18)

FirstStopMV is a free online directory of community resources on Martha's Vineyard. Originally meant to serve the elder population, it later expanded to include services for all ages. The program operates as part of Martha's Vineyard Community Services and Healthy Aging Martha's Vineyard, with funding from Dukes County and the six Island towns.

Greater Boston Home Health Care Services

Annual budget: NA

Greater Boston Home Health Care is contracted with Elder Services of Cape Cod and the Islands, as well as the Visiting Nurse Association, to provide home care services in the region. Along with Best of Care, it covers Greater Boston, Cape Cod and the Vineyard.

Havenside Corporation

Annual budget: \$387,735 (FY17)

The nonprofit Havenside Corporation provides rental housing, at or below market rate, for retired elderly residents on the Vineyard. The 29 apartments overlooking Vineyard Haven Harbor include 24 one-bedroom units, four two-bedroom units and one studio. Havenside typically has a long waitlist, with preference given to current Vineyard residents.

Henrietta Brewer House

Annual budget: \$1,000,000 (FY19)

The Henrietta Brewer House is a private-pay, state-licensed Assisted Living Residence with 14 private rooms near the town center in Vineyard Haven. Residents have access to a range of services, including in-house meals, housekeeping and personal care, with staff members available to provide assistance around the clock.

Horizons Geriatric Care Management

Annual budget: NA

Based in Vineyard Haven, Horizons Geriatric provides comprehensive in-home services to Island elders, including mental health assessments, home safety evaluations, medication management, and coordination and supervision of services outside the company.

Hospice of Martha's Vineyard

Annual budget: \$700,000 (FY18)

Hospice of Martha's Vineyard provides end-of-life care and bereavement counseling to Islanders and their families. Operating without insurance reimbursements allows the organization to offer more types of treatment to more people, without regard to their prognosis. All services are offered free of charge. Hospice is supported by an endowment, although annual funding comes mostly from donations.

Island Clergy Association

Annual budget: \$30,000 (FY19)

The Island Clergy Association provides warm overnight shelter (Houses of Grace) from January through mid-April (and every night from Jan. 1 through March 31), including dinner and breakfast. The shelter rotates among the Federated Church and St. Andrew's Parish House in Edgartown; and the Good Shepherd Parish Center in Oak Bluffs. The association also maintains an emergency homelessness fund to assist Islanders in need.

Island Elderly Housing

Annual budget: \$870,647 (FY18)

Island Elderly Housing maintains 165 income- and rent-restricted apartments for Island elders, with two campuses in Oak Bluffs (Woodside Village and Aidylberg Village) and two in Vineyard Haven (Hillside Village and Love House). Forty of the units are funded by the US Department of Agriculture and designed for people with disabilities; the majority are funded by the US Department of Housing and Urban Development. Residents also have access to van transportation, fitness programs and other services.

Island Food Pantry

Annual budget: \$105,000 (FY18)

The Island Food Pantry purchases food from the Greater Boston Food Bank and distributes it (along with household supplies) to Islanders in need throughout the year. The food pantry also partners with many other organizations to help address food insecurity on the Island.

Island Health Care Community Health Center

Annual budget: \$2,777,798 (FY18)

Island Health Care is a Federally Qualified Health Center based in Edgartown and open to all Island residents. Patients have access to primary medical and preventive care, mental health resources in the community, administrative assistance and other services throughout the year. Sliding scales are available to people who earn less than twice the federal poverty level.

Island Home Medical

Annual budget: NA

Founded in the 1970s, Island Home Medical supplies in-home medical and mobility equipment to Island residents and visitors, including oxygen and respiratory support. The small family business accepts all types of insurance as well as private-pay.

Martha's Vineyard Cancer Support Group

Annual budget: \$73,290 (FY17)

The MVCSG offers emotional and financial support for Island cancer patients, survivors, and their families. Donations, fundraisers and grants help pay for ferry tickets, hotel rooms, co-pays and other

costs associated with off-Island treatment; and a weekly support group meets at the Hebrew Center in Tisbury. Due to limited funding, the group asks that patients not apply for financial assistance more than twice in a year.

Martha’s Vineyard Center for Living

Annual budget: \$592,399 (FY20)

The Martha’s Vineyard Center for Living Supportive Day Program is available to people with memory challenges or who might be at risk if left alone. The program keeps elders engaged in healthy activities while providing respite to caregivers. The center offers free memory support services, including to families and caregivers of people with dementia.

Martha’s Vineyard Community Services

Annual budget: \$9,200,000 (FY20)

MVCS offers a broad range of social services to the community, including a focus on elders and veterans. The group’s Outpatient Mental Health Clinic oversees the Counseling, Outreach and Referral for Elders (CORE) program, which provides home-based clinical care; and MVCS is the Island’s single portal for walk-in urgent care for psychiatric and substance abuse crisis intervention for all ages. MVCS also offers services for youth and families, the disabled and victims of domestic violence and sexual assault. Programs are largely supported by state and federal contracts and insurance payments, along with fundraising and revenue from the Chicken Alley Thrift Shop in Vineyard Haven.

Martha’s Vineyard Hospital

Annual budget: \$84,990,030 (FY18)

Martha’s Vineyard Hospital serves Dukes County residents and visitors throughout the year. It is part of the Partners HealthCare network, and affiliated with Massachusetts General Hospital. In addition to inpatient and outpatient services, the hospital offers caregiver support, notary services, volunteer opportunities and other services to the public. Its campus in Oak Bluffs includes the Windemere Nursing and Rehabilitation Center.

Vineyard Committee on Hunger

Annual budget: \$100,000 (FY18)

The Vineyard Committee on Hunger works to alleviate hunger on the Island and elsewhere through self-help initiatives, awareness building, local food distribution and financial support for Island organizations. The committee runs the holiday meals program Family2Family, as well as the food distribution program Serving Hands, and provides financial support for the Island Food Pantry, the annual CROP Walk and other programs.

Vineyard Health Care Access Program

Annual budget: \$463,064 (FY18)

Vineyard Health Care Access is a certified Massachusetts Navigator program, working to help Island residents acquire and maintain health insurance, including Medicare for people over 65. Staff

members meet with clients to discuss their eligibility, complete and submit applications, and help clients follow up to receive their benefits. Dukes County provides an office building, administrative support and fiscal management for the program. Funding is provided by the six Island towns, as well as public and private grants.

Vineyard Medical Care

Annual budget: NA

Part of the Cape Cod Healthcare Physician Hospital Organization, Vineyard Medical Care provides year-round, walk-in medical services to the Island, including a large number of seasonal residents and visitors. The center also does onsite laboratory testing and houses the Vineyard Center for Clinical Research, which has focused largely on Lyme disease diagnosis and treatment.

Vineyard Transit Authority

Annual budget: \$4,436,873 (FY18)

Established under Massachusetts General Law 161B, the VTA provides year-round transit service to the Island, including a paratransit service known as The Lift. The VTA provides contract transportation for the Martha's Vineyard Center for Living's Supportive Day Program, for lunch programs at the Tisbury Council on Aging, and to Boston-area medical facilities. Fare-box revenues account for about one third of the annual VTA budget, with federal, state, and local sources covering the rest.

Vineyard Village at Home

Annual budget: NA

Vineyard Village at Home relies on a network of volunteers and service providers to help Island elders age in place. Members are able to schedule van trips to their appointments and events ahead of time, and have priority access to services offered by handymen, plumbers, electricians and other professionals on the Island, mostly at a discounted rate.

Visiting Nurse Association of Cape Cod

Annual budget: \$58,300,000 (FY19)

Part of Cape Cod Healthcare, the nonprofit VNA provides round-the-clock home care and hospice services to Cape Cod and the Islands. The VNA is accredited by the Joint Commission for Accreditation of Healthcare Organizations and accepts Medicaid/Medicare and most private insurance. Clients range from newborns to the elderly.

Windemere Nursing and Rehabilitation Center

Annual budget: \$7,922,454 (FY18)

Windemere is a 61-bed nursing facility located on the campus of the Martha's Vineyard Hospital. The center specializes in both short-term rehabilitation and long-term care, with private and semi-private rooms and various programs for elders. Services include physical, occupational and speech therapy, recreational activities, transportation and end-of-life care. The center is funded mostly

through Medicare and Medicaid, with private pay and donations covering a small portion of the annual budget.

Women Empowered to Make Healthy Choices

Annual budget: \$36,406 (FY16)

Based in Vineyard Haven, the nonprofit Women Empowered provides assistance to Islanders who are navigating issues related to money management, debt resolution, retirement, health, employment and resource identification. In addition to one-on-one coaching, the group offers workshops, tuition assistance and microloans to the community.

YMCA of Martha's Vineyard

Annual budget: \$3,769,625 (FY17)

The nonprofit YMCA of Martha's Vineyard is open to all residents and visitors on the Island, with a focus on youth development, healthy living and social responsibility. The Y's Healthy Agers program includes a variety of weekly exercise classes, including water aerobics, Zumba, tai chi, yoga and Pilates. The Healthy Agers program is funded by the Y's operating budget, along with private donations.

Councils on Aging

Edgartown Council on Aging (The Anchors)

Annual budget: \$400,000 (FY18)

The Anchors offers various programs, events and activities to all Island elders, along with their family and friends. It also provides outreach and volunteer opportunities to the community. Programs include health and wellness classes, daily communal meals, recreation, personal outreach, administrative assistance and other services. The Anchors operates as a department within the town of Edgartown, with town and state funding, as well as donor support.

