Maryland Commission on Aging
North Laurel Community Center, Laurel, Maryland
March 9, 2016, 10:00 AM—12:00 PM
Minutes

Members Present: Stuart Rosenthal, Chair; Sharonlee Vogel, Vice-Chair; Honorable Jordan Harding; Maria Jimenez; Rose Maria Li; Louise Lynch; Dot Principe; Mary Ellen Thomsen

Members Absent: Hon. Barbara Frush, Michael McPherson

Staff Present: Dina L. Gordon, Deputy Secretary of Aging; Rosanne B. Hanratty, Staff to the Commission

Guests: Kim Burton, Mental Health Association of Maryland, Director of Older Adult Programs

Greetings--Stuart Rosenthal, Chair:

Mr. Rosenthal greeted attendees, welcomed the speaker, and reminded Commission members of the requirements to file their 2015 financial disclosure forms by April 30. He also reminded members that the Governor's Appointments office and our by-laws require commissioners to attend at least 50% of meetings to maintain their appointment. He reported on the status of several pending bills, including HB 718, *Asset Recovery for Exploited Seniors Act*, introduced by Delegate Ben Kramer and HB 744, *Senior Call-Check Service Program*, also introduced by Delegate Kramer.

Deputy Secretary's Remarks—Deputy Secretary Dina Gordon:

Ms. Gordon extended Secretary Kramer's regrets that she was unable to attend the Commission meeting because of capital budget hearings. Ms. Gordon said that the Secretary plans to give a complete legislative update at the Commission's April 13th meeting. She also said that the Department is presently engaged in the annual state plan development process utilizing the comprehensive planning process developed in 2015. This process results in more timely completion of area plans so that Area Agencies on Aging (AAA) receive funding with the start of the fiscal year.

Mr. Rosenthal inquired about the Governor's Leadership in Aging Awards, which had been presented each May in recent years, and Ms. Vogel and Ms. Lynch stated that these awards and the annual event held to honor awardees had been valuable. Ms. Lynch asked Ms. Gordon about the status of Department staffing and its overall budget and Mayor Harding inquired about the present staffing levels, as well as the number of staff vacancies. Ms. Gordon said that the number of Department permanent and contract staff has been reduced from approximately 77 in FY 2015 to the present 45, and that there are some staff vacancies. She also said that, while the Department of Legislative Services had recommended that the Department's number

of PINS (permanent positions) be reduced by five, the Department had contested this recommendation. (NOTE: The final Department budget reflects the loss of one PIN and transfer of another to the Department of Budget and Management, the more appropriate site for oversight of a human resource initiative.) In response to Mayor Harding's inquiry about whether the staff reductions were negatively impacting Department programs, Ms. Gordon stated that, compared to the past, Department program management was enhanced because it was operating more efficiently. She also noted that representatives of all of the AAAs appeared at the Department budget hearings and attested to the effectiveness of the Department's management of its programs.

Ms. Gordon noted that the Department has a goal of enhancing liaison to stakeholder groups in Maryland jurisdictions including AAAs, County governments and local commissions on aging. Mayor Harding said that it is important to make contact with county commissions on women, such as the Prince George's Commission on Women with which he had previously worked. Ms. Li expressed her support for this suggestion. Mayor Harding also repeated his suggestion that representatives of the Maryland Municipal League be invited to a future Commission meeting and requested staff to follow up on his request.

Ms. Vogel requested that during the legislative session the Commission periodically be sent a list of the bills that the Department is following so that Commissioners are able to determine whether they, as individuals, should discuss bills of interest with members of their county's legislative delegations.

Approval of Minutes of February 10, 2016 Commission meeting:

The minutes were approved with edits.

September 22nd Training Update—Rose Maria Li:

Ms. Li reported on plans for the training and distributed a tentative agenda and biographies of proposed speakers. She proposed that the training be entitled *Translating Health Aging Research Findings into Practice* and that the program run from approximately 9:00 AM through 2:15 PM, with registration beginning at 8:30 AM. She said that she hoped representatives of the National Institute on Aging (NIA) of the National Institutes of Health (NIH) and Director of the Johns Hopkins University Center on Aging and Health, as well as Secretary of Aging Rona Kramer, would be present for at least the initial part of the program. She proposed that the morning session consist of two panel presentations and discussions—the first on *Individual Interventions to Promote Healthy Aging* and the second on *Environmental Modifications and Health Care*. The panels are to be comprised of five members, chiefly from Johns Hopkins University, who will each give a five-minute presentation. Panel presentations will be followed by 45 minutes of discussion related to the panel's subject matter.

A working lunch is planned with training attendees participating in roundtable discussions with state Commission members and presenting researchers. The afternoon session is to be

comprised of a brief introductory video on the *Baltimore Longitudinal Study on Aging* (BLSA) followed by a keynote address by Luigi Ferrucci, M.D., PhD., Scientific Director of the NIA. Ms. Li proposed that Dr. Ferrucci speak on *Surprises from the BLSA and Its IDEAL (Insight into the Determinants of Exceptional Aging and Longevity) Future*, followed by discussion.

Ms. Li said that her goals in developing the agenda include having participants identify actionable items based on research results delivered in the format of "news you can use, " as well as gaining knowledge about America's longest-running scientific study of human aging—the BLSA. Ms. Li requested Commission input on the agenda and whether she should begin to invite proposed presenters. Commissioners expressed enthusiastic support for the training proposal and for inviting speakers.

