



# Commission on Aging

Annual Report 2010



Montgomery County — A Community of  
Choice for Mature Adults



**Remember: Seniors Count!**



March 2011



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Photographs have been provided courtesy of Judy Welles, Commission member and Co-chair, Communication and Community Outreach Committee.

The Commission on Aging extends its appreciation to the Dennis and Philip Ratner Museum for providing temporary meeting space for our monthly meetings.

# Letter from the Chair of the Commission on Aging



## COMMISSION ON AGING

February 22, 2011

The Honorable Isiah Leggett, County Executive  
The Honorable Valerie Ervin, Council President

The Montgomery County Commission on Aging is pleased to present its Annual Report for 2010. The Report describes the activities of the Commission as an influential voice advising County government on issues affecting older adults, as well as advocating at the local, state, and Federal levels for policies and programs that contribute to successful aging in place in our community.

The Commission takes seriously its obligation to be a responsible voice for older adults in the community. Therefore, while acknowledging the financial pressures facing Montgomery County, the Commission continued its commitment to publicly speak out in support of programs considered essential to the lives of an aging population. With 119,500 individuals over the age of 65 currently living in the County and a projected growth to nearly 190,000 in 2030, the Commission feels strongly that considerable attention must be given to addressing the needs of this population.

To that end, the Commission issued a *Call to Action* for the development of a comprehensive vision and agenda for seniors, with innovative approaches that will help establish Montgomery County as a *Community for a Lifetime*. This vision and agenda must consider the geographic, economic, and cultural diversity that exists in the County, including policies around housing, transportation, recreation, health, nutrition, and other areas that are essential components of successful aging. Furthermore, the Commission believes that there needs to be a specific, long-term, comprehensive Senior Transportation and Mobility Plan since transportation is the single most frequently mentioned concern of seniors.

The Commission is pleased to note that you, Mr. Leggett, as the County Executive, and a key supporter of the concerns of our aging population, have responded positively to the *Call to Action* and have charged the Senior Subcabinet with responding to the *Call*. The Commission is committed to work closely with the Subcabinet on this endeavor in the year ahead. In addition, the Commission thanks the County Council for its support on behalf of older adults in the County.

Finally, the Commission wants to express its deepest appreciation to two individuals who represent the many outstanding social service professionals working for the County: Dr. John (Jay) Kenney, Chief, Aging and Disability Services, and Dr. Odile Saddi, Director, Area Agency on Aging and Executive Secretary of the Commission, both of the Department of Health and Human Services. Each provides the Commission with exceptional support, guidance, and wise counsel. Their contributions are invaluable to both the Commission and to older adults in the County.

Sincerely,

*Glaine Kotell Border*



**COMMISSION OFFICERS**

Chair: Elaine Kotell Binder  
First Vice Chair: Alan Kreger  
Second Vice Chair: Beth Shapiro  
Secretary: Marcia Pruzan  
Treasurer: Vivien Hsueh

**COMMITTEE CHAIRS**

Communications and Community Outreach: Spencer Schron, Judy Welles  
Health and Wellness : Tammy Duell, Judith Levy  
Public Policy: Jack Sprague, Robert Tiller  
Senior Services Oversight (until September 2010): Alan Kreger, Spencer Schron  
Aging in Place and Community: Beth Shapiro, Grace Whipple

**LIAISONS**

Department of Public Libraries: Sue Koronowski  
Department of Recreation: Gabriel Albornoz  
Department of Transportation: Carolyn G. Biggins, Judy Hanger  
Office of Community Partnerships: Austin Heyman  
Office of Fire and Rescue: Matthew Kelleher  
Commission on Health: Sam Korper  
Housing Opportunities Commission: Pazit Aviv, Gail Gunod  
Commission on People with Disabilities: John Miers  
Montgomery County Arts Council: Les Trachtman  
Vital Living Committee: Patricia Lesnick  
City of Rockville Commission on Aging: Chico Gonzales

**DEPARTMENT OF HEALTH AND HUMAN SERVICES STAFF**

Odile Saddi, Aging and Disability Services  
Shawn Brennan, Aging and Disability Services

**COMMISSION MEMBERS**

Alicia Bazan Jimenez	Nhora Murphy
Elaine Kotell Binder	Mona Ngem
Myrna Cooperstein	Diane Vy Nguyen-Vu
Morton A. Davis	Paula Post
Tammy Duell	Marcia Pruzan
John G. Honig	Harriette Rindner
Vivien Hsueh	Spencer Schron
Miriam Keltz	Beth Shapiro
John J. Kenney, Executive Liaison	John Sprague
Alan Kreger	Robert Tiller
Zoe Lefkowitz	Judith Welles
Judith Levy	Grace Whipple
Leslie Marks	



## Enabling Legislation

The Commission on Aging, established in 1974, operated under the auspices of the County Council until August 1987, when its operation was transferred to the Executive Branch. Chapter 27, Article III of the Montgomery County Code created the Commission on Aging under the declared public policy of the County to:

- Improve conditions of the aging or elderly in the county;
- Work toward the elimination of restrictions that impede older citizens from full participation in the mainstream of community life; and
- Assist and stimulate all levels of government and the community to be more responsive to the needs of the county's older residents.



