MARYLAND COMMISSION ON AGING
MEETING MINUTES | November 6, 2024 • 10 AM – 12 PM

Commission Members Present:
Rose Maria Li, MBA, PhD (Chair)
Paula Blackwell, MBA, MHA
John G. Haaga, PhD
Joy Y. Hatchette, Esq.
The Honorable Benjamin F. Kramer
Jay S. Magaziner, PhD, MS Hyg.
George Rebok, PhD
David Roth, PhD
Allen Y. Tien, M.D.
Diane L. Ty, MBA

Commission Members Absent:
Mae Anne Beale
Barry Robert Liden, Esq.

Maryland Department of Aging (MDoA):
Secretary Carmel Roques (Non-Voting Representative)
Deputy Secretary Jennifer Crawley
Jonathan Jenkins (JJ), Senior Call Check Administrator
Erik Mathes, Executive Assistant to the Secretary
Andrea Nunez, Legislative Director
Lisa O'Connor, Executive Assistant to the Deputy Secretary
Isabella Shycoff, Division Director, Housing Services
Barbara Sigler, Communications Director
Chelsea Wheeler, Supportive Communities Program Manager
Liz Woodward, Assistant Secretary, Planning

Members of the Public:
Estelle Brooks, Careforth
Roseanne Hanratty
Chanley Mash, Rose Li and Associates, Inc.
Sandy Morse
Lynn Phan, Alzheimer's Association
Ann Wiker, Johns Hopkins University

Welcome and Introductions:
Dr. Rose Li opened the meeting and welcomed participants.

Minutes for three prior meetings (April 24, June 5, September 12) were unanimously approved.

MDOA Updates:
MDOA updated the Commission on:

- **Agency's Focus on Community Resiliency**
  - The agency has shifted its focus to neighborhood community resiliency to help older individuals stay in their homes comfortably and securely. Emphasis on distributing Federal and State funds to local area agencies on aging. The agency is reimagining State-funded programs to better serve older Marylanders.

- **Program Redesign and Alignment with Federal Guidelines**
  - The agency has been working to redesign state-funded programs to align with new Federal regulations and guidance from the Administration for Community Living (ACL). The goal is to ensure that State funding works in tandem with Federal funding for greater efficiency and effectiveness.

- **Feedback and Collaboration**
  - The agency has been working on this project for the past 16-17 months and is now seeking feedback from stakeholders. There will be upcoming legislation, and the agency seeks alignment and support for its passage. Stakeholders are asked to assist with data collection and provide information to help create the appropriate context for understanding and advancing the initiative.

- **Longevity Ready Maryland (LRM) Presentation**
  - Epic Goals
    - Build a Longevity Ecosystem
    - Promote Economic Opportunity
    - Prepare Marylanders to afford longevity
    - Optimize health, wellness, and mobility
  - Supportive Communities (Villages)
    - Villages: Definition and Impact
      - Villages are community-driven, membership-based, grassroots organizations that help older adults age at home.
      - They offer services such as healthcare access, transportation, light housework, social enrichment, and civic engagement opportunities.
      - Villages contribute to reducing isolation and improving access to local aging services.
      - They focus on neighbors helping neighbors and foster a supportive community for aging residents.
    - Community for Life (CFL) Program
      - CFL aims to support older adults (60+) to age in their homes by providing critical services, circumventing the need for nursing homes or assisted living facilities.

- Partnered with the Maryland Department of Health's Office of Long-Term Services and Supports, and the Money Follows the Person program with a $3 million five-year grant.
- Core services include home maintenance, navigation, and transportation.
- Ongoing technical assistance is provided to community organizations on sustainability and capacity building.
- CFL Program Evaluation & Results
  - Positive impacts include reduced isolation (81%), maintenance of independence (77%), and increased utilization of transportation (56%) and service navigation (62%).
  - Challenges: Providers face difficulties in managing costs in expansive, rural service areas, maintaining low-cost services, and client recruitment/engagement.
  - Ongoing evaluation guides efforts to expand partnerships and refine the service model to meet the unique needs of different communities.
- Aging in Place Initiative
  - State budget: $100,000 with 20% allocated to increase villages.
  - Types of funded projects include mental health services, intergenerational programs, transportation, home maintenance, and social engagement.
  - Collaboration with University of Maryland to provide data collection and evaluation toolkits for smaller organizations lacking capacity.
- Senior Call Check Program
  - Current services: Approximately 2,000 people served, with a lifetime reach of 5,000 individuals.
  - Bill Changes and Key Elements
    - Name Change: Renaming the program to align with the department's goal of reducing ageism.
    - Direct Communication: Shifting from automated calls to direct communication with clients to promote social engagement.
    - Digital Accessibility: Expanding the program to include digital communications for a broader target audience.
    - Partnerships: Collaborating with the Department of Disabilities to provide necessary equipment for those without digital access.
    - Challenges and Opportunities
      - Social Isolation: Addressing social isolation as a social determinant of health and its impact on seniors' well-being.

