**Thriving in Place Downeast**

**Work Plan *-* Year 2 (2015-2016)**

**OBJECTIVE I: Strengthen Advisory Council as oversight structure for TiPD to: (i) monitor overall TiPD Work Plan and budget; (ii) monitor individual project execution and data collection; (iii) continue developing evaluation design and tools for TiPD and its individual partner projects; and (iv) ensure Year 3 planning and strategizing for ongoing sustainability.**

**Activities/Timeframes:**

* Continue bimonthly meetings, with additional meetings as necessary. (**Ongoing through October 2016)**
* Ensure robust, participatory membership on the Advisory Council with ongoing recruitment of additional members, as necessary. (**Ongoing through October 2016)**
* Engage in regular monitoring of Program Partner projects and provide feedback to Partners as needed. (**Ongoing through October 2016)**
* Work with TiPD Evaluation Committee to guide evaluation efforts for TiPD projects. (**Ongoing through October 2016)**
* Plan for Year 3 Implementation and ongoing sustainability by engaging Program Partners and other potential collaborators. (**Ongoing through October 2016)**

**Responsible Parties:** TiPD Coordinator, Advisory Council members

**Measures**: Meeting minutes, membership list, communications with Program Partners, Year 3 Work Plan.

**OBJECTIVE II: Strengthen collaboration among partners and provider network to encourage increased awareness and referrals among programs**

**Activities/Timeframes:**

* Continue bi-monthly Provider Network meetings to ensure collaboration and planning among committed partner organizations, other key providers, community volunteers and consumers. **(Ongoing meetings through October 2016)**
* Restructure Provider Network communication and information sharing by transitioning from experimental Google+ community to more user-friendly communication tool. **(Gather network participants’ preferences (January 2016); Establish new method of communication and information sharing (January 2016); Transfer relevant materials from Google+ community to new platform; provide training to Provider Network; ongoing use of new system (February – October 2016)**

**Responsible Parties:** TiPD Coordinator, providers/partners

**Measures:** List of Provider Network and affiliation; attendance records and agendas of Provider Network meetings.

**OBJECTIVE III: Restructure platform for partner communication and coordination (with reach to public), based on partner survey conducted at the end of Year 1.**

**Activities/Timeframes:**

* Notify partners of communication survey results and new communication tools **(December 2015)**
* Set up new system; transfer relevant materials from Google+ platform (**December 2015-January 2016)**
* Train partners on new system, as necessary **(February 2016 and ongoing)**
* Implement and monitor use of communication tools; adjust as needed **(March - October 2016)**

**Responsible Parties:** TiPD Coordinator, partners

**Measures:** Results of partner survey; evidence of new communication tools (documents, correspondence, etc.)

**OBJECTIVE IV: Continue to update, troubleshoot, and market Community Resource Guide with organizational and community-based resources for health providers and the general public.**

**Activities/Timeframes:**

* Continue to manage community resource guide under banner of Blue Hill Memorial Hospital **(November 2015 – October 2016**)
* Continue adding resources, as needed, and troubleshooting technical issues **(November 2015 – October 2016**)
* Continue aggressive marketing campaign to publicize community resource guide to health providers and general public **(November 2015 – October 2016**)

**Responsible Parties:** Healthy Peninsula, Blue Hill Memorial Hospital, Penobscot Bay Press

**Measures:** Community Resource Guide maintained up-to-date; number of “hits” on site; marketing materials

**OBJECTIVE V:** **Raise community awareness about TiPD initiatives and available prevention, health management, and support resources through continued marketing and targeted community wellness columns.**

**Activities/Timeframes**:

* Ads for TiPD partner activities in all three Penobscot Bay Press newspapers and Ellsworth American. (**November 2015-October 2016)**
* Notices in community calendars of Penobscot Bay Press, Ellsworth American, WERU community radio station and other outlets as appropriate. (**November 2015-October 2016)**
* Monthly Community Columns by TiPD partners in Penobscot Bay Press newspapers **(Schedule partner commitments (November 2015-January 2016); submit monthly columns (February-October 2016)**

**Responsible Party:** Penobscot Bay Press, TiPD Coordinator, TiPD partners

**Measures:** Copies of ads, Numbers of community calendar entries

**OBJECTIVE VI: Continue Care Team initiative established by TiPD partners during Year 1 to improve inter-agency communication, referrals and overall support for seniors and those with chronic conditions in TiPD service area.**

**Activities/Timeframes:**

* Social workers and care coordinators from Friendship Cottage, Blue Hill Memorial Hospital and the Coastal Care Team (and others, as identified) will continue to meet weekly to discuss overall care needs of seniors and those with chronic conditions in the Blue Hill Peninsula and Deer Isle-Stonington. **(November 2015-October 2016)**