COA Chair,  
Elaine Kotell Binder

In addition, the Commission on Aging serves as the Advisory Council to the Area Agency on Aging as described in the federal Older Americans Act. Members of the Commission are appointed by the County Executive subject to confirmation by the County Council. Under a section specifying powers and duties of the Commission, there are several provisions outlining a broad spectrum of powers. The following two subsections provide a good example of the breadth of the Commission's power:

The Commission shall have the power...

- (a) To research, assemble, analyze and disseminate pertinent data and educational materials relating to activities and programs which will assist in meeting the needs and solving the problems of the aging; to cooperate with public and private agencies, organizations, and individuals in identifying and solving the problems of the aging; and to develop and conduct, as appropriate, in cooperation with county government and other services and programs dealing with the problems and needs of the aging.
- (g) To advise and counsel the residents of the county, the County Council, the County Executive and the various departments of county, state and federal governments on matters involving the needs of the aging, and to recommend such procedures, programs or legislation as it may deem necessary and proper to promote and ensure equal rights and opportunities for all persons, regardless of their age. ■

## Commission Membership

The Commission on Aging consists of no fewer than 18 members appointed by the County Executive, subject to confirmation by the County Council. Members must be county residents of whom a majority shall be age 60 and older. Members include: those who participate in or who are eligible to participate in programs under the Older Americans Act; local elected officials or their designees, individuals who are or who have been active in government, business, industry, labor, community service, religious, social services, education, the professions; and representatives of major organizations or agencies concerned with aging. ■



## Area Agency on Aging

The Area Agency on Aging (AAA), headed by Dr. Odile Saddi, is responsible for the provision of a continuum of home and community-based services, and provides staff support to the Commission on Aging.

The AAA is actively involved with community partners, administering County and State grant awards to contractors, public education/outreach, networking, and referrals.

AAAs were established under the federal Older Americans Act (OAA) in 1973 to respond to the needs of Americans ages 60 and older in every local community.

The AAA strives to develop a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best. The AAA is part of a national network of more than 670 AAAs established under the OAA to improve the quality of life for older persons by creating a network that maintains a holistic view of aging. The AAAs are mandated to "foster the development and implementation of comprehensive and coordinated systems to serve older individuals...."



**COA Chair Elaine Binder, DHHS Dr. Odile Saddi and First Vice Chair Alan Kreger**

volunteers, and the second for one of our staff members.

- The AAA received a National Association of Counties award for the Better Living at Home program. Under this program, an occupational therapist assesses at-risk seniors in their homes, and then the senior receives appropriate adaptive equipment. Program staff members help seniors to use the new equipment to ensure its effectiveness, thus reducing dependency on in-homecare personnel.

- The Health and Wellness program successfully recruited additional volunteers to lead Bone Builders Exercise classes on bone health and falls prevention, thus increasing the number of free classes offered in the County from eight to eleven. This program also conducted a successful Falls Prevention Campaign in September 2010, in which numerous County partners were engaged.
- The Older Adult Waiver program served more than 400 Medicaid-eligible seniors. The Money Follow the Person program reached out to 182 residents of nursing homes during the second half of 2010.
- In partnership with the Beacon Newspaper, several outreach efforts were implemented to inform seniors and their families about helpful services in the County.
- The AAA also participated in the activities of the County Senior Subcabinet and the work of the eight workgroups supporting the work of the Senior Subcabinet. ■

### Highlights of AAA Activities in 2010:

- The AAA received federal stimulus funds in the amount of \$206,648 to provide additional meals for seniors, both in congregate settings and home delivered. Over 2,600 seniors enjoyed more than 21,000 meals through this federal funding.
- The AAA's Long Term Care Ombudsman (LTCO) program received two national awards in 2010, one for one of our long-term

## Demographic Overview

### Seniors Ages 65 and Older, Montgomery County, Maryland

The population of Montgomery County residents ages 65 and older has steadily increased and is the fastest growing population segment of the County. The number of senior adult residents is projected to more than double from 92,500 in 2000 to more than 189,000 in 2030.



## Commission Activities and Priorities

The members of the Commission bring their expertise and dedication to the activities of the Commission through their committee work, their participation in Commission meetings, and their involvement in making decisions about priorities.

In addition to carrying out its advice and advocacy responsibilities, the Commission spent part of the year formalizing the processes by which it makes decisions, including developing criteria for decision-making. It also reorganized its committee structure. It now has four committees in addition to its Executive Committee: Aging in Place and Community, Communications and Community Outreach; Health and Wellness; and Public Policy. The Commission also formalized the charges given to each committee to ensure greater efficiency and the ability to identify and take action on issues of importance to older adults. Charges to the Health and Wellness and Public Policy Committees remain unchanged. The Commission refocused the direction of its Communications and Community Outreach Committee to emphasize increased visibility on issues related to aging and established a Task Force on its monthly television show, *Seniors Today*. Finally, the Commission created a new Committee on Aging in Place and Community to call attention to all areas relevant to seniors who want to age successfully in Montgomery County.

