

FY2017 REVIEW

FY2017 has been a year of new initiatives and ideas for Montgomery County. The County Executive in conjunction with the County Council, the Montgomery County Department of Health and Human Services, the Department of Recreation, and the Area Agency on Aging (AAA) have continued their work on making Montgomery County more age-friendly and have started working with other community partners. The county continues to be in good standing with WHO/AARP/AFC the designating organizations for Age-Friendly America until March 2018. The County also hosted a kickoff event for its Dementia-Friendly Initiative. These designations represent the County's continuing commitment to seniors and will be followed up with a three-year strategic plan that outline specific steps for the County.

The County, and the AAA as part of the County government, have convened ten work groups to work on the Age-Friendly Community movement. The work groups are made up of county government employees, older community members, business leaders, and non-governmental organization leaders from Montgomery County and the greater D.C. area. They are working on ten different areas, that were decided at last year's Summit, which include: civic and social involvement; communication and outreach; elder abuse and prevention; employment; health and wellness; home and community based services; housing; planning, outdoor spaces, and buildings; senior public safety; and transportation and mobility. A three-year strategic plan is currently in final draft stage and will be released to the public sometime in the final part of FY17. The Dementia Friendly Initiative also continues to grow, with much of the credit going to the new Caregiver Coordinator. She has been instrumental in creating a collaborative initiative that involves community stakeholders, non-governmental organizations, and government partners, such as the police and fire departments. The continued success of these initiatives is imperative with the growth of the County's older population - with more than 210,612 adults age 60 and over calling the County home. This makes up nearly 20 percent of the County's population. The County is also home to an extremely ethnically diverse senior population – with more than a third reporting their race/ethnicity as something other than White, non-Hispanic.

The AAA has continued its successful lead role in the County Executive's Senior Subcabinet, which has been renamed Age-Friendly Montgomery. The mission of Age-Friendly Montgomery is to promote cross-departmental collaboration within the County government as well as collaboration with private and non-profit organizations outside of the County government. The goal of these collaborations is to facilitate communication on understanding the needs of seniors, planning for the growth of the senior population, and promoting the services available to seniors throughout the County.

In an effort to help with Age-Friendly Montgomery, the AAA was selected by the County Executive's office to have a Senior Fellow. The Senior Fellow, is an experienced career professional, who works for the County and brings outside career experience to programs. Our Senior Fellow has been instrumental in leading the Age-Friendly Montgomery effort. Additionally, the Ombudsman program hired a full-time social worker and a part-time program manager to replace outgoing staff. The AAA also made the Caregiver Coordinator position full time. The AAA director now manages 13 direct reports.

The AAA continued its commitment to the CFC / Nurse Monitoring program by staffing the program with four permanent Merit employees that serve approximately 2,200 residents, there is currently one vacancy. The CFC/Nurse Monitoring Team works with five vendors for these Medicaid funded services. The CFC/Nurse Monitoring team administers the program's expenditures, revenues, and tracks growth and attrition monthly. The team also regularly communicates with the five contracted agencies to provide support and ensure compliance with contract terms. The team collaborates closely with the Supports Planning Agencies and APS (when necessary).

The AAA is working on reducing the census in our CFC Supports Planning program as expenditures exceed State reimbursement. The program used to serve 600 clients and now serves 350 due to attrition. The AAA continues to work with affected employees whose contracts were ended as a result of the downsizing. The CFC/SPA Program meets operating standards set by DHMH and recently passed a State audit.

Additionally, the AAA is working closely with the AERS nurse managers as their work load has continued to grow. We have partnered with DHMH who hired one DHMH contractual nurse and assigned her to the County. We were successful in hiring two new county merit nurses to help with the workload and also advocating for two broker office services coordinators who help the nurses with scheduling appointments and paperwork. This increased staffing has provided the AERS program with adequate staffing.

The Commission on Aging (COA) advocacy activities continue to be well received and successful. The COA held a follow up to the Summit on Aging for community members, stakeholders, and government employees. The follow-up meeting helped interested parties understand the progress each of the work groups has been making and also solicited feedback about the three-year strategic plan. The COA recently appointed eight members – for a total roster of 28 members. They continue to enjoy a very good reputation as an effective voice for older adults in the County and the State. The COA wrote many letters and provided oral testimony to the General Assembly during the 2017 session in Annapolis and are becoming more active on the federal level. The COA now has an alumni group which meets monthly in support of senior services advocacy.

The AAA now has a Home Meds program and has been successful in recruiting participants from the Montgomery County CFC Supports Planning Agency and the CFC Nurse Monitoring programs. The pharmacist and nurses have been well-received by County residents and the program currently has 32 participants.

Our programs continue to reach a highly diverse senior population as reflected by the data below for FY17:

- Amongst all persons served by our Senior Nutrition Program, 47% were Asian, 24% were Caucasian, 16% were African American and 7% were Hispanic/Latino.
- The Senior Nutrition Program also serves some of the most economically vulnerable older adults in the County with nearly a quarter (24%) reporting income below poverty level.
- Our Bone Builders program reaches a different racial/ethnic audience, 62% white (non-Hispanic), 20% Asian-American, 17% African-American, and about 3% Hispanic/Latino.

- In FY17 and continuing into FY18 Bone Builders will start serving residents of HOC Senior Housing and persons of low-vision. In fact, Bone Builders started a low-vision class in FY17 and it is already one of the most popular classes.

