

Jewish Family and Children's Service of Greater Philadelphia (JFCS)
Grant Report to the Friends Foundation for the Aging (FFA)- April 2021-March 2022

1. What problem were you addressing? JFCS's Hoarding Disorder Support program addresses Hoarding Disorder among Older Adults in the Greater Philadelphia region. JFCS works to alleviate the negative home safety, emotional, physical, social, financial, and other impacts this mental health condition brings to those who live with Hoarding Disorder and their loved ones, direct service providers, and the general community.

2. What changes did you expect to create? How? What were the desired objectives, outcomes, and outputs of the program and progress made toward each during the reporting period?

Service	Outputs	Outcomes
Individual Support Services	<u>Goal:</u> 45 total participants, 15-18 new participants <u>Actual:</u> 67 Total, 22 new	- 100% of clients at risk of eviction due to hoarding behaviors maintained housing and avoided eviction (Goal: 85%) - 62% improved or maintained the state of clutter in their homes* (Goal: 85%) -64% improved or maintained the level of squalor in their homes* (Goal: 85%) - 67% improved or maintained their Activities of Daily Living (ADLs) due to hoarding within the first year* (Goal: 85%) <i>*Results are lower due to health and safety precautions for COVID-19 preventing staff from entering homes of clients to complete assessments.</i>
Buried in Treasures (BIT) Support Group	<u>Goal:</u> 20 total participants. Three or four 16-week sessions <u>Actual:</u> 31, 3 sessions and started a 4th	- 100% of participants improved or maintained their ADLs due to hoarding (Goal: 85%) - 100% improved or maintained scores on the Hoarding Rating Scale (Goal: 85%) - 100% improved or maintained scores on the Savings Cognition Inventory (Goal: 85%) - 33% improved or maintained scores in the Adult State Hope Scale (Goal: 50%)
The Art of Letting Go/ Art Therapy Support Group	<u>Goal:</u> 15 total participants. Three or four 8-week sessions <u>Actual:</u> 3 rounds, 13 participants; 5 monthly drop-in group participants	- 80% of participants experiences reduced feelings of emotional distress, measured by improved scores on PROMIS pre- and post-assessments - XX% reported satisfaction with the group* (Goal: 80%) <i>*Satisfaction surveys were not collected with this group due to staff transitions and will be added as part of our agency satisfaction survey in the coming year.</i>
Mindfulness Support Group	<u>Goal:</u> 10 total participants. Four or five 8-week sessions <u>Actual:</u> 2 sessions, 5 participants	- XX% of participants learned about mindfulness/meditation techniques to reduce stress/anxiety related to hoarding tendencies* (Goal: 80%) - XX% reported satisfaction with the group* (Goal: 80%) <i>*Staffing transitions resulted in no surveys being administered.</i>
Family Support Group: <i>Supporting Your Loved Ones with</i>	<u>Goal:</u> 8-12 total participants. Three 8-week sessions	- XX% of participants learned about topics such as effective communications, accessing support, and self-care* (Goal: 85%) - XX% reported satisfaction with the group* (Goal: 80%)

Hoarding Disorder	<u>Actual: 1 session, 3 participants</u>	<i>*No data is available at this time. As noted in our recent update with Foundation staff, JFCS experienced challenges with getting this group off the ground. Two groups were cancelled due to low numbers; a third group was initiated in March.</i>
Educational Trainings	<u>Goal: 350 individuals trained in 8-10 training sessions.</u> <u>Actual: 367 individuals, 9 sessions</u>	- 94% of participants reported satisfaction with the training (Goal: 85%) - 89% reported something new about Hoarding Disorder (Goal: 85%)

3. How did you measure success- both quantitative and qualitative? A chart of objectives, actions, and results is helpful. Include numbers and demographics of people touched by the work. Explain your organization’s efforts towards diversity, equity, and inclusion. Overall, JFCS served 76 clients this grant period. Of clients receiving hoarding support services for whom demographic information is available, 100% are low-income (300% of federal poverty line or below), 21% are retired, 18% are disabled, and 71% live alone. In line with FFA requirements, the majority of clients (58%) are ages 65+ with 100% of those in individual services over 65. Outcomes for individual hoarding support services are measured using evidence-based assessment tools and our internally created Hoarding Assessment. Most assessments take place at intake and quarterly, with results tracked in JFCS’ Credible database. For Buried in Treasures (BIT), we use evaluation tools provided by the Buried in Treasures curriculum for this support group. For additional support groups – family and art therapy – we utilize participant surveys to evaluate impact. And, finally, we also began administering post-training surveys for all participants of continuing education trainings conducted in partnership with the Philadelphia Hoarding Task Force.

DE&I Work: In FY2020, JFCS launched an internal Diversity, Equity, and Inclusion (DEI) initiative in response to staff members who, inspired by the calls to action around systemic racism and injustice in our country, recognized that before JFCS could effectively be a part of the solution our community needs, we must look inward and assess our own organizational culture towards an understanding of racial justice and racial and health equity. As a part of this effort, JFCS established DEI committees at the organizational and board levels. JFCS’s staff-led DEI committee is focused on broadening the diversity of our leadership. At the board level, plans are underway to identify and recruit members to our Board who reflect our stakeholders, including current and former clients, low-income individuals, people living with disabilities, and caregivers of our older adults programming, including those who care for Holocaust Survivors. To emphasize our commitment to this important work, we incorporated these efforts into our 2021-2024 Strategic Plan, finalized last summer.