The activities of the Commission's Oversight Committee, which existed until fall 2010, focused primarily on the area of mental health. Its most important legacy is its advocacy and close work with DHHS staff to implement a training program for assisted living staff. This training is designed to help staff provide more effective care for nursing home residents with mental health issues. Under the aegis of the Commission, this program, described in the "Oversight Committee" section of this report, is underway, and an evaluation of its effectiveness will be forthcoming.

The Commission continues to have liaison relationships with departments that provide service to older adults, as well as with other County committees and commissions that share an interest in the needs of seniors.

The Commission also has been active in a variety of external efforts, including participation on the County Executive's Senior Subcabinet, several workgroups that emerged from the 2008 Senior Summit, the Vital Living Committee, and the strategic planning efforts of the Department of Recreation. The Commission continued its advocacy efforts by rejoining United Seniors of Maryland and participating on their legislative committee. The Commission considers these efforts as an extension of its goal of ensuring that County Government, State legislators, and the community all *Remember: Seniors Count*.

### BUDGET PRIORITIES

The Commission testified before the County Executive, the County Council, and the Director of DHHS, on budget issues for FY10 and FY11. With regard to the 2010 budget, the Commission advocated for continuation of core safety net services with particular emphasis on Home Care, Respite Care for family members, and Home and Community-based "Wraparound" programs, including Adult Day Care, Transportation, and both congregate and home-delivered meals.

Other issues on which the Commission testified were ensuring that Mental Health services are available to disadvantaged older adults and maintaining Ombudsman services to investigate and address complaints in long-term care facilities. In addition, the Commission recognized the critical importance of maintaining basic recreational service programs that provide social outlets for isolated seniors. Finally, the Commission actively advocated for continuation of free Ride-On fares for seniors. In addition to presenting testimony, Commission members met

(Continued on page 6)

(Continued from page 5)

## COMMISSION ACTIVITIES AND PRIORITIES (CONTINUED)

with members of the County Council to press further for their support of Commission priorities. Unfortunately, due to the extreme economic situation, the Commission's efforts, with the exception of the Ride-On fares, did not result in changes to the Executive's budget. The Commission is pleased to note that free Ride-On fares were continued from 9:30 am to 3:00 pm, with discounted fares at other times.

In preparation for its advocacy efforts on the FY2011 budget, the Commission has testified before the Health and Human Services Committee of the County Council and the Department of Health and Human Services. In both instances, the Commission decided to focus its attention on the cumulative effects of potential reductions on three subsets of older adults:

1. Vulnerable, at-risk seniors who depend on services provided by DHHS for their very existence. These include comprehensive services such as nutrition, in-home care, case management, and ombudsman oversight of long-term care facilities.
2. Low-income seniors, particularly those who live alone and who are very much in danger of moving into the first group. Prevention is critical. To reduce the possibility of their becoming vulnerable, at-risk seniors, they need case management, affordable transportation, in-home assistance, nutritional supports, and often income assistance such as food stamps.
3. Finally, the Commission cannot forget the vast majority of older adults—the middle income, vital seniors, who often are “forgotten.” Prevention is critical for keeping them vital as long as possible. Without easy access to transportation, recreation, and physical fitness programs, they are in danger of social isolation, depression, and declining health.



## LEGISLATIVE PRIORITIES

Consistent with its responsibility to advocate on the State level on behalf of seniors, the Commission is pleased by the increased activity of its Public Policy Committee. During the 2010 session in Annapolis, the Commission was able to support legislation to rename the Empowerment Zones for Seniors Commission in order to continue efforts to implement activities related to Communities for a Lifetime, as well as legislation designed to reduce the incidence of financial abuse of seniors.



The Commission held a successful Legislative Breakfast in December 2010 in preparation for its advocacy efforts in the 2011 State Assembly. The Commission agreed on three priorities for its legislative activities: articulation of the elements that comprise Communities for a Lifetime; passage of a bill regarding Medical Orders for Life Sustaining Treatment (MOLST); and further efforts to prevent financial abuse of seniors.



Finally, the Commission wrote to the Governor to support continuation of the State Department of Aging, which, the Commission believes, has the expertise and the knowledge required to conduct and maintain programs for this rapidly growing segment of the State's population.

**COLLABORATION WITH SERVICE PROVIDERS**

The Commission engaged in numerous efforts this year to develop collaborative relationships that will further its mission. In the spring, the Commission hosted a Stakeholders Meeting to which it invited representatives of public and private organizations and businesses that provide services to seniors. The purpose of this meeting was to initiate partnership relationships with and among attendees in order to extend marketing and provision of services to the County's older adult population and to identify issues and ways in which the Commission can successfully advocate for older adults.