INDICATED AND SUSPECTED LIMITS IN SERVICE

Over the next 25 years, demographic projections indicate the number of individuals age 65 and over in Montgomery County will grow by nearly 70%, from 143,663 in 2015 to 243,942 in 2040 (Maryland Department of Planning, 2015). By 2040, 17% of the senior population (65+) in the State will reside in Montgomery County. It is therefore critical that the County identify existing service gaps and plan for future gaps. Specific areas in which service gaps have been identified include:

- APS cases continue to increase. Last year we hit our highest number of APS cases ever, with 808 APS cases. Financial exploitation cases continue to grow, these cases are often more time consuming for APS workers. The COA advocated for additional workers for the APS unit for FY18, and were successful in securing two additional county-funded positions.
- The wait lists for many of our programs continues to be quite long, wait lists as of April 30, 2017, including:
 - Personal Care Services (49 residents)
 - Social Services to Adults (239 residents)
 - Senior Care (91 residents)
 - Group Home Subsidy (62 residents)
- A need to increase older adults' awareness of Medicare benefits such as annual wellness visits and advance planning discussions with a physician.
- The need to continue supporting Caregiver support programs, such as the respite program.
- The County continues to be concerned with the effects of the new administration on the federal budget and how this will impact our senior population.
- Costs for multiple language translation and interpretation continue to increase.

FY18 OVERVIEW

The AAA in Montgomery County is a public government agency situated within the Department of Health and Human Services (DHHS), Aging and Disability Services (ADS). HHS is an umbrella organization that includes: children, youth, and family services, behavioral health and crisis services, public health services, special needs housing, and aging and disability services which includes the AAA. This organizational structure increases integration of service delivery, and maximizes the capacity to serve seniors and their families in a seamless fashion. The AAA Director reports directly to the Chief of Aging and Disability Services, who in turn reports directly to the Director of Health and Human Services. The AAA is actively involved with community partners, including: collaborations with the Grass Roots Organization for the Well-being of Seniors (GROWS), Vital Living Committee, and the Commission on Aging; administering county and state grant awards to numerous contractors; providing public education/outreach; and referrals.

DHHS director, Uma Ahluwalia, has made it a priority of DHHS to focus its energies on serving at-risk populations. Studies have consistently shown that ethnic and language minority

populations have both fewer financial resources and higher levels of impairment and/or access to services, and the statistics indicate this to be true in Montgomery County. These groups have traditionally been underserved by mainstream social service programs, and HHS has therefore implemented a requirement that critical department documents that facilitate access to services be available in English, French, Spanish, Vietnamese, and Chinese, at a minimum. HHS also addresses limited English proficiency (LEP) through direct interpretation (e.g. face to face or via a telephone language line) where necessary to ensure that important information is understood. Additional statistics on at-risk target populations are as follows:

- According to the 2015 American Community Survey, Montgomery County had 11,750 seniors (age 60+) below the Federal Poverty Level (FPL). This represented 6% of all seniors. However, an additional 4% or more older adults live between 100% and 150% of the Federal Poverty Level. Many County-funded programs have income limits at 250% of Federal Poverty due to the high cost-of-living in Montgomery County.
- The 2015 American Community Survey also shows the County is racially diverse. The 60+ population is less diverse than the County as a whole but this will change as the County ages. We have already seen some evidence with modest gains since the 2012 American Community Survey in the County's 60+ Asian-Pacific Islander and Hispanic/Latino population has grown slightly.

2015 American Community Survey 5-Year Estimates	White, Non-Hispanic	African-American	Asian-Pacific Islander	Hispanic/Latino
60+	69.4%	12.3%	13.6%	8.0%
All ages	55.6%	17.6%	14.6%	18.3%

- Seniors who belong to racial and ethnic minorities, including Hispanics, African-Americans, and Asian-Americans, are disproportionately at risk for poverty in the County. MDOA provided numbers suggest that 53% of adults 60+ who live in poverty are part of a racial or ethnic minority group. African-American and Hispanic seniors also have disproportionately higher disability rates than the general senior population.
- Seniors who live alone, particularly those over age 85, are at risk for social isolation, inadequate nutrition, and a range of other factors that can affect their health and overall well-being. More than 39% of seniors 60+ live alone, and the percentage increases with older age groups, with 65% of seniors age 85+ living alone.

In an effort to help the above populations the AAA has undertaken special initiatives to reach these particularly at-risk adults. Some of the programs to be implemented or strengthened in 2018 include:

- Transportation outreach programs will be strengthened with additional funding from the Council of Governments. The Transportation and Mobility manager is working with a multilingual team to reach diverse seniors.
- In conjunction with the Dementia-Friendly America we will be reaching out to local businesses to help them learn about dementia and how to work with customers with cognitive issues. One focus of this training will be to reach out to ethnic businesses to educate them on senior cognitive issues.
- The Village program will continue working with ethnically diverse communities doing active outreach and education about villages to ethnic communities.

The County will continue to focus on these populations as it works with programs and departments to develop the strategic plans for maintaining its Age-Friendly Community designation.