Oak Bluffs Council on Aging

Annual budget: \$215,457 (FY18)

The Oak Bluffs COA focuses on social engagement, educational programs, communal meals and other services for Island elders and their family and friends. Programs include art-making and fitness classes, health benefits counseling, dental clinics, and other services. The Oak Bluffs COA operates as a department within the town of Oak Bluffs, with town and state funding, as well as donor support.

Tisbury Council on Aging (Tisbury Senior Center)

Annual budget: \$216,387 (FY18)

The Tisbury Senior Center offers a wide range of services to Island seniors and their families. Programs include communal meals, education, fitness classes, bereavement and grief support, health

benefits counseling and other services. The Center operates as a department within the town of Tisbury, with town and state funding, as well as donor support.

Up-Island Council on Aging (Howes House)

Annual budget: \$388,544 (FY18)

Howes House provides many services to elder residents of Aquinnah, Chilmark and West Tisbury. Programs focus on health maintenance, caregiver support, education and consultations, and social and recreational activities. Communal meals are offered once a week at the center. Howes House operates as a department within the town of West Tisbury, with town and state funding, as well as donor support.

Public libraries: Aquinnah, Chilmark, Edgartown, Oak Bluffs, Vineyard Haven, West Tisbury

Annual budgets:

- Aquinnah: \$148,593 (FY17)*
- Chilmark: \$382,623 (FY18)*
- Edgartown: \$820,201 (FY18)*
- Oak Bluffs: \$504,518 (FY18)*
- Vineyard Haven: \$591,593 (FY18)*
- West Tisbury: \$382,623 (FY18)*

Public libraries on the Island are funded mostly by the operating budgets in their respective towns, and serve a large number of seniors. In addition to traditional library services, most Island libraries provide opportunities for recreation, group education, fitness and socializing, and function as information and referral agencies.

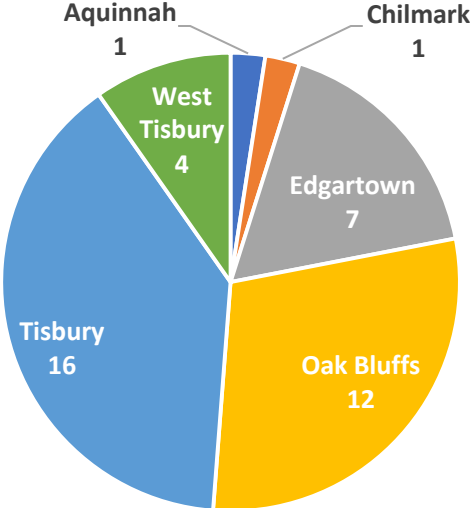
Fire departments and emergency medical services: Edgartown, Oak Bluffs, Tisbury, up-Island

Island EMS departments in Edgartown, Oak Bluffs, Tisbury and up-Island offer various services to the community, including health monitoring, advance care planning assistance and falls prevention. Tri-Town Ambulance Service, which covers West Tisbury, Chilmark and Aquinnah, plans to offer health screening and falls prevention in the future, and Tisbury Ambulance Service plans to offer community education and home check-ins in the future.

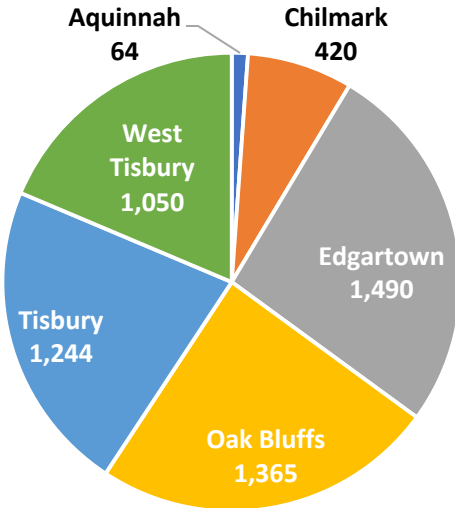
Annual budgets:

- Edgartown Fire Department: NA*
- Oak Bluffs Fire and EMS: \$1,300,000 (FY18)*
- Tisbury Ambulance Service: NA*
- Tri-Town Ambulance: \$1,100,000 (FY18)*

Number of Office Locations



Senior Population (65+)



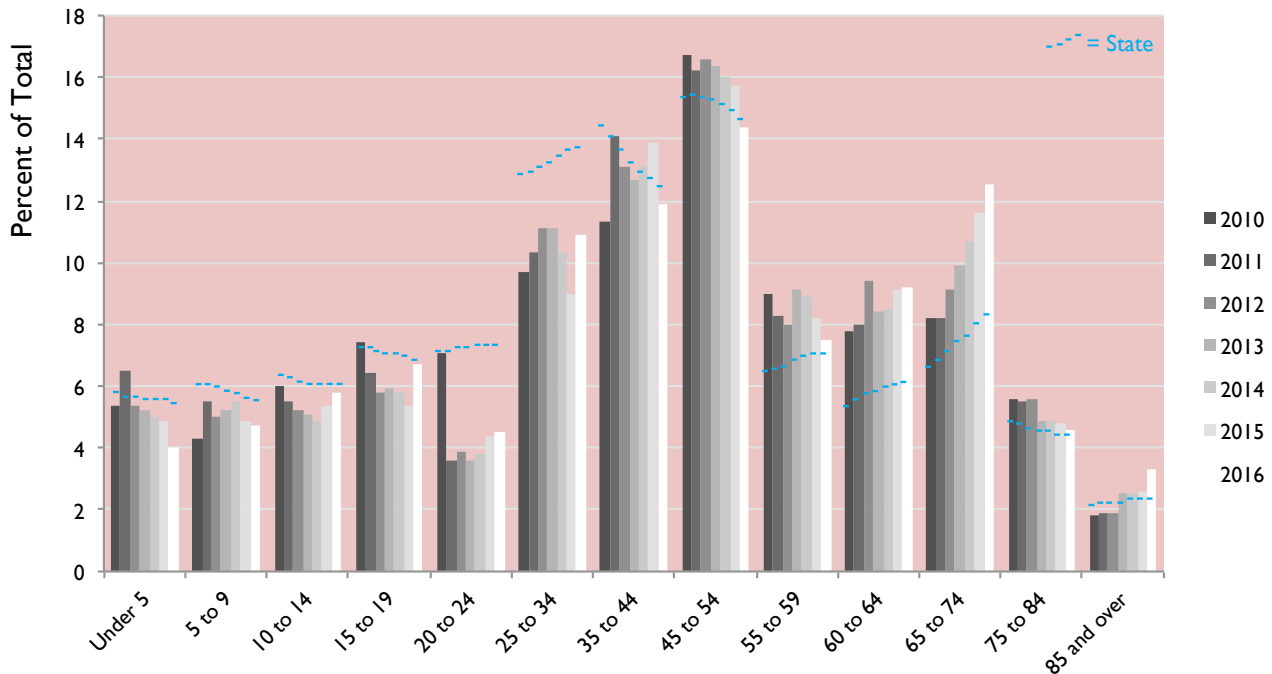
Populations: Town clerks and street lists, 2019; American Community Survey, 2017 (Aquinnah)

INTRODUCTION

The growth of the Island’s elder population has generated a long-term effort to evaluate the need for year-round elder services in the community and plan for the future. Those efforts gained momentum around 2013, when Healthy Aging Martha’s Vineyard (HAMV) began actively studying the problems and exploring solutions. HAMV has since joined forces with Martha’s Vineyard Community Services (MVCS) and the Martha’s Vineyard Commission (MVC) to conduct further studies and chart a course forward.

People over 60 account for about one third of the total population in Dukes County, compared to about 22 percent in Massachusetts as a whole, and that age group is rapidly expanding. Between 2010 and 2016, for example, the number of Islanders ages 65 to 74 increased about 63 percent, while most age groups from 0 to 64 declined. The number of residents over 84 increased about 50 percent during that same period, and now make up about three percent of the population in Dukes County, compared to about two percent in the state. At the same time, advances in health care and technology are allowing people to live longer, which in turn raises their susceptibility to accidents and chronic illness.

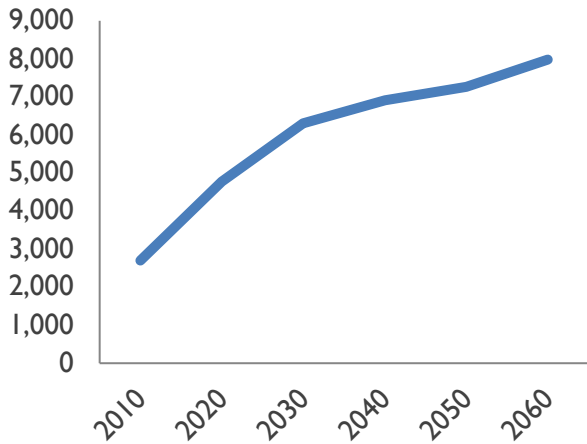
Population by Age Group, 2010–2016



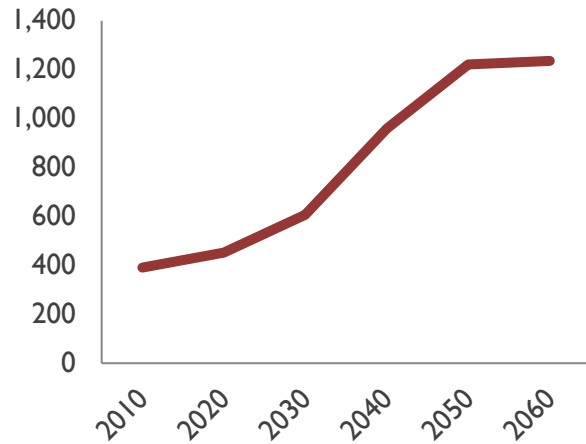
American Community Survey 5-Year Estimates

Around 2013, the UMass Donahue Institute projected that the Dukes County population over 64 would more than double between 2020 and 2060, with the sharpest increase before 2030, as more Baby Boomers enter the fold. The number of residents over 85 was projected to triple over the same period, with the largest growth between 2030 and 2050. The latest data from town clerks shows the projections for 2030 have already come to pass, with about 30 percent of Islanders now over 65, including 40 percent in Chilmark and 36 percent in West Tisbury.