In small groups, participants discussed challenges and potential solutions in four areas that they had identified as problematic for meeting the needs of seniors: transportation, senior centers, mental health and aging at home. At the conclusion, stakeholders expressed the need for an Aging Policy in Montgomery County and for organizations and businesses to work together to develop a coordinated message and a united front in conveying that message to County leaders. They asked the Commission on Aging to be the central voice for advocacy on behalf of seniors. The Commission planned a follow-up meeting for February 2011 to begin this process. (See "Stakeholders' Meeting" in this report for additional details.)



Senator Karen Montgomery with Myrna Cooperstein and Vivien Hsueh at Legislative Breakfast

**ANNUAL MEETING**

In May, the Commission held its Annual Meeting at Brookside Gardens. County Executive Isiah Leggett described the fiscal challenges facing the County. Ilene Rosenthal, Deputy Secretary, Maryland Department on Aging, gave a presentation describing the elements of the Communities for a Lifetime Program that Maryland wishes to put into place across the State. The Commission then engaged in its annual process of determining issues for study during the summer. Ten topics were presented, and each was evaluated according to specific criteria: its impact; the potential success of achieving the goals of the project; the degree to which the subject was appropriate and relevant to the Commission's goals; and whether there was an opportunity for collaboration with other groups.

**SUMMER STUDY SESSIONS**

In 2010 the Commission convened summer study sessions on three topics: Transportation, Communities for a Lifetime, and End-of-Life Issues. In addition to Commissioners, representatives from community groups participated in the summer study sessions and contributed their expertise to the in-depth research on the topics. As expected, each workgroup presented recommendations for specific actions. The Commission approved the recommendations and adopted these topics as priority subjects, either for legislative action or for Commission work. The reports of all three topics are provided elsewhere in this report.

**HEALTHCARE FORUM**

At a Commission-sponsored healthcare forum in the summer, State Senator Benjamin Cardin presented an overview of the Affordable Care Act and its impact on older adults. Also speaking at this forum were Uma S. Ahluwalia, Director, DHHS, Ulder J. Tillman, MD, MPH, Public Health Officer, DHHS, and Leta Blank, Director, Senior Health Insurance Program. ■



COMMISSION ON AGING

A CALL TO ACTION

August 2010

To: Montgomery County Executive, County Council Members, and  
All Candidates for Election in Montgomery County as County  
Executive and County Council Members

From: Elaine Kotell Binder, Chair  
The Montgomery County Commission On Aging

Subject: A Call to Action on Behalf of Seniors

The Commission calls on the County Executive, County Council and all candidates for the office of County Executive and County Council to commit publicly to ensuring that all older adults can age successfully in Montgomery County and that you work with the Commission to ensure that seniors' needs are addressed in both policy and programs.

We ask that you respond to this call in writing and that you work with us as we continue to identify both policy and programmatic priorities that concern seniors.

The Montgomery County Commission on Aging serves as an advocate for the health, safety and well being of the County's senior residents. The Commission supports both safety net services for frail older adults and programs to meet the interests and needs of those who are healthy and active.

With a current population of more than 110,000 individuals over the age of 65 and a projected growth that increases the percentage of seniors in the population, it is imperative that the County fulfills its commitment to follow up on the recommendations that emerged from the Senior Summit convened by County Executive Leggett in November 2008.

We believe the time has come for the County to focus its attention on our growing population of both vulnerable and vital seniors by addressing their transportation, housing, recreation, nutrition and other needs. Twenty-five percent of County seniors age 65 and older live alone. An estimated 18% of seniors have a limitation in performing activities of daily living. Older persons who live alone are more likely than those living with spouses to be in poverty. We must also focus attention on middle-income seniors who rely on transportation and socialization services to maintain their vitality. Finally, it is critical that we take into consideration the needs of diverse groups in our community and work collaboratively with them.



We recognize that there are considerable financial constraints on the development of new programs and services. However, we believe that this is the perfect time to begin planning for the future – to consider creative and innovative approaches to serving the burgeoning population of older adults. It is in the County's economic interest to retain our current senior population and to attract others to age here. The County currently has a significant number of individuals who have accumulated wealth and whose contributions to the tax base will be substantial if they remain in the County as they continue to age. In addition, many of these seniors make significant contributions to the County through their volunteer efforts. Finally, we believe that there is considerable cost savings to providing services that enable seniors to live safely in more independent conditions rather than in institutions.

Therefore, we ask for a commitment to:

Build a comprehensive vision and agenda for seniors that consider the geographic, economic and cultural diversity that exists in the County. Included in this agenda will be policies around housing, transportation, recreation, health, nutrition and other areas that are essential components of successful aging. We need a vision and agenda with innovative approaches that will help establish Montgomery County as a Community for a Life Time.