ADDITIONAL NARRATIVE QUESTIONS FOR FY2018 - COORDINATION AMONG AAA PROGRAMS AND WITH OTHER PARTNERS

Opioid Addiction: The County is very aware of the continued rise in opioid addiction throughout Montgomery County, the state of Maryland, and the country. The County is very interested in learning more about how many people 50+, 60+, and 65+ struggle with this issue in the state of Maryland and Montgomery County. We are also interested in learning more about assisting older people with these issues. To combat opioid addiction Montgomery County runs a variety of services for residents including: educational seminars about proper disposal and risk factors for opioid addiction; free-online training on prescribing opioids to Montgomery County physicians; training on registering, prepping, and dispensing Naloxone/Narcan; and County Behavioral Health workers – one who is specialized in working with older people. Currently the ADRU makes referrals to interested residents. The implementation of our new electronic case management system will help in connecting older people who struggle with opioid addiction to the proper County agencies.

Veterans Issues: The AAA is very active in veterans' issues. The AAA is co-located with the staff people for the Commission on Veteran's Affairs and works under the same Service Area Chief. This has created many opportunities to work together to improve the lives of veterans and make sure veterans are represented in Montgomery County's older adult activities. Veterans have served and continue to serve on the Commission on Aging and older people, including older veterans, serve on the Commission on Veterans Affairs. The AAA also has implemented the electronic case management system which asks clients of the veteran status. Additionally, the County is proud to serve as a location for a new VA Community Based Outpatient Clinic.

ADDITIONAL NARRATIVE QUESTIONS FOR FY2018 – OMBUDSMAN

The local ombudsman program is a listed HHS member of the Montgomery County E/VAATF (Elder/ Vulnerable Adult Abuse Task Force) which meets at least monthly. The other group members are the Montgomery County Police Department (MCPD), the Takoma Park Police Department (TPPD), Adult Protective Services (APS), Montgomery County Licensure and Regulatory Services (L&R), Montgomery County Attorney's Office (CAO), Montgomery County Fire and Rescue Service (FRS), and the Montgomery County State's Attorney's Office (SAO).

The Ombudsman Program is involved in the Maryland Culture Change Coalition. The LTCOP director is the current chair of the MCCC. There are monthly meetings of the leadership and interested coalition participants.

The local ombudsman program is a member of the IAC (Inter-Agency Collaborative) focused on county services coordination for senior behavioral and mental health issues. The Collaborative meets quarterly.

The local ombudsman program is a member of the statewide Collaborative for Improving Patient Safety in Maryland. There have been two meetings and looking at scheduled meetings quarterly.

The local ombudsman program is a member of the National Ombudsmanager Users Group which meets quarterly.

One of the Ombudsman also serves as a member of Wellness Montgomery, a wellness awareness program, facilitated by Montgomery County's Human Resources program. She participates in monthly meetings.

Two Ombudsman volunteers are now Commissioners on the Commission on Aging.

COMMUNITY-BASED SERVICES TO PROMOTE INDEPENDENCE AND CASE MANAGEMENT

As described previously, the AAA works with other DHHS programs, as well as other County departments and private community-based providers, to provide a broad spectrum of services in a coordinated manner. Several features of our system increase the likelihood of successful coordination and reduce the possibility of duplication. People seeking services enter through a unified intake system, starting with our I&A line, staffed by the Aging and Disability Resource Unit. Clients receiving Senior Care, home delivered meals, Senior Group Home Subsidy and/or case management services are all part of this system. Assignments are made to a single group of case managers by co-located supervisors working within the same chain of command. Programs which are routinely separated in other jurisdictions are integrated, and often co-located in Montgomery County. We have well developed processes for coordinating work on even the most complex cases. DHHS has institutionalized the working relationships that make this natural for staff.

There is currently one area in our business process where duplication could occur, and about which we have communicated regularly internally. As discussed with MDoA in the past, this is caused by the State's requirement to use two different screening/assessment tools for common clients eligible for both DHMH and DHR services: DHMH's Level 1 InterRAI and DHR's Adult Services Risk Assessment Screening tool. This has forced us to split our formerly unified assessment function. Aside from creating inefficiencies, it increases the possibility of duplication by increasing the possibility of multiple handoffs. We are paying close attention to this process to avoid problems. The best solution, by far, would be to unify the State's assessment tools. Otherwise, between our existing protocols and DHHS's new data system, duplication should not occur.

MENTAL HEALTH SERVICES

As the Maryland Access Point, we connect people to and help coordinate services, including mental health services. Our Behavioral Health and Crisis Services (BHCS) area has a dedicated Program Manager for Mental Health Services for Seniors and People with Disabilities. This Program Manager continues to have a very good collaborative relationship with the Support Planning Agency (SPA) Program Manager. Clients in the County SPA who need mental health services as part of their care plan are connected with the Mental Health Services Program Manager. Services are available in English and Spanish for homebound seniors with behavioral health needs.

A&D continues to work with the County Crisis Center. The ADRU and other A&D staff refer directly to the Crisis Center when necessary. After normal business hours the ADRU telephone greeting offers callers the option to transfer directly to the Crisis Center. An Adult Protective Services (APS) staff person from A&D is co-located at the Crisis Center part-time after-hours.

DHHS works with Police, Fire and Rescue, and the justice system to help ensure sensitivity to the possibility of mental illness and other conditions, and foster direct communication where involvement of DHHS programs might be appropriate. Calls to the ADRU which are suspected to involve issues of abuse, neglect or exploitation are referred directly to APS for assessment and possible consideration for Adult Public Guardianship.

The BHCS Program Manager for Mental Health Services for Seniors and People with Disabilities co-chairs the Interagency Coordinating Committee with the AAA Director.