Population 65 and Older



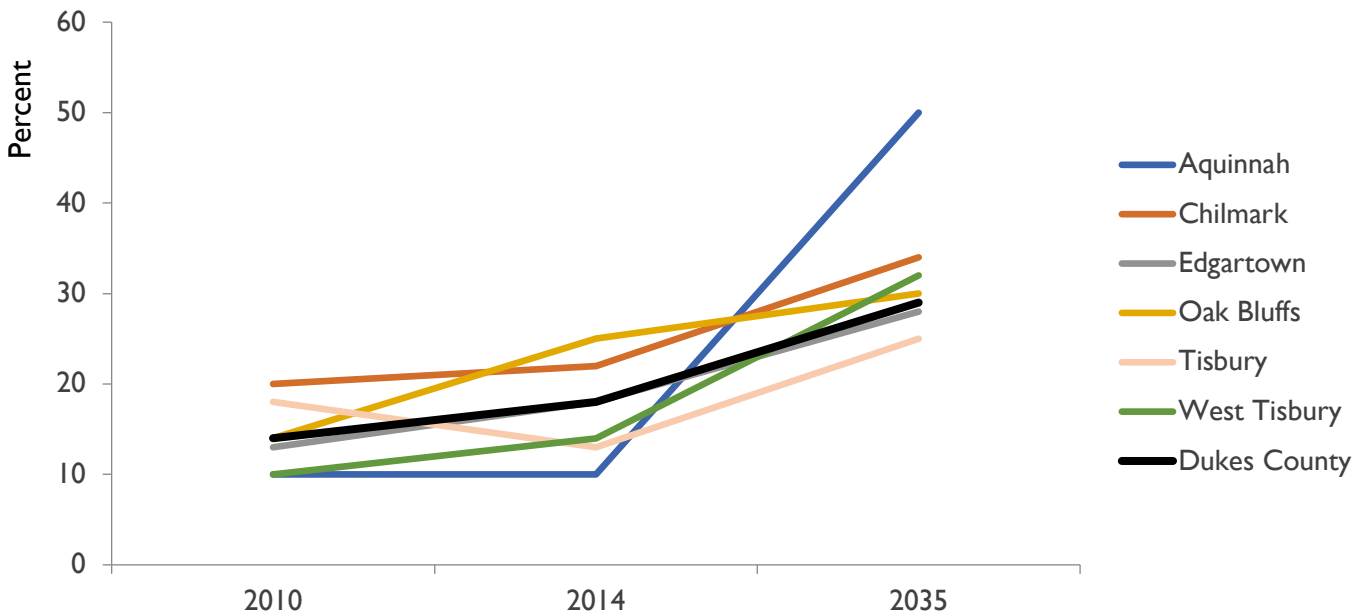
Population 85 and Older



UMass Donahue Institute

At the town level, the American Community Survey (which supplements the 10-year US Census with five-year estimates) projects an across-the-board increase in the number of residents over 65, including in Chilmark and Aquinnah, whose populations in general are expected to decline. Because Chilmark and Aquinnah are more remote, those projections underscore the importance of reducing social isolation. (The share of elders in Aquinnah will rise the most, from about 10 to 50 percent by 2035, according to the ACS.)

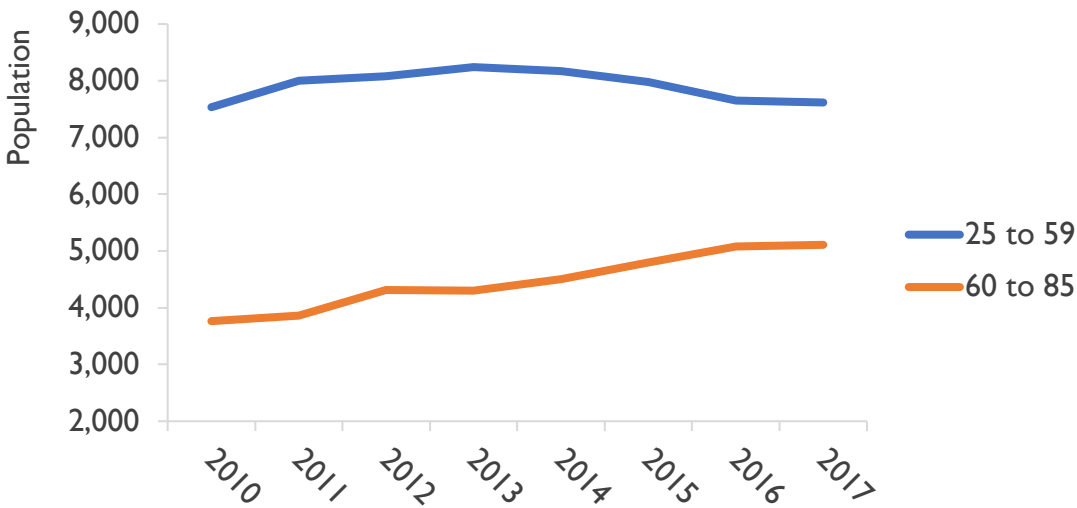
Elder Population (65 and Older) by Town



US Census 2010; 2010–2014 American Community Survey

Population estimates in recent years show that while the senior population has increased, the workforce population has declined, raising the question of how senior needs will be met in the future if those trends continue. This report includes a brief discussion of workforce availability and how to expand the reach of service providers (see page 24).

Workforce and Senior Populations in Dukes County, 2010–2017



American Community Survey

Several studies in recent years have shed light on the elder-service landscape, including four by students in the Rural Scholars Program at UMass Medical School. The Rural Scholars studies have focused on issues surrounding mental health (2011), future needs of the community (2013), elder abuse (2014) and end-of-life planning (2018). In addition, HAMV conducted a major Islandwide survey in 2015 that helped gauge the community’s need for housing, employment, transportation and other services; and a series of state-certified Housing Production Plans issued in 2016 examined housing problems in each Island town, including issues specific to elders. Also in 2016, Chi Partners, LLC completed a Senior Housing Needs Assessment for the Island. Other recent studies have included a review of dementia services (a collaboration among UMass and Martha’s Vineyard Center for Living) and a disability needs assessment by the newly formed Island Disability Coalition.

Chronic issues that affect the Island population in general may affect elders even more. For example, the shortage of housing resulting from the mostly seasonal housing market, along with the high cost of living, create major obstacles for Island elders wishing to age in place. At the same time, the widely distributed neighborhoods and town centers force most residents to rely on automobiles and further limits their access to services. Those factors also increase the risk of isolation, which in turn increases the risk of depression, substance abuse and other problems.

This report focuses on services that organizations currently deliver to Island residents, and aims to gauge participation rates, funding sources, budgets, and gaps in service. The project also provides insight into the topic of service redundancy, and the degree to which elder services and organizations on the Island benefit from each other. Perhaps most importantly, it points to a significant need for improved data collection across all service types, and the value of collaboration among elder-service providers.

METHODS

The MVC identified more than 100 elder-related services on the Island (grouped into 28 categories), and 43 service providers. All but five providers were based on the Island.¹ The list includes 19 nonprofits, one government agency (Dukes County), the Vineyard Transit Authority (VTA), and the four councils on aging. Island libraries and emergency medical services are included, since they offer a range of human services, but state services are not, since they typically lack a direct presence on the Island.² The MVC communicated with directors or executives at most of the organizations and requested the following data for FY 2018 (or another recent year as an alternative):

- Type of service provided
- Target population (age range)
- Individuals served in program
- Individuals served by organization
- Funding sources per service
- Annual budget per service
- Organization funding sources (overall)
- Organization annual budget (overall)

Data was also collected from annual reports, IRS Form 990s, and other public documents.

All of the responses we received are included in the 2019 Elder-Service Database, which allows users to filter the data according to organization, service category, number of providers and other fields. The database is designed so that it can be easily revised in the future. Draft spreadsheets were presented to participating organizations for further comments and revisions. The final version will be available on the MVC website.

Definitions of “elder” ranged from 55-plus to 65-plus, depending on the organization. Many of the services were restricted to elders over a certain age, while others were available to the public regardless of age. However, all were determined to have particular relevance to elders.

Along the way, we refined the service categories in order to allow for more realistic comparison among the services and organizations. In limited cases, the categories may blend together (such as for a mental health program that also addresses issues of domestic violence), but we made an effort to categorize each service based on its primary objective, and to reduce overlap as much as possible. We also conducted interviews with 36 program directors or executives to gain further insight. Those comments, concerns and suggestions are incorporated in the discussion beginning on page 22.

