Maryland Commission on Aging
North Laurel Community Center, Laurel, Maryland
September 13, 2017
10:00 AM—12:30 PM
Minutes

Members Present: Rose Maria Li, Chair; John Haaga; Hon. Jordan Harding; Joy Hatchette; Dot Principe; George Rebok; Carmel Roques; Mary Ellen Thomsen; Sharonlee Vogel

Members Absent: Honorable Barbara Frush; Honorable Barbara Robinson

Maryland Department of Aging (MDoA) Staff Present:
Rona E. Kramer, Secretary of Aging
Bonnie Glick, Deputy Secretary of Aging
Dakota Burgess, Senior Care Program Manager
Rosanne B. Hanratty, Staff to the Commission
Bernice Hutchinson, Chief, Division of Client and Community Services

Other:
Mary Becker, Aging in Place Manager, Home and Community Based Services, Howard County Area Agency on Aging
Ray Brown, Program Administrator, Adult Services, Frederick County Department of Social Services
Kitty Hsu Dana, Member, Commission Subcommittee on Senior Care Evaluation
Tracy Eichelberger, DC-Metro Area Branch Director, AARP Foundation Experience Corps
Cynthia Felix, MPH Candidate, Johns Hopkins Bloomberg School of Public Health
Deneen Gordon
Keanne Henry, Vice President, AARP Foundation Experience Corps
William Romani, Baltimore Branch Director, AARP Foundation Experience Corps
Kate Stinton, RN LCSW, Community Health Nurse Program Supervisor, AERS and Community Care Coordinator
Daniel Wallace, Galludet University

Greetings--Rose Maria Li, Chair:
Dr. Li welcomed members, speakers, and guests.

Secretary's Remarks—Rona E. Kramer, Secretary of Aging:
Secretary Kramer introduced Deputy Secretary Glick. She noted that the Deputy Secretary has extensive and varied professional experience in a number of settings and that her skills include fluency in several languages.

Secretary Kramer said that innovation is key to meeting the needs of older adults and that she will update the Commission periodically on the Department's innovation efforts. Ms. Thomsen

inquired about the status of the Senior Call Check program, established under legislation from the 2017 state legislative session. Secretary Kramer said that the Department was in the process of hiring a program manager for Senior Call Check.

Approval of Minutes of June 14, 2017 Commission on Aging meeting:
The June 14, 2017 minutes were approved without change.

Panel Presentation: Maryland's Senior Care Program: Filling Gaps to Support Independence
—Dakota Burgess, Ray Brown, Mary Becker, Kate Stinton

Ms. Burgess introduced the panel. She explained that the Senior Care program is designed to provide case management and in-home "gap-filling" services to clients so that they may remain in the community and avoid placement in a facility. She said that each of the presenters would provide a unique local perspective describing how the Senior Care program is implemented in his/her jurisdiction.

Mr. Brown described the Frederick County Senior Care program model, in which the program is housed in the local Department of Social Services (DSS), as part of its adult services component, and is operated in partnership with the Frederick County AAA. He noted that the Senior Care policies and procedures provide a great deal of flexibility in terms of how the program is to be implemented locally which allows jurisdictions to adopt strategies best suited to local needs. Frederick's Senior Care program receives both regular state funding as well as local funding.

He said that standardized assessment is utilized as a point of entry across DSS programs, allowing DSS to serve those clients whom Senior Care is unable to serve or for whom Senior Care cannot meet all of the client's needs. Similar to other jurisdictions, the Frederick County Health Department Adult Evaluation and Review Services (AERS) conducts a full in-home assessment before Senior Care gap-filling services begin, but the uniform assessment conducted for all potential DSS clients allows a comparison between the two assessments. In addition, housing the Senior Care program in DSS facilitates interface with other adult services in the county such as Adult Protective Services (APS), when needed. The County utilizes elder abuse and vulnerable adult teams including the AAA, DSS, fire and rescue services, local ombudsmen, law enforcement, and the local hospital system so that service to clients may be multifaceted and integrated.

