



NCOA Benefits Enrollment Center Promising Practices Report

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Executive Summary

Introduction

Benefits Enrollment Centers (BECs) are designed to help adults with disabilities and seniors 65 and older apply for public benefits programs that can help them maintain healthy lives. All BECs are expected to conduct outreach, provide screenings, and assist with applications for Medicaid, the Medicare Savings Program (MSP), Medicare Part D Extra Help/Low Income Subsidy (LIS), the Low-Income Home Energy Assistance Program (LIHEAP), and the Supplemental Nutrition Assistance Program (SNAP). In addition to providing these five “core” benefits, BECs may also help clients apply for other public benefits that are available in their areas, such as local transportation assistance or state pharmaceutical assistance programs. The goal is to help seniors and adults with disabilities overcome the barriers that prevent them from getting the benefits for which they are eligible.

The National Council on Aging (NCOA) has funded BECs since 2009 through the organization’s administration of the Center for Benefits Access. The Center is supported with funding from the Medicare Improvements for Patients and Providers Act (MIPPA) that was awarded to NCOA by the U.S. Department of Health and Human Services’ Administration for Community Living (ACL). As of 2017, there are 59 BECs located in nonprofit organizations, public agencies, universities, hospitals or health clinics, Area Agencies on Aging, and Community Action Agencies in 31 states across the country.

BEC Promising Practices Project

NCOA contracted with Social Policy Research Associates (SPR) for an evaluation to identify promising outreach, screening, and application assistance strategies being used by different types of BECs. To do this, SPR staff members analyzed monthly BEC outcomes data that all 59 BECs report to NCOA and made in-person site visits to eight BECs. These eight sites were selected by NCOA because their monthly reports indicate that they have been successful in reaching their outreach and assistance goals. The sites selected for further study also represent a wide diversity of the types of organizations operating BECs, which allows them to serve as models to BECs of different types across the country.

Selected Grantee Organizations

The eight organizations selected for inclusion in the study first received BEC funding between 2009 and early 2015, and they are now in a sustainability round of funding

from NCOA. They represent a variety of geographic areas, organization types, prior experience with benefits assistance services, operational models, and staffing patterns. Despite this diversity, all eight are on track to meet or exceed their BEC outcomes goals. The eight selected BECs are:

- Adelante Development Center, Inc. (Adelante) in Albuquerque, New Mexico;
- AgeOptions in Cook County, Illinois;
- Banner Olive Branch Senior Center (Banner Olive Branch) in Sun City, Arizona;
- Chinese Information and Service Center (CISC) in Seattle, Washington;
- HOPES Community Action Partnership, Inc. (HOPES) in Hudson County, New Jersey;
- Legal Aid of the Bluegrass (LABG) in Lexington, Kentucky; and
- Missouri Alliance of Area Agencies on Aging (MA4) in Springfield, Missouri.

Analysis of BEC Outcomes Data

As part of their application for BEC funding, organizations identify annual outreach, screening, and application assistance goals. Each month, BECs report related outcomes to NCOA to indicate their progress towards these goals. Data in the monthly reports include the number of applications for each core program—Medicaid, MSP, LIS, LIHEAP, and SNAP—submitted during the reporting period.

For this project, NCOA provided the SPR team with BEC data from January 2014 to March 2017. The data were analyzed to uncover trends in BEC service provision and how it might vary based on BEC characteristics.

Major findings from the analysis of BEC outcomes data include the following:

- The data show a steady increase in the number of participating BECs over the period available for analysis.
- There is a strong upward trend in the number of applications to the five programs defined by NCOA as core benefits programs—an increase from about 2,000 monthly applications in early 2014 to about 10,000 in early 2017.
- SNAP is the program for which the highest number of applications have been submitted.

Promising Outreach Strategies

BECs conduct a wide range of activities to identify potentially eligible beneficiaries and to encourage and assist them in applying for benefits.

Finding a client balance. Staff members from the organizations selected for the promising practices visits indicated that potential clients for BEC assistance could be found within the population already served by their parent organizations as well as through outreach to their communities at large. Most noted that to meet the local need, both groups are important.

Choosing the right message. BEC staff members indicated that they must break through negative stereotypes and stigma about receiving public benefits, myths and confusion about benefit rules, distrust of the state agencies that administer public benefits, and language and cultural communication barriers when conducting outreach to individuals likely to be eligible for the targeted benefits. They emphasized the importance of finding the message that appeals most to their target client groups. For example, two BECs suggested emphasizing savings rather than public benefits; others recommended highlighting the availability of free help with completing complex government forms.

Creative outreach partnering. Nearly all the BECs visited for this study reported using partnerships to expand their outreach capabilities, including having medical professionals “prescribe” a visit to the BEC; creating BEC satellites in places where clients are likely to be, such as public housing developments; and advertising the BEC to individuals already screened as income-eligible for another program.

Promising Screening and Application Assistance Strategies

BECs have developed promising strategies that simplify the screening and application process, ensure privacy, and make it more convenient for older adults to apply for assistance.

Simplifying screenings. Across BECs, staff members indicated that they strive to reduce both client and staff confusion when conducting screenings by simplifying the process as much as possible. This approach increases client willingness to participate in the screening process.

Home visits. Providing home visits also increases client willingness to be screened by overcoming transportation and mobility barriers.

Application assistance. Most of the BECs prepare benefits applications with clients, then submit them on their clients’ behalf, either online or via fax, to the appropriate

administering agencies. Some BECs provide individualized assistance, for example with interviews (e.g., a staff member is present with the client for the interview).

Tools for screenings. Where Internet access is available, online screening tools provide a streamlined format to check for eligibility for multiple benefits at the same time. Some BECs use BenefitsCheckUp®, while others use proprietary software or online screening portals operated by the state agency that administers benefits. Staff members indicated that they prefer to use whatever tool is fastest and most customized to the needs of their clients.

Recertifications and renewals. Seniors may struggle to remain on benefits due to confusion around recertification requirements, particularly when additional paperwork needs to be submitted or interviews need to be scheduled. Follow-up by BECs is crucial to ensure that clients understand the recertification requirements and continue to receive benefits over time.

Promising Cultural Competence Strategies

BECs throughout the United States represent organizations with different focuses and specialized expertise such as legal services, disability services, and health services. They serve a diverse range of older adults in terms of race, ethnicity, sexual orientation, age, disability status, and other characteristics. It is important to note culturally relevant practices of BECs, as they play an intermediary role between beneficiaries and administrative agencies. As such, they need to understand and be able to navigate using the “languages” of each sphere.

Addressing barriers older adults face. Seniors face a number of unique barriers to accessing the core services they need, including stigma and confusion about benefits eligibility rules. A key part of culturally responsive outreach involves dispelling myths, along with finding creative ways to reduce stigma that older adults may have internalized.

Serving populations with limited English proficiency. Limited English proficiency (LEP) is a major barrier for many eligible seniors in accessing core benefits. Information provided by administering agencies is often only available in English. This can be particularly challenging for LEP clients, who may be unable to read applications or official notices regarding whether they have been approved or denied or need to recertify for benefits. Some BECs are addressing this gap by providing services in multiple languages.

Meeting the unique needs of immigrant populations. BECs provide support to new immigrants as well as those who have been in the community for years. BEC staff members reported that immigrant populations can be more difficult to reach than other

older adults. Thus, BECs use a variety of strategies to work with immigrant clients, such as dispelling myths related to immigration and benefits.

Integrating cultural responsiveness as an intermediary. To break down “us versus them” mentalities, many BECs have embraced the role of intermediary between their clients and the public agencies that administer benefits. The BECs play a critical part in informing the agencies of client needs, as well as mitigating fears that seniors have about engaging with public agencies. Some BECs also reported providing technical assistance to local and state agency staff on the policies directly affecting older adults’ receipt of benefits. The BECs that have been successful in this area have developed deep, lasting relationships with the agencies that value them as critical in helping to administer core benefits to older adults.

Providing cultural competency training for staff members and volunteers. BECs reported various methods of providing cultural competency training for staff and volunteers, such as through brown bag lunches, formal in-person trainings, or online diversity trainings. Many staff members said that they wish they had more opportunities for this type of training to address the unique needs of older adults and various other subpopulations they serve.

Conclusion

Staff at all of the organizations selected for promising practices visits indicated that the BEC is an important component of the services they now provide. For some BECs, doing benefits assistance work was already part of their core organization mission; for others, receiving numerous rounds of BEC grants has enabled it to become one. All the visited grantees hope to sustain BEC services beyond this round of the grant. To do so, staff members across BECs reported ways that they are leveraging funding, sharing resources with other organization programs, and looking for new grant opportunities. Interviewed staff members remain committed to the project and said that they feel supported by their organizations and NCOA.

I. Introduction

Benefits Enrollment Centers (BECs) are designed to help adults with disabilities and seniors 65 and older apply for public benefits programs that can help them maintain healthy lives. All BECs are expected to conduct outreach, provide screenings, and assist with applications for Medicaid, the Medicare Savings Program (MSP), Medicare Part D Extra Help/Low Income Subsidy (LIS), the Low-Income Home Energy Assistance Program (LIHEAP), and the Supplemental Nutrition Assistance Program (SNAP). In addition to providing these five “core” benefits, BECs may also help clients apply for other public benefits that are available in their areas, such as local transportation assistance or state pharmaceutical assistance programs. The goal is to help seniors and adults with disabilities overcome the barriers that prevent them from getting the benefits for which they are eligible.

Exhibit I-1: BEC Core Benefits



The National Council on Aging (NCOA) has funded BECs since 2009 through the organization’s administration of the Center for Benefits Access. The Center is supported with funding from the Medicare Improvements for Patients and Providers Act (MIPPA) that was awarded to NCOA by the U.S. Department of Health and Human Services’ Administration for Community Living (ACL).

Number and Types of BECs

As of 2017, there are 59 total BECs located in 31 states (NCOA, 2017). NCOA funded these BECs in four distinct generations. In 2009, NCOA funded the first cohort of 10 BECs, followed by additional BECs in a second generation of funding in 2010, and a third generation in 2014 (NCOA, 2010, 2014, 2015). The third generation of BECs was chosen to receive one of two types of grants— “full BEC funding” for those that could begin providing services within 30 days, and “capacity building funding” for those that needed a longer ramp-up time (NCOA, 2015). In 2015, NCOA added a fourth round of BECs to the roster (NCOA, 2017). Organizations that have previously been funded have also been eligible to apply for sustainability rounds of funding to maintain their BECs once established.

BECs are located in rural, suburban, and urban areas across the country. While all BECs strive to connect seniors and adults with disabilities to the benefits for which they

are eligible, their service provision varies according to a number of factors such as location and organization type. The types of organizations that host them include:

- Nonprofit organizations;
- Public agencies;
- Universities;
- Hospitals and health clinics;
- Faith-based organizations;
- Area Agencies on Aging (AAAs); and
- Community Action Agencies.

Within these broad categories, organizations operating BECs have different focuses such as legal services, disability services, or connecting with clients from specific language or cultural groups. The type of organization and its location influences the expertise of the BEC staff members as well as the clients it is most likely to reach.