Develop a specific, long-term, comprehensive Senior Transportation and Mobility Plan. Transportation is the single most frequently mentioned concern of seniors. The Commission seeks to work with the County in beginning to develop a transportation and mobility plan that incorporates both public and private services. Despite current financial limitations, it is time to develop a plan that: considers existing services and current County research; examines best practices from across the country, and plans for the use of technological advances in order to create an overall approach to providing transportation that meets the needs of our older population.

Continue the commitment made by the County Executive for the Senior Subcabinet, which was created to implement the goals of the Senior Summit held in November 2008. Expand membership on the Senior Subcabinet by appointing an officer of the Commission on Aging as a full participant on the Subcabinet. Include on the Senior Subcabinet representation from the Vital Living Committee, and a liaison from the County Executive's Office. Ensure full participation by the decision-makers in all departments that affect seniors.

Please respond to: Elaine Kotell Binder, Chair  
Montgomery County Commission on Aging  
c/o Department of Health and Human Services  
Aging and Disability Services  
401 Hungerford Drive 4th Floor  
Rockville, Maryland 20850



## FY10 Committee Activities

### AGING IN PLACE AND COMMUNITY.

Following the 2010 Summer Study session, the Commission voted to restructure its standing committees. The Aging in Place and Community Committee (AIPC) was newly created as the result of the restructuring.

This Committee is charged with looking at the issues involved with the decision to remain in the home and/or community where one has lived for many years and raised a family, although safety, the ability to maintain the home and function independently may be becoming more difficult.

The AIPC Committee held its first meeting in November 2010 and is co-chaired by Commissioner Beth Shapiro (Jewish Social Service Agency) and Grace Whipple (Upcounty Senior Center). This committee encompasses many areas of interest such as mobility and transportation, housing, physical and mental health concerns, and home maintenance, to name just a few.

The Committee's first charge is to focus on the ability of seniors to maintain mobility within their communities. Outcomes for the coming year for the Committee include:

- Agreement on a set of principles related to senior transportation and mobility;
- Initiation of the development of a community-wide plan based on the principles;
- Research on escorted (door-to-door/door-through-door) transportation programs;
- Setting the stage for a possible survey of senior needs.

The Committee looks forward to working closely with the Transportation Work Group

established at the Senior Summit in 2008 and learning more about the accomplishments that have occurred since then.

### COMMUNICATION AND COMMUNITY OUTREACH.

The Communications and Community Outreach Committee focused on developing a strategic communications plan to achieve change by effectively informing stakeholders and decision makers of key concerns of older adults in the County. The plan, in support of the Commission's *Call to Action*, called for coordination with the County Communications Office, collaboration on important concerns with other Commission on Aging committees, and a closer link with stakeholders and the media. Steps include using all available means to communicate COA's priorities, participation in County budget hearings, and meetings with decision makers.

The Committee recommended more frequent communication and partnership with stakeholders, including extending an open invitation to participate in COA committee meetings and convening another forum for feedback and dialogue. As a result, several representatives have attended meetings of the Health and Welfare and Aging in Place and Community Committees, and a forum was planned for February 2011. COA and stakeholder partners are trying to become a coordinated voice for Montgomery County seniors with a consistent message for decision makers. To facilitate outreach and improve understanding about issues affecting seniors in Montgomery County, the Committee also created a demographics fact sheet to illustrate the tremendous growth of the County's senior population.

The Committee continues to advise County Government offices on the need to inform older residents about programs and services. With excellent guidance from producer Michael Bruen, the Committee also produces "*Seniors Today*," a monthly cable television show that also appears



on the County Web site. A special task force worked on developing topics and speakers for the show. The County Executive issued a special certificate in recognition of the program's 100<sup>th</sup> show, which aired in December, and its host, Austin Heyman.



Austin Heyman prepares to host COA's Monthly television program, *Seniors Today*.

**HEALTH AND WELLNESS COMMITTEE.**

The Health and Wellness Committee spent the year tracking a wide range of trends and issues regarding health services for seniors, including development of Aging in Place programs, the Community Health Improvement Process (CHIP), now known as Healthy Montgomery, changes in Medicare affecting seniors, the Health Reform Act of 2009, appropriate hospital and emergency room discharge planning, emergency services planning, hoarding, and other behavioral health concerns. Because an exhaustive list of possible activities emerged, the Committee decided that, with the reality of time and achievable outcomes, it would concentrate its efforts on supporting the City of Gaithersburg's Active Aging Event, supporting the annual Stakeholder's Meeting, participating in the development of the CHIP program, and focusing on issues concerning End-of-Life (EOL) care in Montgomery County.

The Health and Wellness Committee submitted a summer study proposal that was approved by the Commission on Aging and supported by the Commission on Health and the Commission on People with Disabilities. (See section on Summer Studies.) As a result, the Committee devoted a

significant amount of time to issues concerning EOL care this year.

In regard to CHIP, the Committee provided input on indicators that could positively affect planning for the current and future needs of seniors. For example, monitoring the number of individuals over the age of 65 who live alone may help determine social isolation.