Some portion of elder services on the Vineyard are delivered by caregivers who are not affiliated with an organization and therefore not subject to background checks or other types of vetting. Those caregivers may offer services in exchange for housing, and some providers have noted the risk of elder abuse that comes with that type of arrangement. However, because of the difficulty in identifying caregivers who work under-the-table, this report focuses only on services delivered by organizations.

¹ Best of Care Home Health Care, the Cape and Islands Veterans Outreach Center, Greater Boston Home Health Care Services, Elder Services of Cape Cod and the Islands and the Visiting Nurse Association.

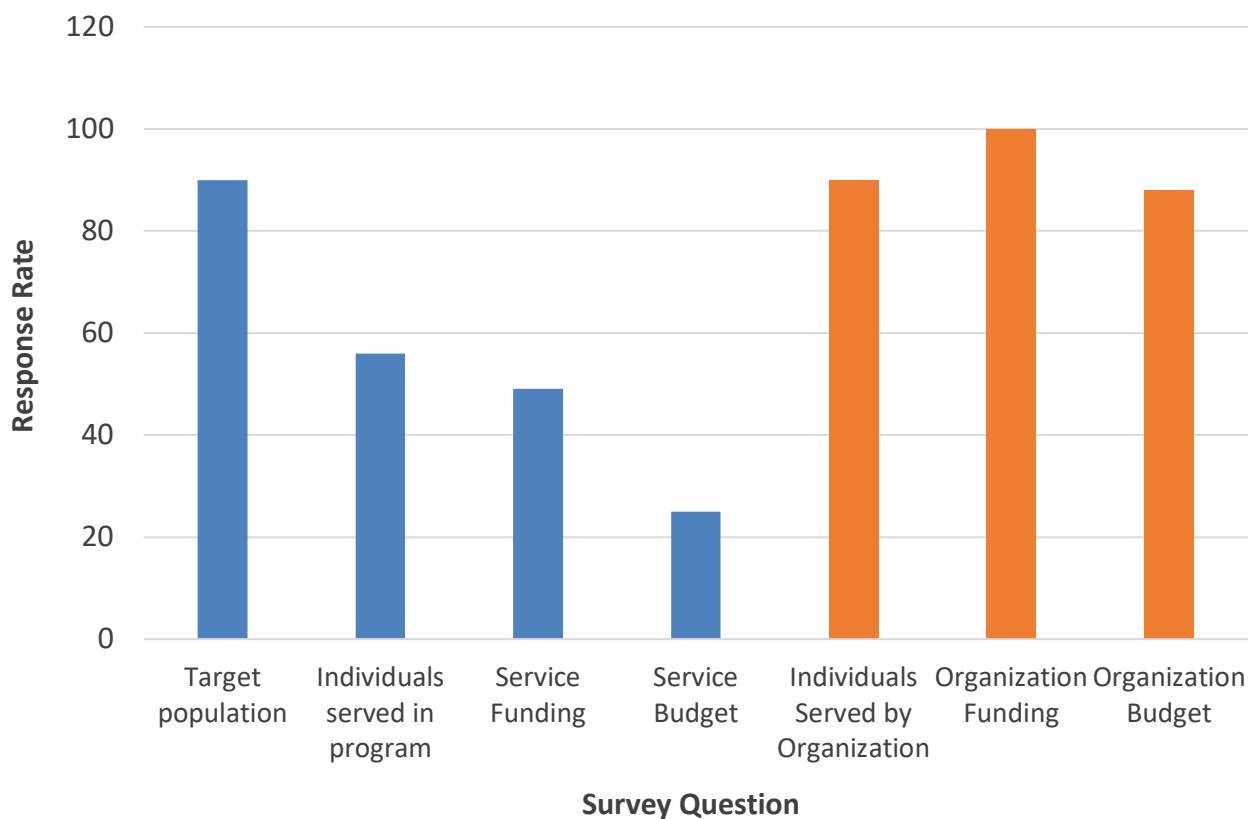
² Some state agencies provide contracts with Island groups, for example the Department of Mental Health contracts with Martha’s Vineyard Community Services for mental health and substance abuse services.

RESULTS

Response Rates

Response rates across the board followed a similar pattern according to the type of data requested: Data related to specific services were generally sparse, while data related to the organization as a whole were more readily available. The overall response rates for each data set are shown below. Response rates for most questions were notably higher for organizations that receive some level of town, state or federal funding (see page 22).

Response Rates by Service and Organization



Redundancy

To analyze redundancy, we looked at the number of providers for each service category, which ranged from two to 21. The services with the most providers could be considered the most redundant, and those with the fewest could be considered the least redundant. However, redundancy does not always imply inefficiency, since many Islanders are limited in terms of where and when they can access a service, and residents who take part in educational events, social activities, art making, fitness and other services may benefit from a wider selection. It should be noted that staffing and funding issues, rather than the number of providers, typically present the greatest obstacles to accessing services.

Service Categories and Number of Providers*

| | |
|---|----|
| Administrative assistance (non-medical) | 10 |
| Administrative assistance and applications (health) | 10 |
| Advance care planning | 10 |
| Behavioral health: mental health counseling and services | 6 |
| Behavioral health: substance use disorder services | 2 |
| Disability services | 7 |
| Education | 20 |
| Elder abuse and domestic violence | 7 |
| Emergency medical services | 4 |
| Employment services | 2 |
| Financial support | 3 |
| Fitness | 11 |
| Food, fuel, and utilities assistance | 10 |
| General info and referral | 19 |
| Holistic therapy | 2 |
| Home-based services | 17 |
| Housing, shelter, housing assistance | 10 |
| Meals and nutrition | 12 |
| Medical health services | 16 |
| Nursing and long-term care | 3 |
| Palliative and hospice care | 5 |
| Recreation and socializing (non-medical, and not including meals) | 16 |
| Support programs (group or individual) | 13 |
| Technological support (not including libraries) | 7 |
| Transportation (ambulance) | 4 |
| Transportation (not including direct ambulance services) | 11 |
| Veterans services | 4 |
| Volunteer opportunities | 21 |

*See database for specific services offered.

Service Categories Ranked by Number of Providers*

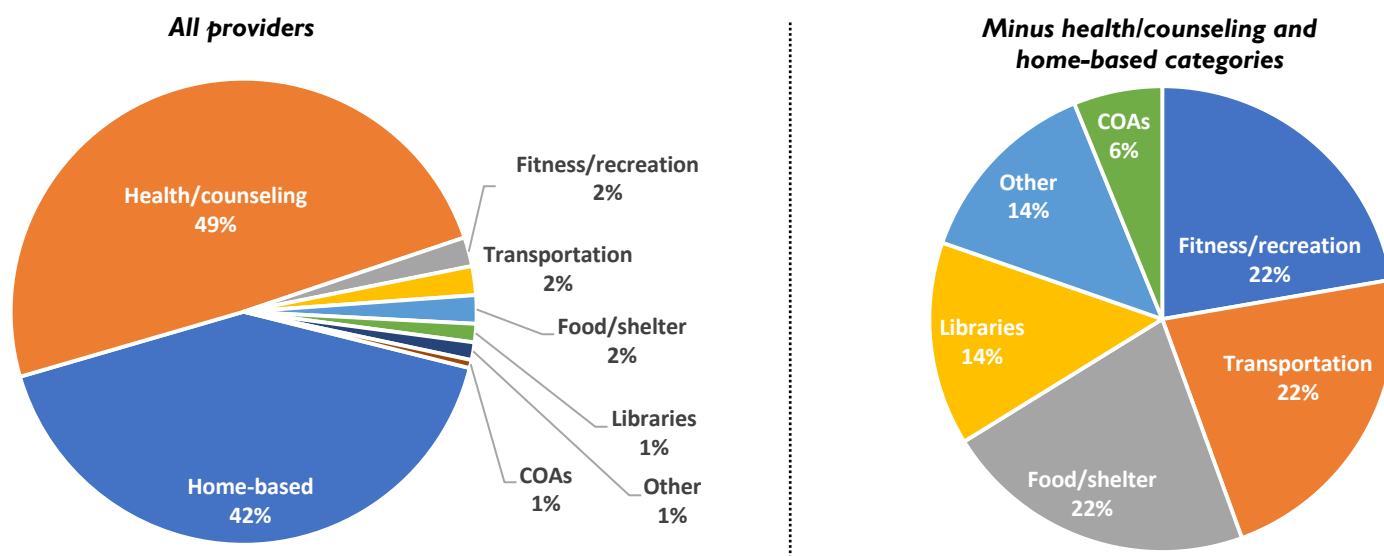
| | |
|---|----|
| Volunteer opportunities | 21 |
| Education | 20 |
| General info and referral | 19 |
| Home-based services | 17 |
| Medical health services | 16 |
| Recreation and socializing (non-medical, and not including meals) | 16 |
| Support programs (group or individual) | 13 |
| Meals and nutrition | 12 |
| Fitness | 11 |
| Transportation (not including direct ambulance services) | 11 |
| Administrative assistance and applications (health) | 10 |
| Administrative assistance (non-medical) | 10 |
| Advance care planning | 10 |
| Food, fuel, and utilities assistance | 10 |
| Housing, shelter, housing assistance | 10 |
| Disability services | 7 |
| Elder abuse and domestic violence | 7 |
| Technological support (not including libraries) | 7 |
| Behavioral health: mental health counseling and services | 6 |
| Palliative and hospice care | 5 |
| Emergency medical services | 4 |
| Transportation (ambulance) | 4 |
| Veterans services | 4 |
| Financial support | 3 |
| Nursing and long-term care | 3 |
| Behavioral health: substance use disorder services | 2 |
| Employment services | 2 |
| Holistic therapy | 2 |

*See *database for specific services offered.*

Budgets and spending

Eighty-three percent of the organizations we contacted provided figures for their total operating budgets (or the figures were obtainable by other means). Organization budgets ranged from about \$30,000 (Island Clergy Association) to \$84,990,030 (Martha's Vineyard Hospital), with an approximate average of \$6,143,533 and median of \$591,996. Organizations that focus on healthcare, along with Elder Services of Cape Cod and the Islands, Martha's Vineyard Community Services and Vineyard Transit Authority, had the highest overall budgets, while FirstStopMV, Women Empowered and the Island Clergy Association had the lowest. A handful of organizations including the hospital, the VNA and MVCS qualify for Medicare or Medicaid reimbursements, which are the largest single funding source across the board. The figures below show the general distribution of annual budget amounts based on the type of organization (reported data only).