- - - Competitor Programs: Acknowledging the presence of over 100 competing programs and the potential benefits of collaboration.
    - Accessibility and Language
      - Expanding Language Options: Addressing the needs of the deaf and hard of hearing community.
      - Increasing Language Diversity: Expanding the program's language options to engage more participants.
- Supporting Older Adults with Resources (SOAR)
  - Modernization of State-Funded Housing Programs
    - Senior Care: Budget of $14 million, serving 5,100 individuals.
    - Senior Assisted Living Subsidy (SALS): Budget of $5 million, serving approximately 420 individuals.
    - Congregate Housing: Budget of $2 million, serving around 530 individuals.
  - The programs have been in place for 40-50 years, with minimal changes during that time.
  - Challenges and Program Demands
    - Wait Lists: Around 2,500 people waiting for services, primarily for the Senior Care program.
    - Need to update and reform outdated program structures to serve current needs more effectively.
  - 2018 Commission Report
    - The Commission recommended holistic approaches to senior care, including more flexible and accessible eligibility standards and clearer waitlist communication.
  - Proposed Modernization Through Legislation
    - Combining the three programs into a single, more flexible initiative under the Senior Care statute.
    - Repealing outdated regulations for SALS and Congregate Housing while expanding options for assisted living and other housing-related services.
    - Proposal to modernize program structures and allow for a more efficient design process.
  - Timeline and Phases
    - Phase 1 (2025): Develop program parameters with stakeholders, including local agencies and providers.
    - Phase 2 (2025-2026): Design regulations and program manuals; communicate and plan for the new structure.
    - Phase 3 (FY27): Full implementation of the new program with an emphasis on data collection and evaluation to identify unmet needs.

- **Q&A Discussions**
  - Jay Magaziner
    - **Q:** Asked how the Maryland Department of Aging leverages resources from other departments, given its limited resources, and how it can better prepare for the aging population. He also referenced the disbanding of the Interagency Commission Committee and sought clarification on efforts beyond the Governor's "aging ready" initiative.
    - **A:** MDOA collaborates with agencies like Housing and Community Development on homelessness, Health on long-term care, Labor on improving the care workforce, and Disabilities on supporting vulnerable populations. Also emphasized that the "Longevity Ready Maryland" plan will guide future actions.
  - Rose Li
    - **Q:** Raised a concern about the $21 million spent to serve a relatively small number of people, suggesting that the department should work on reducing the cost per person to convince legislators to continue supporting the program without just increasing the budget.
    - **A:** MDOA agreed, acknowledging the importance of this issue as they work on modernization efforts.
  - David Roth
    - **Q:** Asked for more details on the outcome metrics mentioned, particularly how they might replace outdated process metrics.
    - **A:** MDOA explained that some process metrics, like the number of hours spent on tasks such as laundry, are no longer useful. An example of the congregate program, where instead of focusing on administrative details, they aim to measure the impact on participants' quality of life, including hospitalizations, falls, 911 calls, and meals consumed. Emphasized focusing on metrics that reflect how the recipients benefit from the programs. Added that the current data collection process is outdated, relying heavily on Excel and lacking real-time data. Highlighted efforts to modernize data infrastructure, partner with the Department of Planning, and develop a data dashboard to capture both short-term and long-term metrics. Additionally mentioned that the Older Americans Act primarily tracks service utilization, not outcomes, and that the department is working on defining and measuring the desired outcomes.
  - Senator Ben Kramer
    - **Q:** Asked about the limitations of the Senior Call Check program, specifically the 8 am to 4 pm call window, funding for the program, and the underutilization of available resources. He also suggested marketing the program better and expanding its use of technology, such as text messaging, to improve access.
    - **A:** MDOA clarified that the program's funding is sufficient but underutilized. She explained that the 8 am to 4 pm window is a result of specific language in the legislation, limiting the program's flexibility. Efforts