In response to a presentation on hoarding by the liaison from the Housing Opportunities Commission, the Committee supported the need for professional education and training for clinicians, including social workers and counselors who work with hoarders residing in Montgomery County.

A highlight of Committee work this year was the July 19<sup>th</sup> forum with Senator Benjamin Cardin on Health Care Reform. This meeting, held at the Fox Hills Retirement Community, was sponsored by the COA with Health and Wellness Committee support. It was well attended by seniors and Montgomery County Health and Human Services staff who provide support for seniors. It helped to educate those in attendance about the need for universal health care coverage as well as current gaps in care and reimbursement.

In 2011 the Committee will continue work on the recommendations from the EOL Summer Study, which include:

1. Endorsement by the Montgomery County Council of the End-of-life Bill of Rights;
2. Education of consumers and providers focusing on End-of-Life care;
3. A First Responder pilot program; and
4. Support of Medical Orders for Life Sustaining Treatment (MOLST) legislation in collaboration with the COA Public Policy Committee.

The Committee will also continue to work on other areas of interest, such as prevention and mental health issues.



### OVERSIGHT COMMITTEE.

In 2010, the COA Oversight Committee, a standing committee that existed until fall 2010, successfully pursued the Mental Health Initiative. This effort brought together a group of organizations in partnership to provide mental health training to staff of members of the Metropolitan Assisted Living Group Home Association.

In June of 2008, the County's Adult Protective Services informed the COA's Oversight Committee about the lack of mental health services available to their clients being admitted to Assisted Living Group Homes. Assisted Living Group Homes were not accepting clients with mental health needs because they did not have the staff trained in dealing with mental health issues; instead, they were discharging these clients with mental health needs to other facilities (such as hospitals) when difficult behaviors became unmanageable. Based on this information, the Committee initiated meetings with the County Behavioral Services staff, leadership of an innovative mental health services program in Arlington County, staff of the Mental Health Association of Maryland, the County Ombudsmen program, and eventually with the President of the Metropolitan Assisted Living Group Homes (MALGA).

With the COA serving as a catalyst, a partnership was formed of Behavioral Services, the Ombudsmen Program, Adult Protective Services, the State Mental Health Association, and MALGA. This partnership resulted in a pilot project for members of MALGA, which includes train-the-trainer opportunities and professional consultations. The train-the-trainer activities use materials already developed by the State

Mental Health Association and the Alzheimer's Association and made available to Behavioral Services through a grant. All services to MALGA participants were offered at no cost and include:

- Initial training that meets requirements for cognitive impairment and mental illness;
- Additional training opportunities for interested individuals to become certified trainers who then train direct care staff;
- One-on-one consultation in the home setting with a mental health specialist from the Senior Outreach Team (SORT) at time of original placement of a new client with behavioral issues;
- Short-term therapy and support for the resident with mental health needs;
- One-month follow-up with a SORT Team specialist after initial placement;
- As-needed training provided to staff when difficult situations occur involving a resident with mental health needs; and
- Quarterly scheduled face-to-face or phone consultations to discuss behavior management issues for individual clients.

These training and consultation services will help MALGA staff develop individualized strategies to deal more effectively with residents in MALGA homes and, in turn, will help the group homes retain these individuals with fewer difficulties. In addition, an evaluation component will be incorporated, which will involve the collection of data to gauge the resulting effectiveness of training and behavior changes in clients.



**PUBLIC POLICY COMMITTEE.**

The Public Policy Committee leads the Commission’s efforts in public policy advocacy, both in Montgomery County and in Annapolis.

The Committee developed a process whereby the Commission can decide what legislation to support or oppose in Annapolis and express its views on several bills. Jack Sprague, Commission member and co-chair of the Public Policy Committee, is the Commission’s primary representative in Annapolis. He testified at hearings and also spoke directly to delegates and senators on numerous bills.

Working through the Committee, the Commission supported legislation to curb financial exploitation of seniors, extend the life of the State Commission on Empowerment, extend controls on the issuance of reverse mortgages, and strengthen the role of nursing home ombudsmen.

The Committee sought the necessary federal approval for funding the Maryland Loan Assistance Repayment Program, which is a State law that would allow physicians to have medical school loans forgiven if they serve certain populations; the funding would come from a surcharge on hospital bills. Unfortunately, the Centers for Medicare and Medicaid Services did not approve the use of federal funds for this purpose.

The Committee worked with the full Commission to set up visits with each member of the County Council, in which Commission members urged the Council to avoid harming



**COA member Jack Sprague with Delegate Benjamin Kramer**

certain programs for seniors when cutting the County budget. Fortunately, the Council restored a cut of \$70,000 for respite care that the County Executive had proposed and also reached a compromise on bus fares whereby seniors are still able to ride free on Ride-On during mid-day hours.

Building on the Commission’s practice of undertaking Summer Studies, the Committee initiated a study of

legislation related to Aging in Place and Aging in the Community. (See the Summer Study section of this report for additional details.)