Organization Budgets (Distribution)



Funding sources

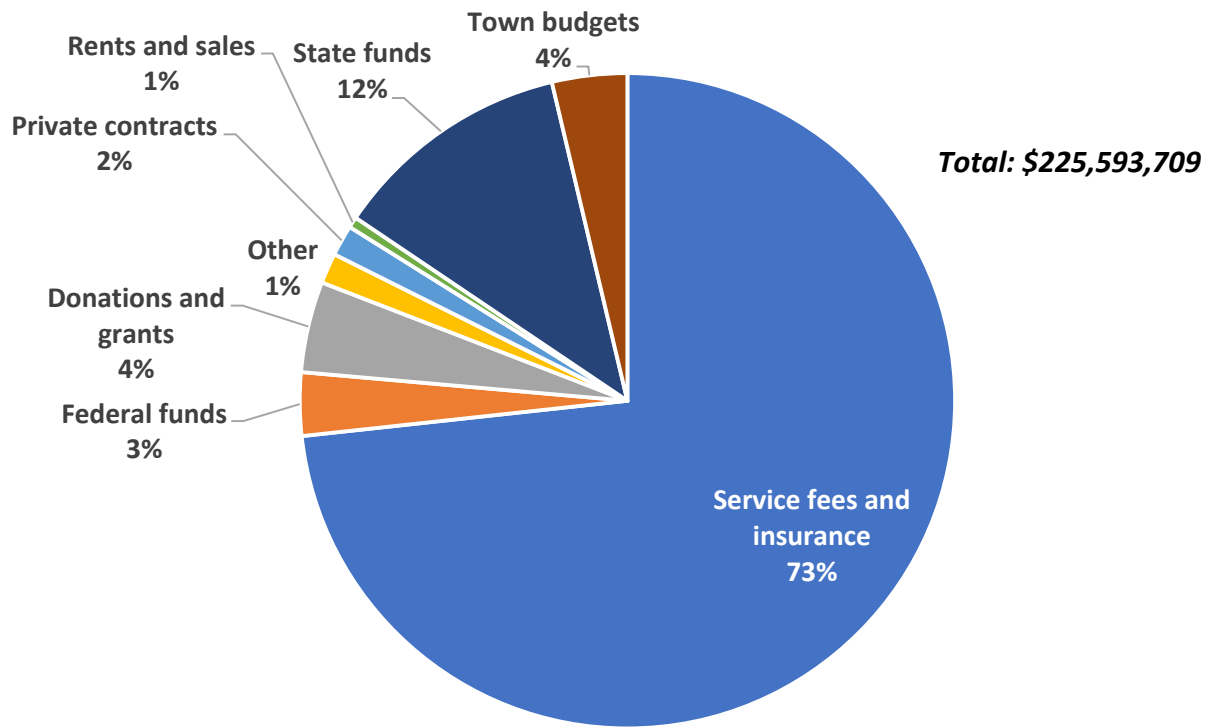
The numbers below aim to approximate the distribution of funding sources among Island elder-service providers. Although every provider accounted for their funding sources in our survey, only 83 percent reported their annual budgets or expenses—to the MVC, in an annual report, or in a publicly available Form 990—so the numbers here are not all-inclusive. In order to include as many organizations as possible, the years covered range from FY16 to FY20. Funding sources were grouped into the following nine categories, accounting for variability in reporting methods among the providers:

- Service fees and health insurance (includes Medicare/Medicaid and private insurance)
- Federal funds
- Donations and grants (includes all fundraising activity and donations)
- Private contracts (mostly in the area of home care)
- Rents and sales
- State funds

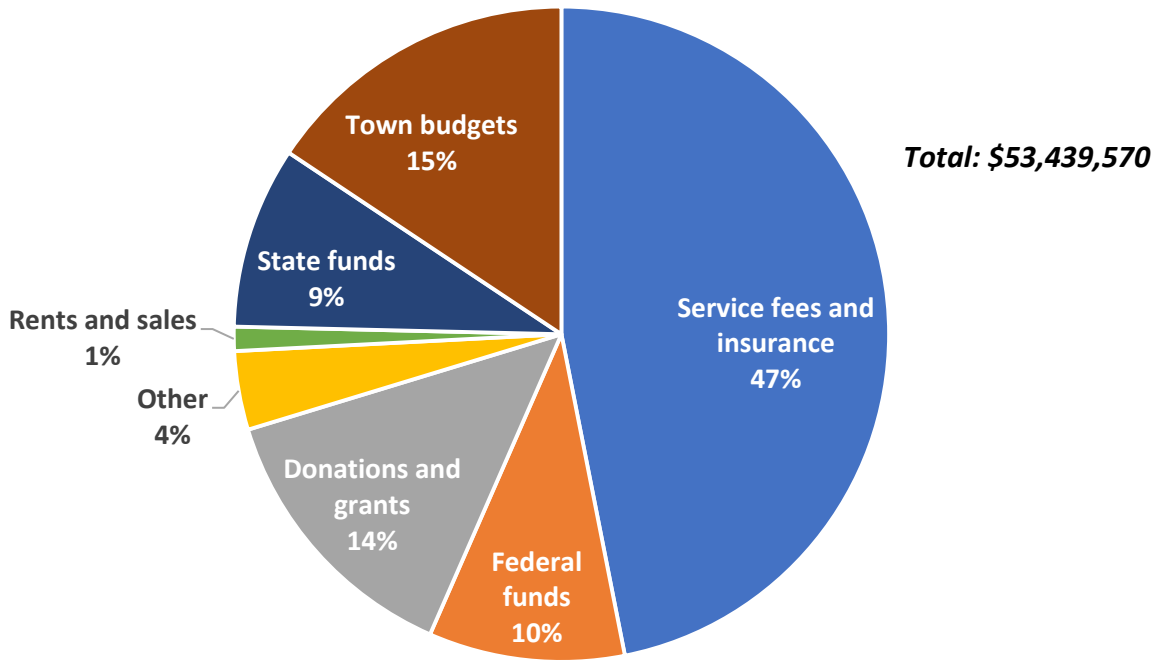
- Town budgets (includes money from the towns that is administered by Dukes County)
- Other (includes endowments, local taxes, investments, brokerage, interest and dividends; as well as unattributed sources)

We made an effort to incorporate all grant funding in the “donations and grants” category, although some grants are likely still represented in the categories for state and federal funding. Importantly, the figures below look only at the total operating budget (or expenses) for each organization, most of which spend only a portion of their revenues on elder services. Better data in the future could allow for a more detailed analysis of spending on elder services and within specific service categories.

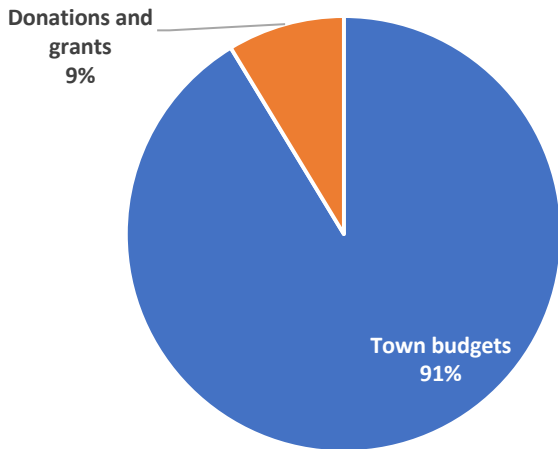
Organization Revenue by Source (All Providers)



Organization Revenue by Source (Minus Hospital, VNA, ESCCI)

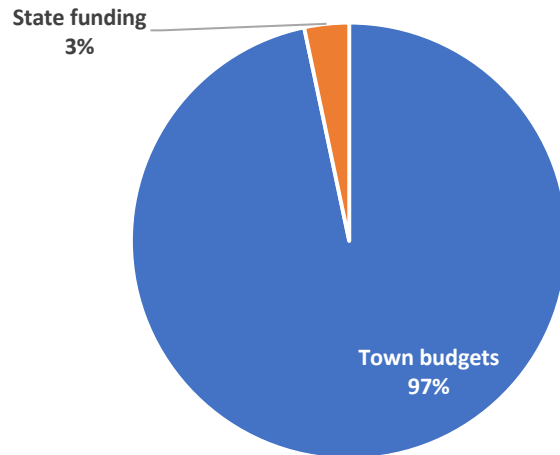


Library Funding Sources (FY18, except FY17 for Aquinnah)



Total: \$3,099,414

Council on Aging Funding Sources (FY18)*



Total: \$1,276,309

*Does not include donations; the state funding figure for Oak Bluffs was not available.