Ms. Roques said that there may be unintended consequences if an APS case is opened. There may be a misperception of abuse of an older adult when there is none, for example in some cases in which complex caregiving needs are present. She added that APS involvement carries stigma that may not be present when clients are referred for other services. Mr. Brown noted that APS services may also include those related to self-neglect and agreed that not all APS referrals indicate abuse of a vulnerable adult by another person.

Ms. Stinton described Talbot County's Senior Care Program, which is embedded in the Talbot County Health Department, while the Upper Shore Aging, Inc. is a nonprofit 501(c)(3)

organization that is the designated Area Agency on Aging (AAA) for Talbot, Caroline, and Kent Counties. She noted that Talbot is one of the counties that piloted the Senior Care program so the County has had a program since 1982. Health Department registered nurses presently conduct the AERS assessment, though licensed social workers have served as assessors in the past. Ms. Stinton said that an advantage to housing the program in the Health Department is that the nurses performing client assessments then act as client case managers, ensuring continuity in meeting the needs of clients. Eligibility may be determined by the nurse and the client immediately receives case management provided by the same nurse, obviating the need for a waiting list for case management. Nurses are also uniquely positioned to provide other services to Senior Care clients such as medication oversight and to interface with other medical providers who recognize the added value of the nurse's interaction with clients in a home setting to enhance continuity of medical care.

AERS assessments may also serve as a gateway to many programs including Medicaid-funded services, those for persons with developmental disabilities, and care coordination for those seeking treatment for addictions. Ms. Stinton identified substance abuse—of alcohol and/or drugs—as a significant, but often underestimated and hidden, issue among older adults. Similar to Frederick County, both regular state and discretionary local funding is provided to Talbot's Senior Care program. In addition, the Health Department provides in-kind support such as the services of community health workers. In addition, there is close partnership with the county's emergency services; the AAA; DSS; not-for-profits such as the St. Vincent de Paul Society and Partners in Care; and the local Commission on Aging.

Ms. Becker outlined the Senior Care program model utilized in Howard County. Ms. Becker manages a Senior Care program embedded in the AAA's Aging in Place component. Ms. Becker is unique among Senior Care program managers across the state in that she is an occupational therapist (OT). She came to work for the AAA as an intern for a graduate program in OT and said that AAA management has long been open to the perspective that an OT professional brings to assessment and services to clients. In addition to the AERS assessment conducted through the Health Department, potential Senior Care clients in Howard County receive a 2-hour in-home OT assessment, with additional follow up. An OT assessment, in conjunction with self-report and the functional assessment conducted by the health department, may allow for the identification of interventions that no single assessment or self-report may identify.

For example, a potential client him/herself or an in-home AERS functional assessment may identify a need for assistance with a given Activity of Daily Living (ADL), such as bathing. The potential client may initially request an aide for assistance with this ADL, but an OT assessment may identify the client's true concern as a fear of falling when raising the legs to enter the tub, not an inability to bathe. The OT may then suggest the use of a specialized tub transfer bench, which will maintain the client's independence, improve the client's functioning, as well as offer a much more cost-effective intervention than in-home aide services.

Dr. Haaga asked whether copays are used in any of counties about which the Commission had a presentation. Ms. Stinton noted that two-thirds of the clients receiving services under the

Senior Care program have incomes of $1,400 or less a month and this income has to cover other copays, for example for prescriptions. Ms. Stinton also observed that Senior Care clients' income and resources are just above Medicaid level and that they often have several comorbidities such as obesity, cardiovascular disease, and diabetes--contributing to the complexity of their needs.