4. Please note any collaborations that supported your work and/or ways that you leveraged resources. How did this project engaged and empower staff from all levels of your organization? We formalized our relationship with the Senior Law Center and are developing relationships with Inglis House, and CARIE (Center for Advocacy for the Rights & Interests of the Elderly). Through our work on the Philadelphia Hoarding Task Force, we initiated partnerships with Philadelphia Energy Authority (PEA), L&I (licensing and inspection), and Older Adult Protective Services (OAPS) to refer any customers/clients they encounter during home visits or site calls who are demonstrating hoarding tendencies or living in unsafe, cluttered environments to JFCS’s Hoarding Support Program. JFCS’s Courtney Owen also now serves as chair of the task force.

Staffing: We successfully trained and onboarded two peer facilitators, added two new care coordinators, and launched a volunteer component thanks to funds secured through a federal Community Care Corps grant. We continue to work with Master of Social Work programs from Rutgers, Temple, and Bryn Mawr to engage interns to support individual services throughout the year. Unfortunately, we have also faced staff transitions this year. JFCS’s art therapist as well as our mindfulness group

therapist/facilitator recently left the organization. We are in the initial stages of talks with Drexel University's social work program to engage an art therapist for the Hoarding Program art therapy groups.

5. Please share any unanticipated outcomes or barriers encountered. Indicate any changes in the program's goals, strategies, personnel, or timelines and the reasons behind the changes.

Unanticipated Outcomes: A positive outcome from the shift from in-person to virtual programming is that many participants are responding well to virtual programming and supports, especially those participating in our group-based sessions. In fact, participation in group-based programming has increased; our last two BIT sessions reached enrollment capacity. Attendees cite the lack of commute as the key factor for their increased participation. Additionally, online monthly peer support sessions have been immensely popular. These once-per-month groups were started by graduates of the BIT multi-week program and the art therapy sessions have provided opportunities for cohorts to stay connected as well as meet new Hoarding Program participants. The success of the online groups has led our team to consider a hybrid approach to support groups and ongoing services going forward. Finally, the success of our peer facilitators in delivering high-quality services has been an incredibly rewarding outcome for our team.

Challenges: As we start to transition back to individual, in-person services, we are encountering firsthand, the impact of isolation on our client's mental health and, for some, the lingering physical complications from COVID-19. And, while a majority of participants have had access to virtual groups and one-on-one sessions, it is uncertain what the long-term impact of the pandemic will be on participants. We also faced challenges in recruiting for the Family Caregiver Support Groups. We are reaching out to NAMI's Face to Face group team to learn more about their outreach and engagement efforts with family members. COVID has also forced JFCS to close and open up in-person services multiple times in response to the variants and changing public health guidelines.

6. How do you plan to share and replicate your results? Through virtual trainings, JFCS shared our work with local providers as well as new professional audiences from both within and beyond the Philadelphia region, including the Chicagoland Hoarding Task Force and Toronto, Canada based organizations. Formal trainings with partners in Australia were conducted via our web series. JFCS successfully held three virtual webcasts with leaders in the field of mental health and hoarding, reaching 150 people. Like our online groups, webcasts may continue even if other training opportunities return to in-person.

7. Include a project financial statement (budget and actual) for the reporting period. Please explain significant variances from the original budget and reasons for the variances (with corrective measures if overages), as well as plans for sustainability. We are in the process of completing our paperwork with Community Behavioral Health to bill individual and group therapy services as well as Mobile Mental Health services directly to Medicare. Our goal is to complete this process by the end of March 2022; hourly reimbursement rates for mobile therapists and care managers will be \$160/hr for non-licensed staff. Our ability to bill for these services will also allow us to expand this program into surrounding counties. Additionally, our electronic medical record system now supports billing clients for individual services provided instead of only a flat fee. This has the potential to generate revenue for online services such as support groups. Demand for online groups is increasing and has the potential to reach clients outside the Philadelphia area. Further, these groups can be hosted by peer facilitators, as opposed to full-time staff. Peers receive a stipend for their work but are compensated at lower rates than JFCS providers.

8. Feedback on your interaction with FFA would be helpful. How have we helped? Made it harder? What else can we do to facilitate your work? We have greatly appreciated the Foundation's assistance in helping us to identify new sources of support over the last year; however, the long-standing trust and commitment to helping JFCS launch, establish, and grow this program is what we would like to recognize. It is thanks to your counsel and confidence that JFCS has been able to create opportunities for lasting change in our clients and improve their quality of life.

9. Additional comments: N/A

JFCS Hoarding Support Program
FY2021 Budget vs Actuals
4/1/2021-3/11/2022

Revenue	Program Budget	Program Actuals
Education & Group fees	\$ 4,500	\$ 2,939
Community HealthChoices	\$ 3,500	\$ -
Friends Foundation for the Aging	\$ 30,000	\$ 30,000
Contributions	\$ 32,000	\$ 35,945
Total	\$ 70,000	\$ 68,884
Program Director 5%	\$ 4,774	\$ 4,761
Social Worker 30%	\$ 14,875	\$ 14,981
Social Worker 30%	\$ 17,570	\$ 18,020
Benefits 30%	\$ 11,166	\$ 11,329
Occupancy	\$ 1,558	\$ 1,756
Insurance	\$ 1,780	\$ 2,422
Communication	\$ 185	\$ 210
Printing/Marketing	\$ 1,000	\$ 166
Training	\$ 150	\$ -
Consultants	\$ 3,500	\$ 6,870
Transportation	\$ 3,400	\$ -
Mileage	\$ 1,700	\$ -
Client Expenses	\$ 2,000	\$ 875
Overhead 10%	\$ 6,342	\$ 6,139
Total	\$ 70,000	\$ 67,529
Net	\$ -	\$ 1,355