The vast majority (about 73 percent) of the total revenue among service providers comes from service fees and insurance, with most of that revenue going to the hospital and VNA. State funds make up the next-largest portion (about 12 percent), owing mostly to ESCCI, which received about \$22 million in appropriations from the state Executive Office of Elder Affairs. Omitting the hospital, VNA and ESCCI reveals a more balanced distribution of funding sources across the Island. Service fees and insurance still dominate the mix (47 percent), although spread out more evenly among more organizations; followed by town budgets (15 percent), and donations and grants (14 percent). Federal and state funds each make up about 10 percent of the total.

DISCUSSION

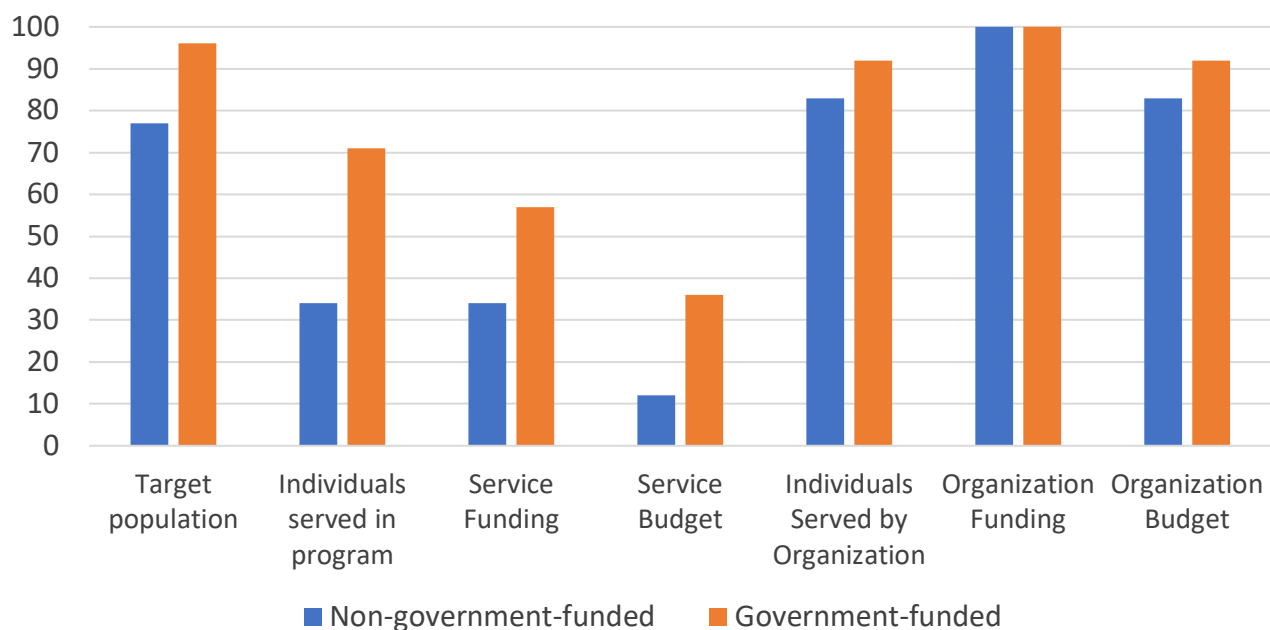
Our conversations with service providers highlight the following issues related to the elder-service network. These issues do not cover the full range of concerns and problems facing the Island community, but provide a window into the complexity and interrelation of elder services as they currently exist on the Vineyard.

Data Collection

Methods of tracking elder services on the Island vary widely. Our efforts to gather data related to participation, funding and budgets proved a challenge for many organizations, even those that are well established and otherwise run smoothly. Several providers pointed to an absence of any central or even town-wide agency to collect and standardize the data, the absence of data collection activities within the agencies themselves (related to an inability to handle the additional workload) and the inability of current tracking systems to easily refine the numbers according to age. Some organizations that do not serve elders exclusively said they had never thought to collect that type of data in the first place. Organizations that cater to all ages—even if they serve mostly elders—often have no easy way to determine participation rates and budgets according to age group.

Organizations that receive funding from town, state or federal sources (about 60 percent of the groups surveyed) often have specific reporting requirements that lead to more consistent data, and perhaps more resources that can be devoted to recordkeeping. Government-funded groups had notably higher response rates to our requests for data, especially in regard to participation rates, funding sources and budget amounts at the program level. However, those groups were still able to provide data for service-level funding sources and budgets only about 55 and 35 percent of the time, respectively.

Response Rates by Funding Type



The response rates on pages 15 and 22 highlight a need for improved data across the Island. In addition to improved resources, more widespread oversight by Island towns or other agencies could create the conditions for improved data collection, which would in turn provide a clearer picture of elder-service demand, gaps in service, and areas of strength or inefficiency.

Efforts to establish more centralized data collection on the Island could begin with the four councils on aging, which already serve as hubs for elder-service programs on the Island, largely through referrals to other agencies. Councils on aging throughout the state often play a role in elder planning and advocacy, in addition to providing specific services to elders. The Island COAs should consider forming a working group to study demographically similar communities on the Cape, with a focus on how those COAs collect and analyze data. In addition, Island towns that provide funding to elder-service providers should require annual or quarterly reporting on participation rates, budgeting and funding sources.

FOCUS: The Anchors (Edgartown COA) and My Senior Center

All four councils on aging have access to My Senior Center, an online data tracking system that was implemented on the Island in 2015. Each Island town provides annual funding for the service (including for technical help), although the degree to which it is used varies from council to council.

The system works by way of a card scanner and touchscreen where council members sign in prior to or after an event. For non-event services such as phone consultations or home visits, COA staff manually enter the information. Each COA can define its own service and event categories, and the collected data is searchable by date, program, month, member age and many other fields.

COAs are not currently required to use My Senior Center, although the data can be quickly accessed and organized for planning purposes, and when applying for annual Formula Grants from the state Executive Office of Elder Affairs. Funding for the program totaled \$47,500 in FY 2018.

The Anchors (Edgartown COA), which was an early advocate for the system and uses it routinely, had already gained some experience with an earlier data-tracking program called COATS (Council on Aging Tracking System), so the transition in 2015 went relatively smoothly. The Anchors also benefits from a full-time receptionist who keeps an eye on the two entrances and makes sure members sign in.

Anchors administrator Paul Mohair called My Senior Center “the nuts and bolts” of accounting for the COA’s programs and services, and noted that both the town and state appreciate the abundance and quality of data the Anchors provides. However, other COAs may have faced a steeper learning curve in the beginning, and not all have fully incorporated the system. Anchors outreach worker Victoria Haeselbarth noted that once in a while a COA member will prefer not to use any sort of technology, in which case the COA staff will enter the data manually. But she said the vast majority of members have adapted well to the system.

Because each COA offers a wide range of services at central locations across the Island, the more regular use of My Senior Center would greatly enhance the Island’s ability to quantify the demand for elder services and improve those services in the future. By using and sharing the data, the COAs could further benefit from more targeted programming, tighter budgets and more competitive funding applications.

Workforce Availability

Even as the Vineyard sees its elder population expanding, other demographic groups—in particular people ages 35–60—have declined in recent years, which raises concerns about the ability of a shrinking workforce to meet the demand for elder services (see page 13).

The Island's perpetual housing shortage, high cost of living and limited career opportunities often force workers to seek more affordable situations off-Island, or to not move here in the first place (see page 26). In response, some elders may want to move off-Island to be closer to services, but doing so is often disruptive to established routines and support networks, and too expensive. In general, most elders would rather age in place.

The need for Island-based workers is perhaps most evident in the field of home care, where certified nursing assistants and home health aides must be on call most of the time. The VNA, for example, is obligated to provide 24-hour service to its clients, and does not permit live-in nurses, so housing for those employees is essential. In addition, home care providers often lose a number of workers each summer, when the market for private in-home care increases. The VNA offers referral bonuses, free trainings for home health aides and other incentives to retain workers, but finds itself drawing from a smaller pool each year.

Technology may eventually be one part of the solution, since various devices and apps provide medication management, health education, basic health monitoring and other assistance; and more doctors are incorporating telemedicine into their practice. As two examples of the benefits of technology, many home care clients suffer from sleep apnea and appreciate having easy access to summaries of their night's sleep, and cardiac devices or other implanted controls can be monitored remotely. However, telemedicine may be more expensive than conventional methods, and insurance companies might not offer coverage.

It may be tempting to imagine a fleet of robots or self-driving vehicles someday augmenting the Island's home care workforce, but most would agree that healthcare is best administered face-to-face by another human who can address emotional as well as physical issues, provide companionship, and draw connections among various life events. A more practical solution may be to focus on group living such as at the Henrietta Brewer House and Island Elderly Housing, along with the Green House model being developed by HAMV and Martha's Vineyard Hospital, where small teams of healthcare workers could reach more people on a regular basis and perhaps receive onsite housing. However, it remains to be seen how widespread a group-living model could be sustained by local demand.