Support from NCOA

To build the capacity of every type of BEC, NCOA provides both individualized and cohort-based support. In addition to the different rounds of funding, NCOA support includes benefits enrollment conferences; access to BenefitsCheckUp®, an online benefits screening tool; grantee phone calls to share practices across organizations; technical assistance visits; webinars; outreach materials; and information about outreach, screening, and application assistance best practices through the NCOA website. In addition, this report is designed to support BECs by identifying promising practices that may be useful to them.

BEC Promising Practices Project

NCOA contracted with Social Policy Research Associates (SPR) for an evaluation to identify promising outreach, screening, and application assistance strategies being used by different types of BECs. To do this, SPR staff members analyzed the monthly BEC outcomes data that all 59 BECs report to NCOA and made in-person site visits to eight BECs.

Analysis of BEC Outcomes Data

As part of the application for BEC funding, organizations identify annual outreach, screening, and application assistance goals. Each month, BECs report related outcomes to NCOA to indicate their progress towards these goals. Data in the monthly

reports include the number of individuals the BEC has screened, the number of individuals deemed likely to be eligible for benefits, the number of individuals they assisted in applying for benefits, and the number of applications broken down by specific benefit type (i.e., Medicaid, MSP, LIS, LIHEAP, and SNAP).

For this project, NCOA provided the SPR team with BEC outcomes data from January 2014 to March 2017. These data were analyzed to identify trends in BEC service provision and to determine how these trends might vary based on BEC characteristics.

Promising Practices Site Visits

NCOA asked SPR to visit eight BECs from different organization types across the country that they believe exhibit promising approaches to reaching their goals. These BECs were selected by NCOA because the monthly reports to the Center indicate that they have been successful in reaching their outreach and assistance goals. The sites selected for further study also represent a wide diversity of the types of organizations operating BECs, which allows them to serve as models to BECs across the country.

During one-day visits to these organizations in March and April 2017, SPR site visitors conducted semi-structured interviews with program staff members and partners, toured BEC facilities, and observed outreach and application assistance work. The goal was for site visitors to identify promising outreach, screening, and application assistance strategies that could be shared with current and future BECs to facilitate their work.

Overview of Report

This report presents findings from both the analysis of existing data on BEC performance and the promising practices site visits to eight BECs. It is designed to be a resource for current and future BECs as they think through the design of outreach, screening, and application assistance strategies. Chapter II provides an overview of the eight promising grantees selected for inclusion in the project, including how they vary across a number of key structural and organizational features. The chapter is intended to highlight the diversity of BECs and to help other BECs identify which of the promising BECs are most like their own. Chapter III provides an analysis of the data from BEC monthly reports to NCOA. It includes data from all 59 current BECs and describes service delivery patterns across the sites. Chapters IV, V, and VI highlight promising outreach, screening and application assistance, and cultural competency strategies, respectively. Chapter VII summarizes key findings. Appended to the report are descriptive case studies of the eight visited BECs.

II. Selected Grantee Organizations

NCOA selected eight BECs for inclusion in the site visit component of this project. These BECs were chosen due to their creative approaches and their accomplishments in meeting their outreach, screening, and application assistance goals. They are also located in a variety of geographic areas across the United States and are administered by diverse organizations with different missions, prior experiences, BEC operational models, and staffing patterns. Because of this variation, they represent different models for the other 51 BECs currently operating across the country. While not all promising strategies recommended by these grantees will be useful for all BECs, it is hoped that each BEC will find some similarities between its own context and aspects of the eight BECs selected for detailed study. For additional information about the selected BECs, please see Appendix A, which contains a brief case study of each project.

Following are the eight BECs that were selected to participate in the promising practices project and were visited by an SPR staff member in March or April of 2017:

-  **Adelante Development Center, Inc.** (Adelante) in Albuquerque, New Mexico
-  **AgeOptions** in Cook County, Illinois
-  **Banner Olive Branch Senior Center** (Banner Olive Branch) in Sun City, Arizona
-  **Chinese Information and Service Center** (CISC) in Seattle, Washington
-  **Community Health Center of Southeast Kansas** (CHC-SEK) in Pittsburg, Kansas
-  **HOPES Community Action Partnership, Inc.** (HOPES) in Hudson County, New Jersey
-  **Legal Aid of the Bluegrass** (LABG) in Lexington, Kentucky
-  **Missouri Alliance of Area Agencies on Aging** (MA4) in Springfield, Missouri

Funding and Goals for Selected BECs

The selected organizations first implemented their BECs between 2009 and early 2015. All but one were in a sustainability round of BEC funding at the time of the site visits, which means that they had been previously funded by NCOA to do BEC work. MA4 was in a third round of funding to expand services regionally but had been in the sustainability round of funding just prior. Participation in one of these later rounds of funding was an important criterion for inclusion in the promising practices site visits

since it meant the organization had time to fully implement the BEC and make changes to improve services based on lessons learned during the first round of funding.

While the grantees had each generally received a larger grant to account for startup costs when it first began its BEC, for this sustainability round of funding, most received \$50,000 for 12 months of service or \$84,000 for about a 20-month period.¹

As do all BECs, the selected grantees set performance goals focused on the amount of outreach, number of screenings, and number of individuals they planned to assist with applications during the period of performance. The goals established by the eight BECs for the number of clients to be assisted with benefits applications during the grant period of performance—a key measure of success—ranges from 500 to 5,300 depending on the organization's size, service area, and experience. BEC progress towards these goals is reported monthly to NCOA and serves as the basis for the analysis described in Chapter III. Individual BEC goals are included in Exhibit II-1, below.

Variation Across Selected BECs

Despite the general similarities described above, the eight selected BECs vary on a number of criteria. Key differences observed during the site visits that may affect BEC service provision or clients are summarized in Exhibit II-1 and are explained in the following sections. The table is not intended to place value on any one characteristic but rather to make it easier to understand each BEC's context.

¹ MA4 is the exception. In its most recent round of funding, the organization received \$220,000 to develop a regional network; the organization's previous sustainability grant was for \$50,000.

Exhibit II-1: Summary of Selected Grantee Characteristics

Selected Grantee	Organization Type	General BEC Service Area	Prior Benefits Assistance Experience?	BEC Operational Model	BEC Staffing Pattern	BEC Application Assistance Goal for Sustainability Round
Adelante	Nonprofit with focus on individuals with disabilities	New Mexico	No	Standalone call center model; referrals as needed	Heavy use of volunteers	1,000 clients
AgeOptions	AAA	Suburban Cook County, Illinois (excluding Chicago)	No	Integrated with other funded service provider partners	Use of both volunteers and staff	5,300 clients
Banner Olive Branch	Nonprofit senior center	Sun City, Arizona, and surrounding area	No	Integrated with other organization services	Heavy use of volunteers	2,600 clients
CISC	Nonprofit with focus on immigrants from China and Vietnam	King County, Washington, and surrounding area	Yes	Integrated with other funded service provider partners	Use of both volunteers and staff	1,200 clients
CHC-SEK	Health clinic	5 counties in southeast Kansas	Yes	Integrated with other organization services	Paid staff only	500 clients
HOPES	Community Action Agency	Hudson, Somerset, and Union Counties, New Jersey	Yes	Integrated with other organization services	Paid staff only	800 clients
LABG	Nonprofit legal services organization	30 counties in northern Kentucky	Yes	Integrated with other organization services	Use of both volunteers and staff	1,700 clients
MA4	Regional network of AAAs	Missouri	Yes	Standalone service at AAAs and in homes	Paid staff only	2,618 clients

Organization Type

The eight BECs in this study represent a variety of organizational types. Each organization's area of specialization in particular services (i.e. legal or health services) or specific target group (i.e. individuals with disabilities) influences the types of expertise and clientele that it can draw on in developing its role as a BEC. For example, CHC-SEK has a steady stream of patients receiving health services from its clinic, so it incorporated screening for benefits into the normal sequence of delivery of health services; Banner Olive Branch, as a senior center providing meals for seniors, can reach out to seniors who are already coming to the center for meals or other social activities. Other organizations have historically served fewer individuals eligible for the benefits targeted by the BEC grants and must conduct more BEC-specific outreach in their communities.

Geography and BEC Service Area

The eight selected BECs are spread out across the country in Washington State, Arizona, New Mexico, Kansas, Missouri, Illinois, Kentucky, and New Jersey. They also represent large and smaller cities, the suburbs, and rural areas. However, the locations of the grantee headquarters do not paint a complete picture of their BEC service areas. Some organizations, like Adelante, offer BEC services to their entire state, while others focus more narrowly on a county or metropolitan area. MA4 represents a regional network of AAAs in Missouri and covers the entire state.² A description of each grantee's BEC service area is included in its case study in Appendix A.

Prior Organization Experience

The organization's prior experience and expertise is related to how it implements a BEC. Prior to becoming a BEC, some of the organizations—such as CHC-SEK, CISC, HOPES, and MA4—administered programs that screened for eligibility for at least some of the core benefits targeted by BECs. The NCOA grant enabled them to expand work they were already doing. Other organizations—like Adelante, which had previously focused on providing services to adults with disabilities—were new to benefits screening and had to build their capacity to operate as BECs from scratch with the grant. While building a BEC from the ground up involved more time and effort up front, especially with regards to developing center operational procedures and recruiting clients, it also provided some organizations the chance to think strategically about designing their

² The SPR site visitor only visited the BEC in Springfield (SeniorAge), however, and this report focuses mostly on that location.

programs to use already identified best practices. For example, Adelante staff members designed and implemented a new Salesforce database for their BEC that uses the same data fields as BenefitsCheckUp® and enables easy client tracking and reporting to NCOA.

BEC Operational Model

The eight organizations use a variety of approaches to provide services to BEC clients. An important dimension of variation is the degree of individualized attention given to clients. Some BECs offer very individualized, one-on-one assistance delivered in an in-person setting; some use a standardized statewide call center model; others fall somewhere between these two poles of the continuum. The more individualized approach is staff-intensive but can be very helpful in serving clients with widely varying needs; the call center model, with its lighter-touch services, allows the BEC to reach a large number of individuals, including those who live at a distance. Overall, most of the visited organizations lean towards the individualized model of service provision. Staff members at these BECs often believe that individualized attention is necessary to address the wide range of needs that their clients have.

In a related issue, the extent to which BEC services are integrated with activities carried out by the broader organization also varies. Some, like CHC-SEK and CISC, consider BEC screening and assistance to be integrated into a broader wraparound model of services, and clients are nearly always connected to services offered by other on-site programs. Others consider screening and application assistance funded by the grant to be a standalone service, though clients are still referred to other programs as needed. Additionally, some organizations, including CISC and AgeOptions, have made partnering with other organizations a significant part of their model in order to reach new client groups; both provided some of their NCOA funding to these partners to support the development of a coordinated referral and service delivery relationship.

BEC Staffing Patterns

The different staffing patterns chosen by the organizations also affect the services provided. Two of the eight BECs rely heavily on volunteer staff members, while others use some volunteers in combination with existing agency staff and new staff members hired specifically for BEC work. Three organizations choose not to use any volunteers. For example, due to its medical focus, CHC-SEK is particularly concerned about the possibility of HIPAA violations if it were to use volunteer staff.