EMERGENCY PREPAREDNESS PLAN

Dr. Jay Kenney, the Chief of DHHS Aging and Disability Services continues to play a lead role in DHHS emergency shelter management. The emergency shelter management teams continues to be called upon to respond to major emergencies in Montgomery County. They responded to an apartment explosion in August and were activated ahead of inauguration festivities. The County has now funded a new full-time position to support emergency preparedness and response.

ADVISORY COUNCIL (COMMISSION)

The Commission's enabling legislation – Montgomery County Code Chapter 27, Article III – requires no fewer than 18 members. As of May 2017 the CoA has 28 members. Earlier in the year 8 positions were vacant. Panel interviews were conducted with all applicants. Recommendations were provided to the County Executive for appointments in 2017.

The Commission as a whole and its four committees all meet monthly. Many other Commission-related events are scheduled throughout the year as well. Meetings are open to the public.

Throughout the year the Commission communicates with elected leaders at the local, State and federal level, through letters and other forms of testimony. The Commission also publishes the results of its summer studies, and an Annual Report. Most of these materials – and the CoA meeting schedule – can be found at the Commission on Aging web page at the DHHS/A&D website: <http://www.montgomerycountymd.gov/HHS-Program/ADS/COA/>

PUBLIC HEARINGS/VIEWS OF RECIPIENTS (PUBLIC INPUT AND CONSUMERS RIGHTS)

The AAA continues to regularly solicit input from the public, including but not limited to the Commission on Aging (COA). The AAA Director and the Chief of Aging and Disability Services represent DHHS on the COA.

Many of the AAA's outreach activities are still conducted under the auspices of the Montgomery County Commission on Aging (CoA). The CoA held a stakeholder meeting on Age-Friendly Montgomery in March 2017. More than 100 people attended the meeting which had four-rotating panel discussions, allowing the participants to provide feedback on each of the four topics, housing, transportation, communication, and home and community based services. The meeting

was in addition to the summer study on dentistry. The CoA publicized their findings from the summer study in a report and provided recommendations to legislators. The report and recommendations can be found at <http://www.montgomerycountymd.gov/HHS-Program/ADS/COA/COASummerstudies.html>.

The COA will also take part in a new senior-housing study starting this summer and ending in December. They will work with the Maryland National Capital Park and Planning Commission group to generate new ideas regarding housing.

The CoA continues to advocate for aging service needs by writing to local, state, and national legislators. They also have testified in front of local and state legislators on aging issues.

Members of the Commission on Aging 2017 – 2018

- Noelle Heyman, *Chair*
- Isabelle Schoenfeld, *First Chair*
- Stephanie Edelstein, *Second Vice Chair*
- Hileia Seeger, *Secretary*
- Revathi Vikram, *Treasurer*

- Amoke Alakoye
- Neal Brown
- Barbara Brubeck
- Noureen Chochan
- David Denton
- Morton Faller
- Shenita Freeman
- Georgia S. Guenther
- John Honig
- Richard Jourdenais
- Alan Kaplan
- Bonnie Klem
- Rashid Makhdoom
- Karen Maricheau
- Nanine Meiklejohn
- Judith Peres
- Mary Petrizzo
- Phyllis Rand
- Monica H. Schaeffer
- Jack Sprague
- Hillery Tumba
- Syed Yusuf

Department of Health & Human Services representation:

- John J. Kenney, Chief, Aging & Disability Services
- Odile Brunetto, Director, Area Agency on Aging
- Tremayne Jones, Office Services Coordinator

ADVOCACY (PUBLIC INPUT AND CONSUMERS RIGHTS)

As noted above the County Executive's Summit on Aging provided good feedback from key aging stakeholders around the County. The County Executive has asked for a three-year strategic plan to be released in the summer of 2017. These efforts will be supported by the Age-Friendly Montgomery. In an effort to make the strategic plan and the Age-Friendly and Dementia-Friendly Community movements more encompassing of the community - business leaders, academics, non-profits, and hospitals have been invited to participate in the Age-Friendly Montgomery. The Senior Subcabinet working with these new members will then develop a strategic plan that encompasses ten domains outlined by the WHO's Age-Friendly Community initiative. After the strategic plan has been turned in the Age-Friendly Montgomery will continue to be advocates for the two new initiatives.

Additionally, The AAA Director and Program Managers are frequently asked to serve on policy advisory boards at the Federal, State and local levels. The AAA Director continues to serve on the Maryland Task Force on Nursing Home Quality of Care. AAA staff continue to serve on program committees for a variety of state, local, and national organizations and meetings. In addition to developing meeting agendas and programs, they often present professional papers that advocate for the needs of seniors. The Data and Evaluation manager sits on the Administration for Community Living (ACL) Data Redesign Workgroup.

THE INTERAGENCY COMMITTEE ON AGING SERVICES (IAC)

The IAC schedules regular quarterly meetings. During FY17 three meetings were planned and held, on the following dates:

- September 13, 2016
- December 13, 2016
- April 11, 2017

IAC members include representatives of County programs, non-profit providers, and hospitals. Meetings are used to network, exchange information, and discuss selected topics of mutual interest. Conversations among the IAC members reinforce relationships among members of the MAP network and contribute to policy and advocacy agendas.

The IAC is still a joint leadership effort between DHHS's Program Manager for Mental Health Services for People with disabilities and the AAA Director.

Topics addressed in FY 17 are listed below.