Seasonal Variation

The population on Martha's Vineyard grows more than five-fold in the summer, which likely increases the demand for elder services. Organizations that serve exclusively elders may see increased participation in the summer months, while those that serve all ages may see a different mix of age groups, but not necessarily more elders.

The Vineyard Haven Public Library, as one example, noted an increase in younger patrons during the summer, and its book group (made up entirely of elders) typically grows from about 10–15 in the winter to 15–20 in July or August. Critical services such as outpatient care and ambulance service also pick up in the summer, while workers who specialize in home care often switch over to private seasonal clients who pay higher wages. The seasonal shift in population has not been studied

in depth, and further complicates the prospect of elder-service tracking, although it can be assumed that the demand for many services peaks in July and August and falls off in September or October. A further influence of seasonality is that much of the fundraising that supports Island nonprofits (including those that provide elder services) occurs in the summer, increasing competition for a limited pool of donors.

Some organizations, including Island libraries and the YMCA of Martha's Vineyard, offer a variety of programs, but only periodically throughout the year. The YMCA, for example, offers monthlong programs focused on a particular theme such as fall prevention, men's fitness or arthritis. The Island's emergency shelter, Houses of Grace, operates for three months in the winter, although housing insecurity likely increases in the summer when higher rents force many tenants to seek new housing. Homelessness on the Island has been difficult to quantify, but appears to disproportionately affect people over 55 (see page 26).

FOCUS: Elder Services of Cape Cod and the Islands

Services across the Island often face similar challenges related to demand, seasonality, data collection, and staffing. Elder Services of Cape Cod and the Islands (ESCCI) illustrates the complexity of providing elder services on the Vineyard, and the benefits of collaboration among providers.

ESCCI notes that the demand for its home care program, which provides help with showering, dressing, shopping and other daily needs, peaks in the summer, when the population increases and staffing tends to decrease. Those services are contracted to the Visiting Nurse Association and Greater Boston Home Health Care Services, as well as third vendor, Best of Care, which ESCCI added around 2015 to help meet demand. However, ESCCI Vineyard director Megan Panek noted that the number of vendors is less of an issue than the limited pool of workers who can afford to live on the Island. Some organizations provide worker incentives such as sign-on bonuses and periodic trainings, but it's still a challenge to find workers, especially in the summer, when the demand for higher-paying private care increases.

Private caregivers on the Island can earn \$30-\$40 during the summer, and Panek said she understands why workers might want to make the switch. She said ESCCI never turns anyone away, although getting home care services in place for a client may take longer in the summer. Those waits may significantly increase in the coming years as more visitors reach retirement age.

The ESCCI home care program is widely used but income-based, which means limited access for Island residents earning more than \$50,000 per year. That leaves a sizeable gap in service, since many elder incomes exceed the limit. (The area median income for Dukes County is about \$64,000, which is less than the state as a whole. However, the figure increases in Chilmark and West Tisbury, where elders are more likely to live in remote locations.) Because of the higher cost of living on the Vineyard, even households earning up to \$100,000 per year may not be able to afford the range of in-home services that ESCCI provides.

"The state is aware these things are becoming an issue," Panek said. And while clear solutions have yet to emerge, she noted that ESCCI's affiliation with the state Executive Office of Elder Affairs requires thorough reporting, which helps keep an open line of communication and ensures that quality data informs decision making over time. Among other things, ESCCI employs a full-time chief operating officer who handles data analysis—an investment many other service providers on the Island would likely be unable to make. But Panek noted that if Island towns were to play a stronger role in oversight, as the state does for ESCCI, it would likely improve the quality and consistency of data across the Island.

Housing

A 2016 Islandwide Housing Production Plan, which identifies issues and goals related to affordable housing for residents, notes that 1,100 elder households (with least two members and one over 62) at the time were paying unaffordable rents or mortgages, including 585 with incomes higher than the area median income. That represents almost a third of all elders on the Island, and indicates a significant need for additional affordable housing opportunities.

Many elders find themselves in a bind when they retire and can no longer afford their property taxes, which are likely much higher than when they built or purchased their homes. (According to the Island Food Pantry, such housing costs directly affect the high number of elders who require food assistance.) Elders living alone following the death of a spouse or the departure of other family members may also want to downsize or move closer to town centers, but are unable to find housing they can afford. Six age-restricted housing developments on the Island are considered affordable (including for low-income residents), but long waitlists create a barrier to entry. The Windemere Nursing and Rehabilitation Center provides some independent-living services to its residents, and the Henrietta Brewer House features assisted-living units, but the Island generally lacks both independent and assisted-living facilities. Without affordable options, many elders have no choice but to move off-Island.

The housing shortage affects many elder services on the Island, since it limits the ability of service providers to attract and retain employees. The higher cost of living often requires higher salaries, which further hinders the ability of organizations to hire new workers. Addressing the housing problem by default would likely improve elder services in the future.

Homelessness

Data related to the Island's homeless population has generally relied on the annual point-in-time counts conducted by the Cape and Islands Regional Network on Homelessness. However, those counts occur on a single night in January and do not include people living in hotels or sheltering with family and friends. More recently, the Dukes County associate commissioner for the homeless counted 38 homeless individuals, and 82 individuals or families in unstable housing on the Island. In contrast, the 2018 point-in-time count identified only 11 people in Dukes County. According to the associate commissioner, 37 percent of the people she identified were over the age of 55, and that age group was the fastest growing. The Island Clergy Association, which runs the Houses of Grace emergency shelters in the winter, has considered whether to begin the program earlier and end later, but currently lacks the staffing and other resources to make that possible.

As with elders looking to downsize or move closer to town, the lack of affordable options is a significant challenge for those without any sort of permanent housing on the Island, which forces some elders to live in sheds, garages and other substandard housing. In 2019, the state provided \$50,000 to maintain the associate commissioner's position, and \$150,000 for the MVC to further evaluate housing and homelessness on the Vineyard and identify funding sources.

Isolation

Many elders become isolated when spouses pass away or family members move into new housing. The Vineyard's widely dispersed neighborhoods and houses often compound the issue by leaving elders stranded in their homes, especially if they can no longer drive or walk to the nearest bus stop. Libraries, councils on aging, Martha's Vineyard Community Services and other organizations

help alleviate isolation by offering regular opportunities for social interaction, while transportation services such as The Lift (operated by the VTA) and Vineyard Village at Home help elders get around, including to doctor's appointments and social events. Home-delivery services such as Meals on Wheels (administered by ESCCI) also create a sense of community among volunteers, elders and their families over time. The MVCS CORE (Counseling, Outreach and Referral for Elders) program works with at-risk and homebound seniors who may be afraid or unable to travel to the MVCS campus in Oak Bluffs, and responds to referrals from the councils on aging and other groups. Many elder services on the Island rely heavily on volunteers who are themselves elders, providing a deeper sense of purpose from day to day and another avenue to connect with others. Reducing isolation also reduces the risk of mental illness and drug abuse, which are known to affect the elder community.

Transportation: On- and Off-Island

Transportation both on and off the Island is a significant barrier for elders seeking healthcare and other services. Many seniors no longer drive, and friends and family may not be available to provide trips at the right times. A large portion of homes on the Vineyard are too far from the nearest public bus stops for elders to walk, and specialized medical care often occurs off-Island, leaving elders or their caregivers to navigate multiple modes of travel, including the ferries, public transit, taxis and rideshare networks.

Various groups provide elder transportation on the Island, including Vineyard Village at Home, Island Elderly Housing and Windemere Nursing and Rehabilitation Center. In addition, the VTA's paratransit service The Lift provides transportation to the Martha's Vineyard Center for Living, senior lunch programs at the Tisbury Council on Aging, and Boston-area medical facilities. However, a reduction in the regular VTA service up-Island in 2019 has at least temporarily narrowed the options for on-Island travel.

Off-Island transportation presents an even greater challenge, although new solutions have emerged in recent years. The Center for Living, for example, coordinated an on-demand medical taxi program (funded by donations and a one-year grant) from Woods Hole to medical appointments and back, but the program ended when the grant ran out in 2017. The VTA then ran a yearlong pilot (also with grant funding), where riders could be picked up at the Vineyard Haven Terminal and taken to their appointments on the Cape. With that program ending in 2019, the MVC and others are working with the Cape Cod Regional Transit Authority to enhance the current options for Island elders traveling to the Cape.³

Islanders may also rely on the rideshare networks Uber and Lyft, which have been working to establish partnerships with hospitals, non-emergency transportation (NEMT) coordinators and other groups to connect elders to their product. Uber and Lyft have also taken steps to make it easier for elders to use the associated technology, with Uber rides now able to be scheduled by text rather than through the smartphone app, and Lyft users able to receive non-smartphone calls from the company. GoGo Grandparent, a company that coordinates Uber and Lyft rides for people

³ The Cape Cod RTA offers various services by appointment to elder commuters on the Cape, including its Dial-a-Ride Transportation (DART) service; shared rides for passengers who meet Americans with Disabilities Act (ADA) requirements; and wheelchair-accessible transportation to Boston area hospitals. The Cape RTA also operates fixed routes from Woods Hole to Falmouth Hospital, Mashpee and Hyannis. However, the options above don't always align with a patient's medical needs, or the timing of their appointments; and the ADA Paratransit service requires written approval from a doctor.

without smartphones for a small fee could help more Island elders utilize rideshare networks. Two downsides of Uber and Lyft are that they are typically unable to accommodate riders with specialized needs or bulky medical equipment, and fares can add up quickly (Woods Hole to Sandwich, for example, may exceed \$100).