During the discussion, Ms. Li mentioned several other studies that could be of interest to the Commission and the Department including Advanced Cognitive Training for Independent and Vital Elderly **(**ACTIVE)—an NIH-funded study of cognitive training led by researchers at the University of Alabama at Birmingham, the NIA, Penn State University and others. She said that ACTIVE study results indicate that healthy older adults may make cognitive improvements with appropriate cognitive training and practice. Researchers and sponsors are hoping to provide study training materials online to the public. At present they are available in hard-copy only. Ms. Li also expressed the hope that the Department would be able to foster longer-term strategic partnerships with researchers, such as those at the Johns Hopkins University Center on Aging and Health.

Presentation on Behavioral Health Needs of, and Behavioral Health Services for Older Adults—Kim Burton, Mental Health Association of Maryland:

Ms. Burton distributed copies of the Mental Health Association's newly published *Mental Health in Later Life: A Guidebook for Older Marylanders and the People Who Care for Them*. (**NOTE:** Hard copies of the book may be obtained free-of-charge from the Mental Health Association of Maryland at www.mhamd.org/getting-help/free-publications. The book may also be downloaded at www.mdaging.org.)

Ms. Burton explained that *Mental Health in Later Life* is designed as a resource for a number of audiences including professionals working with older adults, families, caregivers, and older adults themselves. She drew attention to individual topics of the chapters, including healthy aging, grief and bereavement, and substance abuse. Ms. Burton solicited input from Commissioners on topics within the field of behavioral health about which they would want information. Ms. Thomsen indicated that she would want to learn more about dementia, Ms. Vogel about intervention with those who might be experiencing behavioral health issues, and Ms. Lynch about mental health issues in assisted living communities and nursing homes.

Ms. Burton said that 60%-70% of nursing home residents are in need of some form of behavioral health support and Ms. Lynch asked if there was any data on the percentage of residents who are actually receiving treatment. Ms. Burton described the challenges to provide

treatment in nursing homes, including the lack of standards for such treatment and of behavioral health training for staff. She said that the Office of Health Care Quality (OHCQ) in the state's Department of Health and Mental Hygiene (DHMH) is in the process of promulgating revised nursing home regulations but that specific criteria governing provision of behavioral health services in nursing homes are not included in the regulations. She noted that OHCQ convened a behavioral health workgroup during the development of the proposed regulatory revisions. She also said that OHCQ plans to develop such criteria and promulgate regulations governing behavioral health services in nursing homes in the future.

Ms. Burton stated that residents may have emerging behavioral health issues, chronic mental illnesses, or both. She said that behavioral health treatment in nursing homes consists mostly of medication use only, with minimal use of other treatment modalities. In addition, she stated that medications were often utilized inappropriately, such as prescribing antipsychotic medications with residents with dementia for whom they are generally contraindicated.

She noted the high incidence of dementia in nursing homes and assisted living facilities as well as in the community at large. She said that there may be a failure to distinguish dementias—diseases marked by progressive cognitive loss—from other reversible conditions that affect cognitive abilities, such as post-surgical or medication-induced delirium or dehydration. She also stated that other behavioral health needs of older adults include both long-term and emergent substance abuse, including that of alcohol or prescribed medication such as opioids. In addition, she stated that the behavioral health needs of caregivers are often unaddressed.

Ms. Burton explained that even after people recognize the need to address behavioral health needs, they or their loved ones often do not know how to secure help. She referred Commissioners to the discussion of this issue on pp. 60 ff. in *A Guidebook for Older Marylanders and the People Who Care for Them*. She said there is a challenge in securing appropriate care because few mental health treatment providers, while stating that they provide care to older adults, are specially trained in geriatric behavioral health.

With regard to the issue raised by Ms. Vogel, how to help others who might be experiencing behavioral health issues, Ms. Burton cited the usefulness of *Mental Health First Aid* training. *Mental Health First Aid* is an 8-hour certification course that is designed to teach the layperson the skills to recognize the signs of a mental health or substance abuse crisis, identify community resources, and link individuals in need of treatment and support to the proper resources. This course is acknowledged in the *National Register of Evidence Based Programs* as demonstrating success in de-stigmatizing mental illness and raising confidence that community members feel better prepared to address mental health disorders. There is a designate *Mental Health First Aid* module that addresses late life behavioral health concerns including dementia and delirium. Information on MHFA courses in Maryland can be found at mhfamaryland.org. Ms. Burton intends to provide an opportunity for member of the Commission to participate in a course.

Ms. Burton distributed additional handouts that she developed to provide a preliminary framework for discussion and to identify critical issues. She also said that there are

reimbursement challenges involved in securing services when Medicare becomes the primary payer for behavioral health services for older adults, some of whom may have previously received services through the public mental health services system. In addition, she stated that it was critical that the Behavioral Health Administration (BHA) in DHMH designate dedicated staff specialists to work on behavioral health issues and care for older adults in various settings. She noted that BHA employs such specialists for children's services but has no parallel positions for older adult services.

Several Commissioners agreed that there are not sufficient resources devoted to behavioral health needs of older adults and that addressing these needs requires many types of services, including those of geriatricians, arts therapists, and providers and staff who understand the interrelationship between physical and behavioral health needs. Ms. Burton concluded that adequately meeting the behavioral health needs of older adults demands a multifaceted approach with many disciplines involved.

Adjournment:

The meeting was adjourned at noon.

Minutes prepared by Rosanne B. Hanratty