- The Crisis Center
- Hospice Caring
- Summit on Aging update
- Nexus Montgomery – WISH Program

- Alzheimer's Association

Current IAC members include:

Marsha Aaron – DHHS/A&D, Assessment and Continuing Case Management
 Juliet Al-Hakim – Montgomery County
 Kim Allen – Hospice Caring
 Pazit Aviv - DHHS/A&D, Village Program
 Kim Ball-DHHS/Special Needs Housing
 Eileen Bennett - DHHS/A&D, Long-Term Care Ombudsman Program
 Teresa Bennett-DHHS/Behavioral Health and Crisis Services
 Lauren Biggs-People Encouraging People
 Odile Brunetto- DHHS/A&D, AAA Director
 Nina Chaiklin - DHHS/A&D, Home Care Services
 Jo Cimino-Adventist HealthCare
 Cynthia Cohen-Medstar Montgomery
 Karen Ellis - DHHS/A&D, Adult Foster Care
 Lylie Fisher – DHHS/A&D, Caregiver Coordinator
 Peter Flandrau – DHHS/A&D, Supports Planning Agency
 Sue Furtuna-Holy Cross Health
 Rebecca Garcia- DHHS/Behavioral Health and Crisis Services
 Fiona Graham- DHHS/A&D, Adult Public Guardianship
 Sybil Greenhut- DHHS/Behavioral Health and Crisis Services
 Gail Gunod-Green – Housing Opportunities Commission
 Margie Hackett – Johns Hopkins Medical
 Edie Hurley- DHHS/A&D, AERS
 Randall Ingate- DHHS/Behavioral Health and Crisis Services
 Lori Johns – Adventist Health Care
 MaryAnn Joseph – Primary Care Coalition
 LaSonya Kelly – DHHS
 Donna Klein- DHHS/A&D, AERS
 Janice Kretz – Holy Cross Health
 Shawn Lattanzio – DHHS
 Priscilla Lissick – Coordinating Center
 Cathy Livingston – Holy Cross Health
 Jennifer Long- DHHS/A&D, Aging and Disability Resource Unit
 Linda Lochner – Montgomery County
 Betsey Luecking - DHHS/A&D, Commission on Veteran's Affairs
 Leslie Marks – Montgomery County, Housing
 Catherine McAlpine- DHHS/Behavioral Health and Crisis Services
 Oscar Mensah – DHHS/A&D, Home Care Service Administration
 Tenesha Moore – Montgomery County
 Eugene Morris- DHHS/Behavioral Health and Crisis Services
 Athena Morrow- DHHS/Behavioral Health and Crisis Services
 Jennifer Pauk-Primary Care Coalition
 Roger Peele- DHHS/Behavioral Health and Crisis Services
 Joseph Petrizzo-Holy Cross Health

Marcia Pruzan – DHHS/A&D
Tina Purser–Langley – DHHS/A&D, Health Promotion Programs
Karen Riibner- DHHS/Behavioral Health and Crisis Services
Carey Riordan – Montgomery County
David Salem – DHHS/A&D, AAA Administration
Richard Schiffauer- DHHS/Behavioral Health and Crisis Services
Beth Shapiro-Jewish Foundation for Group Homes
Sharon Sierra-Koscinski - DHHS
Susan Smith - Housing Opportunities Commission
Sarah Sorensen – Independence Now
Stephanie Svec-Affiliated Sante Group
Laura Thorpe-Adventist HealthCare
Jennifer Vidas- DHHS/Behavioral Health and Crisis Services
Mario Wawrzusin- DHHS/A&D, Assessment and Continuing Case Management
Ron Weinreich- DHHS/A&D, Adult Services Intake
Ken Weston - DHHS/A&D
Jamell White, Jewish Social Service Agency
Miriam Yarmolinsky-Affiliated Sante Group

PROGRAMS

Nutrition and Supportive Services

1. Nutrition Trends

The Senior Nutrition Program continues to serve as one of the most visible nutrition programs for seniors in the State of Maryland. The following summarizes significant changes since the FY17 Area Plan for the Montgomery County Senior Nutrition Program.

Congregate Meals:

- In 2017, the Mid-County Community Center, a newer congregate program, continues to grow. Originally serving 40-60 seniors, Mid-County is now serving 140 seniors per day on Tuesdays and Thursdays.
- In FY17, Montgomery County's six ethnic meal contractors continued to target ethnic seniors, providing meals and a variety of physical and cultural activities. For example, two Chinese organizations (One has a completely new board of directors) provide programs at ten very popular nutrition sites throughout the County. The Kosher program has four nutrition sites located in naturally occurring retirement community areas of Rockville and Silver Spring, but meal participants decrease each year with the increased frailty of participants. Two Korean organizations provide a variety of programs, each at a Korean church in different parts of the County. One of the Korean programs also has a new Board of Directors because of the retirement of the Executive Director. We are in the process of clarifying the contracts and processes of the ethnic providers to two new boards.

Home Delivered Meals:

- The county-funded project that began in FY 2002 to expand home-delivered meals to adults with disabilities under 60 years of age, and to seniors living in areas of the

County where service is not available continues. Meals provided in areas where service is not available are obtained from the caterer, and delivered by Maryland Delivery Consultants. Therefore, no senior in need of home delivered meals is declined service. There is no waiting list.

- The Cold Box Meal project served close to 800 seniors in low income resident buildings that have not received services from the Senior Nutrition Program in the past. In FY17, the program was offered for four months (winter months) to 16 sites, 2 of which were added for the first time. The Cold Box Project received a NACO award in FY15.
- About 1,800 low-income seniors in the County received emergency shelf meal boxes, which are intended for use when there is no money for food, or there is a power outage or a weather emergency that prevents the service of meals through the Senior Nutrition Program.