Islanders with MassHealth may qualify for the state's Prescription for Transportation (PT-I) program, which provides non-emergency transportation to and from appointments covered by MassHealth, but PT-I can get complicated if a patient is unable to schedule a return trip ahead of time. Other options for medical trips off-Island include the American Cancer Society's Road to Recovery program, which offers free transportation to cancer patients traveling from Woods Hole to hospitals on the Cape for treatment; and Angel Flight NE, whose volunteer pilots offer free flights from the Vineyard to other locations in the Northeast for people with critical health needs who are unable to pay for or access commercial airlines.

Looking ahead, the Cape Cod RTA has agreed to begin tracking the number of DART (Dial-a-Ride Transportation) riders who originate on the Vineyard, for the sake of gauging the need for medical travel from the Island to the Cape; and the Martha's Vineyard Hospital is exploring additional options for telemedicine that would allow patients to receive more types of treatment on-Island. Increased public outreach in the form of brochures or online resources could help Island elders connect to existing transportation options, and keep Island doctors abreast of the qualifying criteria for ADA Paratransit or other travel options.

Cross-Pollination

Elder-service providers on the Vineyard are thoroughly interconnected, among each other and with organizations that serve the general public. The Martha's Vineyard Hospital, for example, frequently refers elder patients to ESCCI and other Island groups; provides space for Meals on Wheels preparation, and often provides health education through its outpatient services. Among countless other examples, the Vineyard Haven Public Library has done training with Martha's Vineyard Community Services to get familiar with the potential legal and medical needs of its elder patrons; the West Tisbury Public Library hosts various groups working on elder issues throughout the year; the Henrietta Brewer House coordinates with Hospice of Martha's Vineyard for patients nearing the end of life; the Dukes County commissioner for the homeless connects Islanders with the shelter and a warming center at the Catholic Church Parish Hall in Oak Bluffs; and Vineyard Village at Home receives in-kind support from Island businesses. Each council on aging serves partly as a referral agency, connecting residents with resources in the six Island towns.

Overall, the cross-pollination of elder services is an enormous asset to the community, although it further complicates the process of quantifying trends in elder-service availability, funding and participation. Fully mapping the interactions among elder services would likely require more time and resources than is feasible, but related organizations—even only in terms of providing referrals—could likely improve their efficiency by holding regular meetings to discuss their respective goals, concerns and procedures.

Redundancy and Areas of High Concern

Many providers view the duplication of elder services on the Island as a benefit, since it allows greater access to residents with limited mobility, and more options in general. In particular, the councils on aging may offer similar or identical services, but they also make it easier for Islanders to attend regular events in their towns without taking too much time out of their day; and because each council serves partly as a referral agency, duplication of that particular service keeps more

elders connected to the full range of resources, including those they might not otherwise encounter.

At the same time, 29 percent of the service categories we identified are covered by fewer than five providers each, which may indicate a need to expand or improve those services, or increase the number of providers. They include potentially critical programs such as substance use disorder services, financial support and long-term care (see page 17). However, redundancy is only one measure of need. The distribution of services among organizations, and our conversations with program administrators, suggest the following areas of high concern that should be investigated further (number of providers in parentheses):

- Financial support (3)
- Substance use disorder services (2)
- Counseling for victims of domestic or sexual violence (1)
- Housing, shelter, housing assistance, including for the disabled (10)
- Housing for elder-service employees⁴
- Nursing and long-term care (3)
- Home care programs (4)
- Off-Island transportation (1)

⁴ Not an elder service, but critical nonetheless.

RECOMMENDATIONS FOR FURTHER DISCUSSION

Given the urgency of preparing for the needs of Island elders, and the degree to which elder services already rely upon each other, the Island would likely benefit from an intensive community planning process. Service providers could participate in a series of public workshops aimed at identifying current and future needs, along with strategies for improving data collection in the years ahead, further combining resources and sharing ideas. An independent community planning agency such as the ones that coordinated the seven [Housing Production Plans](#) in 2016 could work with the MVC, HAMV and MVCS to host the workshops and produce a final plan, with recommendations that Island towns or agencies could adopt.

In the shorter term, we recommend that HAMV and other elder advocates on the Island further investigate the services listed on page 29 to determine their utility to the Vineyard and gauge the degree to which they would need to expand to meet the future demand.

Because elder services are intricately linked to housing issues and the cost of living, we recommend further involvement of Island housing advocates in elder-service planning. Homelessness has also emerged as an issue of particular relevance to elders. At present, only one part-time employee—the Dukes County associate commissioner for the homeless—handles nearly all of the coordination and data analysis related to homelessness on the Island. We recommend exploring funding sources that could establish such a position as permanent and full-time. Additionally, the MVC should provide continued support to HAMV as it explores options for independent living on the Vineyard, including the proposed Green House model and other approaches; and town governments should consider enhancing their roles in funding homelessness prevention.

Referrals, partnerships, consultation and other forms of cross-pollination among elder-service providers should be encouraged through more organized collaboration, such as the recent partnership among HAMV, MVCS and the MVC. Along those lines, organizations that may not necessarily see themselves specifically as a resource for elders—such as public safety departments and town libraries—should be invited to regularly participate in discussions surrounding elder-service planning on the Vineyard, and take steps to better monitor the number of individual elders they serve. The MVC or Island towns should also explore options for expanding the role of Emergency Medical Services in supporting healthy aging.

HAMV and other advocates should meet with town administrators or planning boards to explore the possibility of increased town oversight of elder-data collection. As a starting point, towns could consider requiring that Island councils on aging utilize the My Senior Center data-tracking software as conditions of their annual funding. Alternatively, towns could incentivize the use of My Senior Center by offering discounts or other benefits to frequent users, or providing extra equipment—such as when a senior center has two entrances but only one sign-in station. Data collection in general should focus on non-duplicated counts, using a standardized method that all agencies can adopt—and ideally the same or similar data-tracking software for easier analysis. Critically, Island organizations should be encouraged to regularly collect, analyze and share their data with other organizations and the public.

SERVICE CATEGORIES

Administrative assistance (non-medical): Activities associated with case management, financial management, licenses, applications, legal assistance, life planning and other non-medical concerns.

Administrative assistance and applications (health): Activities associated with health insurance applications and benefits counseling and other health-related concerns.

Advance care planning: Assistance understanding and completing File-of-Life forms, along with Medical Orders for Life-Sustaining Treatment (MOLST), and advance directives.

Behavioral health (mental health counseling and services): Mental health counseling for individuals or couples, including suicide prevention and emergency psychological services. Generally does not include counseling for substance use disorder (see below).

Behavioral health (substance use disorder services): Counseling and other services related to substance use disorder and recovery. Includes the Driver Alcohol Education Program for DUI first offenders, and court-ordered programs for second offenders.

Disability services: Services for people with mental or physical disabilities, including disability claims, equipment rentals, outpatient rehabilitation and letters of evaluation.

Education: Any public or private educational activity. Includes seminars, classes, health fairs, falls prevention and fire safety education. Often occurs in concert with other services such as doctor's visits or the installation of home medical equipment.

Elder abuse and domestic violence prevention: Protective services reporting (including for victims of elder abuse), and counseling for victims of domestic or sexual violence.

Emergency medical services: Ambulance or other services to people in need of urgent medical care.

Employment services: Assistance in finding employment, including for people with mental health diagnoses and other disabilities.

Financial support: Direct financial payments to people in need, including for housing.

Fitness: Any program aimed at improving people's health through physical activity.

Food, fuel, and utilities assistance: Assistance in obtaining or paying for food, fuel and utilities. Includes food distribution and food stamp application assistance.

General info and referral: Information or advice offered to clients, patients or the public, as well as referrals to other agencies. Often occurs informally, and in concert with other services such as education, home care and library services.

Holistic therapy: Alternative health therapies, including massage, acupuncture and meditation.

Home-based services: Services offered to clients in their homes. Includes wellness checks, food shopping and errands, and meals delivery. Also includes home care programs, which provide care management, meal preparation, daily needs assistance and many other services.

Housing, shelter, housing assistance: Activities aimed at providing housing or shelter for people in need. Includes programs for homelessness prevention, disability housing, independent and assisted living.

Meals and nutrition: Communal meals and meal delivery programs, including Meals on Wheels.

Medical health services: Inpatient and outpatient services, as well as walk-in clinics, medication management, health screening and short-term rehabilitation.

Nursing and long-term care: Professional nursing and other programs to assist people with daily-living needs. May occur at home or in a facility.

Palliative and hospice care: Programs and services for the terminally ill and their families, including bereavement services, care coordination and vigils.

Recreation and socializing (non-medical, and not including meals): Organized social and recreational activities such as art making, concerts and writing groups. Includes intergenerational programming and traditional library services.

Support programs (group or individual): Group-based or one-on-one programs designed to support people's emotional or social needs, as well as respite services. Includes memory support groups and adult daycare.

Technological support: Programs or activities aimed at supporting people in their use of computers and the internet.

Transportation (ambulance): Emergency and non-emergency medical transportation provided by an Island ambulance service.

Transportation (not including direct ambulance services): Non-emergency medical transportation services, either on or off the Island, as well as transportation subsidies.

Veterans services: Programs and services intended for veterans or their families.

Volunteer opportunities: Programs or activities for which members of the public can volunteer, including boards and committees, office assistance, fundraising, patient care and education.