Respondents across organizations noted that they need to invest in training on complex benefits eligibility rules for new staff members, whether they are paid or volunteers. In general, BECs recommended frequent trainings during which staff members are

updated on changes in benefits eligibility rules. They also recommended providing simple, clear documentation about benefits that staff members can refer to while conducting screenings.

Importance of Selected Grantee Characteristics

As seen here, the selected grantees have developed BEC services that fit their organizational contexts. Subsequent chapters identify and describe the promising outreach, screening, application assistance, and cultural competency strategies that these BECs use. Because the feasibility of implementing these strategies may depend on the characteristics explained in this chapter, other BECs looking for ideas should keep these differences in mind as they compare their organizations to the selected eight.

III. Analysis of BEC Outcomes Data

As part of their application for BEC funding, organizations identify annual outreach, screening, and application assistance goals. Each month, BECs report related outcomes to NCOA to indicate their progress towards these goals. Data in the monthly reports include the number of applications for each type of core program—Medicaid, MSP, LIS, LIHEAP, and SNAP—submitted during the reporting period. For this project, NCOA provided the SPR team with BEC data from January 2014 to March 2017. In addition, SPR visited the websites of all BECs and extracted information that could be used to categorize the organizations based on type (nonprofit, public agency, university, and others) and the main focus/specialization of the organization (nutrition/hunger, aging, etc.). The data were analyzed to uncover trends in BEC service provision and how these trends might vary based on BEC characteristics.

Descriptive Summary of BECs

The data show a steady increase in the number of participating BECs over the period available for analysis. Twenty-four BECs submitted data for at least one month during 2014, and the number of participating BECs expanded almost threefold (to 59) by 2016. During the entire period examined (2014–2017), 15 percent of BECs were AAAs. The remainder were nonprofit organizations (44 percent), public agencies (13 percent), and other types of organizations, none of which exceeded 10 percent. (See Exhibit III-1 below.) A slight majority of BECs served several counties or parts of a state; the remainder were roughly equally distributed among organizations that serve an entire state, those that cover one county, and those that serve a single locality (typically, a large city). Lastly, concerning specialization, one-third of the organizations administering BECs focus on aging; slightly more than 15 percent each focus on a specific language or cultural population or general social or human services; other specializations (legal services, health services, disability, nutrition/hunger, and poverty) are the focus of fewer than 10 percent of the organizations administering BECs.

Exhibit III-1: BEC Characteristics

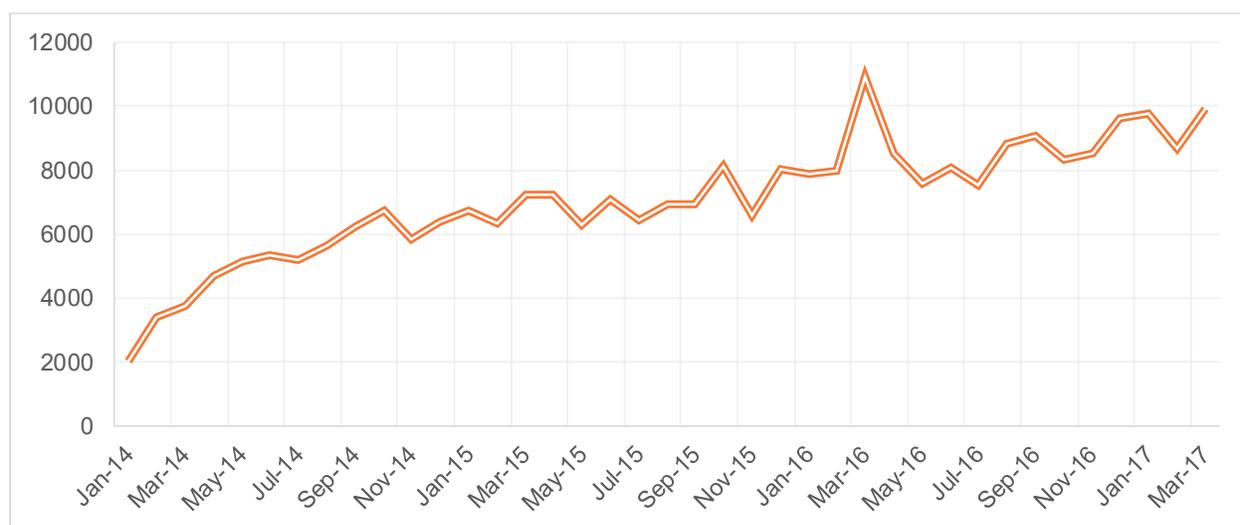
BEC Characteristic	Percent
Organization Type	
Nonprofit	44.3
Area Agency on Aging	14.8
Public agency	13.1
Hospital/health clinic	8.2
Community Action Agency	8.2
Faith-based organization	4.9
University	3.3
Food bank	3.3
Area Covered	
Whole state/multiple states	23.0
Parts of state	34.4
County	23.0
Locality	19.7
Organization Focus	
Aging	36.1
General social/human services	16.4
Specific language or cultural population	16.4
Legal services	8.2
Health services	8.2
Disability	6.6
Nutrition/hunger	6.6
Poverty	1.6

Core Program Applications

The data show a strong upward trend in the number of applications to the five benefits programs defined by NCOA as core programs: Medicaid, MSP, LIS, LIHEAP, and SNAP. The monthly data submitted by NCOA show an increase from about 2,000 monthly applications in early 2014 to about 10,000 in early 2017 (see Exhibit III-2). This steady increase mirrors the upward trend in the number of BECs; it suggests that the increase in the number of BECs, which resulted in an increased number of individuals served, is at least partly responsible for the increase in core program applications.³

An analysis of trends in the number of applications submitted by program shows that SNAP is the program for which the highest number of applications has been submitted. Application levels and trends for three programs—LIS, Medicaid, and MSP—resemble each other to a great extent. LIHEAP, by contrast, shows a distinct pattern: a relatively low number of submitted applications periodically interrupted by “spikes,” usually in the fall. This is consistent with the program being a block grant, and the greater need for the program during particular times of the year, such as when heating bills increase.

Exhibit III-2: Core Benefits Program Applications Submitted by Month



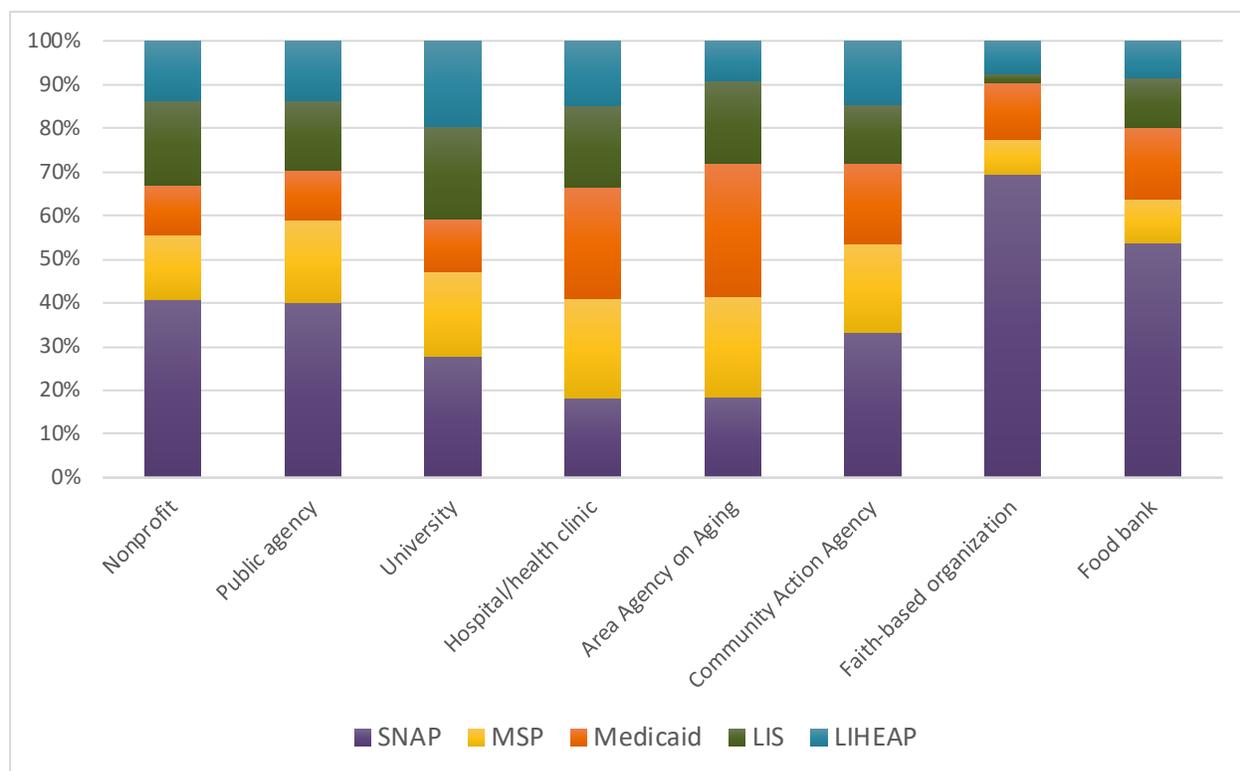
³ It appears less likely that the increase in the number of core program applications is due to an increase in the number of applications submitted per client. Although the number of core program applications submitted per person was not available in the data submitted by NCOA, the proportion of the number of core applications among the number of individuals screened and found eligible for any benefits program (not just core programs) was relatively constant over time. (Table not shown, but available on request.)

BEC Profiles

Because BECs are housed in a wide variety of organizations with different missions operating at different scales, the SPR team was interested in learning whether the proportion of applications submitted by program also varies as a result. To this end, the SPR team calculated for each BEC the monthly proportion of applications submitted to each core program among the total number of core applications submitted, and then averaged these proportions for different types of BECs. The results of this analysis are presented below.

The SPR team found that the percentage of applications submitted does vary by type of organization (Exhibit III-3). Understandably, a high percentage of the applications submitted by food banks are for SNAP. Somewhat surprisingly, the percentage of SNAP applications submitted by faith-based organizations is also high. Hospitals, health clinics, and AAAs tend to submit a high proportion of their applications to Medicaid and MSP.

Exhibit III-3: Core Benefits Program Applications by Organization Type and Program



Conclusion

Overall, the findings from the administrative data show that organizations administering BECs are a diverse group that varies greatly along several dimensions connected to mission and goals, administrative structure, and types of area covered. Another major finding from the administrative data is that the number of applications submitted to all core benefits programs has been growing. The study team hypothesizes that this increase has resulted both from an increase in the overall number of funded of BECs and because individual BECs have increased their capacity to serve clients. The next chapter describes some of the promising outreach practices that may have driven clients to the organizations selected for inclusion in the site visits.

IV. Promising Outreach Strategies

BECs conduct a wide range of activities to identify potentially eligible beneficiaries and to encourage and assist them in applying for benefits. Most of the eight grantees selected for site visits draw on well-established outreach methods, such as distributing flyers at senior centers, producing radio public service announcements, and hanging posters to advertise the BEC. However, they are also using more creative and innovative techniques. Some key examples are described in this chapter.