2. Nutrition Program Administration, Contracting and Operations

- Initiation of the RFP process for a caterer. The new contract will begin October 2017.
- A contractor was hired for data entry purposes and for succession planning. This contractor “fills in the gaps” of our large program that employs only three FTEs.
- The newly constructed North Potomac Community Center has opened serving 140 seniors two days per week program. The program is complemented by the socialization and physical activities programs being offered by this state of the art new site.

Other Supportive Services

In-home services:

There was an RFP for the Grocery Shopping (Homemaker) and the Representative Payee Programs in FY16. We selected a vendor for both programs. The Homemaker contract was awarded to The Senior Connection, the previous vendor. The Representative Payee Program contract was awarded to EveryMind (formally the Mental Health Association), the previous contractor. We have not seen any scope changes to these programs. Friendly Visitor has not had any significant changes since the FY17 Area Plan.

Access services:

The ADRU continues to get many referrals from other Department of Health and Human Services (HHS) and non-DHHS programs, including the County’s robust emergency services and 3-1-1 systems, as well as our many private community providers. This includes hospitals, and providers of social services of all types, such as the Mental Health Association, Jewish Council for the Aging, the ARC of Montgomery County and many, many others.

Only professional-level staff answer the ADRU phone line and work with clients. The program eliminated clerical workers about twelve years ago, to assure only the most qualified staff would work with clients, and to minimize client hand-offs. The ADRU’s eight Specialists have worked in the program for an average of thirteen years.

The ADRU is fully staffed and a quarter of the employees speak English and Spanish. If a client needs assistance over the phone or in person in a language other than English or Spanish, their call maybe interpreted using the County's Language Line or in-person professional interpreter.

In February 2017, the enterprise Integrated Case Management (eICM) technology system replaced most current systems and is now the primary case management system for most DHHS programs and services. eICM provides the capability to document client demographics, interactions, assessments, case plans and case notes for individual programs and services. It also provides DHHS staff with a comprehensive view of each of their clients to (1) understand what HHS services the client is receiving and (2) facilitate staff collaboration across all the client's programs and services.

The eICM six phases describe the steps, activities and screening through discharge processes across DHHS for client requested service(s) as follows: Screening, Intake, Eligibility and Enrollment; Assessment; Case Management; Service Transaction; Case Dispensation; Case Outcomes.

ADRU is using eICM and it has impacted day to day operations and how we track data.

Mobility and Transportation Services:

The Mobility and Transportation Manager has continued to help make Montgomery County's many transportation modes work together. In FY 17, sample activities included:

- Met with 42 community groups (1,060 participants) to increase awareness of transportation options; 17 of the groups are likely in "equity emphasis areas" identified by Council of Governments.
- Created bus ads to promote transportation programs, working with other County departments, a non-profit, and a private marketing company.
- Convened and facilitated "Volunteer Drivers: Finding Them and Keeping Them," attended by twenty-five representatives of non-profits around the County.

Village Coordination Program:

The Village Program continues work on guiding villages in the start-up and sustainability process. The Village movement is helping seniors and persons with disabilities better access supportive services.

- As of May 1, 2017, Montgomery County currently has 21 active villages and 13 in development. Many other communities are beginning to form their planning committees.
- In August 2016, the Village Coordinator organized a day-long conference on villages, and 40 different communities in the County were represented.
- In an effort to reach out to the County's diverse population the Village Coordinator continues to actively build relationships within the faith community, in collaboration with the County Executive's Interfaith Liaison. The Coordinator continues to highlight the success of these communities in order to encourage others to follow suit, and enhance what is already in place by brokering partnerships both within the faith community but also with other local groups that share this mission.

- The Program is developing a unique community outreach project with Latino seniors in partnership with the Recreation Department, CHEER and IMPACT of Silver Spring (two local community organizations that serve Latinos in a specific neighborhood), HHS and faith communities.

Legal Services:

Legal Services has not had any significant changes since the FY17 Area Plan.

OTHER SERVICES PROVIDED WITH IIIB

Long-Term Care Ombudsman: Please see the Title VII programs section below for a fuller discussion of this program. There were no significant changes to how the Ombudsman utilizes Title VII services.

Health Promotion Programs - IIIB:

The Health Promotion Program has increased its programs and brought together new partnerships in FY17. The Health and Wellness Manager has helped bring NaCo dental discounts to the County, started a HomeMeds pilot program and participated in a highly successful Older Marylanders Walk a Million Miles campaigns. The manager is also continuing to address and identify gaps in service that exist in the County as well as increase the exercise programs in our upcountry service area.