**Responsible Parties:** Friendship Cottage, Blue Hill Memorial Hospital, and other service providers, as identified.

**Measures:** Record of meetings; in-kind hours recorded

**OBJECTIVE VII: Provide Community Wellness Programs throughout TiPD service area for seniors, those with chronic conditions and caregivers, with a particular focus on reaching underserved communities and populations.**

**Activities/Timeframes:**

* Coastal Care Team Community Based Prevention Program
  + The CCT Health Coach will provide a yearlong health and wellness initiative for residents of a low-income senior housing community in Deer Isle. She will teach nutrition, weight loss techniques, ways to begin/stay active, and ways to cook healthy meals based on the Diabetes Prevention Program (DPP) curriculum and Cooking Matters (CM) curriculum to help residents to thrive on their own. She will also assist residents to establish healthy lifestyle goals and to measure progress toward goals. **(December 2015-October 2016)**
* Eastern Area Agency on Aging Community-Based Prevention Programs
  + One Matter of Balance class (**September 2016 in Blue Hill)**
  + One Living Well class **(May 2016 in Deer Isle)**
* Healthy Acadia Community Based Prevention Programs
  + Two 16-week “Tai Chi for Health” courses. **(January-May 2016 in Brooklin; June-October 2016 in Brooksville)**
  + Two 6-week “Cooking Matters for Adults” nutrition education courses. **(Spring 2016 in Sedgwick; Summer 2016 in Brooksville)**

**Responsible Parties:** Coastal Care Team, Eastern Area Agency on Aging, Healthy Acadia

**Measures:** Record of scheduled sessions, attendance, and participant evaluations

**OBJECTIVE VIII: Provide programs to support caregivers in the Blue Hill Peninsula, Deer Isle and Stonington**

**Activities/Timeframes**:

* Friendship Cottage Caregiver Support Group
  + Friendship Cottage social worker will establish a caregiver support group, facilitated by a licensed social worker or trained volunteer, in the Deer Isle/Stonington community for all caregivers to attend. **(January-October 2016)**
* Friendship Cottage/Hospice Volunteers of Hancock County Caregiver Support
  + Licensed Professional Social Workers from the partnering agencies will provide three Grieving on the Installment Plan series in target communities to caregivers caring for a loved one with a chronic medical condition.
  + A licensed professional social worker from each of the 3 medical clinics affiliated with Blue Hill Memorial Hospital will participate in each series to be trained to facilitate a future GR.I.P. to the caregivers served by their clinic.
  + **December 2015-February 2016 in Deer Isle-Stonington; March-June 2016 in Castine/Penobscot; July-October 2016 in Blue Hill**
* Eastern Area Agency on Aging Caregiver Support
  + EAAA Caregiver Specialists will provide caregiver trainings focusing on self-care in collaboration with two of the Grieving on the Installment Plan series offered by Friendship Cottage and Hospice Volunteers of Hancock County **(May 2016 in Castine; September 2016 in Blue Hill)**
* Friendship Cottage and Community Health and Counseling Services Caregiver Support Group: The support group for caregivers of loved ones with behavioral health issues – which was started in Year 1 - will be re-structured with co-facilitation by Friendship Cottage and Community Health and Counseling Services.
  + Planning process to determine appropriate location, time, day of support group **(November 2015 – January 2016)**
  + Recruiting possible participants from Behavioral Health Task Force member organizations **(January – February 2016 and ongoing)**
  + Marketing campaign to inform the public of availability of support group. **(January – February 2016 and ongoing)**
  + Begin Support Group **(February – October 2016)**
* Aroostook Mental Health Center/Friendship Cottage Caregiver Support
  + Licensed Professional Social Workers from the partnering agencies will provide a Grieving on the Installment Plan series to caregivers caring for loved ones with behavioral health issues.
  + Planning and revision of GR.I.P. curriculum for caregivers of people with behavioral health issues **(January 2016 – July 2016)**
  + Recruiting participants **(Summer 2016)**
  + Offer GR.I.P. for behavioral health **(Fall 2016)**

**Responsible Parties:** Friendship Cottage, Hospice Volunteers of Hancock County, Eastern Area Agency on Aging, Community Health and Counseling Services, Aroostook Mental Health Center

**Measures:** Agendas; attendance records and participant evaluations

**OBJECTIVE IX: Develop and implement a pilot project to enhance in-home volunteer support for elders, patients with chronic conditions and/or caregivers**