Finding a Client Balance

Staff members from the organizations selected for the promising practices visits indicated that potential clients for BEC assistance could be found both within the population already served by their parent organizations as well as through outreach to their communities at large. Most noted that to meet local needs, both groups are important to reach.

Targeting subgroups of existing clients. Several of the BECs target outreach to current clients of their organizations who are most likely to be interested in and eligible for the BEC programs, rather than blanketing all clients served by the entire organization with outreach materials.

- Adelante, which specializes in services to individuals with disabilities, did not previously have a benefits screening program so, at first, staff members worried about meeting their targeted grant numbers. They soon realized, however, that many clients already served by their organization are a good fit for the BEC. They have found it effective to focus on clients in their Back-in-Use program, which provides refurbished electronics and medical equipment to seniors and individuals with disabilities. BEC staff members request contact information for clients of this program and call them directly to offer a benefits screening over the phone. Staff members also conduct outreach to users of the large food pantry managed by Adelante.
- At CHC-SEK, which operates a health clinic, staff members reported that they were able to expand their BEC numbers greatly when they started contacting all patients enrolled in Medicare to inform them about BEC services. They have also had luck using the financial assistance applications completed by all patients to identify those whose income and age or disability status indicate that they are likely to be eligible for targeted programs. Each likely eligible individual is sent a letter about the BEC that is printed in a large, readable font.

- Staff members from several grantees recommended thinking outside the box to find likely eligible clients within the parent organization. For example, drivers in the HOPES senior transportation department provide outreach information and encourage riders to apply for benefits. Staff members from HOPES and LABG suggested conducting outreach at events for grandparents of program clients, such as at the grandparents' day of a Head Start program.

Engaging new clients. Most BECs also stressed the need to reach out to new clients. Staff members reported thinking strategically about where to focus these outreach efforts.

- LABG has ready access to individuals who call their organization for legal services. In addition to screening existing agency clients, they have also conducted extensive outreach in the community. For example, they convinced the local gas company to include information about the BEC on its customer bills, and they have placed 5,000 door hangers advertising benefits screening and assistance.
- Adelante has historically focused more on adults with disabilities than specifically on seniors, but they now use the BEC as a reason to reach out more to members of the senior community in their state. Staff members began conducting outreach events at senior centers and sending emails and flyers about the BEC to AAAs throughout the state.

Choosing the Right Message

BEC staff members indicated that they must break through negative stereotypes and stigma about receiving public benefits, myths and confusion about benefit rules, distrust of the state agencies that administer public benefits, and language and cultural communication barriers when conducting outreach to individuals likely to be eligible for the targeted benefits. Overall, BEC staff emphasized the importance of finding the message that appeals most to their individual target client groups.

You could be SAVING money?

The important money saving programs listed can help put money back into your pocket.

Ask Questions Find Local Help.

SeniorAge
AREA AGENCY ON AGING

- Emphasizing savings rather than public benefits.** Two BECs frame their messaging around the idea of saving money, placing less emphasis on the public assistance benefits themselves. Staff members from MA4 noted that this tends to have broad appeal to clients while reducing stigma, since everyone wants to save money. They have had good luck with a brochure (see above) that mentions saving money on the cover without referring to any benefits by name.
- Offering convenient and free help with complex government forms.** Adelante BEC staff members said that their main message is “we’ll do the paperwork for you.” This offer of assistance is appealing because many clients report difficulty in engaging with the state agency that administers benefits. They said that clients are often thrilled to hear they will not have to visit the state agency or do paperwork on their own without support. The call center model that enables callers to remain in their own homes also appeals to their clients, many of whom have transportation or mobility challenges. Staff members from LABG also noted that some private entities in their community, such as attorneys, charge for assistance with benefits applications (specifically for MSP), so the fact that BEC services are free is an added benefit.
- Being a visible and trusted source for assistance.** Staff members from several BECs noted that high BEC visibility and embeddedness in the community is an important feature that makes their outreach efforts more effective. For example, the BEC at the CHC-SEK clinic is located right inside the front door where all clients will see it when they first walk in. Banner Olive Branch volunteers conduct outreach over well-attended meals in the senior center. HOPES has a long history in the community, with staff members who are from the area and whose families live there. They also work nights and weekends so that they can have a presence at popular outreach and community events. This makes HOPES and the BEC staff there a trusted part of

Breaking Through the SNAP Stigma

SNAP was reported by several grantees as the benefit with the most stigma or for which older adults are least likely to want to apply. They noted that it has more of a “public assistance” reputation than do the other core benefits, and that immigrants worry about how enrolling in SNAP might affect their status in this country. As such, grantees recommended special outreach messaging related specifically to SNAP. More details about this messaging can be found in Chapter VI.

the community and ensures that seniors feel comfortable receiving outreach materials from them.

Creative Outreach Partnering

Nearly all the BECs visited for this study reported using partnerships to expand their outreach capabilities. Some of the more creative and fruitful partnerships are described below.

- **“Prescribing” benefits checkups.**

While not a health organization itself, LABG staff members reached out to local hospitals and clinics to see if they would be willing to refer clients using “prescription pads” (see image at right) with information about the BEC rather than regular flyers. Healthcare professionals can “prescribe” a visit to the BEC to patients who seem likely to benefit. According to BEC staff members, healthcare professionals have indicated much interest in this strategy. LABG staff members attribute this interest partly to the hospital accountability requirements written into the Affordable Care Act.



- **Creating BEC satellites to reach new clients.** HOPES partners with the local housing authority, which has provided a dedicated unit in a public housing building for a satellite BEC. The housing authority reportedly has little funding to provide its own support services, so its staff members are eager to refer residents to this on-site BEC for assistance with benefits. Because there is a waiting list for housing units, the housing authority must justify the need for this dedicated BEC unit to the U.S. Department of Housing and Urban Development every year. They do this because they feel the service is important enough to preserve.
- **Advertising the BEC to individuals already screened as income-eligible for another program.** One AAA from the MA4 network puts flyers about the BEC into 900 Commodity and Supplemental Food Program (CSFP) boxes each month. To be eligible for this program, which is run by a food bank there,

individuals must be under 130 percent of the federal poverty line, so they are also likely to be eligible for the core BEC benefits.

Tracking Outreach Success

While most organizations said that they track their outreach by counting how many flyers are taken, Adelante also asks each individual who contacts its BEC call center to explain how they heard about the service. Adelante staff members then enter this information in a Salesforce database so that referral sources are displayed in a dashboard. This provides accurate information about the most successful methods of outreach and enables Adelante staff members to focus their attention on effective outreach practices.

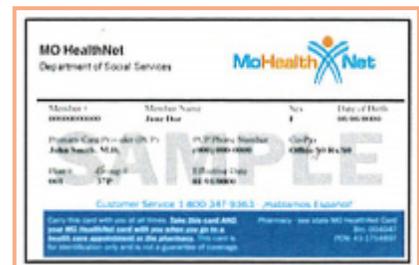
V. Promising Screening and Application Assistance Strategies

The promising screening and application strategies that have been developed by BECs simplify the process, ensure privacy, and make it more convenient for seniors to apply for assistance. Given the mobility barriers for older and disabled clients, many successful strategies eliminate transportation issues either because clients are contacted by phone or because staff members make home visits.

Simplifying Screenings

Across BECs, staff members indicated that they strive to reduce both client and staff confusion when conducting screenings by simplifying the process as much as possible. Making the process simple—and providing home visits—increases client willingness to participate in the screening process and overcomes transportation and mobility barriers.

- **“Cheat sheets”** about benefits eligibility rules help BEC staff members quickly assess eligibility and provide clients with details about benefits. This is especially helpful for volunteer staff members, who may need reminders about specific benefits policies. It is also helpful when screenings need to be conducted in a location without easy Internet access, in which hard copy information is more accessible than online screening tools.
- **Images of various benefits cards** on the “cheat sheets” (as seen at right for MO HealthNet, or Missouri’s Medicaid program) allow MA4 staff members to help clients identify if they already have a benefit. Clients can compare the cards in their wallets with the images before proceeding with a screening.
- **Screening clients in their homes or by telephone** overcomes transportation or mobility barriers. CHC-SEK, HOPES, and LABG bring mobile hotspots and portable printers to conduct screenings in clients’ homes. SeniorAge (part of MA4) also conducts in-home screenings, while Adelante and AgeOptions provide nearly all benefits screenings over the phone.



Application Assistance

Most of the BECs prepare benefits applications with clients, then submit them on their clients’ behalf, either online or via fax, to the appropriate administering agencies. Some

BECs provide individualized assistance for clients, such as assistance with interviews (e.g., staff members are present with the client for an interview). Overall, this individual assistance with the application process reduces the anxiety and difficulty that clients may have using computers and interacting with state agencies by themselves.

- **Follow-up assistance with applications** after they are submitted is important to ensuring that a client's initial application is successful. For example, HOPES checks in with each client every two weeks after an application has been submitted to see whether the client has been approved or needs further assistance with paperwork.
- **Helping “interpret” official letters** is a typical service provided by BECs. Clients receive important correspondence from administering agencies about their application status that is often hard for them to understand even if the documents are written in their primary language.
- **Transportation assistance**, provided by HOPES, is an important tool to assist clients when they need to go to an administering agency's office.

Tools for Screenings

Where Internet access is available, online screening tools provide a streamlined format to check for eligibility for multiple benefits at the same time. Some BECs use BenefitsCheckUp®, while others use proprietary software or online screening portals operated by the state agency that administers benefits. In general, staff members indicated that they prefer to use whatever tool is fastest and most customized to the needs of their clients.

- **BenefitsCheckUp®** is used by Adelante, HOPES, and Banner Olive Branch paid and volunteer staff members to conduct eligibility screenings with clients. Adelante is able to record the results of the screening in a database, creating tools that can be used for future follow-up and record keeping.
- **Tools operated by the state agencies that administer benefits** are used by some BECs since they are designed specifically to link individuals to the programs they offer. For example, CICS staff members use “Washington Connection” since it is targeted to state programs and is geared toward the needs of their clients.
- **A database system** that calculates eligibility for core programs is used by legal assistance organizations. For example, LABG tracks all information by case in Kemp's Case Works, which tabulates income eligibility automatically for multiple programs through its poverty calculator.

Recertifications and Renewals

Older adults may struggle to remain on benefits due to confusion around recertification requirements, particularly when additional paperwork needs to be submitted or interviews need to be scheduled. Follow-up by BECs is crucial to ensure that clients understand the recertification requirements and continue to receive benefits over time.

- **Systematized follow-up** is very helpful for ensuring that clients maintain benefits eligibility. For example, Adelante’s database pings staff members one year after they submit a client’s application. Staff members then set up a call to let the client know renewal or recertification paperwork may be forthcoming, and to offer help with the renewal process.
- **Confirming genuine correspondence** is important for seniors who are often victims of scam email or phone campaigns. For example, LABG helps clients determine whether mail they receive is a scam or is legitimate recertification paperwork that needs a response.

Volunteer Power

Since its inception, Banner Olive Branch has used older adult volunteers as an integral part of its service model. The agency’s large team of dedicated, compassionate volunteers, mainly comprising “repurposed seniors,” implements a wide range of Banner Olive Branch’s holistic programs. This has allowed them to “do more with less” and offer meaningful opportunities for community members to engage and connect with each other through meal sharing, social activities, and benefits enrollment services.