- The AAA has a history of supporting Holy Cross in the provision of evidence-based (EB) health promotion programs, especially *CDSMP* and *Matter of Balance (MoB)*. Beginning in FY14 and continuing well into FY15, FY 16 and FY17, the AAA worked to execute a contract with Holy Cross to enable future support of EB programs. Of the EB programs approved by ACL, Holy Cross is equipped to offer CDSMP, Spanish Diabetes Education, and MoB.
- Adventist HealthCare, now also has a contract with the County to provide EB programs. Adventist along with Holy Cross has started a Diabetes Education program. Both hospitals have also implemented a Spanish Diabetes Education program for Montgomery County residents.
- We continue to use IIIB funds to support *Bone Builders*, fall prevention, end of life care coalition and other health promotion activities. The program also continues serving harder-to-reach populations, including disease specific and ethnic communities, throughout the County.
- Within DHHS are three multicultural health programs: Latino, African American and Asian American. The health and wellness activities these programs sponsor are well attended by older adults and continue to be promoted by the Health Promotion manager. For FY18, The Health Promotion manager is going to work closely with the Asian American Health Initiative on Stepping ON and Bone Builders. We have recruited a Mandarin Speaking Stepping On instructor to help with interpretation in the classes. We look forward to great outcomes with this program.

Health Promotion Programs - IIID:

As discussed with MDOA the requirement to use IIID funding only for identified evidence-based activities causes us concern. While in theory this requirement provides an incentive to

develop such programs locally, we only have a small amount of influence over those outcomes. We can encourage their development, but have no authority to guarantee that the AAA will fund any organization for doing so. We are including a minimal amount of contract staff cost in the IIID budget to encourage, promote and monitor this activity.

We do not believe this requirement is essential, because there is no shortage of good health promotion programming that could be provided with IIID funds. Several excellent evidence-based programs are not on the current list of approved programs. Among these is the Bone Builders program, which has proven a popular (640 participants) and effective way to get older adults – especially women – to lift weights on a regular basis. As our AAA can use IIIB funds for Bone Builders, we are able to continue offering this program.

Below is a summary of IIID funded activities:

- **Current Pilot Program**-Montgomery County's AAA, part of the County's Health and Human Service Department, Aging and Disability section, introduced HomeMeds, as a pilot project in late 2016. Our goal is to reduce the number of older adult hospitalizations and medication errors that often lead to institutionalization. We recruited vulnerable, community dwelling older adults to participate in the pilot program. This is a voluntary program for persons 60 and over. We partnered with an existing State program operating in the County, the Nurse Monitoring program, to identify vulnerable clients. The Nurse Monitoring program provides Medicaid eligible clients with a homecare aide and a visit by a nurse every 90 days. We also contracted with Partners in Care, the agency that created HomeMeds, to provide the program infrastructure and software. They also provided training to Montgomery County staff. These two partnerships provided a framework for the County. We then contracted with two consultants, a nurse and a pharmacist to implement the program. The part-time contracted nurse completes home assessments and logs medication into the online medication management portal. The pharmacist then reviews the information and works with the client's physicians to correct any medication interactions. The HomeMeds Nurse then communicates the changes to the client and other members of the interdisciplinary team.

Our 32 pilot program clients are over the age of 60, many are low income, and eleven identify as African-American. We have one patient who is blind and two who are completely homebound. The desired outcome is to serve 60 clients before funding ends on 9/30/17.

- Our health promotion manager is working with two hospitals to expand availability of IIID sanctioned evidence-based programs. For FY18 we will initiate a new informal contract that will be sent to other hospitals encouraging them to be part of our existing team and expanding health and wellness programs throughout the county.

FEDERAL PROGRAMS – TITLE IIIE

National Family Caregiver Support Program (NFCSP)

All required categories of NFCSP services are provided in Montgomery County, though not all are provided directly by the AAA.

We reported in the FY17 Area Plan that the county appointed a Facilitator of the county's Caregiver Support Program. This position transitioned to full-time July 2016. In her first year, the facilitator established a monthly Caregiver Support e-Newsletter. The e-Newsletter includes announcements of countywide caregiver events, opportunities and resources. So far six editions of the e-newsletter have been published.

The Facilitator also organized the launch of the County's Dementia Friendly America (DFA) initiative, convened eight public/private DFA stakeholder meetings, and coordinated the development of a Dementia Friendly Business training and speakers bureau.

The DFA launch was a countywide event at which the County Public Safety Team presented its DFA accomplishments. In FY17 the Team developed an expanded File of Life info card with wandering prevention tips, distributed free ID bracelets and trained its public facing officers to provide 200 "in home" consultations with family caregivers.

A key focus of the Facilitator's position is to convene aging in place (AIP) providers (government, non-profit, faith, etc.) to establish effective community based supports for family caregivers by: identifying challenges that family caregivers are experiencing, researching national and international best practices, and collaborating with provider stakeholders to deliver impactful caregiver support services.

In FY17 the facilitator convened AIP focus groups to identify challenges and emerging best practices for communicating with family caregivers. She began collaborating with Muslim leaders through the American Muslim Senior Society. The goal is to develop caregiver support and peer to peer "train the trainer" education for community members. This will be a model expanded to the County's diverse resident groups. So far outreach and education has started with the County's Asian American Health initiative. Two consultations have occurred at which caregiver information sheets were distributed to 120 attendees. The County will expand this model within the African American and Latino Health Initiatives as well as faith based communities.