The Committee organized the Commission’s successful legislative breakfast for State delegates and senators from Montgomery County. The breakfast provided an excellent opportunity for Commission members and legislators to exchange views about legislative priorities related to seniors. In addition, with the Committee’s recommendation, the Commission agreed to rejoin the United Seniors of Maryland. ■



**State Legislators and COA members at the Legislative Breakfast**



## Stakeholders Meeting

The Commission on Aging hosted a Stakeholders meeting to encourage development of partnerships that extend services to the County’s older adult population, identify issues of mutual concern, and find ways in which the Commission can successfully advocate for older adults.

Attendees represented more than 39 Montgomery County agencies and organizations serving older adults. They identified an overarching need for an aging policy in Montgomery County, as well as for developing coordinated messages about senior issues and presenting a united front for conveying those messages to County leaders.

Prior to the meeting, invitees had been asked to identify challenges (other than economic) in providing services to seniors. During the meeting they named additional challenges and then broke into small group discussions of possible solutions. Below is an abbreviated summary of the major areas of challenge and possible solutions.



### TRANSPORTATION.

Among the many challenges identified were concerns about mobility for non-drivers, how and when to give up the driver’s license, insurance, difficulty of navigation for non-English

speaking drivers, and a general need for better urban planning that considers seniors.

Suggested solutions included improved content and methods for information dissemination in multiple languages, more education for families and drivers about giving up the driver’s license, and destigmatizing loss of license. Other solutions focused on increasing the volunteer driver pool, enabling relationship building between drivers and riders, and researching

issues related to liability of volunteer drivers. In addition, an examination of regulations that affect service provision is needed. Finally, there must be recognition that all of these issues are interrelated.

**SENIOR CENTERS.** In an atmosphere of serious budget constraints facing Senior Centers in the County, stakeholders identified a number of concerns, including downsizing of staff, less maintenance of facilities and equipment, and a limited “senior” voice in the Recreation Department. Other concerns included limited cultural diversity, the need for intergenerational programming, and the need to attract younger seniors. The group wanted to see the programming attract younger seniors and become more intergenerational and “ageless.” Solutions involved investigating possible partnerships with outside organizations that might provide needed services and researching new models for senior centers, including those that are not facility based.

Other recommendations included greater presence of Aging and Disability staff and exploration of increased volunteer base, use of interns, and potential partnerships with organizations such as Montgomery College and local hospitals. Additional research is needed about communities throughout the country that have been successful in these areas. Finally, the group asked some basic questions that remain: Is the current model of senior centers still working? Is the term “Senior Center” itself an issue?





**Mental Health.** There is a profound under-recognition of need for senior mental health services and a lack of options for addressing the need. More seniors need care than programs are available to support their mental health needs. This is a multi-cultural issue.

Isolation, anxiety, and depression can create mental health issues and lead to physical decline, as can medication, cost, and compliance issues. It can be difficult to understand when help is needed and the relevant steps that can be taken. In addition, there exists among the public a stigma about using mental health services, a lack of awareness, training, and comfort levels among medical professionals, and limited coordination of care between psychiatric and medical care providers.

Potential solutions included recognition that to improve efficiency of mental health care delivery, it will be important to reach out to physicians and create standardized mental health screenings that become part of all medical contacts. Electronic medical health records would increase efficiency in this area. Stakeholders suggested a County-based workgroup/coalition focused on: developing a County position and white paper related to mental health services for seniors and others; conducting a needs assessment and examining



best practices locally and in other communities; and creating a list of recommendations that would be shared with County health care providers.

**AGING AT HOME.** Among the many challenges to aging at home are affordability of home-based services and housing, respite care and support for informal family caregivers and friends, increased need for medical intervention and the necessity for helping seniors and families recognize need for protective care. There is a general lack of

information about available services, behavioral issues such as hoarding, isolation, mental health issues and dementia, and financial exploitation. Stakeholders want to ensure that seniors are seen as a priority segment of the County population.

To meet these needs, the group suggested marshaling community resources and improving access to information about reliable organizations, service coordination, and living options such as the Village concept. They recommended determining best practices and creating an advocacy coalition that would help create public buy-in, with increased partnership activities between the Commission on Aging and organizations such as GROWS. Finally, they suggested funding for “Villages,” a grass-roots movement in neighborhoods across the country to help people age in their own homes. ■

Visit the Senior Services Site at [www.montgomerycountymd.gov/Senior](http://www.montgomerycountymd.gov/Senior)

			<b>Montgomery Senior Site</b> Caregivers Consumer Issues Employment Health Recreation & Libraries Safety Senior Housing Taxes & Finance Transportation
			
			

**Senior Nutrition Hotline**  
**240-777-1100**

Speak directly to a registered dietitian for reliable nutrition and diet information  
 Wednesday morning 9-11 am

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## FY10 Summer Studies Work Groups

### **AGING IN PLACE/COMMUNITIES FOR A LIFETIME.**

The summer study group originally planned to explore revisions to State Senate Bill 813 on Communities for a Lifetime, a bill that did not pass the legislature in 2010. However, after discussion, the group decided instead to draft completely new legislation designed to help Maryland seniors who wish to age successfully in their communities and to seek its passage in 2011. Following the completion of the draft, the proposed new bill was approved by the full Commission on Aging, which is now seeking support from the Maryland Secretary of Aging and from potential sponsors in the House of Delegates and the Senate.