Partnerships with State Agencies

BEC staff members can serve as intermediaries between clients and the state agencies that administer benefits, which is viewed by clients as being a very valuable service. The stronger the relationship between the BEC and the state agency, the more effective the staff members can be in this role. All the visited BECs have developed strategies to improve client interactions with state program administrators, and often have developed communication channels that help expedite senior applications.

- **Authorized agent status** with the Washington State Department of Social and Health Services (DSHS) for CISC staff members allows them to submit applications for Medicaid, MSP, and SNAP on behalf of clients through the DSHS online portal. It also allows CISC to track the status of applications over time.
- **Logging into state portals** allows staff members at both CISC and HOPES to check on the status of at least some benefits. While this access does not enable BEC staff members to read state eligibility case worker notes, they can see whether cases have been approved or denied. This allows them to follow up quickly with clients whose benefits have been denied, to help them resubmit any needed information.
- **Liaisons from state administering agencies** visit HOPES and SeniorAge (part of MA4) on a regular schedule to answer questions and assist with applications.
- **An application cover sheet**, created by AgeOptions, shows the state eligibility workers calculations for medical and housing deductions and also provides links to backup documentation. This increases efficiency and helps ensure that state workers will calculate deductions correctly, resulting in more adequate SNAP benefits amounts for clients.

Partnering with State Agencies

AgeOptions staff members attend regular Make Medicare Work Coalition meetings, where state agency staff members provide Medicare and Medicaid policy and program updates for community partners who are conducting outreach and enrollment. They also attend the Community Quality Council (CQC), which is convened by the Illinois Hunger Coalition and Department of Human Services (DHS) every six weeks for core benefits outreach/screening workers. DHS shares the status of the case backlog and describes the trends they are noticing. AgeOptions sees the CQC meetings as opportunities to build and maintain relationships with DHS staff, and to encourage a team approach rather than an “us versus them” mentality.

VI. Promising Practices in Cultural Competence

As described in Chapter I, BECs throughout the United States represent organizations with different focuses and specialized expertise such as legal services, disability services, and health services. From Appalachia to Seattle, they also serve a diverse range of older adults in terms of race, ethnicity, sexual orientation, age, disability status, and other characteristics.

AgeOptions staff members have deep knowledge of the demographic and cultural contexts of communities throughout the very diverse Chicago suburbs. There have been many population migrations over time, and many neighborhoods have remained largely homogenous (i.e., comprising primarily Latinx, Russian, Polish, or Black or African American populations). When planning outreach, staff members bring awareness of the languages spoken and the level of resources available in the North, West, and South County regions.

The success of **HOPES** is rooted in Hoboken’s long history of strong connections with the Latinx community, and the level of trust and comfort that the community has in turning to them for services. Staff members grew up in the community, live there now, and are a part of the community fabric. This level of “embeddedness” allows them to enter clients’ homes to provide services, and to be available to clients outside of traditional office hours.

CISC headquarters serves Seattle’s International District, where many residents are low-income and Chinese. In recent years, there has been new development in the area—fueled by tech and local companies, including Amazon and Microsoft—which has brought rapid gentrification to the area.

It is important to note culturally relevant practices of BECs, which play an intermediary role between beneficiaries and administrative agencies. Indeed, BEC staff members need to understand and be able to navigate using the “languages” of each sphere. Multiple BECs reported that they want to learn from their peers about how to adapt and replicate promising practices identified through a lens of cultural competence. Many of the successful strategies throughout this report were derived to address particular challenges that older adults and other subpopulations face. This chapter is not intended to provide an exhaustive list or in-depth analysis of these barriers, but rather it highlights overarching themes in the promising strategies employed by the subset of eight BECs.

Addressing Barriers Older Adults Face

Older adults face a number of unique barriers to accessing the core services they need. Many BECs reported that seniors are reluctant to seek and apply for benefits due to the stigma that they have historically witnessed or experienced by social service agencies and their peers. Other seniors express to BEC staff that they do not want to apply for benefits because they believe others might need support more than they do. A key part of culturally responsive outreach involves dispelling myths and finding creative ways to reduce stigma that older adults may have internalized. Examples of outreach strategies are well documented in Chapter III; this section describes several ways the visited BECs are responding to the unique needs of seniors.

Creating SNAP-specific messaging. As mentioned in Chapter IV, grantees have created messaging specific to SNAP, which several staff members described as the most stigmatizing of the benefits programs promoted by BECs. Staff members from several of the BECs help seniors think about how even the minimum SNAP benefit of \$16 could be valuable.

- AgeOptions brings a bag with \$16 worth of produce to outreach presentations at congregate meal sites, along with easy, healthy recipes for dishes that they know are popular in the community.
- To normalize the benefit, LABG encourages seniors to view SNAP as a coupon. Staff also refer to SNAP as a “money benefit,” meaning, if someone approached them and asked if they wanted \$16, they might consider accepting it.

Building rapport. For many of the older adults BECs serve, privacy is very important. This becomes a challenge when BEC staff members need to ask screening questions related to income, assets, and medications. These questions may seem too personal to answer, especially in an open space or with the possibility that the information may not remain confidential. These fears are compounded in many communities where scams have disproportionately affected seniors. For all of these reasons, several BECs reported that a critical step in connecting clients with benefits is building relationships with them in order to gain their trust, often over time.

- Banner Olive Branch has demonstrated success in building rapport with clients by utilizing seniors as volunteers. Their center is a warm and inviting space for seniors to come share a meal and socialize. Senior volunteers spend time building relationships and conducting screenings in private spaces where clients feel at ease.

Addressing social isolation. BECs reported that social isolation is a challenge in general for older adults. Homebound seniors often experience compounding health and mental health challenges as a result of isolation. Vulnerable seniors in this position may be unable to access the core benefits they need due to a lack of mobility.

- BECs such as MA4 offer screening services in seniors' homes, which are often located in rural areas that lack Internet service.
- Banner Olive Branch plans to launch a virtual meal program that will provide socialization by connecting recipients of home delivery meals with those in the Banner Olive Branch dining room via Skype.

Serving Limited English Populations

Limited English Proficiency (LEP) is a major barrier for many eligible older adults in accessing core benefits. Information provided by administering agencies is often only available in English. This can be particularly challenging for LEP clients who are unable to read applications or official notices regarding whether they have been approved or denied, or who need to recertify for benefits. CISC reported that sometimes clients are hesitant to pick up the phone (e.g., for an eligibility interview), because they are afraid of having to use English.

Some BECs are addressing this gap for LEP clients by providing outreach, screening, and application assistance in multiple languages. Staff reported that without these services, many clients would not be able to complete applications at all. Here are a few examples:

- Adelante provides outreach materials and conducts SNAP eligibility interviews by phone in Spanish. The organization's name literally translates as "forward" in Spanish. The website explains that, for the organization, this means "reflecting a focus on helping people push past stereotypes and move forward in their lives."

- CISC staff members and volunteers speak multiple Chinese dialects, Taiwanese, and Vietnamese. Staff members take the time to help clients understand the value of benefits and to make them feel comfortable about the idea of applying. They also provide one-on-one, in-depth benefits application assistance for Cantonese, Mandarin, and Vietnamese speakers. The organization has developed marketing and outreach materials in these languages (see flyer) and publishes a monthly or bimonthly newsletter in Chinese that includes a section on BEC core benefits.
- HOPES staff members conduct outreach in Spanish and indicate on all application forms when follow-up needs to be communicated in Spanish.

TRUNG TÂM ĐĂNG KÍ QUYỀN LỢI

ĐỊA ĐIỂM

<p>CISC 611 S Lane St. Seattle, WA 98104 206-957-8540</p> <p>18020 - 80th Ave. S Ste. 102 Kent WA 98032 206-375-7648</p> <p>Latino Community Fund 425 SW 144th St Burien, WA 98166 206-397-2440</p>	<p>KWA 4629 - 168th St. SW Ste. G Lynnwood, WA 98037 253-252-2095</p> <p>31635 - 23rd Ave. S Ste. A Federal Way, WA 98003 253-946-1995</p> <p>123 E 96th St. Tacoma, WA 98445 253-535-4202</p>
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CHƯƠNG TRÌNH NÀY ĐÃ ĐƯỢC SẢN XUẤT TRONG MỘT PHẦN TỬ KHOẢN TRỢ CẤP ĐƯỢC CẤP BỞI NATIONAL COUNCIL ON AGING (NCOA). TẤT CẢ CÁC LỰA CHỌN TRÌNH BÀY Ở ĐÂY LÀ CỦA CISC VÀ KHÔNG PHẢI CỦA NCOA. Center for Benefits Access

BẠN CÓ THỂ CÓ ĐỦ ĐIỀU KIỆN CHO:

MEDICARE
Được sự giúp đỡ cho những chi phí của Medicare và toa thuốc bác sĩ

MEDICAID / APPLE HEALTH

FOOD STAMPS
TRỢ CẤP THỰC PHẨM

ENERGY ASSISTANCE
TRỢ GIÚP NĂNG LƯỢNG

BRIDGING CULTURES
COMMUNITIES & GENERATIONS

Many BECs have also developed partnerships to expand their reach to LEP clients. For example:

- AgeOptions partners with the Hanual Family Alliance to expand BEC services—including outreach, screening, and application assistance—to the Korean-American community in suburban Cook County. In addition, Hanual Family Alliance volunteers make home visits to help Korean monolingual speakers sort through mail to determine which documents are needed for benefits and which are related to scams.
- CISC has developed partnerships with the Latino Community Fund and the Korean Women’s Association to conduct application assistance in Spanish, Korean, and Russian. They intend to partner with an additional organization to expand reach to Somali and Indian populations, and are considering additional outreach in churches and Vietnamese Buddhist temples.
- LABG partners with Kentucky Legal Justice Center’s Maxwell Street Legal Clinic to conduct enrollment assistance in Spanish and other languages.

- MA4 developed a partnership with a subcontractor in St. Louis to reach Russian- and Bosnian-speaking populations.

For some clients, literacy is also a barrier. For example, Hanual Family Alliance recognizes that some Korean-speaking seniors do not read and write in Korean. In addition to publishing written ads in Korean newsletters, they now conduct media outreach through television and radio ads that they believe are more likely to reach eligible Korean-speaking older adults.

Meeting the Unique Needs of Immigrant Populations

BECs provide support to new immigrants as well as those who have been in the community for years. BECs reported that immigrant populations may be more difficult to reach than other older adults; often, they may not know where to go for help and they may not be comfortable asking or answering questions. The application processes are sometimes more complicated for those who have family members who are sponsors.

BECs that serve immigrants reported that these clients are currently very reluctant to engage in BEC services. Deportation fears are widespread, and many immigrants have chosen to forgo any benefits, regardless of citizenship status. BECs reported that clients often worry about how applying for and receiving SNAP benefits may affect their chances for future naturalization. They also believe it might somehow impact their sponsors, who are often their children. In fact, clients report to BECs that immigration lawyers have recommended that they not apply for SNAP.