**Activities/Timeframes:**

* Friends in Action, Hospice Volunteers of Hancock County and Eastern Area Agency on Aging will collaboratively develop a volunteer plan to improve in-home visits from trained volunteers for clients identified with chronic medical issues that require continued follow-up for improved health outcomes. The project team will develop a volunteer job description for the project and a shared training model. Volunteers for the project will be recruited from the community at large as well as from participating team partner organizations. Overall volunteer supervision and management will be provided by Friends in Action.
  + Hire volunteer coordinator, to be housed at Friends in Action (**November/December 2015)**
  + Develop volunteer job description **(December 2015 – January 2016)**
  + Develop volunteer recruitment strategy **(January – February 2016 and ongoing)**
  + Design volunteer training curriculum **(February – March 2016)**
  + Develop other necessary program materials (e.g. confidentiality waivers; volunteer assignment agreements; program guidelines etc.) **(February – March 2016)**
  + Hold volunteer training (2 days) **(April/May 2016)**
  + Recruit six clients to participate in volunteer pilot project **(April/May 2016)**
  + Assign team of two volunteers to clients **(April/May 2016)**
  + Monitor, re-assess, adjust and evaluate **(May/June – October 2016)**

**Responsible Parties:** Friends in Action, Eastern Area Agency on Aging, Hospice Volunteers of Hancock County, Blue Hill Memorial Hospital, TiPD Coordinator

**Measures:**  Volunteer coordinator hired; volunteer job description; volunteer recruitment materials; volunteer training curriculum; meeting notes/agendas; records of volunteer/client assignments and activities; participant evaluations

**OBJECTIVE X: Offer Community Education, Support, and Information for Elders, People with Chronic Conditions and Caregivers, particularly focusing on underserved communities and populations**

**Activities/Timeframes:**

* Host Community Forums (in various formats, as appropriate for topic and audience) on topics of interest to seniors, those with chronic conditions and/or caregivers.
  + Determine locations/topics for Year 2 Community Forums **(November 2015 – January 2016)**
  + Organize 3-4 forums over the course of Year 2 with local community collaborators, where possible. **(Spring, Summer and Fall 2016)**
* Continue monthly Clinics of Expertise where target populations can get information and assistance. Possibly move Clinics to Blue Hill Memorial Hospital for more visibility and accessibility and change time from morning to over the lunch hour. **(November 2015 – October 2016)**

**Responsible Party:** TiPD Coordinator, TiPD and community partners  
**Measurers:** Press releases, advertisements, attendance records, evaluations

**OBJECTIVE XI: Provide TiPD funding for emerging issues and ideas for supportive programming for underserved seniors, those with chronic conditions, and caregivers in the Blue Hill Peninsula and Deer Isle-Stonington.**

**Activity/Timeframe:**

* The TiPD Advisory Council will award TiPD partners and/or Provider Network members “mini-grants” during the course of Year 2 to support innovative and emerging projects that fit within the TiPD goals and work plan. **(January – October 2016)**

**Responsible Parties**: TiPD Coordinator, TiPD Advisory Council

**Measures:** Notices to partners and Provider Network, proposals submitted; proposals funded.

**OBJECTIVE XII: Continue Learning Community among TiPD partners and Provider Network**

**Activities/Timeframes:**

* Review results from communication surveys and implement new approach to encourage more participation in communication and learning community electronic resources. **(November 2015– January 2016)**
* Continue to identify pertinent information (articles, books, websites, etc.) to support TiPD implementation plan. Include successful state and national models of care, current healthcare policy trends, and more. **(November 2015 – October 2016)**
* Participate in MeHAF’s Learning Community with other grantees. Partners will determine representatives to attend learning sessions and report back to TiPD Advisory Council and Provider Network. Resources from MeHAF’s Learning Community integrated in local library of resources. **(November 2015 – October 2016)**

**Responsible Parties:** MeHAF, TiPD Coordinator, TiPD Advisory Council members

**Measures:** Meeting attendance records, agendas, minutes and copies of material from MeHAF statewide meetings; library of paper and electronic resources

**OBJECTIVE XIII: Continue Data and Evaluation Systems for Partnership and TiPD Implementation Plan**

**Activities/Timeframes:**

* Monitor and evaluate the TiPD implementation process. Collect ongoing data; review quarterly, and refine and revise implementation activities as necessary **(November 2015 – October 2016)**

**Responsible Party:** TiPD Coordinator, TiPD Advisory Council, TiPD Evalutaion Subcommittee

**Measures:** Meeting minutes, evaluation reports, revisions to implementation plans

**OBJECTIVE XIV: Develop Year 3 Implementation Plan, including implementation activities, partner roles and responsibilities, and evaluation for TIPD initiative**

**Activities/Timeframes:**

* Establish procedure for Year 3 proposals from partners and Provider Network; evaluate Year 3 proposals; request revisions, as necessary; finalize funding decisions. **(August – October 2016)**
* Finalize Year 3 Implementation Plan. Final copy of Year 3 activities will be reviewed with partners. Final coordination/scheduling/ collaboration updates will be incorporated in Year 3 final plan. **(September – October 2016)**

**Responsible Parties:** TiPD partners, TiPD Advisory Council, TiPD Coordinator

**Measures:** Procedure for Year 3 proposals; submitted proposals; meeting minutes; Year 3 Work Plan