are underway to promote more diverse forms of contact, for example live calls, Zoom, or in-person visits. MDOA responded to Senator Kramer's points about marketing and funding for the Senior Call Check program, noting that $167,000 of the department's budget for FY24 was allocated for marketing efforts, which is a significant portion of the total $425,000 budget. MDOA expressed interest in meeting with Senator Kramer, either virtually or in person, to discuss the program further and review marketing strategies.

- Allen Tien
    - **Q:** Discussed the importance of balancing flexibility and standardization, highlighting two key areas of innovation: science and technology. Emphasized using existing scientific models, such as the regenerative economics framework, to inform aging-related work. Also mentioned general system science and social network science as tools for problem-solving and shared an example from Staten Island, where a blueprint for youth mental health prevention was developed, showcasing the power of cross-sector collaboration. Suggested focusing on data collection, measuring outcomes, and avoiding reinventing solutions. Proposed integrating program evaluation into workflows to streamline decision-making. Jay Magaziner supported the idea and suggested creating a dashboard to track aging-related services across state departments, potentially motivating progress if endorsed by the governor.
    - **A:** MDOA acknowledged the challenge but highlighted the Governor's Performance Council's data-driven efforts. Noted MDOA's collaboration with the planning agency to develop a dashboard, drawing from multiple agencies to measure key aging-related metrics like housing affordability. MDOA welcomed expert support from the commission to advance this multi-sector approach.
- Rose Li
    - **Q:** Suggested Maryland establish a coordinated effort to collect and report data on older adults, similar to a national data book. Emphasized the need for top-down enforcement, standardized reporting across agencies, and regular digital updates. Rose Li requested that MDOA provide a list of areas where help is needed so agency collaborators can self-select into areas they feel comfortable contributing to.
    - **A:** MDOA welcomed the idea and asked for support from the Commission in exploring how to integrate it into the existing state infrastructure. Suggested forming a subcommittee to develop recommendations and leverage expertise from public health and aging research institutions. Also noted that aligning with the Governor's performance cabinet could enhance the initiative's success.
- Sandy Morse
    - **Q:** Thanked the department for the Durable Medical Equipment program and shared its positive impact. Emphasized the need for better

accessibility in healthcare information, citing difficulties with automated systems and unreadable instructions. Urged decision-makers to consult older adults directly to ensure effective policies and services.
- **A:** MDOA agreed, highlighting the department's commitment to stakeholder engagement. Noted that the MDOA team recently met with older adults on the Eastern Shore to gather input and affirmed that user feedback is central to their planning efforts.
  - ○ Rosanne Hanratty
    - **Q:** Raised concerns about limitations in the Senior Call Check program, suggesting they might stem from implementation rather than legislation. Also noted past challenges with the Interagency Committee (IAC) due to lack of decision-maker participation and asked if the multi-sector plan could serve its intended purpose. Additionally, inquired about the state's role in addressing funding gaps for home-delivered meals and how faith communities fit into aging initiatives.
    - **A:** MDOA responded that Hanratty should connect with the legislative director about Senior Call Check. Stated that the Governor's Performance Cabinet is now leading interagency efforts and confirmed that the department engages with various groups, including on weekends.

Next Steps:

- MDOA to connect separately with Sen. Kramer about outreach and support strategies for increasing adoption, and with Rosanne Hanratty about implementation issues, related to the Senior Call Check program.

- MDOA will further explore the idea of gathering information on other departments' data that might inform understanding about aging-related needs and services, that can be added to performance indicators that are part of the data dashboard under development.

- Rose Li announced that the next meeting of the MCOA is on February 19, 2025 [since cancelled; subsequent meeting is scheduled for April 16], to review the MDOA draft strategy and Longevity Ready plans, both due to be completed in April. MDOA will also demo the new data dashboard.

Next Meeting
April 16, 2025

Adjournment
12:02:25 PM