**END-OF-LIFE CARE.** The Commission on Aging joined by representatives from the Commission on Health, the Commission on People with Disabilities, the Coalition on End-of-Life Care, and other Montgomery County-based organizations including hospitals and hospice providers met over the summer to study end-of-life (EOL) care. Group members identified barriers and challenges to providing successful EOL care, examined best practices and strategies that are successful in other areas, and developed recommendations.

**Barriers and Challenges.** The group had little trouble identifying barriers and challenges, as many of professionals in the group have spent years providing EOL care:

- Perhaps the biggest issue for both providers and consumers is the lack of understanding about what EOL care entails.
- Jurisdictional differences exist from one state to another in regard to Do Not Resuscitate (DNR) orders.

- The State of Maryland DNR rules utilized by Emergency Medical Services (EMS) change annually and allow for variation in responder response when a state-sanctioned DNR document is not present and the caregiver at the scene wants to forego resuscitation for a terminally ill patient.
- It can be difficult to obtain reimbursement for EOL services under current insurance, both public and private.
- Considering the diverse population in Montgomery County, cultural differences and perceptions around the issue of EOL care also present challenges.

**Best Practices and Strategies.** The group strongly supported education that would empower the public to request appropriate EOL care. This could be accomplished using an End-of-Life Bill of Rights. Other educational opportunities include educating attorneys about advanced directives, as well as physicians in both voluntary training and as a condition of re-licensure. Another approach could be to engage media and senior stakeholders as partners for education of consumers and providers. Finally, the group recommended that, as practiced in other jurisdiction, EMS personnel should be allowed to withhold resuscitation from patients with a terminal illness diagnosis if a family member or caregiver at the scene verbally reports that the patient does not want resuscitation even without a state-sanctioned DNR document.



The group developed the following priority recommendations:

1. Encourage County Council/Board of Health sanction of an End-of-Life Care Bill of Rights for use by facilities, providers, organizations, and individuals in Montgomery County.
2. Develop and implement practitioner and public education about EOL care.
3. Develop an EOL pilot project for first responders
4. Monitor legislation related to EOL issues for possible COA support.

The Health and Wellness Committee and the COA will take steps to follow up on these recommendations in the coming year.

**TRANSPORTATION.** Commission members and other interested individuals and organizational representatives met three times over the summer to examine transportation issues affecting seniors in Montgomery County. The Summer Study goals were to identify transportation and mobility gaps, brainstorm on effective criteria, and develop recommendations for Commission and County consideration.

The group learned that there are 65 transportation programs operating in the County. These programs are run by government, nonprofit, and for-profit organizations. The study group identified urgent transportation gaps, prioritized features needed to fill those gaps, and developed a series of recommendations for County consideration:

- Create a policy statement for approval by the full Commission.
- Identify transportation and mobility as a single priority issue.

- Acknowledge the importance of collaboration of nonprofits, for-profits, and government agencies to develop and implement senior transportation and mobility policies and programs.
- Hold education forums, speaker series, and education and information resource sessions.
- Recommend and contribute to the establishment of a County-wide policy for senior transportation and mobility that:
  - Incorporates public and private sectors.
  - Promotes greater collaboration of providers and users, (e.g. a provider round table, stakeholder meetings, taxi cab commission, provider advisory groups etc.).
  - Promotes adequate transportation for customers and standards for performance by transportation providers.
  - Promotes ongoing and widespread communication to the public about existing transportation services and mobility issues.
  - Encourages collaboration among government, nonprofit, and for-profit organizations.

The Study Group also developed and submitted a proposal to Leadership Montgomery. The goals of the proposal were to analyze the current gaps and barriers to transportation service provision to seniors and recommend possible solutions. Factors may include those that motivate people and/or organizations to change, practical and effective incentives, and strategies for creating an environment to overcome the barriers.

The Commission’s Aging in Place and the Community Committee will continue to focus on transportation issues in the coming year. ■



## LOOKING FOR SERVICES FOR SENIORS?

Visit Montgomery Senior Site for information on



- Caregiving
- Consumer Issues
- Employment
- Health
- Recreation and Libraries
- Safety
- Senior Housing
- Taxes and Finance
- Transportation

Montgomery Senior Site is designed to provide information on county services in one easy-to-find place.

[www.montgomerycountymd.gov/seniors](http://www.montgomerycountymd.gov/seniors)

Please call 240-777-3000 or dial 311



Isiah Leggett, Montgomery County Executive

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