BECs are providing culturally competent services to immigrant populations in their communities in the following ways:

- A critical part of CISC's SNAP outreach involves dispelling myths related to immigration. They have developed outreach materials specifically for clients who have recently arrived in the United States. For example, in a presentation called "Health Benefits for Immigrants," staff members tackle eligibility concerns such as accounting for assets in other countries and whether the process affects naturalization.
- AgeOptions partners with the Illinois Department of Human Services (DHS) to hold Community Quality Council (CQC) meetings. They intend to use this platform to provide a presentation on immigrant rights and a platform for people to voice related concerns.

Integrating Cultural Responsiveness as an Intermediary

BEC staff members face the unique challenge of developing culturally responsive strategies to serve the needs of their clients while working within the frameworks of local and state administering agencies. Many reported that older adults rely on them for assistance primarily because they do not feel comfortable with or respected by staff in these agencies. Historical stereotypes and practices associated with benefits assistance have created lasting impressions on older adults, exacerbating their reluctance to seek help from agencies designed to serve them. BEC staff members recognize that local and state agency staff are often competent and compassionate yet face multiple challenges of their own. As public agencies administering benefits programs experience funding cuts as well as staff and policy changes, they sometimes lack the capacity to deliver culturally responsive services to older adults.

Many BECs have embraced the role of intermediary between clients and the public agencies that administer benefits as a way to break down “us versus them” mentalities. The BECs play a critical part in informing the agencies of client needs as well as mitigating the fears of older adults about engaging with public agencies. Some BECs also reported providing technical assistance to local and state agency staff on the policies directly affecting older adults’ receipt of benefits. For example, some BECs provide ongoing support to local and state agencies on updates in federal regulations affecting benefits to seniors. BEC staff members who are familiar with the complexities of SNAP eligibility and benefits computations can provide related assistance to agencies to ensure that clients receive the highest benefit amounts for which they are eligible. Those that have been successful have developed deep, lasting relationships with the agencies that value BECs as critical in helping them administer core benefits to older adults.

Providing Cultural Competency Training for Staff Members and Volunteers

BECs reported various methods of providing cultural competency training for staff members and volunteers. Many staff members said that they wished they had more opportunities for this type of training to address the unique needs of older adults and the various other subpopulations they serve. Examples of existing training include:

- CHC-SEK provides cultural competency training related to working with older adults, Latinx populations, and LEP speakers. The CEO of this organization would like to provide additional training addressing the specific needs of cross-generational care giving (i.e., grandparents and grandchildren).

- Staff members at HOPES receive quarterly training related to cultural sensitivity and the specific health needs of older adults (e.g., Alzheimer’s disease).
- AgeOptions provides cultural competency training for all paid staff members and volunteers and conducts brown bag lunches on related topics.
- CISC staff members receive training related to confidentiality, data security, and reporting elder abuse. They also receive online diversity training for cultural competency.

VII. Conclusion

The eight organizations selected by NCOA for participation in the BEC Promising Practices Project are implementing a variety of successful outreach, screening and application assistance, and cultural competency strategies. For example, they are crafting messages that reduce the stigma associated with applying for public benefits, partnering with state agencies that administer benefits to serve as intermediaries for their clients, and training staff members and volunteers on how to integrate cultural responsiveness into benefits screenings. Despite the diversity of the organizations administering these BECs and the communities that they serve, all are on track to meet or surpass their BEC goals. As illustrated by the outcomes data in Chapter III, the impact of BECs continues to expand. Both the number of BECs and the number of core applications they have submitted has grown over the past three years.

Staff at all of the organizations selected for promising practices visits indicated that the BEC is an important component of the services they now provide. For some of these BECs, benefits assistance work was already part of their core organizational mission; for others, receiving numerous rounds of BEC grants has enabled it to become one. All of the visited sites hope to sustain the BEC beyond this round of the grant, though some staff members acknowledged that doing so without NCOA's support could be challenging. For example, staff members said that without NCOA funding, they might have to cut back on the amount of off-site outreach they conduct or the number of partnerships they can fund. Some said it would also limit their ability to support staff salaries, which might mean losing BEC staff members or requiring them to split BEC work with other responsibilities. To maintain current BEC services, staff members across BECs reported ways that they are leveraging funding, sharing resources with other programs in their organizations, and looking for new grant opportunities. They remain committed to the project, however, and said that they feel supported by their organizations and NCOA. This report is intended to leverage the experiences of these BECs, providing other BECs with ideas and strategies that they might implement or adapt for their own work.

Benefits Enrollment Center Promising Practices Project

BECs are designed to help adults with disabilities and seniors 65 and older apply for public benefits programs that can help them maintain healthy lives. By helping these individuals overcome barriers to participating in Medicaid, LIS, MSP, LIHEAP, and SNAP, BECs connect them to important supports that they might not otherwise receive. In addition to funding BEC grantees, NCOA is committed to sharing the findings and best practices of BECs with other BECs and organizations doing this work across the country. This report is meant to be used and shared widely so that the promising outreach, screening and application assistance, and cultural competency strategies it identifies can serve as examples to others.

For more information on BECs, please visit www.ncoa.org/BECS.

Appendix A: Case Studies of the Featured BECs

ADELANTE DEVELOPMENT CENTER, INC.



GRANTEE BACKGROUND

Adelante Development Center, Inc. (Adelante) was founded in 1978 as a community resource umbrella for individuals with disabilities and their families. The center provides employment opportunities, life skills training, volunteer opportunities, vocational training, and residential support services to individuals in New Mexico who have developmental and other disabilities. They also run several social enterprise programs that employ hundreds of individuals with disabilities. Over the past few years, the organization has expanded its scope and now also offers services to seniors and administers several food programs including New Mexico's largest food pantry. Adelante has locations across New Mexico, but focuses on Bernalillo, Sandoval, Santa Fe, and Valencia Counties. Albuquerque, in Bernalillo County, houses Adelante's headquarters and administrative offices. The Adelante website explains that the organization's name means "forward" in Spanish, "reflecting a focus on helping people push past stereotypes and move forward in their lives." Adelante's annual budget is about \$28–\$30 million. This funding supports approximately 500 staff members and 340 additional individuals with disabilities who are on Adelante's payroll through its social enterprise programs.

Adelante first received BEC funding from NCOA in 2014. The organization received \$84,000 for the sustainability round of BEC funding from January 15, 2016, until September 29, 2017.

COMMUNITY CONTEXT

As noted above, Adelante serves both seniors and individuals with disabilities across the state of New Mexico. Because another BEC recently opened in Rio Arriba County, in the northern part of the state, Adelante now focuses its BEC outreach on the rest of the state. This includes Albuquerque, central New Mexico, and southern New Mexico. Adelante provides BEC services mainly over the phone, so distance from the BEC in Albuquerque is not a problem for clients. Most of Adelante's in-person outreach is conducted in the greater Albuquerque area. BEC services are provided in both English and Spanish and there has been a fairly even split between clients who are 21 and over with disabilities and those age 65 and up.

Throughout the site visit, staff members noted that New Mexico has some of the lowest enrollment rates in government programs in the United States, in addition to one of the highest poverty levels in the country. Overall, according to U.S. Census QuickFacts, the state population was about 2,085,000 in 2015, with just over 20 percent of the population in poverty. Between 2011 and 2015 about 15.8 percent of New Mexicans were 65 or over, and about 10.1 percent of those under 65 had a disability. In 2015, about 82.5 percent of New

Mexicans were White, 2.6 percent were Black or African American, 10.5 percent were Native American, 1.7 percent were Asian, and 48 percent were Latinx. BEC staff members also reported that there are significant numbers of New Mexicans living on pueblos or reservations and in very rural areas.

KEY PROMISING PRACTICES

Adelante's Key Promising Practices

Outreach

- Large amount of direct outreach to likely eligible participants in other Adelante programs in addition to outreach in the community
- Equal focus on seniors and adults 21 and over with disabilities

Screenings/Applications

- Creation of Salesforce database that maps to BenefitsCheckUp® and enables BEC staff members and volunteers to easily conduct and track screenings and assistance
- Emphasis on assisting with benefits renewals; every client receives a phone call one year from application submittal with an offer of renewal help
- Provision of most screening and assistance via a call center, which enables clients with mobility or transportation challenges to remain at home

Partnerships

- Strong relationship with local colleges that provide volunteers

Other

- Ability to serve clients from across the state due to call center model
- Significant amount of detailed training materials for volunteers and staff members



GRANTEE BACKGROUND

Founded in 1974, AgeOptions is a nonprofit organization committed to improving the quality of life and maintaining the dignity of older adults and those who care about them.

The official mission statement is: “AgeOptions innovates, partners, and advocates to improve systems and services in order to strengthen communities so people thrive as they age.” In addition to BEC services, AgeOptions funds community dining options, provides home-delivered meal services, and works with organizations to provide older adults with coupons to purchase fresh produce at participating local farmers markets. Other programs include Health Promotion and Disease Prevention, Long Term Care Ombudsman Program, Adult Protective Services Program, Caring Better Living Together, Emergency Preparedness, Health Care Choices, Illinois Financial Abuse Specialist Team, Make Medicare Work, Colbert Consent Decree/Money Follows the Person, Senior Medicare Patrol (SMP)—Empowering Seniors to Prevent Healthcare Fraud, Take Charge of Your Health Programs, Veterans Independence Program (VIP), and Community Care Program (CCP)/Comprehensive Care Coordination.

AgeOptions is designated under the federal Older Americans Act and the Illinois Act on Aging as the AAA for the Suburban Cook County Planning and Service Area. While programs are concentrated in Suburban Cook County, AgeOptions also leads coalitions and has direct responsibility for several programs that serve metropolitan Chicago and the entire state of Illinois as well as being an advocate for programs, services, and funding with federal and state legislators.

The 2017 budget for AgeOptions is projected to be somewhere between \$11,510,611 and \$13,524,673, depending on state budget decisions. There are currently 42 staff members. AgeOptions first became a BEC in 2009. AgeOptions received \$84,000 for the sustainability round of BEC funding from January 15, 2016, until September 29, 2017.

COMMUNITY CONTEXT

AgeOptions serves suburban Cook County, an area home to more than 2.5 million people that includes 30 townships in the northern (11), western (9), and southern (10) regions of the county. Using 2010-2014 American Community Survey data in their 2015 annual report, AgeOptions reports that there are 547,123 older adults in Cook County, making up 20 percent of the total population. Last year, AgeOptions and community partners served 138,100 individuals. Services are available to all people over the age of 60 and family caregivers of all ages, but they are targeted to low-income, minority, and LEP individuals.

AgeOptions reports that within the last decade, the number of Suburban Cook County older adults at or below the poverty level has increased from 6 percent to 11 percent. Twenty-three percent of older adults in the county live alone. Fourteen percent of older adults speak English less than “very well.” The senior population in Cook County is rapidly growing and becoming increasingly diverse. Twelve percent of adults over the age of 60 are Black or African American, 6 percent are Asian, and 7 percent are Latinx, according to the most recent American Community Survey Data (2010–2014). In 2000, one in seven older adults identified as a minority; today, that figure is one in four.