Secretary Kramer reported that, as part of its innovation efforts, MDoA is assessing the feasibility of establishing a sustainable mechanism by which services might be provided, using a sliding fee schedule, to those who may have more resources, in order to meet their needs and to prevent their having to spend down to reach the qualifying level for Medicaid-financed services. This would serve to enable individuals to receive the assistance that they require to sustain themselves in the community and to prevent acute events such as falls, which may lead to substantial self-pay expenses on the part of the individual. It would also serve to better steward State resources by preventing the expenditure of State Medicaid dollars.

Mayor Harding complimented the Senior Care program presenters and emphasized the importance of ensuring that various stakeholders and the general public are informed about the work that the MDoA and the aging network is doing to effectively meet the needs of Maryland's older adults. Deputy Secretary Glick noted that she recognized the need to inform Marylanders along the lines that Mayor Harding identified.

Update: Commission on Aging Subcommittee to Review the Senior Care Program
—George Rebok, Chair

Dr. Rebok noted that the review of the Senior Care program is not intended to be a remake of the program. Rather it is designed to analyze the available quantitative and qualitative information about the current program and the evidence to support screening and triage methodologies and currently provided program services. The review may serve to augment, or perhaps lead to some changes in, the approach to services Senior Care provides and the manner in which they are provided. He complimented the representatives from the local Senior Care programs and stated that the presentations and discussion had been both informative and would prove fruitful to the work of the review subcommittee. In addition, he said that the presentations illustrated the value of retaining flexibility and local empowerment so as to best serve older adults in their respective communities.

Dr. Rebok said that the subcommittee has been identifying the quantitative and qualitative data and analyses necessary for its review as well as how best to obtain the information. He also said that three graduate students will perform literature reviews to support the subcommittee review and that the subcommittee will integrate the evidence amassed from a variety of sources in its analyses and recommendations. Pursuant to its charge, the subcommittee is presently focusing on the menu of Senior Care services and the triaging process(es) the program employs. He stated that the review's focus is not on a static list of services but on a concrete list of actionable recommendations and strategies that, if adopted, MDoA and local jurisdictions may employ going forward.

He said that he planned to provide a more detailed report on the subcommittee's efforts at the November 8th Commission meeting and that the target date for the final report, which would first be circulated to the full Commission for comment and discussion, was early 2018.

Panel: Promoting Healthy Aging through AARP Foundation Experience Corps
— Tracy Eichelberger, Keanne Henry, and William Romani

Dr. Li introduced the Experience Corps panel, saying that her service on the State Board of Education has facilitated an opportunity to counter the silos between stakeholders and community leadership. She views the possible expansion of Experience Corps, about which the Commission had previous presentations, as such an effort since Experience Corps has been shown to have positive effects on students, older adult volunteer participants, and teacher retention.

Mr. Romani said that, as the Baltimore Experience Corps Branch Director since 2012, his efforts have built upon the work of Drs. Michelle Carlson and Rebok. Mr. Romani traced the evolution of the program from its pilot in five schools in 1995, its adoption in Baltimore under the auspices of the Greater Homewood Foundation and the Hopkins Center for Aging and Health, through the randomized control trial and evaluation funded by the National Institute on Aging that was conducted by the Johns Hopkins School of Public Health. He also noted that the DC-Metro area had established an Experience Corps program in 2011 and that in 2012 AARP had assumed management of the Experience Corps program nationally.

In 2015 the transition of national Experience Corps oversight within AARP to the AARP Foundation occurred. As a result, Experience Corps has become integral to the Foundation's efforts that also include programs to promote food security, affordable housing, stable incomes, and social connections for older adults, as well as serving a vibrant advocacy role. Eighteen Experience Corps affiliates have been merged under the umbrella of the Foundation, which has full fiscal and legal responsibility for these programs. An additional three branches: DC-Metro, Baltimore, and Philadelphia operate under the umbrella of the AARP foundation but retain some fiscal and legal responsibilities. As of fall 2017, it is expected that there will be twenty-two Experience Corps programs nationally, all sharing the vision and mission to enable children to succeed through participation in a structured in-school program, while having a positive impact on the well-being of the volunteers who work with the students. The Experience Corps program presently exists in 279 schools with 2,336 volunteers providing close to 387,500 tutoring hours to over 31,000 students.