FEDERAL PROGRAMS – TITLE VII

Ombudsman Program: Priorities and Plan

- a) Priorities: Montgomery County LTCOP had a Social Worker II vacancy occur in March 2016 which was not filled until August 2016. In December 2016, another vacancy occurred with the retirement of a Program Manager, I. This vacancy was filled in April 2017.
- b) Conflicts of interest: The staff members of the Montgomery County LTCOP do not carry any additional job duties in the AAA. The LTCOP program supervisor does not oversee the work of any other programs. The Program Manager II is a member of the MDoA LTCOP Coordination team which reviews all of the new federal regulations with potential impact on local programs. Montgomery County has an established protocol to notify the State Ombudsman about any vacancies created within the local program. The program will follow

policy and procedure developed by MDoA. Position descriptions are reviewed internally before recruitment begins. Our standard procedure is for the hiring panel to ask about conflicts of interest. Volunteer candidates are provided a conflict of interest form with their application and the interview of candidates includes review of that form. The state ombudsman is extended the copy of the recommended conflict of interest form prior to notification to county OHR of the selection. Organizationally, the AAA Director is the named public guardian by the Court for individuals over 60 years old, however, the public guardianship program is delegated to operate under another administrator within Aging & Disabilities Services. The public guardianship program and the ombudsman program do not directly report to the same supervisor.

- c) Coordination with other agencies: Montgomery County LTCOP maintains a strong working relationship with multiple programs, as well as other agencies in County and state government. This active involvement also includes Long-Term Care Medicaid, Adult Protective Services, Community First Choice, Adult Foster Care, State Health Insurance Assistance Program and the Legal Aid Bureau, which provide direct services. In addition, the LTCOP has a presence in the IAC (Inter Agency Collaborative on Mental Health), Maryland Culture Change Coalition, Maryland Gerontological Association, Alzheimer's Association, and Vital Living Network. The ombudsman has an equal presence in the real-time review of cases brought to the Montgomery County Elder/Vulnerable Adult Abuse Task Force and actively participates in the pursuit of information regarding situations involving residents of long term care facilities.
- d) Elder abuse activities : Montgomery County LTCOP continues to be a primary participant of the County's larger elder abuse protection activities. The LTCOP continues to be a strong participant in the World Elder Abuse Awareness Day (WEAAD) event sponsored by Montgomery County. The event committee is responsible for the design and implementation of this day focused on the county's commitment to combating Elder Abuse in conjunction with national and global efforts. In addition, the Elder/Vulnerable Adult Abuse Task Force members review daily county-wide activity reported to police and APS to identify situations which require intervention or investigation through specialty programs such as the Ombudsman. The Ombudsman works with the police and APS to bring forward cases which potentially can be prosecuted through the local States Attorney's Office. This is expected to continue, and the duties to grow as the growth in financial exploitation referrals has multiplied substantially during this past fiscal year. These cases now constitute over one quarter of all APS referrals.
- e) Other information : Montgomery County LTCOP has been involved in appropriate review and comments on local, state, and federal laws and regulations which affect long term care residents or the operation of the ombudsman program. The program is active in the implementation of the new federal regulations governing the long term care ombudsman program and at the same time, training its volunteers regarding the implementation of the new federal regulations for nursing homes. The 2017 calendar year anticipates four new large assisted living communities to be licensed, adding an increase of about 500 beds and up to 20 new senior group home assisted living increasing the licensed beds by up to 100 residents.

The ombudsman program is planning to host two volunteer appreciation events, and expansion from the prior year.

ELDER ABUSE

Education

In FY17, A&D will continue to hold the annual World Elder Abuse Awareness Day (WEAAD) event, which is widely advertised and open to the public. Partners include the Montgomery County Police Department, APS, State's Attorney's Office, the Long Term Care Ombudsman program and the ElderSAFE Center (see below).

A&D will offer Continuing Education classes to County employees and community organizations on APS and Guardianship topics. WEAAD events will include education on topics including financial exploitation and other forms of abuse.

As described above, the Long Term Care Ombudsman program is an active participant in public education activities about abuse, and collaborates with law enforcement to respond to cases of abuse.

The County continues to support the ElderSAFE Center that provides temporary shelter to people 60 and older who are experiencing abuse. ElderSAFE also provides counseling, referrals to community services including legal services, and other support. They also work to increase public awareness of elder abuse.

AAA Role

The AAA continues to play a central role in intake of reported cases of elder abuse.

OTHER FEDERAL PROGRAMS

The **State Health Insurance Assistance Program (SHIP)** and the **Senior Medicare Patrol (SMP)** had been operated for the AAA by the University of Maryland Extension for many years. The program moved after an RFP process to the Jewish Council for the Aging in mid-July 2016. The program volume is returning to pre-relocation numbers and sessions.

Money Follows the Person

- We do not expect any changes for FY18.

Senior Farmers' Market coupons continue to be provided by our Senior Nutrition Program to eligible seniors each summer. Public interest in these coupons has increased as the public has become more aware of them. The program is currently planning to hold the annual coupon distribution lottery in July 2017.

State Programs

MAP Information and Assistance: All of the Aging and Disability Resource Unit staff have been trained and certified in MAP Options Counseling.

Public Guardianship: We do not anticipate any changes or challenges to the Public-Guardianship Program.

Senior Care: Senior Care hired a new coordinator after the long-time coordinator received a promotion. The new coordinator has adjusted well to the program and has already reduced the waitlist!

Senior Assisted Living Group Home Subsidy Program: The program is waiting for information from MDoA on the Fy18 grant allocation, which will affect the number of people the program can serve.

Supports Planning for Medicaid Community Long Term Services and Supports: The Supports Planning Agency is making progress towards reaching its target census of 320 clients. This is a planned reduction through program attrition.

Focal Points – Senior Centers (Including Community Centers serving older adults): The North Potomac Community Recreation Center opened in October of 2016 and has been well received by community members. This community center reaches a very diverse population of seniors.

Volunteerism: There are no known changes to the volunteer programs for FY18.