KEY PROMISING PRACTICES

AgeOptions’ Key Promising Practices

Outreach

- Brings \$16 worth of produce to SNAP outreach presentations with recipes and tips
- Conducts pre- and post-SNAP outreach surveys
- Holds outreach presentations one week prior to application assistance events in the same space at the same time of day

Screenings/Applications

- Includes detailed application cover sheet with medical expense deductions to help SNAP eligibility workers make medical expense deduction calculations
- Explains LIS benefits prior to enrollment in Medicaid as a way to break down stigma
- Utilizes EconomicCheckUp tool to screen seniors; sends tailored letter to seniors explaining benefits they are eligible for
- Utilizes flow chart designed by volunteer for application assistance

Partnerships

- Partners with Hanual Family Alliance to expand reach to Korean-American older adults

Other

- Attends CQC meetings with county staff to build and maintain relationships, resolve issues with applications, and encourage a team approach rather than an “us versus them” mentality

BANNER OLIVE BRANCH SENIOR CENTER



GRANTEE BACKGROUND

Each year, Banner Olive Branch Senior Center (Banner Olive Branch)—in the Sun City, Arizona, area—provides a range of holistic services to about 8,000 individuals who are over the age of 60 or who are disabled and over the age of 21. The BEC is central to meeting Banner Olive Branch’s mission of connecting seniors with the preventative care and nutritious food needed to age in place.

Everyone who walks through the door of the one-stop center is screened for core benefits as a first step. Once seniors have completed the BenefitsCheckUp[®], they are automatically eligible for free on-site services including food programs, entertainment, exercise, and pro bono legal advice. Many of the seniors arrive around mealtime, as Banner Olive Branch is well known for providing healthy cuisine crafted by a local award-winning chef; they serve 90,000 meals per year. In addition to meals on site, the center offers take-out and home-delivered meals in Sun City and Youngtown, caters to a senior center in nearby Surprise, and is the only senior center in Arizona that offers a food bank. Additionally, the center delivers produce to homebound seniors weekly through the Garden Harvest Day program. Every last Friday of the month, an 18-wheeler delivers fresh produce to the center that is available to anyone to take home. The Welcome Home program delivers boxes of food staples and toiletries to those discharged from the hospital.

Banner Olive Branch received \$50,000 for the sustainability round of BEC funding from January 15, 2016, until September 29, 2017. The total agency budget of \$1 million supports 14 staff members. The majority of staff members are former clients with low incomes, referred to as “repurposed seniors.”

COMMUNITY CONTEXT

In addition to Sun City residents, seniors travel from Peoria, Surprise, El Mirage, and sometimes Phoenix for BEC services. Sun City was the first planned retirement community in the United States, composed of single-family homes, trailer parks, and senior homes. It is unincorporated and there is no city government. Although there are no city taxes, residents are required to pay dues to the recreation center. Several staff and volunteers mentioned that the perception of Sun City as a thriving, upper-middle-class retirement community is out of date. As many retirees have entered their 80s and 90s, their savings have dwindled, and many are living on fixed incomes. “Savings and loans” scams have also disproportionately impacted seniors throughout the area, leaving many in the last decade without assets. Staff members reported that medical expenses represent the greatest source of unpredictable costs for local seniors. Many are living on fixed incomes, and frequent co-pays often leave them with an unfortunate tradeoff, commonly referred to as “cool or eat.” As temperatures

rise above 100 degrees in the spring and summer, air conditioning costs are high and compete with other necessary expenses.

Overall, according to U.S. Census data, the Sun City population was about 37,499 in 2016, with just over 8 percent of the population in poverty. About 74.9 percent of individuals in the state were 65 or over. In 2016, about 96.5 percent of residents were White, 2.8 percent were Hispanic or Latinx, 1.4 percent were Black or African American, 0.7 percent were Asian, and 0.2 percent were Native American.

KEY PROMISING PRACTICES

Banner Olive Branch's Key Promising Practices

Outreach

- Banner Olive Branch hires former clients with ties to the community as “repurposed seniors” to conduct culturally competent outreach
- The organization shares recipes of meals that can be made for less than \$16
- Compelling BEC stories are published in the *Banner Health* magazine
- Informal outreach is conducted through daily “table touching” during meal time at the senior center to build rapport and gain trust over time

Screenings/Applications

- Staff members screen everyone who comes to the senior center as a first step before providing meals and other services

Partnerships

- The organization partners with Aurora Village (an affordable senior housing complex) and conducts screening and application assistance on site
- Quarterly breakfasts for partners are designed to break down barriers to coordination
- Through a partnership with Sun City Community Assistance Network, income tax assistance clients are referred to the BEC

CHINESE INFORMATION AND SERVICE CENTER



GRANTEE BACKGROUND

The Chinese Information and Service Center (CISC) was founded in 1972 to provide services for Cantonese- and Mandarin-speaking immigrant seniors in Seattle's International District. While they still focus on low-income individuals with limited English language proficiency, they now work with clients of all ages and from a variety of Asian countries, notably China and Vietnam. CISC's overall mission is "creating opportunities for Asian immigrants and their families to succeed by helping them make the transition to a new life while keeping later generations in touch with their rich heritage." To do this, CISC offers services that support families, seniors, and youth across the greater Seattle area with locations in the city's International District as well as neighboring Bellevue, Redmond, and Kent.

In addition to the BEC, programs at CISC include case management for seniors and disabled adults; family caregiver support; information and referral for accessing government programs and community resources; ESL and naturalization classes; crime victim services; a legal clinic; family support; a bilingual preschool; youth development programming; a health benefits exchange to enroll in Affordable Care Act health insurance programs; and a State Health Insurance Benefits Advisors (SHIBA) helpline. The International District location also houses the Sunshine Garden Chinese Senior Community Center, which offers structured activities including calligraphy, tai chi, cooking, health care information and workshops, special events, support groups, language classes, and more. Overall, CISC has a budget of close to \$5 million annually and employs about 90 staff members representing 56 full-time equivalents.

CISC first received BEC funding from NCOA in 2015. The organization received \$50,000 for the sustainability round of BEC funding from June 1, 2016, until June 30, 2017.

COMMUNITY CONTEXT

As described above, CISC serves new Asian immigrants, many of whom are low-income, in several areas of King County including Seattle, Redmond, Bellevue, and Kent. They offer services in Cantonese, Mandarin, and Vietnamese and focus on providing programming that meets the needs of clients who speak these languages.

According to Census QuickFacts, the population of King County (which includes Seattle, Bellevue, Redmond, and Kent) in 2015 was approximately 2.1 million, of which about 12 percent were 65 and over. The poverty rate was nearly 10 percent. Program staff members noted that while the Seattle area has a wealthy, educated image, there are also pockets of poverty and isolation, especially for clients like theirs who may have trouble accessing

services due to cultural and language barriers. Census QuickFacts reported that, between 2011 and 2015, 21.2 percent of King County residents were foreign-born. In July 2015, the King County population was 69.5 percent White, 6.8 percent Black or African American, 1.1 percent American Indian, 16.9 percent Asian, and 5 percent two or more races. In addition, 9.5 percent of the population was Latinx.

KEY PROMISING PRACTICES

CISC's Key Promising Practices

Outreach

- The BEC conducts culturally competent outreach workshops tailored to the specific concerns of clients, such as benefits eligibility for immigrants
- BEC flyers, posters, and newsletters are provided in Cantonese, Mandarin, and Vietnamese
- The BEC conducts joint outreach with other CISC programs, including health care access programs, at multiple community sites across King County

Screenings/Applications

- Staff members have a deep understanding of medical benefits from CISC's history of providing information and assistance with these programs
- CISC staff members have authorized agent status with the DSHS, giving them the ability to submit applications for Medicaid, MSP, and SNAP on behalf of clients through the DSHS online portal and to see the status of these applications
- Staff members have expertise about benefits applications for immigrants, such as how a sponsor or naturalization process will or will not be affected and how to account for foreign assets
- An in-house database allows staff to track applications and facilitate grant reporting

Partnerships

- Strong partnerships with the Korean Women's Association and Latino Community Fund have expanded the client base
- Partners are provided with grant funding and given outreach and application goals to increase engagement

Other

- Clients benefit from CISC's wraparound model of care and referrals to culturally competent, bilingual programs that offer everything from crime victim services to naturalization classes and a bilingual preschool

COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS



Community Health Center
of Southeast Kansas

GRANTEE BACKGROUND

Community Health Center of Southeast Kansas (CHC-SEK) is a federally qualified health center that provides comprehensive medical care to individuals regardless of insurance or ability to pay. With a total of 11 sites, CHC-SEK serves individuals in rural southeast Kansas, throughout Crawford, Cherokee, Labette, Allen, and Montgomery Counties. The main clinic (the site visited) employs 300 professionals who provide the following services to children, adults, and seniors:

- Medical (including obstetrical and pediatric care, and a vision and hearing center);
- Dental;
- Mental health, including addiction treatment;
- Pharmaceutical;
- Laboratory; and
- Enabling services, including eligibility assistance, outreach, and enrollment services.

CHC-SEK was founded in 1997 as an outreach service of Mt. Carmel Regional Medical Center in Pittsburg, Kansas. In 2003, ownership transferred from Mt. Carmel to CHC-SEK. The organization experienced major growth beginning in 2005, with the opening of a 5,000-square-foot dental clinic in Pittsburg. In 2007 CHC-SEK added mental health services and a 15,000-square-foot clinic in Pittsburg. This facility integrates medical, dental, and mental health services with an in-house pharmacy. In 2014 construction was completed on a 25,000 square foot addition to their original Pittsburg building to accommodate growth they had experienced since opening. CHC-SEK provides care during approximately 43,000 patient visits annually.

CHC-SEK first received BEC funding from NCOA in 2015. The organization received \$50,000 for this sustainability round of BEC funding from June 1, 2016 to June 30, 2017.

COMMUNITY CONTEXT

CHC-SEK serves a predominantly low-income population in Pittsburg, Kansas, and the surrounding Crawford County. According to the U.S. Census, between 2011 and 2015, the average household income in Pittsburg was \$32,374. This is substantially lower than the average income for the state of Kansas overall (\$52,205). Over twice the percentage of people living in Pittsburg live in poverty (30 percent) compared to those living in the state of Kansas (13 percent). About 92 percent of individuals in Crawford County are White, about

two percent are Black or African American, and about five percent are Latinx. One of the biggest obstacles that senior individuals face in accessing care is a lack of public transportation; many cannot travel to the center to receive services. Another major barrier to accessing benefits and services described by some of the staff is a belief among many seniors that they will lose their homes if they apply for certain benefits. Some, for example, have heard that they will need to sell their house to receive medical or long-term care support.

The CHC-SEK chief executive officer noted that benefits and finances in Kansas have been challenged for months. She explained that during one period last year, Medicaid applications were behind six months and some seniors died waiting for long-term care coverage. She attributed these difficulties both to budget cuts and the state contracting benefits work to less experienced contractors. Additionally, the area recently lost its Social Security office and its Kansas Department of Children and Families (DCF) office no longer provides assistance with applications. The health center therefore fills a large gap in services and accessibility for seniors and families.