Mr. Romani also stated that housing the Experience Corps program within the AARP Foundation has facilitated the development of uniform standards of practice, while retaining volunteers as the "lifeblood" of the program. With regard to volunteers, he noted that their average age is 68, that they commit to serve 10-15 hours a week, that the retention rate is 70%-80% annually, and that the average length of service per volunteer is 3.2 years. 50% of volunteers, who are required to undergo local and national criminal background checks, reside near the local school

in which they serve. While there is a Volunteer Engagement Coordinator to recruit volunteers, the biggest source of recruitment is word-or-mouth.

A standardized training protocol consisting of 25 hours of instruction must be completed prior to the volunteer placement. There is also mandatory monthly in-service training. Topics covered in training include socialization to today's schools, which have changed significantly since volunteers would have attended school; classroom behavior management; and volunteer and youth safety. Grade-level training of volunteer cohorts occurs for several months following placement.

Ms. Henry described the process utilized to approve a system as an Experience Corps host agency. It begins with an initial inquiry followed by an orientation to the Experience Corps program including an explanation of the commitment required on the part of the school system and volunteers, an application from the system, and a site visit from Foundation staff. The capacity to ensure sustainability of the Experience Corps program is an essential component in evaluation of a jurisdiction as a site for the program. Once these steps are concluded, and the jurisdiction has demonstrated a readiness and willingness to participate to the AARP Foundation's satisfaction, the invitation to affiliate with the Experience Corps program is extended.

Dr. Haaga asked for further information on training. Dr. Rebok and Mr. Romani described the general structure of the standardized training protocol that uses a train-the-trainer model. Mr. Romani also said that sites have the flexibility to add community- and school system-specific features to the standardized training.

Ms. Henry indicated that AARP Foundation guidelines require that jurisdictions be able and willing to commit $100,000-$150,000 to the program in year one and that 3-5 school sites become operational in the first year. The Foundation competes for large federal and other grants and funding in order to extend sub-grants to sites to establish after school programs but sustainability is the jurisdiction's responsibility for the long-term. Mr. Romani also noted that local foundations may provide some funding to jurisdictions and that participating schools are generally designated as Title I schools so receive some additional government funding compared to non-Title I schools.

Dr. Haaga inquired whether lesser time commitments for volunteer participants had been considered in order to increase the pool of potential volunteers. Dr. Rebok stated that the program structure and time commitment had been intentionally designed and maintained so as to ensure that volunteers become an integral part of the school community, and are recognized as such by teaching staff and administrators. What's more, the positive results indicated during the NIA-funded program evaluation were based on the entire model.

Mr. Wallace expressed concern about whether the program, in a new jurisdiction, would be able to attract those people who might be unsure about participation at the required number

of hours or who might be able to commit to a lesser time commitment, with the possibility that their time commitment might evolve to a greater number of hours.

Ms. Henry indicated that the proven model data indicating program efficacy and impact on students and volunteers were important to stakeholders and funders, as well as to potential jurisdictions that are seeking to participate and which must devote substantial resources—monetary and in-kind—and staff commitment to the program. Anecdotally, Mr. Romani said, while principals and school instructional staff value volunteers who are able to devote less time to activities such as reading to children, an adult who is consistently present in the classroom for a substantial period of time on a weekly basis is seen as a true partner in serving students. Ms. Eichelberger stated that the long-term outcomes for children, volunteers, and teachers are not achievable with a lesser time commitment.

Other: Mayor Harding said that, when he held office, he had established the Mayors' Council on Senior Citizen Affairs, to which high school and college students were appointed. He stated that the students had made significant contributions to the work of the Council and he encouraged Commission members and guests to consider including students in ongoing programs for older adults.

The meeting was adjourned at 12:50 PM.

Minutes prepared by Rosanne B. Hanratty.