KEY PROMISING PRACTICES

CHC-SEK's Key Promising Practices	
Outreach	<ul style="list-style-type: none"> • Staff utilize in-house financial assistance forms to identify individuals to provide outreach to for additional benefits
Screenings/Applications	<ul style="list-style-type: none"> • BEC coordinator travels to all 11 CHC-SEK health centers to conduct outreach and on-site application screenings • Services can be provided in clients' homes if they lack transportation or if disability limits their mobility
Partnerships	<ul style="list-style-type: none"> • BEC work compliments the model of comprehensive, wraparound care, so there are strong partnerships among the 11 clinics within the CHC-SEK system
Other	<ul style="list-style-type: none"> • Through its wraparound model of care, CHC-SEK strives to be a one-stop center for healthcare needs. BEC staff members can remind seniors to get certain health services, such as a yearly eye exam, which they can receive while at the center for benefits assistance



GRANTEE BACKGROUND

HOPES Community Action Partnership (HOPES) is a nonprofit organization established in 1964 in Hoboken, New Jersey, that provides programs that respond to the social, educational, and training needs of the community. HOPES is a Community Action Agency that operates Head Start and Early Head Start programs as well as community education and support services, which include benefits enrollment support and transportation services for seniors, adult education, volunteer income tax assistance, financial literacy programs, and a youth entrepreneurship initiative. The HOPES BEC serves a predominantly Latin community in Hudson, Union, and Somerset Counties of New Jersey.

Most of HOPES' funding comes from federal sources through the Head Start Bureau. HOPES also receives funding through state and local governments and private foundations. The organization's total annual budget is approximately \$15 million. Community Programs, which houses the BEC, has 14 staff members and is the smallest department in the organization. Seventy percent of the department's clients are seniors, and approximately one-third of them are disabled.

HOPES first received BEC funding from NCOA in 2015. The organization received \$50,000 for the sustainability round of BEC funding in January 15, 2016, until September 29, 2017. They have also received \$50,000 for SNAP outreach from NCOA.

COMMUNITY CONTEXT

As noted, HOPES primarily serves the city of Hoboken as well as Hudson, Somerset, and Union Counties. The service area is a mix of wealth and poverty, with more and more affluent residents as gentrification has continued and people look for more affordable housing near Manhattan. While the area is diverse, most of the clients served by HOPES are Latinx and Spanish-speaking. According to the U.S. Census QuickFacts, Hudson County, the main service area for HOPES, has about 677,000 residents, with almost eleven percent over the age of 65. In 2015, about 65 percent of Hudson County residents were White, 15 percent were Black or African American, 15 percent were Asian, and 43 percent were Latinx. Approximately 18 percent of Hudson County residents live at or below the federal poverty line—this is more than 1.5 times the rate for the state of New Jersey. Approximately 17 percent of Hudson County seniors live at or below the federal poverty line. Nearly 60 percent of the population speaks a language in the home other than English, which is twice the rate for the state overall.

HOPES' primary client base is 80 percent Latinx and 15 percent Black or African American; the remaining 5 percent are made up of other racial/ethnic groups. The organization is serving a growing Asian population. Most clients speak Spanish and all community services

are provided by bilingual staff in both Spanish and English. The BEC has two main sites in Hoboken—the main administrative building and the Family Resource Center located in a public housing development.

KEY PROMISING PRACTICES

HOPES' Key Promising Practices

Outreach

- Drawing from its long history in Hoboken, HOPES has strong connections with the Latinx community, and high level of trust and comfort in the community
- Staff members live in the community, grew up there, and are a part of the community fabric
- Program staff works evenings and weekends, and meets clients where they are, focusing on helping with their immediate needs

Screenings/Applications

- Provision of assistance in clients' homes and from an office in a public housing complex facilitates applications for clients with mobility or transportation challenges
- Close follow-up with clients and individualized assistance enables them to ensure that benefits are not disrupted

Partnerships

- In all five core service areas, HOPES has successfully forged partnerships that allow them to expedite and troubleshoot benefits issues for their clients
- Their partnership with the Social Security Administration is especially key, opening many doors and increasing the organization's reach

Other

- The BEC has strong support from HOPES leadership—they support the program completely and have confidence in the staff, allowing them to be creative and build programs



GRANTEE BACKGROUND

Legal Aid of the Bluegrass (LABG), incorporated in 1968, is headquartered in Covington, Kentucky, with three regional office locations in Lexington, Morehead, and Ashland. LABG's mission is "to resolve the most important problems of low income and other vulnerable people by providing high quality legal assistance through direct representation, education, advice, advocacy and coordination with other community resources." LABG began conducting benefits assistance in 2008, and has remained the only legal aid program in the state providing BEC services. LABG also provides legal supports with bankruptcy, child custody, consumer fraud, debtor harassment, divorce, domestic violence, expungements, home foreclosure, landlord/tenant disputes, nursing home issues, public housing, unemployment denials, and veterans assistance.

In 2011, LABG applied for NCOA funding and officially became a BEC. LABG received \$84,000 for the sustainability round of BEC funding from January 15, 2016, until September 29, 2017. LABG's annual budget reduced by nearly half in 2017 following the end of an Administration for Community Living grant award.

COMMUNITY CONTEXT

LABG serves 33 counties in northern Kentucky. Thirty of these counties fall within the BEC's geographic boundaries including 17 around Lexington, eight in the north, and five in the northeast. LABG's region is fairly diverse, spanning urban and rural areas including 15 counties in Appalachia. There is no major interstate running through Appalachia, so transportation is a significant barrier in accessing benefits and services.

Of the 5,000 people served per year on average, about 51 percent are seniors; however, the population of individuals with one or more disabilities is growing more rapidly than the senior population. Clients typically fall between 150 and 100 percent of the federal poverty line, and the majority are White; however, there are Black and Latinx populations, as well as smaller immigrant populations from China, Indonesia, Egypt, and other countries, mostly concentrated in urban areas. LABG works with many partners including the Maxwell Street Legal Clinic who provides services to LEP older adults. When clients meet LABG's eligibility guidelines for assistance, referrals are sent seamlessly.

Kentucky has the sixth highest rate of senior poverty in the nation—the majority of Kentucky's elderly population lives in poverty (Kentucky Office of Drug Control Policy, n.d.). In LABG's region, 15 to 17 percent of the population is older than 65. Oil refineries in Boyd County have affected air quality, resulting in a variety of public health issues including a range of chronic conditions. Food deserts throughout urban and rural areas, compounded by culturally ingrained unhealthy diets, contribute to additional health challenges faced by Kentucky's seniors. Kentucky is home to the eight counties with the largest declines in life expectancy in the United States since 1980 (Khazan, 2017). Two of these counties are

within LABG’s service area, and most of the remaining counties are nearby. Many of the counties LABG serves are “dying counties,” with disproportionately high elderly populations, as there are few employment opportunities for adult workers. The opioid epidemic in Kentucky has reached a crisis level, according to the Office of Drug Control Policy (n.d.). These and other factors contribute to the fact that about half of grandparents in Kentucky are primary caregivers for their grandchildren. Meanwhile, Kentucky’s Kinship Care Program was cut in the last budget cycle, along with most aging programs.

KEY PROMISING PRACTICES

LABG’s Key Promising Practices

Outreach

- LABG designed and distributed prescription pad referrals with BEC information to doctors at Kentucky One Health and Kings Daughters Medical Center’s 25 clinics
- LABG disseminated BEC information through Columbia Gas bills, reaching over 200,000 homes
- An ad for services was published in *Wellness Magazine*, available in all hospital waiting rooms and grocery store checkout aisles
- Door hangers were disseminated to 5,000 homes
- LABG conducted an interview with a congressperson during a television segment
- LABG utilizes senior volunteers to conduct outreach at the senior center

Screenings/Applications

- Seniors are enrolled in SNAP as part of the Qualified Medicare Beneficiaries application process

Partnerships

- Lexington Senior Center provides an office so LABG staff members and volunteers can provide BEC services on site
- Faith Community Pharmacy provides LABG BEC referrals to 500 clients per month



GRANTEE BACKGROUND

Missouri Alliance of Area Agencies on Aging (MA4) is a network of the 10 AAAs in Missouri, which collectively provide services to seniors in all counties in the state. MA4 was founded in 1973 in response to amendments to the federal Older Americans Act, which designated AAAs to “develop and implement programs and services for older persons at the local level.” Seven of the 10 AAAs within MA4 participate in the Regional BEC grant: Aging Matters, Care Connection for Aging Services, Central MO AAA, Mid-East AAA, Northeast MO AAA, Northwest MO AAA, Region X AAA, SeniorAge AAA, and St. Louis Area AAA.

According to the organization’s website, the mission of MA4 is “to serve, inform, and advocate for Missouri’s seniors.” Each AAA serves seniors in its respective communities by providing outreach, education, and support such as tax refund assistance, wellness classes, and walk-in assistance to seniors and their caretakers. MA4 received \$270,000 for the sustainability and regional rounds of BEC funding (with the sustainability round lasting from June 1, 2016 to January 24, 2017 and the regional round from November 1, 2016 to September 29, 2017).

This case study focuses on one of the seven AAAs that make up MA4 and participate in the grant. SeniorAge is located in Springfield, Missouri, and serves 17 counties in the southwest region of the state. SeniorAge was founded in 1972 and is a trusted source of information and assistance for the elderly population in the region.

COMMUNITY CONTEXT

According to the U.S. Census, the average 2015 household income in the state of Missouri was slightly over \$48,000, which is well under the U.S. average of almost \$54,000. At this time, Missouri had a population of 6,083,672. Of this population, about 16 percent were individuals 65 years of age or older. The population was 83.3 percent White and 11.8 percent Black or African American with very small populations of other minority groups. The AAAs in MA4 serve a mixture of less-populated rural counties and more-populated urban counties, such as Columbia and Springfield throughout the state of Missouri. St. Louis AAA and Mid-America Regional Council (MARC in Kansas City) serve populated urban counties.

SeniorAge serves a mix of retirees who have relocated to Springfield from rural areas and low-income seniors in the rural counties outside of Springfield. Other AAAs in MA4, such as Region X or Northeast, serve more sparsely populated rural communities. In the southeastern area of the state there are many people who worked in the logging industry and many of the highest poverty seniors reside in small towns that have very few young people. The BEC grant administrator noted that it is the seniors who keep these smaller towns alive. The assistance that the AAAs provide under programs such as the Missouri

Property Tax Credit Program⁴ help stimulate the economy in these towns, and the services that the AAAs provide help extend the time that seniors can continue to live safely in their homes.

KEY PROMISING PRACTICES

MA4's Key Promising Practices

Outreach

- The SeniorAge outreach brochure speaks to many people, and helps to erase the stigma of receiving benefits assistance to attract additional clients
- Images of Missouri-specific benefits cards in the brochure assist seniors in quickly recognizing whether they already have certain benefits

Screenings/Applications

- SeniorAge care coordinators conduct screening and application assistance in homes during Medicare home visits, or when clients lack transportation
- The use of tailored paper application forms—specifically, the color-coded 502 Benefit Application Form and the 502 Benefit Chart—allow the staff to easily see more extensive eligibility requirements when assisting with applications

Partnerships

- SeniorAge developed a partnership with the local FSD office, so a support liaison visits the AAA twice weekly to assist with screening and applications

Other

- Statewide partnership of seven area AAAs enables the provision of benefits assistance to the entire state of Missouri

⁴ Seniors can receive about \$750 per year under the Missouri Property Tax Program

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